# Row 5546

Visit Number: f6d4f9a746bed13a7345f7c4f5834b15bea2e809878b7e20ad4d5cdf8e01c55f

Masked\_PatientID: 5522

Order ID: 91c25ca2c42ef530212e06d94e5180a5297f30a760c575aa9e6cf7c63adb41dc

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/9/2019 13:41

Line Num: 1

Text: HISTORY massive PE with collapse s/p ECMO LOW to evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 80 FINDINGS Comparison made with SGH CTPA of 10/8/2019 and AH CTAP of 4/1/2019. There is further improvement of the known bilateral pulmonary embolism with residual foci that are smaller in the lower lobar arteries bilaterally. A previous embolus in the anterior segmental artery of the left upper lobe has mostly resolved. No new pulmonary embolism is noted. Rest of the mediastinal and pulmonary vasculature are patent. Heart size is not enlarged and there is slightly less distension of the right ventricle. No pericardial effusion. Small moderate bilateral pleural effusions with adjacent compressive atelectasis are relatively unchanged from before. No enlarged supraclavicular, axillary or mediastinal nodes seen. Prominent pulmonary veins are likely to suggest pulmonary venous congestion. Thereare patchy consolidative or ground-glass changes bilaterally showing improvement from before, likely infective in nature. No lung mass or sinister nodule noted. No interstitial fibrosis, bronchiectasis or emphysema is noted. Residual secretions noted in the right mainstem bronchus. The major airways are patent. There is interval removal of the endotracheal tube and right central line. The feeding tube remains in the proximal stomach. No suspicious focal hepatic lesion detected. Mild diffuse fatty changes noted. No biliary obstruction discerned. The gallbladder is less distended than before, showing no wall thickening or adjacent stranding to suggest acute inflammation. Portal and hepatic veins enhance normally. No hydronephrosis. A few simple left renal cysts are present. A stable low density 13HU 9 mm nodule in the lateral limb of the left adrenal gland affected by motion artefact is better seen on coronal view (603-36) and is unchanged from before. This is not completely characterised and may represent an adrenal cyst or adenoma. The right kidney, right adrenal gland, spleen, pancreas, urinary bladder, and seminal vesicles are unremarkable. The prostate is not enlarged. There is pelvic floor weakness with widening of the hiatus and distension of the faecal laden rectum, with mild adjacent stranding due to proctitis. Rest of the bowel are of normal calibre and distribution, with no focal mass or abnormal thickening. Several scattered uncomplicated colonic diverticula are noted bilaterally. No ascites, peritoneal thickening or omental caking is noted. The abdominal aorta is of normal calibre with scattered calcifications. No enlarged lymph nodes seen. Stranding at the left groin is probably related to procedures. Subcutaneous stranding and ill-defined nodules in the anterior abdominal wall are likely related to injections. Lumbar spondylosis and old right-sided rib fractures. No destructive bony lesion is seen. CONCLUSION Since last CT of Jan and Aug 2019, 1. No ominous mass seen in the thorax, abdomen and pelvis. 2. Improvement of bilateral pulmonary embolism. 3. Improvement of infective changes in both lungs. 4. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: df4a2c3bb2538c9a8f6789f1189d7ad7a9cd2995a95dfc53059a17610ad43357

Updated Date Time: 03/9/2019 15:27

## Layman Explanation

This radiology report discusses HISTORY massive PE with collapse s/p ECMO LOW to evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 80 FINDINGS Comparison made with SGH CTPA of 10/8/2019 and AH CTAP of 4/1/2019. There is further improvement of the known bilateral pulmonary embolism with residual foci that are smaller in the lower lobar arteries bilaterally. A previous embolus in the anterior segmental artery of the left upper lobe has mostly resolved. No new pulmonary embolism is noted. Rest of the mediastinal and pulmonary vasculature are patent. Heart size is not enlarged and there is slightly less distension of the right ventricle. No pericardial effusion. Small moderate bilateral pleural effusions with adjacent compressive atelectasis are relatively unchanged from before. No enlarged supraclavicular, axillary or mediastinal nodes seen. Prominent pulmonary veins are likely to suggest pulmonary venous congestion. Thereare patchy consolidative or ground-glass changes bilaterally showing improvement from before, likely infective in nature. No lung mass or sinister nodule noted. No interstitial fibrosis, bronchiectasis or emphysema is noted. Residual secretions noted in the right mainstem bronchus. The major airways are patent. There is interval removal of the endotracheal tube and right central line. The feeding tube remains in the proximal stomach. No suspicious focal hepatic lesion detected. Mild diffuse fatty changes noted. No biliary obstruction discerned. The gallbladder is less distended than before, showing no wall thickening or adjacent stranding to suggest acute inflammation. Portal and hepatic veins enhance normally. No hydronephrosis. A few simple left renal cysts are present. A stable low density 13HU 9 mm nodule in the lateral limb of the left adrenal gland affected by motion artefact is better seen on coronal view (603-36) and is unchanged from before. This is not completely characterised and may represent an adrenal cyst or adenoma. The right kidney, right adrenal gland, spleen, pancreas, urinary bladder, and seminal vesicles are unremarkable. The prostate is not enlarged. There is pelvic floor weakness with widening of the hiatus and distension of the faecal laden rectum, with mild adjacent stranding due to proctitis. Rest of the bowel are of normal calibre and distribution, with no focal mass or abnormal thickening. Several scattered uncomplicated colonic diverticula are noted bilaterally. No ascites, peritoneal thickening or omental caking is noted. The abdominal aorta is of normal calibre with scattered calcifications. No enlarged lymph nodes seen. Stranding at the left groin is probably related to procedures. Subcutaneous stranding and ill-defined nodules in the anterior abdominal wall are likely related to injections. Lumbar spondylosis and old right-sided rib fractures. No destructive bony lesion is seen. CONCLUSION Since last CT of Jan and Aug 2019, 1. No ominous mass seen in the thorax, abdomen and pelvis. 2. Improvement of bilateral pulmonary embolism. 3. Improvement of infective changes in both lungs. 4. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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