# Row 3673

Visit Number: 4654bc47c7e92b6b434e0a972420a1a22906a60847f15df2385bb424d9c08b37

Masked\_PatientID: 3670

Order ID: f58e6f96603ab1d8aba4e1c9a773c83290959f1331c1522995b6448d4e3a84e9

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 22/1/2016 18:25

Line Num: 1

Text: HISTORY Left exudative pleural effusion ? cause - infective (TB sero +ve) vs inflammatory vs malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous CT examination for comparison. Reference made to recent chest radiographs. There is a 3 mm subpleural nodule in the right lung apex (image 5-17). An ill-defined similar sized nodule is also seen in the posterior segment of the right upper lobe (image 5-27). These are nonspecific. There is a small left pleural effusion with adjacent atelectatic changes. Associated mild volume loss of the left hemithorax with elevation of the left hemidiaphragm is noted. Minimal smooth thickening of the parietal pleura is seen. However no overt pleural nodularity or mediastinal pleural thickening is detected. Tiny locules of air within the left pleural cavity and left chest wall may be secondary to recent intervention. Few subcentimetre mediastinal and left hilar nodes are below significant size threshold. Heart is normal in size. No pericardial effusion. Central airways are clear. Few small volume bilateral supraclavicular nodes and mildly enlarged left supraclavicular measuring 2 x 1 cm (image 4-13) are seen. The liver, gallbladder, kidneys, adrenal glands, pancreas and spleen are unremarkable. No enlarged upper abdominal lymph node or free fluid is present. The visualised bowel loops are grossly unremarkable. No focal destructive bony lesion is seen. CONCLUSION Small residual left pleural effusion with minimal parietal pleural thickening in keeping with exudative pleural effusion. No overt pleural nodularity or mediastinal pleural thickening is seen to suggest malignancy. Two tiny 3 mm nodules in the right upper lobe are nonspecific. Mildly enlarged left supraclavicular node is of uncertain significance. Suggest further clinical correlation. May need further action Finalised by: <DOCTOR>

Accession Number: b0a09f20ad4c4d6f1d9c04f5e9fa9b3741315889d349e53522c660b05f52ab0c

Updated Date Time: 25/1/2016 11:10

## Layman Explanation

This radiology report discusses HISTORY Left exudative pleural effusion ? cause - infective (TB sero +ve) vs inflammatory vs malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous CT examination for comparison. Reference made to recent chest radiographs. There is a 3 mm subpleural nodule in the right lung apex (image 5-17). An ill-defined similar sized nodule is also seen in the posterior segment of the right upper lobe (image 5-27). These are nonspecific. There is a small left pleural effusion with adjacent atelectatic changes. Associated mild volume loss of the left hemithorax with elevation of the left hemidiaphragm is noted. Minimal smooth thickening of the parietal pleura is seen. However no overt pleural nodularity or mediastinal pleural thickening is detected. Tiny locules of air within the left pleural cavity and left chest wall may be secondary to recent intervention. Few subcentimetre mediastinal and left hilar nodes are below significant size threshold. Heart is normal in size. No pericardial effusion. Central airways are clear. Few small volume bilateral supraclavicular nodes and mildly enlarged left supraclavicular measuring 2 x 1 cm (image 4-13) are seen. The liver, gallbladder, kidneys, adrenal glands, pancreas and spleen are unremarkable. No enlarged upper abdominal lymph node or free fluid is present. The visualised bowel loops are grossly unremarkable. No focal destructive bony lesion is seen. CONCLUSION Small residual left pleural effusion with minimal parietal pleural thickening in keeping with exudative pleural effusion. No overt pleural nodularity or mediastinal pleural thickening is seen to suggest malignancy. Two tiny 3 mm nodules in the right upper lobe are nonspecific. Mildly enlarged left supraclavicular node is of uncertain significance. Suggest further clinical correlation. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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