# Row 10606

Visit Number: 41a3e7dddf17c477b164e05dafe78f3fb04805adb4333c1fc800e8112bc1919e

Masked\_PatientID: 10604

Order ID: 138c7613e59a1da2b39652b4af9327e7f05c368b847231be6ec805dfe6f158b5

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 29/8/2016 18:54

Line Num: 1

Text: HISTORY CAP w persistent fever tro PE/Abscess TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS CXR of 28 Aug 2016 reviewed. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Small volume prevascular and bilateral hilar lymph nodes are nonspecific. The heart is normal in size. No pericardial effusion is seen. Scattered patchy and nodular airspace opacification in the left lower lobe and lingular lobe keeping with infective consolidation. No abscess formation detected. Focal subpleural opacity in the right upper lobe measuring 1.8 x 0.7 cm (img 5/50) also likely represents another focus of infection given the clinical context. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION1. No pulmonary embolism is noted. 2. Infective consolidation in left lower lobe and left lingular lobe. No pulmonary abscess detected. 3. Right upper lobe subpleural opacity also likely represents another infective focus given the clinical context. May need further action Finalised by: <DOCTOR>

Accession Number: 62a3a367d043bf0a1a868273bfdb5aa5b54de7cdbaae97b00a5bddffc84b2964

Updated Date Time: 29/8/2016 19:45