# Row 13296

Visit Number: 6ddbfbcb84e38978b2caf84b824e1dbaaa8bed1d7cfe2462e14fc725e158129a

Masked\_PatientID: 13289

Order ID: db707566fdcd7a2c09306f9cfe10c37be5fe091ea345bda10c383f0cd730ba92

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 26/10/2016 16:49

Line Num: 1

Text: HISTORY Pulmonary embolism involving bilateral lower lobe pulmonary arteries previously on CT (07/10/2016) - on clexane: to see if progresssion/extent TECHNIQUE Scans of the thorax were acquired as per protocol for CT pulmonary angiogram after administration of 60 ml of intravenous Omnipaque 350. FINDINGS The previous CT pulmonary angiogram dated 7 October 2016 was reviewed. There is minimal interval reduction in size of the eccentric filling defects in the right lower lobe pulmonary artery (current 4-43 v 402-44). Stable filling defects are noted in the right lower lobe segmental arteries. No filling defects are seen in the left-sided pulmonary arteries. Stable dilatation of the pulmonary trunk (3.8 cm) is suggestive of pulmonary arterial hypertension. The heart is enlarged. There is a small pericardial effusion. There is interval reduction in bilateral pleural effusions. Hyperdensity is noted in the dependent right pleural space which could represent debris or pleural thickening. A new gas bubble are now seen in the right pleural space which could be related to prior drainage. Centrilobular ground-glass haziness in the posterior left lower lobe could represent re-expansion oedema. Focal scarring noted in the right upper lobe apex. No consolidation or suspicious pulmonary nodule. Subsegmental atelectasis in the lower lobes and lingula. No significantly enlarged mediastinal or hilar lymph node is detected. The liver is cirrhotic, with a stable RFA ablation site in segment 8. A lienorenal shunt and previous splenic artery aneurysm embolization are noted. There is a stable non-specific hypodense nodule arising from the medial limb of the right adrenal gland measuring 0.8 x 0.8 cm (4/83). Splenomegaly. No destructive bony lesion is seen. CONCLUSION 1. Minimal interval reduction in size of right lower lobe pulmonary artery chronic thrombus. Stable thrombi within in the right lower lobe segmental arteries. No filling defect is seen in the left pulmonary arteries. No new pulmonary embolus or infarct. 2. Interval reduction in bilateral pleural effusions. Gas within the right pleural space could be related to prior intervention. Hyperdensity is noted in the dependent right pleural space which could represent debris or pleural thickening. Known / Minor Reported by: <DOCTOR>

Accession Number: de3e8fba6d1e54e03b4df873e5d7bc1a237b15104552188b9d5d6859544ab0ad

Updated Date Time: 26/10/2016 18:31