# Row 12010

Visit Number: 79a11d7a62c06656869e3c44d97e394b035961d59428a5501e0b53e1f28a277b

Masked\_PatientID: 12009

Order ID: cab7977598eb7b7b9b0f3dece5e2bb18b85f00cc1b543945d75b7a5aec6f497f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/4/2019 12:25

Line Num: 1

Text: HISTORY Young male with atypical CAP with bilateral pleural effusions ? empyema with uptrending of inflammatory markers and desaturation. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml):50 FINDINGS The prior radiograph dated 18 April 2019 was noted. There is right pleural effusion with multiple loculations, largest loculation noted in the posterolateral aspect. Fissural components are also noted. There is consolidation inthe right lower lobe with areas of low attenuation (for example, 402-74, 83) suspicious for necrosis\abscess formation. There is also subsegmental atelectasis in the right upper lobe and middle lobe. Patchy areas of scarring are also noted in the left lower lobe. Mildly enlarged paratracheal, subcarinal and right hilar lymph nodes are possibly reactive. The mediastinal vessels opacify normally. The heart is not enlarged. No significant pericardial effusion is seen. The imagedsections of the upper abdomen limited arterial phase show no significant abnormality. No destructive bony process. CONCLUSION Right pleural effusion with multiple loculations. Right lower lobe consolidation; the areas of low attenuation within the consolidation are suspicious for necrosis\abscess formation. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ec62ecfee8d826db9196cc344a842b91acc5f7c1b47a7ea9f709c3c9ecb5c2e1

Updated Date Time: 19/4/2019 13:45