# Row 13577

Visit Number: 57464bb35fb5545681fe57427d8b991d1ec198e2e5e2b74771d2b5a1c6693258

Masked\_PatientID: 13556

Order ID: f3eeaea500688d6a36aa50cd52c65899b8000e9e64de46176b0932eb816490d3

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/12/2020 23:14

Line Num: 1

Text: HISTORY Hypotension TRO PE - New dilatation of the RV with interventricular bowing TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with the prior study dated 10 January 2017. The pulmonary trunk, left and right pulmonary arteries, lobar arteries, segmental arteries and the visualised subsegmental arteries are patent with no filling defects to indicate the presence of thrombus. The pulmonary trunk is not dilated. The interventricular septum is not flattened. There is reflux of contrast into the IVC and hepatic veins. Right pleural catheter in situ, tip within the right anterior basal pleura. There is a small right hydropneumothorax. Consolidation in the right lower lobe and patchy air space opacities in the middle lobe are worrisome for infection. Small left pleural effusion. Mild atelectasis in the left lung. The trachea and main bronchus are unremarkable. The heart size is normal. The rest of the mediastinal vessels are within normal limits but show extensive atherosclerotic calcification (including coronary arteries). No enlarged hilar or mediastinal lymph nodes are demonstrated. Right internal jugular vein central venous catheter in situ, tip in the right atrium. Tip of the endotracheal tube is 2 cm above the carina. Tip of the feeding tube is within the gastric body. Diffuse subcutaneous stranding is probably due to third spacing. Small bilateral kidneys in keeping with chronic renal parenchymal disease. The visualised upper abdomen is otherwise grossly unremarkable. No destructive osseous lesion. Multiple bilateral rib fractures noted. CONCLUSION No evidence of pulmonary embolism.There is suggestion of right heart impairment. Right pleural catheter in situ. Small right hydropneumothorax. Possible infective changes seen in the right middle and lower lobes. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: e4de121ef428a91d0f52c28e30c84320ecd88f2517951e88fdcfeae757e75775

Updated Date Time: 19/12/2020 9:22