# Row 4187

Visit Number: 583dedec61704f82b8a4f1e43dd7b8ca0673c87a7f496a87eaec888e6751a9c9

Masked\_PatientID: 4187

Order ID: 6d2a0b419512cf3b99066a5493edfea8610b2731bc4e10b37b165e7d202917c2

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 09/11/2017 18:42

Line Num: 1

Text: HISTORY presented with acute SOB and desat with raised PASP of 73mmHg. ?mobile mass in IVC TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous similar study. The scan sensitivity is limited by respiratory motion artefacts. 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 normal in size. No pleural or pericardial effusion is seen. Subpleural scarring, calcification and associated focal traction bronchiectasis is seen in the right upper lobe (6-23), likely due to previous granulomatous infection. A tiny 2 mm nodule in the middle lobe is nonspecific (image 6-53). No consolidation or suspicious pulmonary nodule is detected. Mild atelectasis is seen in the left lower zone. No significant abnormality seen in the visualised upper abdomen. No destructive bone lesion. CONCLUSION No pulmonary embolus is detected. Known / Minor Vimbai Chekenyere , Senior Resident , 16498D Finalised by: <DOCTOR>

Accession Number: c1df739b70d0439df32aa44a36c3fefd09e51c8943a0b0f003efc18930c13791

Updated Date Time: 10/11/2017 9:00

## Layman Explanation

This radiology report discusses HISTORY presented with acute SOB and desat with raised PASP of 73mmHg. ?mobile mass in IVC TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous similar study. The scan sensitivity is limited by respiratory motion artefacts. 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 normal in size. No pleural or pericardial effusion is seen. Subpleural scarring, calcification and associated focal traction bronchiectasis is seen in the right upper lobe (6-23), likely due to previous granulomatous infection. A tiny 2 mm nodule in the middle lobe is nonspecific (image 6-53). No consolidation or suspicious pulmonary nodule is detected. Mild atelectasis is seen in the left lower zone. No significant abnormality seen in the visualised upper abdomen. No destructive bone lesion. CONCLUSION No pulmonary embolus is detected. Known / Minor Vimbai Chekenyere , Senior Resident , 16498D Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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