# Row 2345

Visit Number: d59b693c7d255c8b63ccd8338fa5bad932966c97707ad0939d6efba508d4f18c

Masked\_PatientID: 2345

Order ID: b4a6399f5c7898e88685332294cdbe86a354ab9b9aa936be96485fa175f3a6d6

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 27/8/2019 16:36

Line Num: 1

Text: HISTORY Persistent sinus tachycardia with bilateral UL swelling (out of proportion to LL), background of new ESRF due to presumptive cGN TTE with intermediate probability of pulmonary HTN, raised trops Recent flight back from India TRO pulmonary embolism TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Chest radiograph of 27 August 2019 was reviewed. No filling defect is detected in the pulmonary arterial vasculature up to the segmental branches bilaterally suggest acute pulmonary embolism. No eccentric mural thickening or web formation is seen. Extensive bilateral consolidations and ground-glass changes are present, predominantly perihilar in distribution. Low-density pleural effusions are noted bilaterally, subpulmonic on the left, with compressive atelectasis of both lung bases. Central airways are patent, with mild mucous material noted in the upper trachea (402-18).There is mild cardiomegaly and prominence of the right atrium. Small pericardial effusion is present. The aorta and great vessels opacify normally. Nonspecific borderline enlarged prevascular node measuring 0.9 cm. No significantly enlarged thoracic lymph node. Appended upper abdomen is unremarkable. No destructive osseous lesion. CONCLUSION No evidence of acute or chronic pulmonary thromboembolism. Bilateral pulmonary consolidation and ground-glass changes favour pulmonary oedema, with possible superimposed infective changes - please correlate clinically. Bilateral pleural effusions, subpulmonic on the left. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 757ca13c6df62a57bdba15e57afc0d8141dd6b2804ec28c75e8fc40b0670a3b3

Updated Date Time: 28/8/2019 12:09

## Layman Explanation

This radiology report discusses HISTORY Persistent sinus tachycardia with bilateral UL swelling (out of proportion to LL), background of new ESRF due to presumptive cGN TTE with intermediate probability of pulmonary HTN, raised trops Recent flight back from India TRO pulmonary embolism TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Chest radiograph of 27 August 2019 was reviewed. No filling defect is detected in the pulmonary arterial vasculature up to the segmental branches bilaterally suggest acute pulmonary embolism. No eccentric mural thickening or web formation is seen. Extensive bilateral consolidations and ground-glass changes are present, predominantly perihilar in distribution. Low-density pleural effusions are noted bilaterally, subpulmonic on the left, with compressive atelectasis of both lung bases. Central airways are patent, with mild mucous material noted in the upper trachea (402-18).There is mild cardiomegaly and prominence of the right atrium. Small pericardial effusion is present. The aorta and great vessels opacify normally. Nonspecific borderline enlarged prevascular node measuring 0.9 cm. No significantly enlarged thoracic lymph node. Appended upper abdomen is unremarkable. No destructive osseous lesion. CONCLUSION No evidence of acute or chronic pulmonary thromboembolism. Bilateral pulmonary consolidation and ground-glass changes favour pulmonary oedema, with possible superimposed infective changes - please correlate clinically. Bilateral pleural effusions, subpulmonic on the left. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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