# Row 11355

Visit Number: f2b23d72bb28bdab273808263470d8db4f26af2503b5d93ab1a95840378295e8

Masked\_PatientID: 11351

Order ID: 42841e4ac377c7eb52c782b662ac32b4e09072c4c0afdf9f736eccc45e1224a8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/8/2015 19:40

Line Num: 1

Text: HISTORY vomiting and rhc tenderness, ? hepatitis vs pancreatitis bg of boerhaaves syn with empyema TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Correlation made with CT and pelvis from 04/05/2015 and CT chest 29/07/2015. CHEST: Small hypodense nodules are seen within the thyroid lobes on both sides. No axillary, mediastinal, or hilar lymphadenopathy is noted. The pulmonary artery is not enlarged. Mild coronary calcifications are noted. Again seen is an empyema in the left posterior pleural space, measuring approximately 6.3 TR x 3.2 AP x 18.5 SI centimetres. There is an internal air-fluid level. The collection is approximately stable when compared to prior, given differences in technique. The left lower quadrant drainage catheter has been removed in the interval. Again seen is some bronchial wall thickening within the middle lobe, unchanged from prior. The central airways are patent. ABDOMEN/PELVIS: The liver, spleen, adrenal glands, pancreas, gallbladder are unremarkable in appearance; stable hypoplasia of the body and tail of pancreas is noted. Punctate stones are seen within the right kidney upper, lower, and interpolar regions. No hydronephrosis identified. No stones are seen on the left side. No hydroureter is seen. Bladder is unremarkable. The right lower quadrant abdominal contents are partially obscured by streak artefact from right hip replacement. Within the limits of the examination. No bowel obstruction or free air is identified. Moderate fecal loading is noted. There is mural wall thickening of the infrarenal abdominal aorta. No aneurysm is identified. There is a small amount of free fluid in the lower abdomen. No lymphadenopathy is noted. Again noted is diastasis rectus muscles. There is right-sided hip replacement. Degenerative changes are noted involving both SI joints. No suspicious lytic or blastic lesions are noted. There is mild levoconvex scoliosis centred at L2. CONCLUSION No evidence of acute pancreatic or hepatic pathology. The patient appears constipated; please correlate with clinical symptoms. Nonobstructing stones within the right kidney. Approximately stable large empyema in the left pleural space with removal of drainage catheter. May need further action Finalised by: <DOCTOR>

Accession Number: 7ba7b4b5f234ecead97d4f41744fed51b58d29cc249979f5f969ceb097a6eac8

Updated Date Time: 19/8/2015 10:06