# Row 13342

Visit Number: b5e929e4e88851d7cda0d6635f6068e8d956103996068211e2081a4bc26e8816

Masked\_PatientID: 13339

Order ID: 50efca5b658e74cde05094596935f98624af5f3dd117545bf7e3ba7c70303136

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/2/2017 20:04

Line Num: 3

Text: seen in the right hemithorax with evidence of gas bubbles and rim enhancement at the right lung base (7-50) Appearances suspicious for empyema. There is associated atelectasis of the right lung. In addition there is an irregular fluid density collection that appears to be within the collapsed right lower lobe which could represent a pulmonary abscess. It measures about 2.3 x 1.2 cm (7-51). Sliver of left pleural free effusion. No consolidation or suspicious nodule in the aerated lungs. There are borderline enlarged paratracheal and precarinal nodes, measuring up to 1 cm in short axis. There are also prominent but small volume right hilar and axillary nodes. Tracheal diverticulum is noted. The heart is not enlarged. There is no pericardial effusion. No focal lesion is seen in the liver, pancreas, adrenal glands or left kidney. Stable subcentimetre hypodensity in the right kidney midpole is too small to characterise. There is no hydronephrosis. Mild focal thickening of the gallbladder fundus could represent adenomyomatosis. The biliary tree is not dilated. The bowel loops are of normal calibre and distribution. The appendix is seen and appears normal. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. The urinary bladder distends normally. The prostate gland is not enlarged. There is no destructive bony lesion. . CONCLUSION Multi-loculated right pleural effusion containing gas bubbles and and pleural enhancement is suspicious for empyema. An irregular fluid density collection within the collapsed right lower lobe could represent an intrapulmonary abscess. ? Possible source of the empyema Borderline enlarged right paratracheal and precarinal nodes are probably reactive. No intra-abdominal abscess. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 55810c6498add3a40c5d00e044ec30eaf7c9f875ab4da2ffa74864703a3ae589

Updated Date Time: 16/2/2017 21:03