# Row 11359

Visit Number: 16204203d9e39f657a84f8b26eed104d5afeaa9ebbae038318d3b05aa972b2b5

Masked\_PatientID: 11351

Order ID: 3f735f3507a78d770f314c5df305c240c0897ce95cb99af42314cb2a57dcffac

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/9/2015 18:10

Line Num: 1

Text: HISTORY b/g of boerhaave's syndrome commplicated by empyema. Currently presented with recurrence of empyema with chest tube insertion and persistance drainage. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Same day chest x-ray was reviewed. Comparison is made with prior CT study dated 18 August 2015. The position of the left-sided pigtail chest drain is stable. There is marginal improvement of the left empyema cavity with reduction in loculated fluid content. The left empyema cavity is marginally smaller, measuring 5.2 x 2.2 x 18.2 cm (TR x AP X CC). Consolidation detected within the left lower lobe (401-42) has improved significantly,compared to prior CT (im 503-49). There is persisting left lower lobe. Scarring in the posterior segment of the left upper lobe and middle lobe are again noted with some bronchial thickening in the lateral segment of the middle lobe. There isa stable small nonspecific subpleural nodular opacity in the anterior segment of the left upper lobe (image 401-44). The trachea and bronchus are unremarkable. Few borderline but stable pretracheal, precarinal and subcarinal nodes are likely reactive lymph nodes. Heart size is within normal limits. There is no pericardial effusion. Few hypodense thyroid nodules are visualised. Limited sections of the upper abdomen in the arterial phase show an 0.7 x 0.7 cm ill-defined enhancing focus in segment 5 (im 402-98). It is also seen in prior CT and becomes isodence to the liver in the portovenous phase and may be perfusion related. A vague hypodensity is also noted in segment 3 (image 402-94) which cannot be further characterised in this study. No destructive bony abnormality detected. CONCLUSION Status post insertion of left chest drain, with interval improvement of the left empyema and adjacent consolidation in the left lower lobe. May need further action Chong Lun Yin Chester , Registrar , 11086H Finalised by: <DOCTOR>

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