# Row 1205

Visit Number: 7a56cf798e4641344b8cdf4228dcc8cd267a4aba977c5bd9c5150e21f4ef4cc8

Masked\_PatientID: 1200

Order ID: 6fb947b090659c2eead00453631a3fffe57bd8b27c7d09efa1c20956bf7bc21c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/3/2017 12:21

Line Num: 1

Text: HISTORY Left hydropenumothorax for investigation TECHNIQUE Unenhanced CT thorax was performed. FINDINGS The chest radiograph of 29 March 2017 was reviewed. No previous CT available for comparison. The tip of the left chestdrainage catheter is positioned within the hydropneumothorax posteriorly at the left lung base. There is a large left upper hemithroax component measuring approximately 6.7 x 11.7 x 10.3 cm, the appearances are in keeping with a loculated pneumothorax. There is almost complete collapse of the left lung with relative sparing of the lateral basal segment of the left lower lobe. Some patchy ground glass changes are also noted in the other segments of the left lower lobe and may representinflammatory changes. A few non-specific pulmonary nodules are seen in the right lung: - 6 mm nodule in the posterior segment of the right upper lobe (3-34) - 3 mm nodule in the lateral segment of the middle lobe (3-53) Small right pleural effusion is present with compressive atelectasis of the right lower lobe. A mildly enlarged precarinal lymph node is seen measuring 1.2 cm in short axis (se 2-39), likely to be reactive in nature. Smallvolume of mediastinal lymph nodes are also noted. No enlarged axillary or supraclavicular lymph nodes demonstrated. The heart is enlarged. Coronary artery calcifications are noted. Small amount of pericardial effusion is present. The right thyroid lobe is enlarged with multiple nonspecific hypodense nodules and calcifications. Coarse calcifications of varying sizes are also noted within both breasts, these may represent calcified fibroadenomas. Two exophytic hypodensities in the mid pole of the right kidney measures1.3 x 1.4 cm and 1.5 x 1.8 cm respectively, probably representing cysts. A 4mm calcification is seen in the midpole of the right kidney likely to represent a renal calculus. No hydronephrosis demonstrated. The left adrenal gland is slightly bulky, indeterminate. Moderate hiatus hernia noted. The rest of the appended upper abdomen is grossly unremarkable within the limits of the unenhanced study. Dextroscoliosis of the thoracic spine with degenerative changes are noted. Old compression fracture of T12 is seen. CONCLUSION 1. Large left loculated hydropneumothorax with almost complete collapse of the left lung with a chest drain in the left lung base. Some patchy ground glass changes are also noted in the other segments of the left lower lobe and may represent inflammatory changes. 2. Small right pleural effusion is present with compressive atelectasis of the right lower lobe. 3. Non-specific subcentimetre right lung nodules as described above. May need further action Reported by: <DOCTOR>

Accession Number: d2795d65fb24707384f7d8e11cc4fa125ccc3ff7113ebc59cbb766a14a8fe94d

Updated Date Time: 30/3/2017 18:16

## Layman Explanation

This radiology report discusses HISTORY Left hydropenumothorax for investigation TECHNIQUE Unenhanced CT thorax was performed. FINDINGS The chest radiograph of 29 March 2017 was reviewed. No previous CT available for comparison. The tip of the left chestdrainage catheter is positioned within the hydropneumothorax posteriorly at the left lung base. There is a large left upper hemithroax component measuring approximately 6.7 x 11.7 x 10.3 cm, the appearances are in keeping with a loculated pneumothorax. There is almost complete collapse of the left lung with relative sparing of the lateral basal segment of the left lower lobe. Some patchy ground glass changes are also noted in the other segments of the left lower lobe and may representinflammatory changes. A few non-specific pulmonary nodules are seen in the right lung: - 6 mm nodule in the posterior segment of the right upper lobe (3-34) - 3 mm nodule in the lateral segment of the middle lobe (3-53) Small right pleural effusion is present with compressive atelectasis of the right lower lobe. A mildly enlarged precarinal lymph node is seen measuring 1.2 cm in short axis (se 2-39), likely to be reactive in nature. Smallvolume of mediastinal lymph nodes are also noted. No enlarged axillary or supraclavicular lymph nodes demonstrated. The heart is enlarged. Coronary artery calcifications are noted. Small amount of pericardial effusion is present. The right thyroid lobe is enlarged with multiple nonspecific hypodense nodules and calcifications. Coarse calcifications of varying sizes are also noted within both breasts, these may represent calcified fibroadenomas. Two exophytic hypodensities in the mid pole of the right kidney measures1.3 x 1.4 cm and 1.5 x 1.8 cm respectively, probably representing cysts. A 4mm calcification is seen in the midpole of the right kidney likely to represent a renal calculus. No hydronephrosis demonstrated. The left adrenal gland is slightly bulky, indeterminate. Moderate hiatus hernia noted. The rest of the appended upper abdomen is grossly unremarkable within the limits of the unenhanced study. Dextroscoliosis of the thoracic spine with degenerative changes are noted. Old compression fracture of T12 is seen. CONCLUSION 1. Large left loculated hydropneumothorax with almost complete collapse of the left lung with a chest drain in the left lung base. Some patchy ground glass changes are also noted in the other segments of the left lower lobe and may represent inflammatory changes. 2. Small right pleural effusion is present with compressive atelectasis of the right lower lobe. 3. Non-specific subcentimetre right lung nodules as described above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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