# Row 10985

Visit Number: 73f5c77a3838044dc0f72b7e83b1e2dc9d785dfbb1b65afc1b85872def3f0d82

Masked\_PatientID: 10960

Order ID: 71355a6ee3a8a4c9e1f8615d6d3c48e7c3dbdb894355efe2dff37e4341e1ab55

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 11/10/2018 20:03

Line Num: 1

Text: HISTORY ACUTE DESATURATION TRO PULMONARY EMBOLISM WELL SCORE 6 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Chest radiograph performed the same day reviewed. Right internal jugular central venous catheter is in situ, its tip at the superior cavoatrial junction. No filling defect is seen up to the segmental pulmonary arteries to suggest an embolus. The pulmonary arteries are prominent but not overly enlarged and there is no straightening of the interventricular septum or increased RV:LV ratio to suggest right heart strain. Overall cardiac size is enlarged. There are atherosclerotic calcifications in the coronary arteries. There are bilateral pleural effusions with fluid in the left horizontal fissure and atelectasis of the bilateral lower lobes. Mild peribronchial and septal thickening is also noted in the lower lobes suggesting interstitial congestion. Emphysema is seen in the bilateral upper lobes. The imaged aorta shows normal calibre and opacification. Prominent to enlarged mediastinal lymph nodes are seen, for example, a right paratracheal node measures 1.5 cm (7-32) and a subcarinal lymph node measures 1.2cm (7-44); there are indeterminate, possibly reactive. No supraclavicular or axillary lymphadenopathy is observed. No pericardial effusion seen. The thyroid gland is prominent with the isthmus measuring 1.5 cm (7-13). Bilateral gynaecomastia.The imaged upper abdomen is unremarkable. No appreciable destructive osseous lesion. CONCLUSION 1. No evidence of pulmonary embolus up to the segmental pulmonary arteries or definite right heart strain. 2. Bilateral pleural effusionswith fluid in the left horizontal fissure and atelectasis of the bilateral lower lobes. Mild peribronchial and septal thickening in the lower lobe suggests interstitial congestion likely secondary to cardiac impairment. Mild background emphysema. 3. Prominent to enlarged mediastinal lymph nodes are indeterminate, possibly reactive. No supraclavicular or axillary lymphadenopathy. Dr Lee Yu Chen Nicole informed of the provisional finding(s) by Dr Alexander Tan at 2026 hours on 11Oct 2018. May need further action Tan Sheng Ming Alexander , Senior Resident , 18661I Finalised by: <DOCTOR>

Accession Number: fe64949bcc883e039dfc0e61d6e56cf6854b7d05bb9a977f0a41805de9b4ba77

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