# Patient ID: 2274, Performed Date: 08/1/2016 14:50

## Raw Radiology Report Extracted

Visit Number: 8381d745ab3d29b8d0bafeea15d1f697a5c48f05a13d82629774f7c5fc7b9d1e

Masked\_PatientID: 2274

Order ID: 4d3910b69795fa065dabc45f8ceaec55241f479a15351e342e1b7e09a065b10b

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 08/1/2016 14:50

Line Num: 1

Text: HISTORY Left pleural effusion with mediastinal shift likely parapneumonic TRO CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast - Volume (ml): FINDINGS Enlarged left pleural effusion is present. A pigtail cannula has been placed in the fluid and a moderate sized pocket of gas is seen in the non dependent aspect of the left anterior chest. The airways in the visualised portion of the left lung appears to be patent. A calcified granuloma appears to be present at the left lower lobe. No overt tumour mass is demonstrated on the scan. The apical segment of the right upper lobe is distorted and there are focal nodular areas containing some calcification at the right apex in keeping with previous granulomatous infection. The airways in the right lung is patent. A 7 cm calcific density measuring zero point 6 mm is present in the anterior segment of the left upper lobe. No enlarged mediastinal lymph nodes is demonstrated. The portions of the upper abdomen included on this scan shows the presence of a a calcified gallstone within the gallbladder. No overt dilatation of the biliary tree is seen and no gross hepatic parenchymal lesion is demonstrated. The pancreas, spleen, adrenals and kidneys are unremarkable. The bowel shows no thickening or dilatation. Curvilinear hyperdensitis at the left abdominal wall is present and presumably iatrogenic. No destructive bony lesions are seen. CONCLUSION A large left pleural effusion remains detectable. No overt mass is seen within the pleural region or overt parenchymal mass demonstrated on this unenhanced CT scans there is evidence of previous granulomatous disease with calcified granulomas at the right apex and a small focal area of calcification within the left upper. Known / Minor Finalised by: <DOCTOR>

Accession Number: 8373c321cf2bdcfa955b765bafac6c6a17fb9663c5504fd613400e4fb7a80ff2

Updated Date Time: 08/1/2016 15:18

## Layman Explanation

The scan shows a large amount of fluid in the left side of the chest. There is also a small pocket of air in the same area. The airways in the left lung appear to be open. There is a small area of calcification in the left lung and a larger one in the right lung. These areas are likely from past infections. There is a small calcified stone in the gallbladder. The rest of the organs looked normal.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Pleural effusion:\*\* A large left pleural effusion remains detectable.   
\* \*\*Parapneumonic:\*\* Left pleural effusion with mediastinal shift likely parapneumonic.   
\* \*\*Granulomatous disease:\*\* Evidence of previous granulomatous disease with calcified granulomas at the right apex and a small focal area of calcification within the left upper.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Left lung:\*\* Enlarged left pleural effusion is present. A pigtail cannula has been placed in the fluid and a moderate-sized pocket of gas is seen in the non-dependent aspect of the left anterior chest. The airways in the visualised portion of the left lung appear to be patent. A calcified granuloma appears to be present at the left lower lobe. No overt tumour mass is demonstrated on the scan. A 7 cm calcific density measuring zero point 6 mm is present in the anterior segment of the left upper lobe.  
\* \*\*Right lung:\*\* The apical segment of the right upper lobe is distorted and there are focal nodular areas containing some calcification at the right apex in keeping with previous granulomatous infection. The airways in the right lung are patent.  
\* \*\*Gallbladder:\*\* The portions of the upper abdomen included on this scan shows the presence of a calcified gallstone within the gallbladder.   
\* \*\*Biliary tree:\*\* No overt dilatation of the biliary tree is seen.  
\* \*\*Liver:\*\* No gross hepatic parenchymal lesion is demonstrated.  
\* \*\*Pancreas:\*\* Unremarkable.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Adrenals:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* Unremarkable.  
\* \*\*Bowel:\*\* Shows no thickening or dilatation.  
\* \*\*Left abdominal wall:\*\* Curvilinear hyperdensitis at the left abdominal wall is present and presumably iatrogenic.  
\* \*\*Bones:\*\* No destructive bony lesions are seen.  
\* \*\*Mediastinal lymph nodes:\*\* No enlarged mediastinal lymph nodes is demonstrated.  
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Mediastinal shift:\*\* Left pleural effusion with mediastinal shift likely parapneumonic. This suggests pressure from the pleural effusion is pushing the mediastinum (space between the lungs) to one side.   
\* \*\*Calcified granuloma:\*\* A calcified granuloma appears to be present at the left lower lobe. This indicates a past infection that has healed, leaving behind a scar that is visible on the CT.   
\* \*\*Calcified gallstone:\*\* The presence of a calcified gallstone within the gallbladder may suggest a history of gallstones.  
\* \*\*Curvilinear hyperdensitis at the left abdominal wall:\*\* Presumably iatrogenic. This likely refers to an artifact caused by a medical procedure, possibly a surgical incision.