# Row 12959

Visit Number: ec75bf9bd487ffd11a848b2ea5c7e0dff744242bcbba42b7897c68123116592d

Masked\_PatientID: 12954

Order ID: b03004aef0fb7ffdad933d75205b6b9a207ad77e2591b390653c4ff7a68db429

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/7/2016 15:03

Line Num: 1

Text: HISTORY R sided CAP with R sided loculated effusion, refractory fever despite 10 days IV abx still septic Patient had 8 episodes of hemoptysis yest BAL done last friday, chest drain inserted last saturday. Still actively draining hemoserous fluid; B/G PNH in acute hemolysis due ot infxn TECHNIQUE Contrast enhanced CT chest was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison was made with recent CT pulmonary angiogram dated 18 July 2016. Interval insertion of a pleuritic chest drain with tip seen at the posterior aspect of the right lower lobe. There is worsening of the right-sided pneumonia. The patchy consolidation in the right upper and lower lobes is more confluent than before with development of several loculated pleural effusions. Coupled with areas of pleural thickening and enhancement in the right lower lobe, these are findings suspicious for empyema. There is atelectasis in the middle lobe. Asmall pleural effusion and atelectasis is seen in the left lower lobe. The heart size is normal. The cardiac and pulmonary vessels demonstrate normal enhancement. No filling defect or aneurysmal dilatation is seen. There is no significantly enlarged axillary or mediastinal lymph node. Small reactive right hilar nodes are once again noted. There is splenomegaly. in the partially imaged upper pole of the left kidney, there is suggestion of a left renal subcapsular fluid collection.No destructive bony lesion is seen. CONCLUSION 1. Loculated right pleural effusion with pleural thickening with enhancement, suspicious for empyema. The loculated nature of the effusions limits the effectiveness of the pleural drainage catheter. 2. Small left lower lobe pleural effusion and atelectasis. 3. Small perihilar lymph nodes, likely reactive. 4. Splenomegaly. There is suspicion of a subcapsular left renal fluid collection. Suggest further evaluation with ultrasound kidneys if indicated. May need further action Reported by: <DOCTOR>

Accession Number: f899b899694d3539bbeb348f76df2ea6187d321d93e688b72f8c543b8a7db13f

Updated Date Time: 27/7/2016 17:38