# Row 3006

Visit Number: 57e335b3e055c284aa8999935f503a2b5f671718448fc9d499e266b9777c2383

Masked\_PatientID: 3002

Order ID: f77ec91b615f33b89d13103761cc12295e334d89a6578878eaed4053fc6c0718

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 26/9/2015 16:57

Line Num: 1

Text: HISTORY to look for empyema/loculations/ cavitations (?ptb) Persisent fever with loculation on the xray. Previous line infection on HD TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume(ml): 50 FINDINGS Comparison is made with the CT of 15 July 2014. The previously noted left pleural effusion is much larger and is now loculated. The largest locule measures 17.6 x 10.9 cm and is located in the inferior aspect of the hemithorax. Within this largest locule, a smaller locule is seen inferiorly. The loculated effusion has caused mediastinal shift to the right. It has also displaced the spleen inferiorly and medially. In the lungs, no air-space consolidation or tree-in-bud nodule is seen to suggest active pulmonary tuberculosis. The previously noted opacities in the right lower lobe have resolved, leaving scarring. Thickened interlobular septa are identified in the left lung, possibly due to lymphatic obstruction by the mass effect from the loculated effusion. No enlarged lymph node is seen. The patient is post-CABG. Limited sections of the upper abdomen show a small amount of perinephric fluid and stranding. The gallbladder contains a small calcified calculus. The gallbladder also shows mild mural thickening in its fundus, consistent with adenomyomatosis. Mild degenerative changes are seen in the spine. There is an old fracture of the right clavicle. There is a dialysis catheter, its tip in the right atrium. CONCLUSION There is a large loculated left pleural effusion that has caused mediastinal shift to the right. It is suspicious for an empyema. No evidence of active pulmonary tuberculosis is detected. May need further action Finalised by: <DOCTOR>

Accession Number: 09cb6578326240658199b5591f436b0eea74f0250234c327fa7d5b801dcd7277

Updated Date Time: 27/9/2015 10:59

## Layman Explanation

This radiology report discusses HISTORY to look for empyema/loculations/ cavitations (?ptb) Persisent fever with loculation on the xray. Previous line infection on HD TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume(ml): 50 FINDINGS Comparison is made with the CT of 15 July 2014. The previously noted left pleural effusion is much larger and is now loculated. The largest locule measures 17.6 x 10.9 cm and is located in the inferior aspect of the hemithorax. Within this largest locule, a smaller locule is seen inferiorly. The loculated effusion has caused mediastinal shift to the right. It has also displaced the spleen inferiorly and medially. In the lungs, no air-space consolidation or tree-in-bud nodule is seen to suggest active pulmonary tuberculosis. The previously noted opacities in the right lower lobe have resolved, leaving scarring. Thickened interlobular septa are identified in the left lung, possibly due to lymphatic obstruction by the mass effect from the loculated effusion. No enlarged lymph node is seen. The patient is post-CABG. Limited sections of the upper abdomen show a small amount of perinephric fluid and stranding. The gallbladder contains a small calcified calculus. The gallbladder also shows mild mural thickening in its fundus, consistent with adenomyomatosis. Mild degenerative changes are seen in the spine. There is an old fracture of the right clavicle. There is a dialysis catheter, its tip in the right atrium. CONCLUSION There is a large loculated left pleural effusion that has caused mediastinal shift to the right. It is suspicious for an empyema. No evidence of active pulmonary tuberculosis is detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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