# Row 11028

Visit Number: 304942ccfd03216056e0ca765fc6b5a58fb8e24ee4ab2bda87b875db5a04d93f

Masked\_PatientID: 11012

Order ID: bf1c9d6cdcd9ef64f7e5224264b60cbbb95ca1271d49f77ecb9ab2d4ec4cdcc8

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 31/8/2015 17:04

Line Num: 1

Text: HISTORY persistent desaturation Spo2 87% on RA TRO PE; sepsis secondary to 71% burns (D11 of admission) AKI on CRRT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There are breathing motion artefacts, limiting the sensitivity of this study. Pulmonary trunk and main pulmonary arteries are satisfactorily opacified. Within the limits of this study, there is no convincing filling defect identified inthe visualised segmental pulmonary arteries to suggest pulmonary embolism. Heart size is normal. There is no pleural or pericardial effusion. There are patchy areas of ground-glass changes and consolidation in both lungs without significant septal thickening. There also patchy areas of centrilobular inflammatory nodularity in the lungs. Mild bronchial wall thickening is visualised. Overall, the changes favour infectious aetiology and chest infection should be considered. In the visualised upper abdomen, no gross abnormalities visualised. There is no bony destruction. CONCLUSION Breathing motion artefacts, limiting the sensitivity of the study. Within the limits of this study, there is no convincing CT evidence to suggest pulmonary embolism. There is bronchial wall thickening in the lungs with patchy areas of ground-glass change, consolidation and centrilobular nodularity, suggesting an infectious aetiology and chest infection should be considered. May need further action Finalised by: <DOCTOR>

Accession Number: da3ae64cad5b24c62a3f01ee66776e6da7205357a84e38f29f17281f25c956bb

Updated Date Time: 31/8/2015 17:28