# Row 11467

Visit Number: 67237392de4cdbc002180d1651944fc0146ba931507b02986276b4e87228293c

Masked\_PatientID: 11456

Order ID: 1410ba667645f366e925a70a6714b040781420ed78b1d1855042a6e14bfab2e1

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 23/6/2016 17:01

Line Num: 1

Text: HISTORY acute drop SpO2 from RA to 50% FM. Prev CXR no obvious patch. TRO PE.; Prev NPC s/p RT, Cx by dysphagia on PEG feeding, and hypopit on cortisol and thyroxine replacement. TECHNIQUE Contrast enhanced CT pulmonary angiogram Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There is adequate opacification of the pulmonary arteries. However, the images are markedly degraded by respiratory artefacts, particularly in the lower lobes. There no large pulmonary embolus or filling defect but segmental and subsegmental emboli particularly in the lower lobes cannot be excluded on this study. The main pulmonary trunk is normal in calibre. The RV:LV ratio is <1. The heart size is within normal limits. There is no pericardial effusion. There is a borderline 9 mm subcarinal node. Small right hilar node is also noted. No lymphadenopathy is detected. There are secretions in the trachea, right main bronchus, bronchus intermedius and the right lower lobe bronchus, suspicious for aspiration. There is also plugging of the segmental bronchi in the right lower lobe. Centrilobular nodules, some in tree-in-bud appearance, and patchy consolidation seen in the right lower lobe. There is also patchy consolidation in the left lower lobe. There is stable scarring in the middle lobe. There is no pleural effusion. The limited images of the upper abdomen are unremarkable. Old left posterior rib fractures are noted. CONCLUSION 1. No large pulmonary embolus is detected. However, due to the marked motion artefacts, segmental and subsegmental emboli is not excluded particularly in the lower lobes bilaterally. 2. The secretions in the large airways and plugging of the right lower lobe airways as well as tree-in-bud nodularity and patchy consolidation in the right lower lobe are suspicious for aspiration. There is also patchy consolidation in the left lower lobe. May need further action Finalised by: <DOCTOR>

Accession Number: afc25c7e6ffc27cc4cdd52ebbf1f8575bb04a3f029ada8d4259c36770844a119

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