# Row 13345

Visit Number: b5e929e4e88851d7cda0d6635f6068e8d956103996068211e2081a4bc26e8816

Masked\_PatientID: 13339

Order ID: e2660307bffa5e1f790068c50f0ced4d8f9c86abb06240f025600c9c1e699c2c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/2/2017 10:56

Line Num: 1

Text: HISTORY Right empyema +/- ruptured lung abscess s/p chest drain to check improvement +/- 2nd drain TECHNIQUE Contrast-enhanced CT chest was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The priorCT study of 16/02/17 was reviewed. There has been interval insertion of a right chest drainage catheter, with its tip at the posterior-basal right pleural space. The right basal empyema is significantly smaller now. Small loculated pleural fluid collections are again seen at the right upper posterior hemithorax, with mild reduction in size. Atelectatic changes are again seen in the right lung base, with stable elevation of the right hemidiaphragm. Possible small abscess in the right lower lobe (2.1 x 1.4 cm, Se 402 img 51), as seen before. No new areas of consolidation detected. A small diverticulum is again seen in the upper trachea. No significant abnormality is detected in the visualised upper abdomen. A tiny hypodensity in the right kidney remains too small to characterise. No destructive bony lesion is detected. CONCLUSION There has been interval insertion of a right chest drainage catheter, with significant reduction in the right basal empyema. Mild decrease in the rest of the loculated right pleural fluid collections. Possible small abscess in the right lung lower lobe, as seen before. Known / Minor Finalised by: <DOCTOR>

Accession Number: be04d00d3875a6b7d23087dbaff77e96dfb1921a548274f325e076908a43a871

Updated Date Time: 23/2/2017 12:45