# Row 2814

Visit Number: d366b1dcf760ce1350c658b2661413101d348876c78ef542c3633d430d92981b

Masked\_PatientID: 2813

Order ID: 56e643ee242234d868b469cbb842936688d066e79374134a82df91e19c51f96c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 05/11/2019 9:32

Line Num: 1

Text: HISTORY Non-resolving pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 45 FINDINGS CT chest Comparison with Chest X-ray: On 02/11/2019. There are no significant enlarged supraclavicular, axillary lymph nodes. There are a few small mediastinal and hilar lymph nodes of about 5 mm, not significant by size criteria. Thyroid gland has a few tiny nodules, nonspecific. Heart is enlarged. There is no pericardial effusion. There is right heart strain with reflux of contrast into the hepatic veins and upper IVC. There is filling defect in the right pulmonary artery and lower lobe pulmonary artery and segmental branches due to an pulmonary embolus. The right upper lobe branch pulmonary artery is normal in appearance. Left pulmonary artery and the segmental branches are opacified by contrast, no filling defect of thrombus is seen. There is ground-glass opacification of right lower lobe. A wedge-shaped opacity in the peripheral lateral part of right lower lobe is noted. A 0.9 cm nodule in the right lower lobe, no calcification is seen, image 06-46. The imaged section of abdomen shows a couple of low attenuation foci in the liver that are too small to characterise. There is no gallstone is seen. A low attenuation focus in upper right kidney may be a cyst. The spleen and left upper kidney and adrenal glands are unremarkable. A small density in stomach is likely an oral tablet. There is opacification of hepatic veins and upper IVC reflecting right heart strain. Degenerative bony changes are present, no focal destructive lesion is seen. CONCLUSION Pulmonary embolism involving right pulmonary artery and right lower lobe pulmonary artery and the segmental branches. There is right heart strain with opacification of hepatic veins and upper IVC. Right lower lobe shows ground glass opacification with wedge opacity in the right lower lobe laterally. A nodule in the right lower lobe may be part of consolidation/infection or tumour. Followup is necessary. Left pulmonary artery and main pulmonary artery are evenly opacified by contrast, no filling defect of thrombus is seen. The findings were conveyed to Dr TanZhibin by me at 9.54 am on 5/11/19. Other findings as in report section. Report Indicator: Critical Abnormal Finalised by: <DOCTOR>

Accession Number: 271c14807569b28fd696dd6de1b4ca03596f757f73ba4596b8f07d2da6c4b87d

Updated Date Time: 05/11/2019 10:28

## Layman Explanation

This radiology report discusses HISTORY Non-resolving pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 45 FINDINGS CT chest Comparison with Chest X-ray: On 02/11/2019. There are no significant enlarged supraclavicular, axillary lymph nodes. There are a few small mediastinal and hilar lymph nodes of about 5 mm, not significant by size criteria. Thyroid gland has a few tiny nodules, nonspecific. Heart is enlarged. There is no pericardial effusion. There is right heart strain with reflux of contrast into the hepatic veins and upper IVC. There is filling defect in the right pulmonary artery and lower lobe pulmonary artery and segmental branches due to an pulmonary embolus. The right upper lobe branch pulmonary artery is normal in appearance. Left pulmonary artery and the segmental branches are opacified by contrast, no filling defect of thrombus is seen. There is ground-glass opacification of right lower lobe. A wedge-shaped opacity in the peripheral lateral part of right lower lobe is noted. A 0.9 cm nodule in the right lower lobe, no calcification is seen, image 06-46. The imaged section of abdomen shows a couple of low attenuation foci in the liver that are too small to characterise. There is no gallstone is seen. A low attenuation focus in upper right kidney may be a cyst. The spleen and left upper kidney and adrenal glands are unremarkable. A small density in stomach is likely an oral tablet. There is opacification of hepatic veins and upper IVC reflecting right heart strain. Degenerative bony changes are present, no focal destructive lesion is seen. CONCLUSION Pulmonary embolism involving right pulmonary artery and right lower lobe pulmonary artery and the segmental branches. There is right heart strain with opacification of hepatic veins and upper IVC. Right lower lobe shows ground glass opacification with wedge opacity in the right lower lobe laterally. A nodule in the right lower lobe may be part of consolidation/infection or tumour. Followup is necessary. Left pulmonary artery and main pulmonary artery are evenly opacified by contrast, no filling defect of thrombus is seen. The findings were conveyed to Dr TanZhibin by me at 9.54 am on 5/11/19. Other findings as in report section. Report Indicator: Critical Abnormal Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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