# Row 4091

Visit Number: 932c85729f0830258497a3845d6df6bbdf21cd5b2d41c505de73640426bf804e

Masked\_PatientID: 4090

Order ID: b2b2bc8803fd1d82c096fff0fd933169ec61cc4552bab4094d2b9eaba933302c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 04/4/2017 22:11

Line Num: 1

Text: HISTORY Right basal NOF fracture after fall. Suppose to go for op today but had desaturation down to 82%. ABG done showed type 1 respiratory failure and CXR showed no obvious consolidation. Currently patient unable to maintain SpO2 > 92% on RA and is becoming more tachycardiac (100+). TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The pulmonary trunk, right and left pulmonary arteries, lobar, segmental and imaged subsegmental arteries show normal opacification. No filling defect is seen. There is no evidence of right heart strain. Heart is enlarged. The main pulmonary trunk is dilated (3.2 cm) suggestive of underlying pulmonaryarterial hypertension. The branches of the aortic arch and cardiac chambers show normal opacification. Small bilateral pleural effusions are noted with atelectasis of the adjacent lung. No pulmonary consolidation or mass is detected. There is no hilar or mediastinal lymphadenopathy. The tracheobronchial tree is patent. No destructive bony lesion is seen. Imaged upper abdomen is unremarkable on this pulmonary arterial phase scan. CONCLUSION No evidence of pulmonary embolism.Cardiomegaly. Underlying pulmonary arterial hypertension. Small bilateral pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: d4c5bbc6d926bc7fed990d4ae046c2c56ebc7f0a3a1a3df0789c62b90c8323c2

Updated Date Time: 04/4/2017 22:55

## Layman Explanation

This radiology report discusses HISTORY Right basal NOF fracture after fall. Suppose to go for op today but had desaturation down to 82%. ABG done showed type 1 respiratory failure and CXR showed no obvious consolidation. Currently patient unable to maintain SpO2 > 92% on RA and is becoming more tachycardiac (100+). TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The pulmonary trunk, right and left pulmonary arteries, lobar, segmental and imaged subsegmental arteries show normal opacification. No filling defect is seen. There is no evidence of right heart strain. Heart is enlarged. The main pulmonary trunk is dilated (3.2 cm) suggestive of underlying pulmonaryarterial hypertension. The branches of the aortic arch and cardiac chambers show normal opacification. Small bilateral pleural effusions are noted with atelectasis of the adjacent lung. No pulmonary consolidation or mass is detected. There is no hilar or mediastinal lymphadenopathy. The tracheobronchial tree is patent. No destructive bony lesion is seen. Imaged upper abdomen is unremarkable on this pulmonary arterial phase scan. CONCLUSION No evidence of pulmonary embolism.Cardiomegaly. Underlying pulmonary arterial hypertension. Small bilateral pleural effusions. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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