# Row 13320

Visit Number: 2adf462ca32cfc6d4eaa0212c69c837a46c2789f515f4eb37758280d0e3fb457

Masked\_PatientID: 13289

Order ID: 44d01ca02f59e8ede2d44d52ef549b74195e59f54097f54948e5c1cfd655f7bf

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 21/3/2019 15:03

Line Num: 1

Text: HISTORY CTED TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the prior examination performed on 30 March 2017. The pulmonary trunk is enlarged measuring 36 mm compatible with the presence of pulmonary hypertension. There is evidence of right ventricular dilatation with an elevated right ventricle to the left ventricle ratio that would also support a diagnosis of pulmonary hypertension. Right upper lobe The truncus anterior shows evidence of cavitation and a the segmental arteries are patent. Right lower lobe The apical segmental artery is widely patent. The basal trunk is attenuated with poor opacification of the arteries to all four segments of the right lower lobe. Parenchymal changes in the periphery of the right lower lobe with areas of atelectasis and some cystic areas are presumed a sequelae from previous infarction. There is also evidence of some attenuation of the parenchyma in the right lower lobe. Middle lobe Both medial and lateral segmental arteries are widely patent. Left upper lobe and left lower lobe The arteries to the segments of the left upper lobe and left lower lobe are widely patent CONCLUSION Severe attenuation of the arteries to the four basal segments of the right lower lobe in keeping with chronic thromboembolic disease. There is also evidence of pulmonary hypertension. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: b28390f96cda8f48607cdbd7d6abc763a6cda876549068d87e5ac3c488e9a259

Updated Date Time: 21/3/2019 16:16