# Row 3950

Visit Number: a65c65fe3f187993c137f5cc7e8a45061779a0077f8cf6797dd83ce03aae0541

Masked\_PatientID: 3950

Order ID: e31933b225efc2c1fe2ab45ac5055e2289075626b6c94edaf48c61eb60a73131

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 27/1/2015 11:45

Line Num: 1

Text: HISTORY diagnosed patient with Aggressive Mantel cell lymphoma . presenting with SOB x1/52. TECHNIQUE PE scan. Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS Compared with previous study dated 12/01/2015 done at NCC. The pulmonary arteries, their lobar, segmental and proximal subsegmental branches opacify normally without any evidence of intraluminal filling defects to suspect embolism. The mediastinal vasculature enhances normally. There is interval development of patchy areas of consolidation in the right lower lobe with some interstitial thickening and ground glass opacification. Previously seen areas of consolidation in the medial right lower lobe are still present. Some heterogeneous attenuation areas and mild airway thickening in left lower lobe. No consolidation seen in the left lung otherwise. The major airways are patent. Trace right pleural effusion is present. No left pleural or pericardial effusion. Enlarged lymph nodes in the left supraclavicular fossa and included upper abdomen are noted again which havebeen described on recent CT study. Splenomegaly. No destructive bony lesions. CONCLUSION 1. Negative CT study for pulmonary embolism. 2. Interval new consolidation in the right lower lobe. Imaging appearances are nonspecific and could be due to infection, clinical correlation and follow-up with CXR is suggested. May need further action Finalised by: <DOCTOR>

Accession Number: 16c746beaac33550a3c3b938af5b4aaecb35f2dec2a36283291ef0e85119e630

Updated Date Time: 27/1/2015 12:30

## Layman Explanation

This radiology report discusses HISTORY diagnosed patient with Aggressive Mantel cell lymphoma . presenting with SOB x1/52. TECHNIQUE PE scan. Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS Compared with previous study dated 12/01/2015 done at NCC. The pulmonary arteries, their lobar, segmental and proximal subsegmental branches opacify normally without any evidence of intraluminal filling defects to suspect embolism. The mediastinal vasculature enhances normally. There is interval development of patchy areas of consolidation in the right lower lobe with some interstitial thickening and ground glass opacification. Previously seen areas of consolidation in the medial right lower lobe are still present. Some heterogeneous attenuation areas and mild airway thickening in left lower lobe. No consolidation seen in the left lung otherwise. The major airways are patent. Trace right pleural effusion is present. No left pleural or pericardial effusion. Enlarged lymph nodes in the left supraclavicular fossa and included upper abdomen are noted again which havebeen described on recent CT study. Splenomegaly. No destructive bony lesions. CONCLUSION 1. Negative CT study for pulmonary embolism. 2. Interval new consolidation in the right lower lobe. Imaging appearances are nonspecific and could be due to infection, clinical correlation and follow-up with CXR is suggested. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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