# Row 3456

Visit Number: 92102e128fb5b9ba6543be5356fd204ca8330d0f6b290d30c55f588b90b051cf

Masked\_PatientID: 3454

Order ID: e8ef702ab642d373a94b00c9beb054954be6530c6d060b5050cdcc6b5ac42b67

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 20/10/2016 13:27

Line Num: 1

Text: HISTORY SOB/Persistent tachycardia/Persistent desaturations - ?CTPA vs R Lower lobe pneumonia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 50 ml of Omnipaque 350. FINDINGS Correlation is made with the prior CT scan dated 14 September 2016. The chest radiograph of 17 October 2016 reviewed. Note is made of cytoreductive surgery performed on 14 October 2016. Tiny air pocket just anterior to the spleen is related to recent surgery. Partially-imaged bilateral abdominal drains are present. Bilateral pneumothoraxes, left larger than right are present with bilateral chest drains in situ. The tip of the RIGHT chest drain is in the far medial aspect at the level of T6. A small air locule is seen within the right oblique fissure. Segmental atelectasis is seen in the right lower lobe. The tip of the LEFT chest drain is in the posteromedial aspect at T6/7. Surrounding pulmonary contusion is seen along the tract of the chest drain. There is atelectasis of the LEFT lower lobe with minimal re-expansion of the left upper lobe. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is not enlarged. Trace pericardial effusion is present. The tracheobronchial tree is unremarkable. There is no suspicious nodule or mass in the imaged lungs. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Degenerative changes are seen in the spine. Limited sections through the upper abdomen show low-attenuation ascites. The imaged lower pole of the spleen shows mild hypodensity which is non-specific in nature. CONCLUSION No pulmonary embolism. Bilateral pneumothoraces, left larger than right. Possible pulmonary contusion along the tract of the left chest drain associated with minimal re-expansion of the left upper lobe and atelectasis of the lower lobe. Adjustment/retraction of the left chest drain will be helpful. May need further action Reported by: <DOCTOR>

Accession Number: 81a1d745d1d9780790cae4afcf2d344f4ed76c71910c5e03d367af73b5ffdd4b

Updated Date Time: 21/10/2016 9:15

## Layman Explanation

This radiology report discusses HISTORY SOB/Persistent tachycardia/Persistent desaturations - ?CTPA vs R Lower lobe pneumonia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 50 ml of Omnipaque 350. FINDINGS Correlation is made with the prior CT scan dated 14 September 2016. The chest radiograph of 17 October 2016 reviewed. Note is made of cytoreductive surgery performed on 14 October 2016. Tiny air pocket just anterior to the spleen is related to recent surgery. Partially-imaged bilateral abdominal drains are present. Bilateral pneumothoraxes, left larger than right are present with bilateral chest drains in situ. The tip of the RIGHT chest drain is in the far medial aspect at the level of T6. A small air locule is seen within the right oblique fissure. Segmental atelectasis is seen in the right lower lobe. The tip of the LEFT chest drain is in the posteromedial aspect at T6/7. Surrounding pulmonary contusion is seen along the tract of the chest drain. There is atelectasis of the LEFT lower lobe with minimal re-expansion of the left upper lobe. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is not enlarged. Trace pericardial effusion is present. The tracheobronchial tree is unremarkable. There is no suspicious nodule or mass in the imaged lungs. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Degenerative changes are seen in the spine. Limited sections through the upper abdomen show low-attenuation ascites. The imaged lower pole of the spleen shows mild hypodensity which is non-specific in nature. CONCLUSION No pulmonary embolism. Bilateral pneumothoraces, left larger than right. Possible pulmonary contusion along the tract of the left chest drain associated with minimal re-expansion of the left upper lobe and atelectasis of the lower lobe. Adjustment/retraction of the left chest drain will be helpful. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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