# Row 2197

Visit Number: 9a221cfe1745af49644250cbcf13ed7fb2af92875025d3f58f5eeddf9ba1c0b0

Masked\_PatientID: 2195

Order ID: 8c70e038eee005ba1a32cae9f0a5c589e012d96c1de40045869c9fe5e61577fb

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 11/6/2019 15:50

Line Num: 1

Text: HISTORY sudden onse breathlessness, t immobility underlying ET , high risk for PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Chest radiograph dated 31 May 2019 was reviewed. There is no filling defect within the pulmonary trunk, main bilateral pulmonary arteries and their respective lobar and segmental branches. The pulmonary trunk is not dilated and the RV: LV ratio is not greater than one. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. Patchy ground-glass changes are seen predominantly in the middle lobe, with other scattered foci in the apicoposterior left upper lobe (6/29) and posterior right upper lobe (6/34). There is also bronchial wall thickening associated with mucous impaction and tiny centrilobular nodularities in the lower lobes, worse on the right. Trachea and central airways are otherwise patent. Mild linear scarring in the left lung apex. Tiny dense nodule in the left lower lobe is probably a calcified granuloma (6/51). Dependent atelectasis in the right lower lobe. No pleural effusion. The tip of the feeding tube is not imaged but it traverses the gastro-oesophageal junction. Limited sections of the upper abdomen are grossly unremarkable apart from a small calcified granuloma at the subcapsular right hepatic lobe (5/92). No destructive bony lesion. Several small sclerotic foci scattered predominantly throughout the spine are strictly indeterminate. CONCLUSION 1. No CT evidence of pulmonary embolus or right heart strain. 2. Inflammatory/infective changes centred around the airways in the lower lobes, worse on the right. Patchy ground-glass changes predominantly in the middle lobe may also be infective in nature. Do consider the possibility of aspiration pneumonia. 3. No suspicious pulmonary mass. 4. Several scattered sclerotic bony lesions are indeterminate in nature. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 7585bedc00ebb5a6e7b7418ffacc8d52f689c67916eace4612546796ad715a92

Updated Date Time: 11/6/2019 16:15

## Layman Explanation

This radiology report discusses HISTORY sudden onse breathlessness, t immobility underlying ET , high risk for PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Chest radiograph dated 31 May 2019 was reviewed. There is no filling defect within the pulmonary trunk, main bilateral pulmonary arteries and their respective lobar and segmental branches. The pulmonary trunk is not dilated and the RV: LV ratio is not greater than one. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. Patchy ground-glass changes are seen predominantly in the middle lobe, with other scattered foci in the apicoposterior left upper lobe (6/29) and posterior right upper lobe (6/34). There is also bronchial wall thickening associated with mucous impaction and tiny centrilobular nodularities in the lower lobes, worse on the right. Trachea and central airways are otherwise patent. Mild linear scarring in the left lung apex. Tiny dense nodule in the left lower lobe is probably a calcified granuloma (6/51). Dependent atelectasis in the right lower lobe. No pleural effusion. The tip of the feeding tube is not imaged but it traverses the gastro-oesophageal junction. Limited sections of the upper abdomen are grossly unremarkable apart from a small calcified granuloma at the subcapsular right hepatic lobe (5/92). No destructive bony lesion. Several small sclerotic foci scattered predominantly throughout the spine are strictly indeterminate. CONCLUSION 1. No CT evidence of pulmonary embolus or right heart strain. 2. Inflammatory/infective changes centred around the airways in the lower lobes, worse on the right. Patchy ground-glass changes predominantly in the middle lobe may also be infective in nature. Do consider the possibility of aspiration pneumonia. 3. No suspicious pulmonary mass. 4. Several scattered sclerotic bony lesions are indeterminate in nature. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.