# Patient ID: 2257, Performed Date: 18/1/2017 13:53

## Raw Radiology Report Extracted

Visit Number: 0bbd7a865bd305c56168e000834ee78d534366bf0fac2f774ccac698bf6ac3d2

Masked\_PatientID: 2257

Order ID: a5334b2cebd2803e22524fa0e692e6514b25e98c35b533635adc953905dc2a6e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/1/2017 13:53

Line Num: 1

Text: HISTORY SOb + fever + cough with CXR showing bilateral loculated pleural effusion s/p Left chest drain insertion ? parapneumonic effusion TRO pTB vs other causes in a young 27 yo man without pmhx TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Correlation was made with prior chest radiographs dated 17/01/2017. Bilateral chest tubes are seen in both lung bases.There are bilateral hydro-pneumothoraxnoted, left larger than right. There is adjacent atelectasis within the left lung. There are innumerable bilateral tiny (<3 mm) centrilobular pulmonary nodules some with tree-in-bud changes seen in both lungs, but predominantly in the upper lobes. No axillary, mediastinal or hilar lymphadenopathy is seen. The tracheo-bronchial airway is patent with no intraluminal mass or nodule. The partly-imaged upper abdomen is unremarkable. There is no destructive bony lesion. CONCLUSION 1. There are innumerable bilateral tiny centrilobular pulmonary nodules with tree-in-bud changes seen in both lungs, favouring an infective process including pulmonary tuberculosis needs to be considered. 2. Bilateral small hydro-pneumothorax are noted. Known / Minor Reported by: <DOCTOR>

Accession Number: 70d7d3d05fc7eb6c774b8784be3ac303f4c1357b577a0f7a6a2bdab0c074c055

Updated Date Time: 18/1/2017 15:21

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.