# Row 766

Visit Number: e5ea5c215c18c3ba923676198acc1014e3ab7e7d9548fabd676b1e7c7b485364

Masked\_PatientID: 743

Order ID: c34faa98d631acd987f1b89561a24529ad9d6eb410bedbc53107596038e931e1

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/2/2020 8:49

Line Num: 1

Text: HISTORY to further evaluate pleural effusion, to guide management - tap vs diurese TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made with prior CT chest dated 15 April 2016. The quality of the acquired images is degraded by motion artefacts. Bilateral small pleural effusion (right > left) with adjacent compressive atelectasis is seen, that on the right measures up to 18mm thick showing no obvious pleural mass or thickening. No suspicious pulmonary nodule, mass or consolidation is noted. Stable non-specific 1-2mm subpleural nodules are again seen in the right upper lobe (3-32, 30, 20, 19, those more superiorly shows a hint of calcification) and left upper lobe (3-22, with one other better seen coronal on 6-31). No interstitial fibrosis, bronchiectasis or emphysema is evident. Central airways are patent. Non-specific new 1.0 cm prevascular node is noted (2/23). No other significantly enlarged mediastinal, hilar, supraclavicular or axillary node is noted. Cardiomegaly. Severe atherosclerotic calcification of the coronary arteries is seen. No pericardial effusion is present. Bilateral thyroid hypodensities are noted; non-specific. Sternotomy sutures are present. Uncomplicated gallstones and perihepatic and perisplenic fluid is noted. No bony destruction. CONCLUSION 1. Bilateral small pleural effusions; larger on the right. No overtly suspicious features noted. 2.No pulmonary mass or consolidation. A few tiny nodules are nonspecific in the lung apices. 3. New right mediastinal lymph node may be reactive. Follow-up suggested. 4. Other minor findings as described. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 2fe25586dbe60ccb6e3ae16b1bdad1b294bf6a8daea48189ff3e06fa1a4d186a

Updated Date Time: 24/2/2020 9:22

## Layman Explanation

This radiology report discusses HISTORY to further evaluate pleural effusion, to guide management - tap vs diurese TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made with prior CT chest dated 15 April 2016. The quality of the acquired images is degraded by motion artefacts. Bilateral small pleural effusion (right > left) with adjacent compressive atelectasis is seen, that on the right measures up to 18mm thick showing no obvious pleural mass or thickening. No suspicious pulmonary nodule, mass or consolidation is noted. Stable non-specific 1-2mm subpleural nodules are again seen in the right upper lobe (3-32, 30, 20, 19, those more superiorly shows a hint of calcification) and left upper lobe (3-22, with one other better seen coronal on 6-31). No interstitial fibrosis, bronchiectasis or emphysema is evident. Central airways are patent. Non-specific new 1.0 cm prevascular node is noted (2/23). No other significantly enlarged mediastinal, hilar, supraclavicular or axillary node is noted. Cardiomegaly. Severe atherosclerotic calcification of the coronary arteries is seen. No pericardial effusion is present. Bilateral thyroid hypodensities are noted; non-specific. Sternotomy sutures are present. Uncomplicated gallstones and perihepatic and perisplenic fluid is noted. No bony destruction. CONCLUSION 1. Bilateral small pleural effusions; larger on the right. No overtly suspicious features noted. 2.No pulmonary mass or consolidation. A few tiny nodules are nonspecific in the lung apices. 3. New right mediastinal lymph node may be reactive. Follow-up suggested. 4. Other minor findings as described. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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