# Row 8453

Visit Number: 594a13b60d74830b0a75243e009863705b3078a686edfdc999858a933dd726ed

Masked\_PatientID: 8441

Order ID: e443691371c7f937f1877b82baff8884228f53651c0156f7559d249a3de61c6f

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 25/7/2018 15:14

Line Num: 1

Text: HISTORY Previous hx of kiebsella empyema, for interval scan to look for resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison CT: 4 June 2018. Dense chronic loculated right pleural effusion is smaller with resolution of gas locules. Post inflammatory atelectasis in the right lower lobe is persistent. No left pleural effusion or pericardial effusion. Mild post inflammatory changesvisualised in the rest of the lungs. No suspicious pulmonary mass. No enlarged axillary, mediastinal or hilar lymph node. The visualised mediastinal vasculature is patent. Scattered well-circumscribed hypodense hepatic lesions are stable and represent hepatic cysts. The liver parenchyma is diffusely hypodense, suggesting fatty liver. There is thickening of the peritoneal lining in the right subphrenic region (8-37) which has also improved which is due to sequelae of previous right subphrenic fluid collection. There is no biliary dilatation or obvious gallstone. The spleen, pancreas and adrenal glands are unremarkable. There is no hydronephrosis. Bilateral renal hypodense lesions represent cysts, measuring up to 3.7 cm at the right lower pole. No ascites. No enlarged lymph node in the upper abdomen and visualised bowel loops are of normal calibre. No aggressive bony lesion. CONCLUSION Decrease in size of chronic dense loculated right pleural effusion which represents sequelae of recent empyema. Post inflammatory atelectasis in the right lower lobe is persistent. Improvement in the peritoneal lining thickening at the right subphrenic region which corresponds to the site of previous loculated right subphrenic collection. Other minor findings are stable. Known / Minor Finalised by: <DOCTOR>

Accession Number: 3e501063ae8b47745acd42b4b3d7859c009453c31f1858fa69a0fce45a42c6e6

Updated Date Time: 31/7/2018 10:49

## Layman Explanation

This radiology report discusses HISTORY Previous hx of kiebsella empyema, for interval scan to look for resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison CT: 4 June 2018. Dense chronic loculated right pleural effusion is smaller with resolution of gas locules. Post inflammatory atelectasis in the right lower lobe is persistent. No left pleural effusion or pericardial effusion. Mild post inflammatory changesvisualised in the rest of the lungs. No suspicious pulmonary mass. No enlarged axillary, mediastinal or hilar lymph node. The visualised mediastinal vasculature is patent. Scattered well-circumscribed hypodense hepatic lesions are stable and represent hepatic cysts. The liver parenchyma is diffusely hypodense, suggesting fatty liver. There is thickening of the peritoneal lining in the right subphrenic region (8-37) which has also improved which is due to sequelae of previous right subphrenic fluid collection. There is no biliary dilatation or obvious gallstone. The spleen, pancreas and adrenal glands are unremarkable. There is no hydronephrosis. Bilateral renal hypodense lesions represent cysts, measuring up to 3.7 cm at the right lower pole. No ascites. No enlarged lymph node in the upper abdomen and visualised bowel loops are of normal calibre. No aggressive bony lesion. CONCLUSION Decrease in size of chronic dense loculated right pleural effusion which represents sequelae of recent empyema. Post inflammatory atelectasis in the right lower lobe is persistent. Improvement in the peritoneal lining thickening at the right subphrenic region which corresponds to the site of previous loculated right subphrenic collection. Other minor findings are stable. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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