# Row 1109

Visit Number: 26a9b396edbe19d30aa31c996bfc6d60f26488297944b4bfa83a24f477d6e5a3

Masked\_PatientID: 1109

Order ID: c158b4a8877abe9038d94073ee137761224b706920f93248bd34f314bed44356

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 07/12/2015 19:43

Line Num: 1

Text: HISTORY SOB with hypoxemia. D-dimer elevated TRO PE 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 There are no relevant prior scans available for comparison. CXR dated 6/12/2015 was 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. (R) perifissural nodule measuring 0.4cm is non specific (5-33). There is suggestion of patchy minimal ground-glass changes and ill-defined centrilobular branchingnodularity in the right posterior and lateral basal segments likely due to inflammatory or infective changes. No consolidation or pleural effusion is present. Atelectatic changes are noted in the anterior basal segment of the right lower lobe and lingula. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Subcentimeter hypodensity in segment 8 of the liver is too small to be characterized. The rest of the limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is detected. 2. Minimal centri-lobular ill-defined nodular changes and patchy ground-glass opacifications in the right lower lobe likely due to small airway inflammation or infection. 3. Other minor findings as described above. May need further action Chia Ghim Song , Senior Resident , 17813F Finalised by: <DOCTOR>

Accession Number: fcdc21937d8de57e4765c8ace085ed6ff0acafff2b52df42356d1e3b3cdc7afe

Updated Date Time: 08/12/2015 9:43

## Layman Explanation

This radiology report discusses HISTORY SOB with hypoxemia. D-dimer elevated TRO PE 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 There are no relevant prior scans available for comparison. CXR dated 6/12/2015 was 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. (R) perifissural nodule measuring 0.4cm is non specific (5-33). There is suggestion of patchy minimal ground-glass changes and ill-defined centrilobular branchingnodularity in the right posterior and lateral basal segments likely due to inflammatory or infective changes. No consolidation or pleural effusion is present. Atelectatic changes are noted in the anterior basal segment of the right lower lobe and lingula. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Subcentimeter hypodensity in segment 8 of the liver is too small to be characterized. The rest of the limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is detected. 2. Minimal centri-lobular ill-defined nodular changes and patchy ground-glass opacifications in the right lower lobe likely due to small airway inflammation or infection. 3. Other minor findings as described above. May need further action Chia Ghim Song , Senior Resident , 17813F Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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