# Row 4035

Visit Number: ce10494927f8fb98ae42c4eb0a7e056d2d97bcb26ee5f58e014920a288d49d47

Masked\_PatientID: 4021

Order ID: a78e309bb6b122e27dfd90bf355e90feaea18790be17882d597e9422ed7185aa

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/10/2015 12:38

Line Num: 1

Text: HISTORY Right exudative pleural effusion, CT thorax to rule out malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT chest study of 21 November 2007 and recent chest radiographs were reviewed. The patient is status post right pleural drainage catheter insertion. The tip of the drainage catheter is lying in the posterior and inferior aspect of the right pleural cavity. Small pleural effusions are present bilaterally with a loculated component on the right (4-61). The small right pneumothorax is probably related to drainage catheter in situ. No nodular pleural thickening or enhancement is evident. There are multiple scattered foci of consolidative change in both lungs, many of which are peripheral. Ground-glass attenuation of the lungs, especially in the lower lobes may be contributed by atelectasis. Small mediastinal and hilar nodes are not enlarged by CT size criteria, probably reactive. The tip of the right dialysis catheter is within the right atrium. The heart is enlarged. There is atherosclerotic calcification of the coronary arteries and imaged aorta. The thyroid glands are unremarkable save for a calcific focus is in the left gland. Appended images of the upper abdomen are grossly remarkable. There is abnormal soft tissue thickening at the right sternoclavicular junction/ distal right sternocleidomastoid muscle with associatedlytic destruction of the right clavicular head and adjacent right lateral aspect of the sternum (4-23), suspicious for septic arthritis. Small collaterals are present in the upper chest wall (for example image 4-17), possibly related to venous thrombosis. Prior instrumentation of the lower thoracic spine is partially imaged. CONCLUSION 1. The patient is status post right pleural drainage catheter insertion. Right pneumothorax is probably related to drainage catheter in situ. 2. Small pleural effusions are present bilaterally with a loculated component on the right, suggestive of empyema. 3. Multiple scattered foci of consolidative change in both lungs, many of which are peripheral, raises suspicion for septic emboli. 4. Soft tissue thickening at the right sternoclavicular junction with associated lytic destruction of the adjoining bones is suspicious for septic arthritis. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: c1d55b862ab4a6c0c3fe274b7d1f114a6ae2ca1a1cda6a86496ca42238ea9c2c

Updated Date Time: 28/10/2015 16:24

## Layman Explanation

This radiology report discusses HISTORY Right exudative pleural effusion, CT thorax to rule out malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT chest study of 21 November 2007 and recent chest radiographs were reviewed. The patient is status post right pleural drainage catheter insertion. The tip of the drainage catheter is lying in the posterior and inferior aspect of the right pleural cavity. Small pleural effusions are present bilaterally with a loculated component on the right (4-61). The small right pneumothorax is probably related to drainage catheter in situ. No nodular pleural thickening or enhancement is evident. There are multiple scattered foci of consolidative change in both lungs, many of which are peripheral. Ground-glass attenuation of the lungs, especially in the lower lobes may be contributed by atelectasis. Small mediastinal and hilar nodes are not enlarged by CT size criteria, probably reactive. The tip of the right dialysis catheter is within the right atrium. The heart is enlarged. There is atherosclerotic calcification of the coronary arteries and imaged aorta. The thyroid glands are unremarkable save for a calcific focus is in the left gland. Appended images of the upper abdomen are grossly remarkable. There is abnormal soft tissue thickening at the right sternoclavicular junction/ distal right sternocleidomastoid muscle with associatedlytic destruction of the right clavicular head and adjacent right lateral aspect of the sternum (4-23), suspicious for septic arthritis. Small collaterals are present in the upper chest wall (for example image 4-17), possibly related to venous thrombosis. Prior instrumentation of the lower thoracic spine is partially imaged. CONCLUSION 1. The patient is status post right pleural drainage catheter insertion. Right pneumothorax is probably related to drainage catheter in situ. 2. Small pleural effusions are present bilaterally with a loculated component on the right, suggestive of empyema. 3. Multiple scattered foci of consolidative change in both lungs, many of which are peripheral, raises suspicion for septic emboli. 4. Soft tissue thickening at the right sternoclavicular junction with associated lytic destruction of the adjoining bones is suspicious for septic arthritis. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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