# Row 11933

Visit Number: 69b1a100f9116f64b1e78ae19071055451a98e88acb352c584f643e5000cc3c7

Masked\_PatientID: 11923

Order ID: 53070ad5fc7068173b626ff77a1c579861c0e14852a2d6aef83c9d980ad6c0bb

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/4/2017 11:53

Line Num: 1

Text: HISTORY previous dvt. matastatic rectal carcinoma. with persistent tachycardia post op. to evaluate for pe TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The pulmonary trunk, the right pulmonary arteries, lobar arteries and the visualised subsegmental arteries are patent with no filling defect to indicate the presence of pulmonary embolus. There is no significant aeration of the left lower lobewith partial compression of the left upper lobe due to the large left pleural effusion. No overt lung nodule is demonstrated. Compression atelectasis is also present at the right lower lobe and again there are no overt underlying lung nodules.New ill-defined opacity at the periphery of the right upper lobe (series six image 27) is indeterminate. Some atelectasis of the middle lobe is present. There is evidence of pulmonary venous distension. The heart size has increased when compared with the previous examination of 17 February 2017. Overall appearances suggest a degree of cardiac failure. The portions of the upper abdomen included on scan shows apparent splenomegaly and extensive nodular peritoneal fat stranding. Free fluid is also present. CONCLUSION There is no evidence of pulmonary embolism. A large left pleural effusion is present and that there is evidence of pulmonary venous congestion. May need further action Finalised by: <DOCTOR>

Accession Number: 3408cc09928ced49e2d93f375d8c78fc04ccf8e993db3f30e5bd94899fc51750

Updated Date Time: 03/4/2017 12:33