# Row 13352

Visit Number: e1842d89b6cce3af2ac66d699718e711971e7b444e6b063aa15d5261648aa5bf

Masked\_PatientID: 13339

Order ID: f25726d5968be1266d6e840cfa13d7f8a0b726aa0fedff0600c2c0b568a4fbb0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/9/2017 14:57

Line Num: 1

Text: HISTORY Right empyema f/u TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CT scan of23/2/2017 Right pleural drainage catheter has been removed. Interval marked improvement in right-sided multiloculated pleural effusion with no significant remaining fluid collection. Focal scarring in the medial right lower lobe associated with a thin walled lobulated cavity. This probably corresponds to previously noted abscess. It appears in continuity with a distal subsegmental airway and could represent focal post-infective bronchiectasis. Linear scarring - atelectasis also present in themiddle lobe. There is no consolidation or suspicious pulmonary nodule. Central airways are patent. There is no enlarged mediastinal or hilar lymph node. Previously seen prominent right paratracheal and right hilar nodes are smaller. The heart is not enlarged. There is no pericardial effusion. No significant abnormality seen in the included upper abdomen. There is no destructive bony lesion. . CONCLUSION 1. Practically complete resolution of previously seen empyema byimaging standards. 2. Focal bronchiectasis in the medial right lower lobe, probably post-infective. No definite evidence of active infection. Known / Minor Finalised by: <DOCTOR>

Accession Number: 74cd6fbb99625b3a7a5f09b88ff3ba0cddee9c23524dfd6325f6676410e74514

Updated Date Time: 08/9/2017 16:09