# Row 12029

Visit Number: 33102930d0697798d0898bd0de70bd63697935727c0c97cfa18839b9f3643667

Masked\_PatientID: 12028

Order ID: d94fb254a037bc53e2b72af7c87f381bdbc3a38fe17f85b6bab4b0195b007f16

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 15/8/2015 10:37

Line Num: 1

Text: HISTORY adm for SOB. Raised trop t with ECG showing R heart strain, but ck ckmb normal. Low grade fever with no obvious source of sepsis. TRO PE. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS Previous CT thorax dated 02/05/2010 was reviewed. Good contrast opacification of the pulmonary arteries achieved. No filling defect identified in the pulmonary arteries up to the segmental level. The main pulmonary artery is normal in calibre. The left ventricle appears mildly dilated. Moderate calcifications are noted in the coronary arteries due to atherosclerosis. Scarring with calcification are again noted in the right lung apex and lateral segment of the middle lobe, likely sequelae of previous healed granulomatous infection. Linear atelectasis also noted in the lingula. The lungs are otherwise unremarkable with no focal consolidation. The trachea and main bronchi are clear. No significantly enlarged hilar, mediastinal or axillary lymph nodes. Small bilateral gynecomastias are noted. The visualised upper abdomen shows no gross abnormality. No significant bony abnormality noted. CONCLUSION No evidence pulmonary embolism up to the segmental pulmonary artery level. Mildly dilated left ventricle. Bilateral small pleural effusions could be secondary to cardiac impairment. May need further action Finalised by: <DOCTOR>

Accession Number: 8b93c26a80460a624c2b32fea75d30e644a98178847f1f6e85271fd20de26753

Updated Date Time: 15/8/2015 11:18