# Row 13291

Visit Number: 6ddbfbcb84e38978b2caf84b824e1dbaaa8bed1d7cfe2462e14fc725e158129a

Masked\_PatientID: 13289

Order ID: b4359d8594e3952885e32d6e62915888f8c3c3df1f66ddb46db13108f2489b29

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 07/10/2016 18:42

Line Num: 1

Text: HISTORY recurrent desaturation with underlying known Left LL DVT and b/g right empyema. CT PA to exclude PE as a cause of recurrent desaturation. TECHNIQUE Intravenous contrast: Omnipaque 350 - Volume (ml): 55 FINDINGS Prior CT dated 6 October 2016 was reviewed. There is lack of contrast opacification in the right lower lobe pulmonary artery, in keeping with pulmonary embolism. Peripheral filling defects noted at the ostium of the right lower lobe pulmonary arterymay represent clots as well (402-41). There is also suggestion of peripheral filling defect in the left lower lobe pulmonary arteries, also likely representing pulmonary emboli. The main pulmonary artery is dilated (3.8 cm) and the right ventricle is enlarged (RV:LV ratio > 1), in keeping with right heart strain. There is also cardiomegaly. Bilateral pleural effusions, moderate volume, have increased since CT dated yesterday. There is suggestion of pleural thickening on the right. There is compressive atelectasis in the right lower lobe. Subpleural areas of opacities in the right lower lobe may represent consolidation or pulmonary infarcts. Scattered ground-glass changes in the left upper lobe may be infective / inflammatory. An area of atelectasis is noted in the lingula. Interlobular septal thickening is noted which may represent fluid overload. No significantly enlarged intrathoracic lymph node is seen. Small volume pretracheal lymph node (402-20) is nonspecific. Partially visualised thyroid gland appears enlarged. Limited images of the included abdomen shows ascites and known radiofrequency ablation site in the right lobe of the liver. No destructive bony lesion is seen. CONCLUSION 1. Pulmonary embolism involving bilateral lower lobe pulmonary arteries (more extensive on the right), with right heart strain. 2. Bilateral pleural effusions have increased from prior CT 1 day earlier. Pleural thickening on the right suggests complicated effusion (e.g. empyema). 3. Compressive atelectasis in the right lower lobe. Other subpleural opacities in the right lower lobe may represent either consolidation or pulmonary infarcts. These findings were conveyed to the MO on call(Dr Cheng HM) at 07:30 p.m. on 7 October 2016. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 6130e04368e6f8e3ecd721b851ec46e1b997d83f4509b004203cfa8e65610172

Updated Date Time: 07/10/2016 20:10