# Row 12919

Visit Number: 85f5617e3680501d8829457e32386e120716ef10b5947de2a9cad36bcd4c03a2

Masked\_PatientID: 12919

Order ID: 865f49c5fc34c3e8f345e374d4e2c15ba3fb338610303b11b6a26c0e0d2e42d0

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 28/3/2016 17:13

Line Num: 1

Text: HISTORY hemoptysis for ix; 36 year old pmhx of hypothyroidism p/w 1 month hx of cough then had 1 day hx of hemop no loa no low no contact hx of tb TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS There are no relevant prior scans available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. A slightly prominent right hilum lymph node may be reactive in nature (1.1 x 0.8 cm, 4/47). The heart is normal in size. No pericardial or pleural effusion is seen. Patchy ground glass opacities seen at the posterior segment of the right upper lobemay represent aspirated blood (5/43). Mild airway dilatation seen at the posterior basal segment of the right lower lobe suggests underlying bronchiectasis. Bronchial wall thickening and plugging seen at the site of airway dilatation is associated with small areas of patchy consolidation which may represent either superimposed infective or inflammatory change. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is detected. 2. Bronchiectasis at the posterior basal segment of the right lower lobe is associated with peri-bronchial thickening, plugging and focal areas of consolidation, which may represent either infective of inflammatory change. 3. A small patch of ground glass change seen at the posterior segment of the right upper lobe may represent aspirated blood. The study was reviewed with Dr Narayan Lath. May need further action Finalised by: <DOCTOR>

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