# Row 9530

Visit Number: 659f784a431b63bb565bbbaff90ad188cc9880455f94e2f64ed78b32183d4bc6

Masked\_PatientID: 9530

Order ID: 6e7e72ed792661256f0fa8466bf1bb1b073ff47a057d9b339fa7307ce9e73476

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/10/2016 15:38

Line Num: 1

Text: HISTORY Massive ascites, CTAP done. Continually spiking fever with supraclavicular lymphadenopathy, for urgent CT thorax as per ID. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Reference made to recent CT abdomen and pelvis dated 04/10/2016. A couple of small nodules measuring up to 3 mm in the right upper lobe (images 401-42 and 45) are nonspecific. There are large bilateral low density pleural effusions causing passive complete collapse of the right lower lobe and partial collapse of the middle and left lower lobes. No focal consolidation or cavitating lesion is seen in the rest of the aerated lungs. The trachea and main bronchi are patent. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. A few small volume subcentimetre nodes measuring up to 7 mm are seen in the left supraclavicular fossa and posterior triangle of the left side of the neck. An enlarged necrotic looking right supradiaphragmatic node measuring 1.5 x 0.9 cm is seen as previously. The cardiac chambers are normal in size. There is a small low density pericardial effusion with the depth measuring up to 1.2 cm (image 402-66). Upper abdominal ascites is again noted. No destructive bony lesion is seen. CONCLUSION Large bilateral low density pleural effusions and small pericardial effusion. Tiny nodules in the right upper lobe measuring up to 3 mmare nonspecific. No focal consolidation or cavitating lesion is seen. Few small prominent volume subcentimetre left supraclavicular and lower posterior cervical nodes are strictly below significant size threshold. May need further actionReported by: <DOCTOR>

Accession Number: 26ff8558e567ad920e55584aee3f96d89641381a39ba8f87a5544d29db6b0360

Updated Date Time: 12/10/2016 16:27

## Layman Explanation

This radiology report discusses HISTORY Massive ascites, CTAP done. Continually spiking fever with supraclavicular lymphadenopathy, for urgent CT thorax as per ID. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Reference made to recent CT abdomen and pelvis dated 04/10/2016. A couple of small nodules measuring up to 3 mm in the right upper lobe (images 401-42 and 45) are nonspecific. There are large bilateral low density pleural effusions causing passive complete collapse of the right lower lobe and partial collapse of the middle and left lower lobes. No focal consolidation or cavitating lesion is seen in the rest of the aerated lungs. The trachea and main bronchi are patent. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. A few small volume subcentimetre nodes measuring up to 7 mm are seen in the left supraclavicular fossa and posterior triangle of the left side of the neck. An enlarged necrotic looking right supradiaphragmatic node measuring 1.5 x 0.9 cm is seen as previously. The cardiac chambers are normal in size. There is a small low density pericardial effusion with the depth measuring up to 1.2 cm (image 402-66). Upper abdominal ascites is again noted. No destructive bony lesion is seen. CONCLUSION Large bilateral low density pleural effusions and small pericardial effusion. Tiny nodules in the right upper lobe measuring up to 3 mmare nonspecific. No focal consolidation or cavitating lesion is seen. Few small prominent volume subcentimetre left supraclavicular and lower posterior cervical nodes are strictly below significant size threshold. May need further actionReported by: <DOCTOR>. In simpler terms, this means...

## Summary

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