# Row 13319

Visit Number: c5039595b36d3554ffa277b4765ae756c567a7d25e5e16ab4bf711ddca92018d

Masked\_PatientID: 13289

Order ID: f9802e2846edb0edfda0897638b664bd85e8dc6f598d9a026b34bc6c39d815a0

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/2/2017 16:29

Line Num: 1

Text: HISTORY Hx of liver cirrhosis Childs A prevoius HCC s/p RFA 2016 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT dated 26 October 2016. There is further interval improvement of the thrombus in the right lower lobe pulmonary artery (comparing previous images 11/32-33 with current 8/37-38). Residual thrombi are noted in some of the right lower lobe segmentalbranches. No new filling defect is detected. The pulmonary trunk is dilated, measuring 3.6 cm in axial diameter at the level of the right pulmonary artery, indicating pulmonary hypertension. There is no significant pericardial effusion. There is almost complete resolution of previous right pleural effusion with residual atelectasis noted in the lower lobe. Mild atelectasis is also seen in the lingular and middle lobes. No suspicious pulmonary nodule is detected. No significantly enlarged mediastinal or hilar lymph node is seen. The visualised upper abdomen show prior RFA in segment VIII on background of liver cirrhosis. Previous embolisation of the splenic artery is noted. Splenomegaly and splenorenal shunt are also seen. CONCLUSION Since CT 26/10/16, there is 1. Slight interval improvement of the thrombus in the right lower lobe pulmonary artery with stable thrombi seen in some of the segmental branches. 2. Almost complete resolution of previous right pleural effusion with residual atelectasis noted. Known / Minor Finalised by: <DOCTOR>

Accession Number: fd1b2b2a05153b96746428c3474906825fb276f9e63ff277cb2e751f1f751c24

Updated Date Time: 03/2/2017 17:22