# Patient ID: 4804, Performed Date: 04/10/2015 11:01

## Raw Radiology Report Extracted

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

The scan shows that a part of your left lung has collapsed and has a pocket of pus (abscess) which may need to be drained. There is also fluid buildup around the lung on the left side. While the scan doesn't show a clear reason for the blockage in your left lung, it doesn't appear to be caused by a tumor. Additionally, the scan shows some enlarged lymph nodes in your chest. The scan also shows that your kidneys are healthy and there are no signs of infection or blockages in your urinary system.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Left lower lobe abscess:\*\* The report describes a collapsed left lower lobe with an 8.5 x 8.3 x 5.3 cm area of breakdown and air-fluid level, suggestive of an abscess.  
\* \*\*Loculated pleural effusion/empyema:\*\* The report mentions a moderate loculated pleural effusion/empyema on the left side.  
\* \*\*Atheromatous changes in aorta:\*\* Mild atheromatous changes are seen in the aorta.  
\* \*\*Calcified granuloma in liver:\*\* A calcified granuloma is seen in segment five of the liver.  
\* \*\*Mild degenerative changes in the spine:\*\* The report describes mild degenerative changes in the spine.  
\* \*\*Subsegmental atelectasis:\*\* Areas of subsegmental atelectasis are seen in the left upper lobe and lingula.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* The report describes findings in both the left and right lung, including the left lower lobe abscess, left pleural effusion/empyema, left upper lobe and lingula subsegmental atelectasis, right lower lobe dependent changes, and small right pleural effusion. The left lower lobar bronchus appears occluded.  
\* \*\*Lymph nodes:\*\* Enlarged homogeneously enhanced lymph nodes are seen at various locations in the mediastinum. The largest node measures 2.0 x 1.5 cm at the subcarinal station.  
\* \*\*Aorta:\*\* Mild atheromatous changes are seen in the aorta.  
\* \*\*Kidneys:\*\* 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 calculi, hydronephrosis or hydroureter are observed.  
\* \*\*Urinary bladder:\*\* The bladder is partially distended.  
\* \*\*Prostate:\*\* The prostate is not enlarged.  
\* \*\*Liver:\*\* A calcified granuloma is seen in segment five.  
\* \*\*Gallbladder, pancreas, spleen, adrenal glands:\*\* These organs are unremarkable.  
\* \*\*Stomach:\*\* The stomach is collapsed.  
\* \*\*Duodenum:\*\* The duodenum is normal in caliber.  
\* \*\*Small and large bowel:\*\* These are unremarkable.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Left lower lobe collapse:\*\* The left lower lobe is collapsed, suggestive of an abscess.  
\* \*\*Air-fluid level in left lower lobe:\*\* The presence of an air-fluid level within the area of breakdown in the left lower lobe further supports the diagnosis of an abscess.  
\* \*\*Left pleural effusion/empyema:\*\* A loculated moderate pleural effusion/empyema on the left side suggests an infection in the pleural space.  
\* \*\*Occlusion of left lower lobar bronchus:\*\* The left lower lobar bronchus appears occluded, likely due to secretions.  
\* \*\*Mediastinal lymphadenopathy:\*\* Enlarged lymph nodes in the mediastinum can be a sign of infection or other diseases.  
\* \*\*Non-specific mild perinephric fat stranding on the left side:\*\* This finding could be related to inflammation or infection.  
\* \*\*Mild degenerative changes in the spine:\*\* This is a common finding that may or may not be clinically significant.