# Row 12285

Visit Number: 23f25761ec43905c4988eb8344ad158dd835306cac55a47b60f476d9599cec5c

Masked\_PatientID: 12278

Order ID: 2ed88ad330eab575a3ff12b182bf4d71d8ed80c1527fb216f7bb5c4d25ee0ebf

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/7/2017 0:49

Line Num: 1

Text: HISTORY Loss of appetite since Mar2017, sigmoid colon adenoCa, previous left breast ca s/p SMAC 1986 and chemoRT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is done with the previous CT calcium scoring dated 11/1/2016 and CT KUB dated 24/11/2012. CHEST There is a large saddle embolus straddling between the right and left main pulmonary arteries. The embolus extends into the bilateral lobar pulmonary arteries and segmental branches, The pulmonary trunk measures 2.8 cm. Although the RV/LV ratio is <1, there is mild reflux of contrast into the inferior vena cava and hepatic veins, equivocal for right heart strain. The heart is mildly enlarged. Small bilateral pleural effusions are seen. Atelectasis in the lung bases is noted. Small lung cysts are scattered throughout both lungs. No consolidation is detected. Small calcified granuloma in the apical right lower lobe. There is no enlarged supraclavicular, axillary, mediastinal or hilar lymph node. The visualised thyroid is unremarkable. The patient is status post left right mastectomy and axillary clearance. No gross mass seen along the left chest wall to suggest local recurrence. Scarring with straight borders along the anterior left lung and apex are in keeping with post radiation change. ABDOMEN AND PELVIS The liver is of normal size and attenuation. No focal hepatic lesion is identified. The gallbladder is distended. A few gallstones are noted. No pericholecystic fluid or fat stranding is seen to suggest acute cholecystitis. No biliary ductal dilatation is detected. The spleen, pancreas and adrenal glands appearunremarkable. A few subcentimetre hypodensities are scattered in both kidneys measuring up to 9 mm in the right mid pole (se 601/54), too small to characterize. The urinary bladder is not well distended hence cannot be accurately assessed. Calcified uterine fibroids are noted. Ovaries are slightly bulky. The right common femoral vein (CFV) is distended with thrombus noted within, extending to the right external iliac vein (EIV). The bowel loops are not dilated. No ascites is detected. Circumferential mural oedema and mucosal hyper enhancement in the rectum could represent proctitis. There is no enlarged abdominal or pelvic lymph node. Healing fractures of the anterior right 3rd to 7th ribs, Old fractures at theleft inferior superior pubic rami are noted. Compression fracture at L4 is seen. Stable scleortic focus in the left ilium, nonspecific. CONCLUSION 1. Acute large saddle pulmonary embolus extending into the bilateral lobar and segmental branches. 2. Right lower limb deep vein thrombosis in the CFV and EIV. 3. Minor findings are as described above. Dr Law Shipei was informed of the urgent findings at 3.20 AM on 13/7/2017. Critical Abnormal Lim Yurui David , Senior Resident , 17636B Finalised by: <DOCTOR>

Accession Number: 68dc1707e1e8b8e5799ed12757b26d75415bfa3b1fe8502df1d8c8963500a200

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