# Row 8445

Visit Number: dc52ef30b476b5bc42c648d8a4ef7c413774d864bca3fd61c08a9d341349f8ad

Masked\_PatientID: 8441

Order ID: a4a94963b78e0a4b61319301d2dc1c25670e8b5d45d22c2b3ac3e873a14f404c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/4/2018 12:03

Line Num: 1

Text: HISTORY loculated right empyema, diagnosed as TB in Indonesia with suspected TB peritonitis in view of loculated ascites mentioned in discharge summary from indonesia - for further evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Right-sided chest drain is present with a loculated empyema in the right hemithorax. Marked thickening of the pleura is present and a small pockets of gas. An abscess collection measuring 8.7 x 5.2 cm is seen adjacent to the costophrenic sulcus through an apparent defect at the diaphragm, on to the subphrenic region and right perihepatic space, indenting on the right lobe of the liver. An adjacent crescent of low density hepatic parenchyma is seen on the portal venous phase compatible with compressed liver rather than abscess extension on to the hepatic parenchyma. There is a cyst over the anterior aspect of segment four and this appears to be stable. The right lobe of the liver also contains a few tiny subcentimetre cyst and these were present on the prior examination. No biliary dilatation is demonstrated. The gallbladder appears unremarkable. The pancreas, spleen and the adrenals are unremarkable. Both kidneys are seen to enhance in a normal fashion. The bowel shows no suspicious thickening or dilatation. The urinary bladder appears normal. The prostate and seminal vesicles are unremarkable. Atelectasisis present in the right lung with significant region of consolidation or cavitation. Compression atelectasis of the right lower lobe is present. There is no endobronchial mass or occlusion. Minor atelectasis is present in the lateral segmentof the left lower lobe. CONCLUSION Right-sided empyema is present with compression atelectasis of the right lung. The empyema has resulted in an abscess extension into the right subphrenic and right perihepatic space. No disseminated intra abdominal peritonitis is demonstrated. May need further action Finalised by: <DOCTOR>

Accession Number: 832f0f858c3ccf821030978571dec1ee81877ec2df543656ee7627f2bef85f60

Updated Date Time: 27/4/2018 13:13

## Layman Explanation

This radiology report discusses HISTORY loculated right empyema, diagnosed as TB in Indonesia with suspected TB peritonitis in view of loculated ascites mentioned in discharge summary from indonesia - for further evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Right-sided chest drain is present with a loculated empyema in the right hemithorax. Marked thickening of the pleura is present and a small pockets of gas. An abscess collection measuring 8.7 x 5.2 cm is seen adjacent to the costophrenic sulcus through an apparent defect at the diaphragm, on to the subphrenic region and right perihepatic space, indenting on the right lobe of the liver. An adjacent crescent of low density hepatic parenchyma is seen on the portal venous phase compatible with compressed liver rather than abscess extension on to the hepatic parenchyma. There is a cyst over the anterior aspect of segment four and this appears to be stable. The right lobe of the liver also contains a few tiny subcentimetre cyst and these were present on the prior examination. No biliary dilatation is demonstrated. The gallbladder appears unremarkable. The pancreas, spleen and the adrenals are unremarkable. Both kidneys are seen to enhance in a normal fashion. The bowel shows no suspicious thickening or dilatation. The urinary bladder appears normal. The prostate and seminal vesicles are unremarkable. Atelectasisis present in the right lung with significant region of consolidation or cavitation. Compression atelectasis of the right lower lobe is present. There is no endobronchial mass or occlusion. Minor atelectasis is present in the lateral segmentof the left lower lobe. CONCLUSION Right-sided empyema is present with compression atelectasis of the right lung. The empyema has resulted in an abscess extension into the right subphrenic and right perihepatic space. No disseminated intra abdominal peritonitis is demonstrated. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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