# Row 9415

Visit Number: 202b17b2027e467a0cacc001c4b39ad6d14b8a40c05594fa430dd6fab840630a

Masked\_PatientID: 9414

Order ID: 041ae7220f751f46e9584ccb013db63f4560c8f4a66d4097307a9cc8a6f4fbbb

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/9/2015 19:16

Line Num: 1

Text: HISTORY Dysphagia- TRO external obstruction. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50mls FINDINGS Note is made of CT aortogram of 10 July 2013. Tip of the right central catheter lies in the cavoatrial junction. Bilateral moderate low density pleural effusions are again noted associated with compressive atelectasis. Mild dependent change is noted along left oblique fissure. Again, large bulla in the right apex is seen. Mild patchy ground glass opacities in the left lung apex are nonspecific. The main tracheobronchial tree is patent. No enlarged lymph node seen in the supraclavicular, mediastinal, hilar and axillary regions. The heart is mildly enlarged. Trace amount of pericardial effusion is present. Interval insertion of NG tube is noted with its tip within gastric body. Again, there is diffuse dilatation of the thoracic esophagus with debris and ingested material within. No gross mass is noted downstream at the gastroesophageal junction. No destructive bony lesion identified. Old T12 compression fracture is noted. CONCLUSION Stable diffuse dilatation of the thoracic oesophagus, with no discrete mass noted downstream. Stable bilateral moderate pleural effusions with compressive atelectasis are noted. Other known/ minor findings as described. Known / Minor Reported by: <DOCTOR>

Accession Number: 004895ff45b5ad3b222be18dee12b9d50befce8e7649298ea504e8c01e540b7b

Updated Date Time: 23/9/2015 10:50

## Layman Explanation

This radiology report discusses HISTORY Dysphagia- TRO external obstruction. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50mls FINDINGS Note is made of CT aortogram of 10 July 2013. Tip of the right central catheter lies in the cavoatrial junction. Bilateral moderate low density pleural effusions are again noted associated with compressive atelectasis. Mild dependent change is noted along left oblique fissure. Again, large bulla in the right apex is seen. Mild patchy ground glass opacities in the left lung apex are nonspecific. The main tracheobronchial tree is patent. No enlarged lymph node seen in the supraclavicular, mediastinal, hilar and axillary regions. The heart is mildly enlarged. Trace amount of pericardial effusion is present. Interval insertion of NG tube is noted with its tip within gastric body. Again, there is diffuse dilatation of the thoracic esophagus with debris and ingested material within. No gross mass is noted downstream at the gastroesophageal junction. No destructive bony lesion identified. Old T12 compression fracture is noted. CONCLUSION Stable diffuse dilatation of the thoracic oesophagus, with no discrete mass noted downstream. Stable bilateral moderate pleural effusions with compressive atelectasis are noted. Other known/ minor findings as described. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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