# Patient ID: 1002, Performed Date: 19/3/2019 13:24

## Raw Radiology Report Extracted

Visit Number: 3351b4f778b29ea852fe0f053c00078e9d09dfad0479e4f9d92ec0e1e9526c6b

Masked\_PatientID: 1002

Order ID: 18c6955f16cdef6decff4bacfe6accbb063d64c0b1c534cb1391ba4011a72b6b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/3/2019 13:24

Line Num: 1

Text: HISTORY previous right pleural effusion post drainage TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Compared with previous CT study dated 03\12\2018. Status post right upper lobectomy. A small low density right pleural effusion is present, smaller from previous study ( drained in the interval). No obvious pleural based nodules within limits of a nonenhanced study. Some scarring\atelectasis in the right lung is noted again without any large discrete mass. A 5 mm ground-glass opacity in left upper lobe (2-25) and another tiny nodule in left lower lobe (2-66) are stable. The remaining airways are grossly patent. Unenhanced mediastinal vasculature appears grossly normal. There ismild cardiomegaly. The ascending aorta is ectatic, measuring up to 3.9 cm in diameter. Small volume lymph nodes, not enlarged by size criteria. No effusion on the left. A hypodense nodule in right thyroid lobe, appears nonspecific. Included sections of upper abdomen show a stable hypodensity in the right hepatic dome. No destructive bony lesions. CONCLUSION Status post right upper lobectomy. A low density small right pleural effusion is present, smaller from previous CT study (therehas been interval drainage). No interval new\suspicious findings Report Indicator: Known \ Minor Finalised by: <DOCTOR>

Accession Number: 941432d8d2d9612d617365c274f980f9c1ae581b0d36643121eb991112a10225

Updated Date Time: 28/3/2019 15:30

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.