# Row 8452

Visit Number: 19647c530fd16f38bfca63cc260f44acee7be2c83684570a2cf06bbf5064c186

Masked\_PatientID: 8441

Order ID: 085dbfa9a64b283de8849137ba5f58c3b65b3b62ae8ea864697b0e80f25c5c72

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 04/6/2018 12:51

Line Num: 1

Text: HISTORY Right empyema with communicating subphrenic abscess inflammatory markers improving on ceftriaxone for follow up scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml):75 FINDINGS Comparison was done with prior CT dated 11/05/2018. The patient is status post removal of the right pleural drainage catheter. There is still a large residual right lower lobe empyema measuring 10.8 x 3.7cm. Adjacent atelectasis is noted. Small right subphrenic collection has slightly decreased in size. The visualised pulmonary trunk and main pulmonary arteries appear unremarkable. Mediastinal vasculature appears unremarkable. The cardiac size is not enlarged. The trachea and main bronchi are patent with few prominent mediastinal lymph nodes are present. No evidence of pericardial effusion. There are multiple small hypodensities in the liver which are too small to characterise, the larger likelyrepresent cysts. The portal and hepatic veins demonstrate normal contrast opacification. The spleen, pancreas, adrenals appear unremarkable. There are small hypodensities in both kidneys which are too small to characterise. There is an exophytic cyst noted in the lower pole of the right kidney measuring 3.7 x 2.6 cm. The visualised bowel loops appear unremarkable. No evidence of significant intra-abdominal lymphadenopathy. No evidence of ascites or peritoneal nodules. There are no destructive bony lesions. CONCLUSION There is still residual large right pulmonary empyema. The small subphrenic collection is smaller. May need further action Reported by: <DOCTOR>

Accession Number: 42a86df60b245ba688eac7d45eaf73563cbfe0ed93b55ece6007fa502b75d910

Updated Date Time: 19/6/2018 11:56

## Layman Explanation

This radiology report discusses HISTORY Right empyema with communicating subphrenic abscess inflammatory markers improving on ceftriaxone for follow up scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml):75 FINDINGS Comparison was done with prior CT dated 11/05/2018. The patient is status post removal of the right pleural drainage catheter. There is still a large residual right lower lobe empyema measuring 10.8 x 3.7cm. Adjacent atelectasis is noted. Small right subphrenic collection has slightly decreased in size. The visualised pulmonary trunk and main pulmonary arteries appear unremarkable. Mediastinal vasculature appears unremarkable. The cardiac size is not enlarged. The trachea and main bronchi are patent with few prominent mediastinal lymph nodes are present. No evidence of pericardial effusion. There are multiple small hypodensities in the liver which are too small to characterise, the larger likelyrepresent cysts. The portal and hepatic veins demonstrate normal contrast opacification. The spleen, pancreas, adrenals appear unremarkable. There are small hypodensities in both kidneys which are too small to characterise. There is an exophytic cyst noted in the lower pole of the right kidney measuring 3.7 x 2.6 cm. The visualised bowel loops appear unremarkable. No evidence of significant intra-abdominal lymphadenopathy. No evidence of ascites or peritoneal nodules. There are no destructive bony lesions. CONCLUSION There is still residual large right pulmonary empyema. The small subphrenic collection is smaller. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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