# Row 12295

Visit Number: 025aee7c37559dd9ef3d9d7136c61441b67a67f2eaa305cc3cfa9f0d7cf3fccd

Masked\_PatientID: 12292

Order ID: 8332cb61275dcbb9b81eeea7fa07ad617efcec47bd561506ec832ae7d905f681

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 02/4/2018 14:46

Line Num: 1

Text: HISTORY Persistent tachycardia b/g ovarian malignancy metastatic, immobile in bed High risk for PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of IV contrast. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS CT chest of 20 March 2018 was reviewed. Note is also made of the CT abdomen of 31 March 2018. There is no filling-defect in the pulmonary trunk, mainpulmonary arteries and its lobar branches. The more distal segmental and subsegmental branches are poorly imaged. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Since the last CT chest, bilateral large pleural effusions demonstrate size increase, particularly on the left. There is resultant near-complete compressive atelectasis of most parts of the lower lobes. Nonspecific subpleural nodularity in the right middle lobe (6-47, 38) No consolidation is seen. Slightly prominent bilateral supraclavicular and mediastinal nodes are again seen. These measure up to 0.9 cm in short axis dimension (e.g. prevascular node, 5-36; 5-24, right paratracheal node). Enlarged left axillary node, marginally more prominent now. Heart is not enlarged. There is no pericardial effusion. Small amount of fluid in anterior mediastinum, nonspecific. Ascites and peritoneal deposits are better seen on the recent CT-abdomen/pelvis of 30 Mar 2018. No destructive bony lesion is seen. CONCLUSION 1. No evidence of acute pulmonary embolism. 2. Interval increase in bilateral large pleural effusions since 20 Mar 2018, particularly on the left. 3. Stable prominent supraclavicular and mediastinal nodes. Left axillary node marginally larger now Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 45fea688ebf7d515a72d202ff3f02527128e12ba4a312dbb8407fdded3c5f56e

Updated Date Time: 02/4/2018 17:05