# Row 4387

Visit Number: 2f9294e3bf048b48afd310e89d7e4707a8808ca4c398c8191279022842b99fa0

Masked\_PatientID: 4380

Order ID: be813b6938a5196a31b0f37f4f38589575cdba51584c08e07ad9c6c437fae94d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 31/8/2016 11:15

Line Num: 1

Text: HISTORY left pleural effusion with interval worseinig left upper zone consolidation for investigaiton TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR of 28.8.16. The mediastinal vessels opacify normally. There are a few enlarged nodes in the right tracheobronchial region likely reactive nodes. The trachea and proximal bronchi are regular in outline, calcification of the tracheal wall noted. The heart is enlarged, no pericardial effusion is seen. There is a moderate left pleural effusion. There is consolidation with partial collapse in the left lower lobe. A few areas of groundglass opacities are present in the left upper lobe. The right upper lobe has a 1.6 x 1.6 irregular opacity, no cavitation or calcification may be due to focal scarring, infection orother pathology lesion. There are several areas of ground glass opacities in the right upper lobe and the lower lobes. There are irregular fibrotic bands in the right lower lobe due to scarring. A small right pleural effusion is present. A right subclavian vein stent is in place. The tip of left central line is in the region of the right atrium. The limited sections of the upper abdomen in the arterial phase are unremarkable. There are degenerative bony changes, a scoliosis with convexity to the left side is present. No focal destructive bony process is seen. CONCLUSION Left lower lobe consolidation with partial collapse and areas of ground glass opacity in the upper lobe. A left pleural effusion is present. These changes are likely due to infection. Right lung has several areas of ground glass opacity and basal atelectasis likely due to infection. There is an irregular opacity in the apical region may be due to scarring, or part of the infection or other pathology, follow-up is advised. Small right pleural effusion is present. Cardiomegaly. May need further action Finalised by: <DOCTOR>

Accession Number: fc95f8c589013c8682898469c08bed4458acaf74bfbb3395a4a03eb3634541a2

Updated Date Time: 31/8/2016 12:17

## Layman Explanation

This radiology report discusses HISTORY left pleural effusion with interval worseinig left upper zone consolidation for investigaiton TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR of 28.8.16. The mediastinal vessels opacify normally. There are a few enlarged nodes in the right tracheobronchial region likely reactive nodes. The trachea and proximal bronchi are regular in outline, calcification of the tracheal wall noted. The heart is enlarged, no pericardial effusion is seen. There is a moderate left pleural effusion. There is consolidation with partial collapse in the left lower lobe. A few areas of groundglass opacities are present in the left upper lobe. The right upper lobe has a 1.6 x 1.6 irregular opacity, no cavitation or calcification may be due to focal scarring, infection orother pathology lesion. There are several areas of ground glass opacities in the right upper lobe and the lower lobes. There are irregular fibrotic bands in the right lower lobe due to scarring. A small right pleural effusion is present. A right subclavian vein stent is in place. The tip of left central line is in the region of the right atrium. The limited sections of the upper abdomen in the arterial phase are unremarkable. There are degenerative bony changes, a scoliosis with convexity to the left side is present. No focal destructive bony process is seen. CONCLUSION Left lower lobe consolidation with partial collapse and areas of ground glass opacity in the upper lobe. A left pleural effusion is present. These changes are likely due to infection. Right lung has several areas of ground glass opacity and basal atelectasis likely due to infection. There is an irregular opacity in the apical region may be due to scarring, or part of the infection or other pathology, follow-up is advised. Small right pleural effusion is present. Cardiomegaly. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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