# Row 9291

Visit Number: 72781137e18cdd8758bcd2bfdad0fbccb7bdb71e66dcf4984e6e4d8d450a71ae

Masked\_PatientID: 9207

Order ID: b103f13037b0451770b898a4b63afe76d3eda39f11745c5c4492c7720930a279

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/9/2020 10:52

Line Num: 1

Text: HISTORY 2x1.2x1.8cm cystic collection with internal echogenicity extending via the intercostal space to the chest wall muscle layer on US. To look for full extension of cystic collection TECHNIQUE Noncontrast CT thorax. FINDINGS Note is made of prior CT chest dated 9 February 2017. Recent targeted ultrasound dated 2 September 2020 was reviewed. There is a (2.6 cm x 1.6 cm) (series 3, image 42) ovoid hypodensity at the medial aspect of the right anterior chest wall, anterior to the second costochondral joint, corresponding to the cystic collection noted on prior ultrasound. It appears to show deep chest wall extension, likely contiguous with an anterior right mediastinal collection measuring (5.3 cm x 3.6 cm) (series 3, image 55). The anterior mediastinal collection shows dense attenuation which may suggest hemorrhagic contents. This appears adjacent to the RCA but unlikely arising from it. Both of these collections were not evident on the prior 2017 CT chest study. There is compressive atelectasis in the middle lobe and right lower lobe. Subsegmental atelectasis also present in the left lower lobe. No consolidation or pleural effusion noted. No enlarged intrathoracic lymph node detected within the limits of this study. The heart size is enlarged with gross left atrial dilatation. Mitral and tricuspid annuloplasty rings noted. Tip of the AICD is in the right ventricle. No pericardial effusion. Bilateral gynecomastia noted. Hepatic veins appear distended. The liver contour is irregular. Findings suggest cardiac cirrhosis. Gallstones present. Hypodensities in the partially imaged kidneys likely correspond to cysts noted on prior ultrasound. No gross bony destruction. CONCLUSION The small collection at the medial aspect of the right anterior chest wall anterior to the second costochondral joint appears contiguous with a larger right anterior mediastinal elongated collection which is hyperdense, suggesting hemorrhagic contents. Overall, the dominant collection in mediastinum appears as haemorrhagic/haematoma. Cause of this is however uncertain in this study. Clinical correlation is suggested. If required, consider aspiration of the anterior chest wall component. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 7a0f0ae58cd2ed3a1e72cdf925928ea11163f02f477da87c8f5e21792f7859f1

Updated Date Time: 08/9/2020 13:27

## Layman Explanation

This radiology report discusses HISTORY 2x1.2x1.8cm cystic collection with internal echogenicity extending via the intercostal space to the chest wall muscle layer on US. To look for full extension of cystic collection TECHNIQUE Noncontrast CT thorax. FINDINGS Note is made of prior CT chest dated 9 February 2017. Recent targeted ultrasound dated 2 September 2020 was reviewed. There is a (2.6 cm x 1.6 cm) (series 3, image 42) ovoid hypodensity at the medial aspect of the right anterior chest wall, anterior to the second costochondral joint, corresponding to the cystic collection noted on prior ultrasound. It appears to show deep chest wall extension, likely contiguous with an anterior right mediastinal collection measuring (5.3 cm x 3.6 cm) (series 3, image 55). The anterior mediastinal collection shows dense attenuation which may suggest hemorrhagic contents. This appears adjacent to the RCA but unlikely arising from it. Both of these collections were not evident on the prior 2017 CT chest study. There is compressive atelectasis in the middle lobe and right lower lobe. Subsegmental atelectasis also present in the left lower lobe. No consolidation or pleural effusion noted. No enlarged intrathoracic lymph node detected within the limits of this study. The heart size is enlarged with gross left atrial dilatation. Mitral and tricuspid annuloplasty rings noted. Tip of the AICD is in the right ventricle. No pericardial effusion. Bilateral gynecomastia noted. Hepatic veins appear distended. The liver contour is irregular. Findings suggest cardiac cirrhosis. Gallstones present. Hypodensities in the partially imaged kidneys likely correspond to cysts noted on prior ultrasound. No gross bony destruction. CONCLUSION The small collection at the medial aspect of the right anterior chest wall anterior to the second costochondral joint appears contiguous with a larger right anterior mediastinal elongated collection which is hyperdense, suggesting hemorrhagic contents. Overall, the dominant collection in mediastinum appears as haemorrhagic/haematoma. Cause of this is however uncertain in this study. Clinical correlation is suggested. If required, consider aspiration of the anterior chest wall component. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.