# Patient ID: 1027, Performed Date: 17/5/2017 10:36

## Raw Radiology Report Extracted

Visit Number: 0bcc60098d27c029a1279bd2fb96467d48cd7c4d15f278737e707d0a522ab867

Masked\_PatientID: 1027

Order ID: 0c5d466650d7d4d44aa05bad746c013af03757f7fe72291619243a4b92077026

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/5/2017 10:36

Line Num: 1

Text: HISTORY L chronic pleural fluid collection on background of previous empyema s/p decortication in 2014 TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the CT scanof 16.5.17 and 6.1.17. The left percutaneous drainage tube is present in the upper zone. There is pleural thickening and effusion, slightly less than the previous study. A few small pockets of air are noted within the effusion. There is reduction in volume of the left hemithorax and calcification of the pleura. The upper lobe is atelectatic. The aerated part of the left lung shows no focal nodule or consolidation, a few fibrotic band seen and areas of non-specific ground glass opacity noted. There is minimal pleural thickening in the left lung base, no significant effusion is seen. There is a 2mm opacity in right upper lobe, image 3-34, appears stable. No other pulmonary nodule, consolidation or ground-glass opacity is detected in right lung. No pleural effusion is present. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. Within limits of an unenhanced CT, no obvious hilar lymphadenopathy is noted. The heart is normal in size. No pericardial effusion is seen. Vascular calcifications are present. The limited sections of the unenhanced upper abdomen are unremarkable. No destructive bony process is seen. CONCLUSION A left percutaneous drainage tube ispresent in the chronic effusion in left upper zone. A few small pockets of air are present within the effusion. The left upper lobe is atelectatic and a few fibrotic bands and nonspecific areas of ground glass opacity in the left lower lobe. The right upper lobe has a tiny opacity appears stable from previous study. No effusion is seen. May need further action Finalised by: <DOCTOR>

Accession Number: 8157c26092645c0d830b8f75a031f92bc0f7ffd3d96b55be5da45c3d4b7de152

Updated Date Time: 17/5/2017 11:29

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.