# Row 4804

Visit Number: ad95d41f1e0cc13ae074d52cf29b1587fb6e0b13514b09e14b8e51b654a65c00

Masked\_PatientID: 4804

Order ID: bb5859737ae2b0369aa92c132275f4e065b3ee5a4ae95113572777e4e721a263

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/10/2015 11:01

Line Num: 1

Text: HISTORY Adm for ? pyelonephritis, renal punch positive on left To evaluate for calculi, obstruction and abscess; known to have bilateral renal stones (from China) TECHNIQUE Scans acquired as per department protocol. Intravenouscontrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous study is available for comparison. Chest: Left lower lobe is collapsed and shows a 8.5 x 8.3 x 5.3 cm area of break down with air-fluid level within, suggestive of an abscess.Ground-glass opacity and areas of subsegmental atelectasis are seen in the left upper lobe and lingula. Dependent changes are seen in the right lower lobe. Loculated moderate pleural effusion/emyema is seen on the left side. Small pleural effusion is seen on the right side. Trachea and major bronchi are unremarkable. The left lower lobar bronchus appears occluded, likely due to secretions. Enlarged homogeneously enhanced lymph nodes are seen at the right paratracheal , pretracheal,precarinal, subcarinal, prevascular and aorticopulmonary window region. The largest lymph node measures 2.0 x 1.5 cm, at the subcarinal station. Mild atheromatous changes are seen in the aorta. Central pulmonary arteries are normal in calibre. CT Urography: Both kidneys are normal in size and show normal cortical enhancement and excretion. A 2.5 x 2.4 cm cyst is seen at the upper pole of the right kidney. No urinary calculus or hydronephrosis or hydroureter. No filling defect is seen in the pelvic caliceal system and ureters. Non-specific mild perinephric fat stranding is seen on the left side. The urinary bladder is partially distended. The prostate is not enlarged. A calcified granuloma is seen in the segment five of the liver. The gallbladder, pancreas, spleen and adrenal glands are unremarkable. The stomach is collapsed. The duodenum is normal in calibre. The small and the large bowel are unremarkable. No free fluid, free air lymphadenopathy seen. Mild degenerative changes are seen in the spine. CONCLUSION 1. Left lower lobe is collapsed and shows an area of break down with air-fluid level within, suggestive of an abscess. There is associated left loculated pleural effusion/ empyema. Percutaneous drainage is suggested. 2. Left lower lobe bronchus appears occluded, however, no obvious mass is seen in this region. 3. Mediastinal lymphadenopathy as described. 4. No evidence of acute pyelonephritis or urinary calculus or hydronephrosis. May need further action Mundada Pravin , Registrar , 16353H Finalised by: <DOCTOR>

Accession Number: 30a5175aeb313eeb253d6ef0e3b86cc7cd31fba11b2206e82d5fda7ecfb6ff20

Updated Date Time: 04/10/2015 22:14

## Layman Explanation

This radiology report discusses HISTORY Adm for ? pyelonephritis, renal punch positive on left To evaluate for calculi, obstruction and abscess; known to have bilateral renal stones (from China) TECHNIQUE Scans acquired as per department protocol. Intravenouscontrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous study is available for comparison. Chest: Left lower lobe is collapsed and shows a 8.5 x 8.3 x 5.3 cm area of break down with air-fluid level within, suggestive of an abscess.Ground-glass opacity and areas of subsegmental atelectasis are seen in the left upper lobe and lingula. Dependent changes are seen in the right lower lobe. Loculated moderate pleural effusion/emyema is seen on the left side. Small pleural effusion is seen on the right side. Trachea and major bronchi are unremarkable. The left lower lobar bronchus appears occluded, likely due to secretions. Enlarged homogeneously enhanced lymph nodes are seen at the right paratracheal , pretracheal,precarinal, subcarinal, prevascular and aorticopulmonary window region. The largest lymph node measures 2.0 x 1.5 cm, at the subcarinal station. Mild atheromatous changes are seen in the aorta. Central pulmonary arteries are normal in calibre. CT Urography: Both kidneys are normal in size and show normal cortical enhancement and excretion. A 2.5 x 2.4 cm cyst is seen at the upper pole of the right kidney. No urinary calculus or hydronephrosis or hydroureter. No filling defect is seen in the pelvic caliceal system and ureters. Non-specific mild perinephric fat stranding is seen on the left side. The urinary bladder is partially distended. The prostate is not enlarged. A calcified granuloma is seen in the segment five of the liver. The gallbladder, pancreas, spleen and adrenal glands are unremarkable. The stomach is collapsed. The duodenum is normal in calibre. The small and the large bowel are unremarkable. No free fluid, free air lymphadenopathy seen. Mild degenerative changes are seen in the spine. CONCLUSION 1. Left lower lobe is collapsed and shows an area of break down with air-fluid level within, suggestive of an abscess. There is associated left loculated pleural effusion/ empyema. Percutaneous drainage is suggested. 2. Left lower lobe bronchus appears occluded, however, no obvious mass is seen in this region. 3. Mediastinal lymphadenopathy as described. 4. No evidence of acute pyelonephritis or urinary calculus or hydronephrosis. May need further action Mundada Pravin , Registrar , 16353H Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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