# Row 8450

Visit Number: dc52ef30b476b5bc42c648d8a4ef7c413774d864bca3fd61c08a9d341349f8ad

Masked\_PatientID: 8441

Order ID: 3706b481ebe6783bb6a3db4343e0c3abac2a67559c2b9ae4fb10c7480a6b3c54

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 11/5/2018 9:12

Line Num: 1

Text: HISTORY hx of perihepatic abscess and loculated right empyema s/p chest drain insertion 8/5/18, for monitoring of resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with previous CT examination dated 02/05/2018. There is a right-sided PICC line with the tip in the right atrium. There is interval reduction in size of the right-sided empyema since the previous CT of 02/05/2018. Increased volume of gas within the pleural space is however noted although the fluid content has reduced. An intercostal chest drain is in situ in the right pleural space. There is marked thickening with enhancement of the overlying costal pleura. Persistent subpleural atelectatic changes are seen in the middle and right lower lobes with associated visceral pleural thickening (image 402-33). Mild thickening of the right oblique fissure is also noted. There is loss of volume of the right hemithorax. Minor scarring in the left lower lobe is again noted. The previously noted pulmonary emboli in the left upper lobar and segmental arteries have resolved. The main pulmonary trunk is normal in calibre. The right-sided cardiac chambers are mildly dilated. No pericardial effusion seen. There is interval reduction in size of the right hilar and mediastinal nodes, probably reactive in nature. The major airways are patent. The right subphrenic drainage catheter has been removed in the interim. A small 1.8 x 1 cm residual fluid collection is seen in the subpleural space (image 402-89). The surrounding hypodense changes with indentation of the liver surface are again noted. Stable hypodense lesions inthe liver are noted, previously thought to represent cysts. There is relative hypertrophy of the left lobe and to some extent the caudate lobe. No focal destructive bony lesion detected. CONCLUSION Interval reduction in size of the right-sided empyema with increased gas but less fluid content. Associated marked visceral and parietal pleural thickening in keeping with known empyema. Mild reduction in volume of right hemithorax is noted. The previously noted left upper lobe pulmonary emboli have resolved. Small residual right subphrenic fluid collection with stable hypodense changes in the adjacent hepatic parenchyma. Relative hypertrophy of the left lobes of the liver; please correlate for evidence of chronic hepatic parenchymal disease. May need further action Finalised by: <DOCTOR>

Accession Number: bf5f58a80461aacd858433f07958ee3bc8ed49d51829cff02eba0b93874339e1

Updated Date Time: 11/5/2018 10:30

## Layman Explanation

This radiology report discusses HISTORY hx of perihepatic abscess and loculated right empyema s/p chest drain insertion 8/5/18, for monitoring of resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with previous CT examination dated 02/05/2018. There is a right-sided PICC line with the tip in the right atrium. There is interval reduction in size of the right-sided empyema since the previous CT of 02/05/2018. Increased volume of gas within the pleural space is however noted although the fluid content has reduced. An intercostal chest drain is in situ in the right pleural space. There is marked thickening with enhancement of the overlying costal pleura. Persistent subpleural atelectatic changes are seen in the middle and right lower lobes with associated visceral pleural thickening (image 402-33). Mild thickening of the right oblique fissure is also noted. There is loss of volume of the right hemithorax. Minor scarring in the left lower lobe is again noted. The previously noted pulmonary emboli in the left upper lobar and segmental arteries have resolved. The main pulmonary trunk is normal in calibre. The right-sided cardiac chambers are mildly dilated. No pericardial effusion seen. There is interval reduction in size of the right hilar and mediastinal nodes, probably reactive in nature. The major airways are patent. The right subphrenic drainage catheter has been removed in the interim. A small 1.8 x 1 cm residual fluid collection is seen in the subpleural space (image 402-89). The surrounding hypodense changes with indentation of the liver surface are again noted. Stable hypodense lesions inthe liver are noted, previously thought to represent cysts. There is relative hypertrophy of the left lobe and to some extent the caudate lobe. No focal destructive bony lesion detected. CONCLUSION Interval reduction in size of the right-sided empyema with increased gas but less fluid content. Associated marked visceral and parietal pleural thickening in keeping with known empyema. Mild reduction in volume of right hemithorax is noted. The previously noted left upper lobe pulmonary emboli have resolved. Small residual right subphrenic fluid collection with stable hypodense changes in the adjacent hepatic parenchyma. Relative hypertrophy of the left lobes of the liver; please correlate for evidence of chronic hepatic parenchymal disease. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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