# Row 12692

Visit Number: 7788de05f5653250a0f45f74c634e10fcac36e1f9f6a9b25b415cf19b07338be

Masked\_PatientID: 12658

Order ID: 9d300674ed00ddd5823ca513c66edc8ae961cc9e2818e43aa0b22c7af0b20500

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 11/6/2017 1:34

Line Num: 1

Text: HISTORY persistent tachy tro pe TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous CT abdomen pelvis dated 18/04/2017 and chest radiograph dating backto 01/06/2017 were also reviewed. No obvious filling defect in the pulmonary trunk, main pulmonary arteries, lobar branches and segmental branches. It is difficult to assess the distal branches. The pulmonary artery measures about 2.8 cm and top normal. The patient is status post oesophagectomy and gastric pull through surgery. Consolidation at the right lower lobe have improved. Extensive emphysematous changes with bronchiectasis, subpleural cysts are noted in the bilateral upper lobe. In addition air space opacities are observed in the bilateral upper lobes compared to previous CT is suspicious for worsening of infection. A calcified granuloma is noted in the right upper lobe as well. A nonspecific subpleural nodule noted in the left lower lobe. Mildly prominent but stable mediastinal lymph nodes. A nasogastric tube is in situ. The position of the tracheostomy tube is satisfactory. The appended upper abdomen is unremarkable save for postoperative changes in this phase of the study. Degenerative changes are noted in the spine. CONCLUSION No obvious pulmonary thromboembolism. New consolidation noted in the bilateral upper lobe in the background of emphysema and bronchiectasis suspicious for infection. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 5123535ea6a93ee761d698d29f5e7718ae3c6b305d464337f2ae71e899d4c861

Updated Date Time: 11/6/2017 3:38