# Row 4061

Visit Number: e008c5f4b49ce99f7504f2aded4bcb46189846f576d60f576778b851bbfed9a6

Masked\_PatientID: 4046

Order ID: 97659feebe0bb973a40a668ac27e0bf6a29148042428aef11c1f8546b50fade6

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/9/2018 15:56

Line Num: 1

Text: HISTORY history of extensive PE and previous failed IVC filter retreival complicated by pulmonary hypertension to reassess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50FINDINGS Comparison made with prior CT examination dated 06/04/2018. The previously noted chronic thrombus involving the left pulmonary artery extending into the lobar and segmental vessels is again seen with consequent generalised reduced calibre of the vessels and poor opacification distally. A web-like filling defect is again seen in the truncus anterior in keeping with chronic thromboembolism. No new filling defect is identified in the right middle and lower lobar pulmonary arterial branches. The main pulmonary trunk is within normal limits. Reduced perfusion is noted in the left lung and apical segment of the right upper lobe on the iodine map. There are focal areas of scarring in both lungs. No suspicious pulmonary nodule or consolidation is detected. Again seen is a large diaphragmatic hernia with organoaxial rotation of the herniated stomach. The heart is mildly enlarged. No pleural or pericardial abnormality seen. No significantly enlarged mediastinal or hilar node is detected. An IVC filter and a gallstone are partially visualised in the imaged upper abdomen. Degenerative changes in the spine with a lumbar scoliosis noted. CONCLUSION Chronic thromboembolism involvingthe left pulmonary artery and its lobar and segmental branches with poor distal opacifications and reduced calibre of the vessels as described. Persistent web like filling defect in the truncus arterior in keeping with further chronic thrombus.No new filling defect is identified in the visualised right pulmonary arteries. The main pulmonary artery is not significantly dilated. May need further action Finalised by: <DOCTOR>

Accession Number: 3f78cce6970ea7ef554b51a30a298f81257846b3641c82d1fadd91cae713c44c

Updated Date Time: 18/9/2018 16:56

## Layman Explanation

This radiology report discusses HISTORY history of extensive PE and previous failed IVC filter retreival complicated by pulmonary hypertension to reassess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50FINDINGS Comparison made with prior CT examination dated 06/04/2018. The previously noted chronic thrombus involving the left pulmonary artery extending into the lobar and segmental vessels is again seen with consequent generalised reduced calibre of the vessels and poor opacification distally. A web-like filling defect is again seen in the truncus anterior in keeping with chronic thromboembolism. No new filling defect is identified in the right middle and lower lobar pulmonary arterial branches. The main pulmonary trunk is within normal limits. Reduced perfusion is noted in the left lung and apical segment of the right upper lobe on the iodine map. There are focal areas of scarring in both lungs. No suspicious pulmonary nodule or consolidation is detected. Again seen is a large diaphragmatic hernia with organoaxial rotation of the herniated stomach. The heart is mildly enlarged. No pleural or pericardial abnormality seen. No significantly enlarged mediastinal or hilar node is detected. An IVC filter and a gallstone are partially visualised in the imaged upper abdomen. Degenerative changes in the spine with a lumbar scoliosis noted. CONCLUSION Chronic thromboembolism involvingthe left pulmonary artery and its lobar and segmental branches with poor distal opacifications and reduced calibre of the vessels as described. Persistent web like filling defect in the truncus arterior in keeping with further chronic thrombus.No new filling defect is identified in the visualised right pulmonary arteries. The main pulmonary artery is not significantly dilated. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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