# Row 13092

Visit Number: e9ef51fcad776cc6ebae58b6b978da71c64f2480142ea9884434d3f9470b2e08

Masked\_PatientID: 13088

Order ID: 7683ba165c5bfbf3ce1341cddb94ba15efd26b10b5dd1911796ba33d1486a6e5

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 17/10/2019 18:48

Line Num: 1

Text: HISTORY bilateral pulm infiltrates. new onset hemop and worsening SOB Concerning for PE +++ TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Midline sternotomy wires arenoted. There is no definite filling defect seen within the main pulmonary artery and its branches. Moderate to marked consolidative changes are noted in the primarily in both midzones, involving mainly the superior segments of both lower lobes. Small scattered areas of ground glass changes are also noted in the right upper lobe, right middle lobe, right lower lobe and left lingula. Findings are suggestive of underlying infection. Moderate bilateral pleural effusions are noted, extending into the right horizontal fissure in the left oblique fissure. The heart size is not enlarged. No pericardial effusion is noted. Coronary artery calcifications are noted. Several prominent pre-tracheal lymph nodes are noted, measuring up to 1.6 x 0.5 cm at the pre-carinal level. They may be reactive in nature. No enlarged axillary lymph nodes are noted bilaterally. CONCLUSION No CT evidence of pulmonary embolism is noted. Bilateral consolidative changes are probably related to pneumonia. Moderate bilateral pleural effusions. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: d80101b0aaba66f5b850b72f0efdbb03ded2b84d27a7580e9db0ba0a13aac073

Updated Date Time: 17/10/2019 20:55