# Row 11867

Visit Number: 95c10dd57538af3acce44e59c3369211888892f4514e06c79652c57cb4f222e7

Masked\_PatientID: 11865

Order ID: ed6b56d79c5d901da0ac2c529a9994de8bca750a89a4540a195e5587c5b2f556

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 07/6/2019 20:45

Line Num: 1

Text: HISTORY massive hemoptysis today locate culprit vessels in event of next bleed b/g bronchietasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT is available. Chest radiograph performed earlier the same day was reviewed. VASCULAR FINDINGS: The imaged aorta is of normal calibre. No aneurysm, dissection or intramural haematoma is seen. No enlarged bronchial artery or arterial blush is identified. No evidence of pulmonary arteriovenous malformation is seen. The visualised portions of the celiac trunk, superior mesenteric artery and renal arteries are patent and of normal calibre. The rest of the mediastinal vasculature and cardiac chambers and show no obvious abnormality. normal in opacification. NON-VASCULAR FINDINGS: Moderate bronchiectatic changes, subsegmental consolidation and atelectasis are seen in the left lung lingula lobe as well as the right lung middle lobe medial segment. Clusters of centrilobular tree-in-bud nodules are seen scattered in the right upper lobe with a large conglomerate nodule abutting the horizontal fissure. Similar findings are seen in the left lower lobe. These changes are probably infective/inflammatory in nature. Clinical correlation and post-treatment follow up imaging are suggested to ensure resolution. No suspicious pulmonary mass lesion seen. No pleural effusion is detected. The major airways are patent. Theheart size is normal. There is no pericardial effusion. A few small volume mediastinal and hilar lymph nodes are seen, largest one measures 1.1 x 1.4 cm in the precarinal region (3-38). The imaged thyroid gland is unremarkable. Some heterogeneous debris is seen within the oesophagus. No destructive bone lesion is identified. CONCLUSION 1. The imaged aorta and its branches are normal. No enlarged bronchial artery, aneurysm or pulmonary vascular malformation is detected to account for the haemoptysis. The major airways are patent. 2. Bronchiectasis and volume loss are seen in the left lower lobe and right middle lobe. 3. Clusters of tree-in-bud nodules scattered in the right upper lobe and left lower lobe associated with a few small volume mediastinal lymph nodes, which may represent underlying infective/inflammatory process. Clinical correlation and post-treatment follow up imaging are suggested to ensure resolution. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: f77a031ea2a5e939617725397847bd622872c3ec5581127a2129fa4fe09d947a

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