# Row 8447

Visit Number: dc52ef30b476b5bc42c648d8a4ef7c413774d864bca3fd61c08a9d341349f8ad

Masked\_PatientID: 8441

Order ID: 7b1e6bcffac94bae0315067184ba1d18aa027f813a41d3c22bf30cf2c796cc68

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 02/5/2018 9:31

Line Num: 1

Text: HISTORY right lung empyema and abscess in perihepatic and subphrenic space TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 79 FINDINGS Prior CT thorax, abdomen and pelvis (27 Apr 2018) reviewed. THORAX The right pleural fluid collection with pleural thickening and enhancement in keeping with an empyema is again shown. A right pleural drainage catheter is in situ, with its tip within the lateral aspect of the right empyema at T7/T8 level. The right empyema has increased in size with increase in the amount of gas within it. Atectasis of the right lung has worsened. Inflammatory changes along the outer aspect of the right chest and upper abdominal wall are largely unchanged. The small nodule in the right upper lobe is larger, now measuring 0.5 cm from 0.2 cm before (6-26 vs prev 6-25). Stable scarring in the left lower lobe (6-61). There are small emboli in the left upper lobar and segmentalpulmonary arteries (5-34 to 38). The pulmonary trunk is not dilated. RV:LV ratio and cardiac size is within normal limits. No pericardial effusion detected. The aorta is normal in calibre and shows normal configuration and opacification. Right hilar lymphadenopathy is stable, likely reactive being ipsilateral to the empyema. The thyroid gland appears unremarkable. ABDOMEN A drainage catheter within the right subphrenic collection is in situ. The collection is smaller, now measuring 6.9 x 2.8 cm (5-88). The component decompressing into the lateral abdominal wall is corresponding smaller (7-40). The previously seen parenchyma changes in the adjacent liver are less prominent currently suggesting adjacent inflammation. Small amount of perihepatic fluid is largely unchanged. Several hepatic cysts are stable, measuring up to 2.3 x 1.2 cm in segment 4 (7-46). Other stable subcentimetre hepatic hypodensities are too small to characterise. The portal and hepatic veins enhance normally. The biliary tree is not dilated. The gallbladder, pancreas, spleen and adrenals are normal in appearance. Splenuculus is again noted. Both kidneys show normal size, morphology and enhancement. The 2.7 x 3.8 cm cyst arising from the right lower renal pole is stable. Other stable subcentimetre bilateral renal hypodensities are too small to characterise. No hydronephrosis or radiopaque urinary calculus is seen. The imaged bowel is normal in calibre. No enlarged lymph node or free gas is identified in the abdomen. No appreciable destructive osseous lesion. CONCLUSION 1. The right empyema show mild interval increase in size. Atectasis of the right lung has worsened. Right hilar lymphadenopathy is stable, likely reactive. 2. Pulmonary embolus in the left upper lobar and segmental pulmonary arteries. 3. The right subphrenic collection is smaller. The component decompressing into the lateral abdominal wall is corresponding smaller. Small amount of perihepatic fluid is largely unchanged. 4. Other stable/minor findings as reported above. Dr Samuel Ee informed of the provisional critical finding(s) by Dr Alexander Tan at 1316 hours on 2 May 2018. Critical Abnormal Reportedby: <DOCTOR>

Accession Number: cd66bc68170516cad108998c60bfe0e69f5adc9e037f46e985ee40918ccb5d3d

Updated Date Time: 02/5/2018 14:35

## Layman Explanation

This radiology report discusses HISTORY right lung empyema and abscess in perihepatic and subphrenic space TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 79 FINDINGS Prior CT thorax, abdomen and pelvis (27 Apr 2018) reviewed. THORAX The right pleural fluid collection with pleural thickening and enhancement in keeping with an empyema is again shown. A right pleural drainage catheter is in situ, with its tip within the lateral aspect of the right empyema at T7/T8 level. The right empyema has increased in size with increase in the amount of gas within it. Atectasis of the right lung has worsened. Inflammatory changes along the outer aspect of the right chest and upper abdominal wall are largely unchanged. The small nodule in the right upper lobe is larger, now measuring 0.5 cm from 0.2 cm before (6-26 vs prev 6-25). Stable scarring in the left lower lobe (6-61). There are small emboli in the left upper lobar and segmentalpulmonary arteries (5-34 to 38). The pulmonary trunk is not dilated. RV:LV ratio and cardiac size is within normal limits. No pericardial effusion detected. The aorta is normal in calibre and shows normal configuration and opacification. Right hilar lymphadenopathy is stable, likely reactive being ipsilateral to the empyema. The thyroid gland appears unremarkable. ABDOMEN A drainage catheter within the right subphrenic collection is in situ. The collection is smaller, now measuring 6.9 x 2.8 cm (5-88). The component decompressing into the lateral abdominal wall is corresponding smaller (7-40). The previously seen parenchyma changes in the adjacent liver are less prominent currently suggesting adjacent inflammation. Small amount of perihepatic fluid is largely unchanged. Several hepatic cysts are stable, measuring up to 2.3 x 1.2 cm in segment 4 (7-46). Other stable subcentimetre hepatic hypodensities are too small to characterise. The portal and hepatic veins enhance normally. The biliary tree is not dilated. The gallbladder, pancreas, spleen and adrenals are normal in appearance. Splenuculus is again noted. Both kidneys show normal size, morphology and enhancement. The 2.7 x 3.8 cm cyst arising from the right lower renal pole is stable. Other stable subcentimetre bilateral renal hypodensities are too small to characterise. No hydronephrosis or radiopaque urinary calculus is seen. The imaged bowel is normal in calibre. No enlarged lymph node or free gas is identified in the abdomen. No appreciable destructive osseous lesion. CONCLUSION 1. The right empyema show mild interval increase in size. Atectasis of the right lung has worsened. Right hilar lymphadenopathy is stable, likely reactive. 2. Pulmonary embolus in the left upper lobar and segmental pulmonary arteries. 3. The right subphrenic collection is smaller. The component decompressing into the lateral abdominal wall is corresponding smaller. Small amount of perihepatic fluid is largely unchanged. 4. Other stable/minor findings as reported above. Dr Samuel Ee informed of the provisional critical finding(s) by Dr Alexander Tan at 1316 hours on 2 May 2018. Critical Abnormal Reportedby: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.