# Row 11862

Visit Number: cbbdcc40d20d880a7408f8a07326d99c62a1e879a3c4e8c1769583f38c12a427

Masked\_PatientID: 11862

Order ID: 21dda4794e63cf9a711781f31d676c9bf594e720254d52b7b46c8f4a69fd0328

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 30/11/2017 22:44

Line Num: 1

Text: HISTORY Was being treated as for latent TB since end-October 2017 in v/o TB contact:mother. Now p/w Massive Hemoptysis Need CT aortogram to delineate bronchial arteries KIV bronachial arterial embolization TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No active pulmonary haemorrhage. There is atelectasis and inflammatory nodular opacities in the right middle lobe. There are fibrotic foci in the right lung apex and ill-defined ground glass inflammatory foci in the right upper and middle lobes. There is minor atelectasis in the left upper lobe. No intrapulmonary or endobronchial mass lesion appreciated. No evidence of pulmonary embolism. Theright intercostobronchial artery is not hypertrophied. The tip of the endotracheal tube in positioned at the level of the carina and will need to be withdrawn by at least 3-4cm. The attending medical officer in the CT scanning room has been informed of this. There is a nasogastric tube appropriately sited. CONCLUSION Atelectasis in the right middle lobe. No acute haemorrhage. Patent and normal calibre right intercostobronchial trunk amenable to embolization. May need further action Finalised by: <DOCTOR>

Accession Number: 0c78cff4171d6a22d88c4017d7095fb17fc0c5ec58527c80672d1e68579bf0fc

Updated Date Time: 01/12/2017 10:33