# Row 13557

Visit Number: 419695dc0b689f2b9905a0c1aed02729a430388f2076fe54f027d0c1e9432ddd

Masked\_PatientID: 13556

Order ID: b14d4d9f04c442715626e895c264e53a1285cbeb87de84841fa9111f302bfd8f

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 10/1/2017 21:32

Line Num: 1

Text: HISTORY to rule out PE - has pre-test probability intermediate to high; Left foot infection - 1st/2nd toe Ray amputation wound infection not healing, requires Left BKA, however s/b CVM and assessed to have high MACE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS No prior CT chest/CTPA for comparison. The chest radiograph dated 10/1/17 was reviewed. There is no filling-defect or absence of the normal calibre pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. There is no evidence of right heart strain. The heart is normal in size. Triple vessel coronary artery calcifications are noted. No pericardial effusion is seen. Diffuse calcified and soft plaques are seen along the visualized thoracic aorta and its branches. No pulmonary nodule or mass is detected. Thereis no pulmonary consolidation or ground-glass opacity. No pleural effusion or pneumothorax is present. The major airways are patent. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The limited sections of the upper abdomen in the arterial phase are unremarkable. Degenerative changes of the spine are noted but no destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is noted. 2. No pulmonary consolidation, pneumothorax or pleural effusion. 3. Triple vessel coronary artery calcifications. May need further action Reported by: <DOCTOR>

Accession Number: ff20c2d2df54cfcbb033acca0f562e0c18339ef6571edabe20747d2536c7dcae

Updated Date Time: 11/1/2017 10:08