# Row 1079

Visit Number: 42eef0108f191ab7e88560b0bc5a5c2a64ef3502c0a3476c1c58a90c03bcd556

Masked\_PatientID: 1077

Order ID: 54eae539f5a04305074e1baff1ca542f510dcb4a9d5a6561f1454bbbaf235ddf

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 23/10/2018 18:22

Line Num: 1

Text: HISTORY Sinus tachycardia with desaturation, T1RF 250, Trop T raised. TRO PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. FINDINGS No comparison study was available. Technical quality is: Good There are filling defects in the segmental pulmonary arteries supplying the left upper lobe (Im 10-43), lingula segment (Im 8-32), basal segments of the left lower lobe (Im 8-44), right lower lobe (Im 8-32, 34), right middle lobe (Im 8-33) and right upper lobe (Im 8-31). The pulmonary trunk is not dilated. However, there is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrast within the IVC and hepatic veins. There is patchy ground-glass opacification in the bilateral lung fields. No suspicious pulmonary mass or consolidation. The major airways are patent. No significantly enlarged intra-thoracic node is seen. The heart is not enlarged. The great vessels enhance normally. No significant pleural or pericardial effusion. In the limited sections of the upper abdomen, no abnormality is seen. No significant bony abnormality. CONCLUSION 1. There is bilateral pulmonary embolism with filling defects in the bilateral segmental pulmonary arteries (as detailed above). There is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrastwithin the IVC and hepatic veins. 2. Patchy ground-glass opacification in the bilateral lung fields may be related to mosaic attenuation. Dr Ho Shu Fang (A&E MO) was informed of the relevant findings by Dr Eric Fang on 23 October 2018 at 07:00 p.m. Readback was performed. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: b2baa103251ed43efd0aef7d5eea0389a5280ab3deee88855b926281e432ca63

Updated Date Time: 23/10/2018 20:04

## Layman Explanation

This radiology report discusses HISTORY Sinus tachycardia with desaturation, T1RF 250, Trop T raised. TRO PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. FINDINGS No comparison study was available. Technical quality is: Good There are filling defects in the segmental pulmonary arteries supplying the left upper lobe (Im 10-43), lingula segment (Im 8-32), basal segments of the left lower lobe (Im 8-44), right lower lobe (Im 8-32, 34), right middle lobe (Im 8-33) and right upper lobe (Im 8-31). The pulmonary trunk is not dilated. However, there is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrast within the IVC and hepatic veins. There is patchy ground-glass opacification in the bilateral lung fields. No suspicious pulmonary mass or consolidation. The major airways are patent. No significantly enlarged intra-thoracic node is seen. The heart is not enlarged. The great vessels enhance normally. No significant pleural or pericardial effusion. In the limited sections of the upper abdomen, no abnormality is seen. No significant bony abnormality. CONCLUSION 1. There is bilateral pulmonary embolism with filling defects in the bilateral segmental pulmonary arteries (as detailed above). There is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrastwithin the IVC and hepatic veins. 2. Patchy ground-glass opacification in the bilateral lung fields may be related to mosaic attenuation. Dr Ho Shu Fang (A&E MO) was informed of the relevant findings by Dr Eric Fang on 23 October 2018 at 07:00 p.m. Readback was performed. 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.