# Row 5533

Visit Number: f6d4f9a746bed13a7345f7c4f5834b15bea2e809878b7e20ad4d5cdf8e01c55f

Masked\_PatientID: 5522

Order ID: e6f72833fa00ff87d471a0c37802a46652172840483ba60890e331cb88a1d3da

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 10/8/2019 16:35

Line Num: 1

Text: HISTORY Massive bilatearal PE s/p cathether guided thrombolysis - recurrent junctional bradycardia with hypotension TRO progressive PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison was made with the previous study of 13 July 2019. There is interval improvement of the pulmonary embolism, with residual emboli in bilateral lower lobe arteries and some distal segmental branches. There is improvement in the perfusion within the pulmonary parenchyma in both lungs. The right ventricle is mildly dilated but there is no deviation of the intraventricular septum. No pericardial effusion is seen. New patchy air space opacities are seen in both lungs, worst in bilateral upper lobes. The major airways are patent. Bilateral moderate pleural effusions with compressive atelectasis and partial collapse of the right lower lobe. ETT is seen in situ. Right central venous catheter noted with thetip in SVC. No enlarged intrathoracic, axillary or supraclavicular lymph node is detected. Several hypodensities in the imaged left kidney cannot be further characterised on this scan, possibly representing cysts. No destructive bony lesion is seen. CONCLUSION Significant improvement in the appearance of the multiple pulmonary emboli. Smaller residual emboli are present within the lobar and segmental vessels with reestablished perfusion in a number of segments. New patchy air space opacities in both lungs with upper lobe predilection, probably due to infection. Bilateral moderate pleural effusions with compressive atelectasis and partial collapse of the right lower lobe. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 225f9e5c3f687b1ad3f5cbf194fb23ef23d149febc73e5f9b7431c006563f9d8

Updated Date Time: 11/8/2019 10:41

## Layman Explanation

This radiology report discusses HISTORY Massive bilatearal PE s/p cathether guided thrombolysis - recurrent junctional bradycardia with hypotension TRO progressive PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison was made with the previous study of 13 July 2019. There is interval improvement of the pulmonary embolism, with residual emboli in bilateral lower lobe arteries and some distal segmental branches. There is improvement in the perfusion within the pulmonary parenchyma in both lungs. The right ventricle is mildly dilated but there is no deviation of the intraventricular septum. No pericardial effusion is seen. New patchy air space opacities are seen in both lungs, worst in bilateral upper lobes. The major airways are patent. Bilateral moderate pleural effusions with compressive atelectasis and partial collapse of the right lower lobe. ETT is seen in situ. Right central venous catheter noted with thetip in SVC. No enlarged intrathoracic, axillary or supraclavicular lymph node is detected. Several hypodensities in the imaged left kidney cannot be further characterised on this scan, possibly representing cysts. No destructive bony lesion is seen. CONCLUSION Significant improvement in the appearance of the multiple pulmonary emboli. Smaller residual emboli are present within the lobar and segmental vessels with reestablished perfusion in a number of segments. New patchy air space opacities in both lungs with upper lobe predilection, probably due to infection. Bilateral moderate pleural effusions with compressive atelectasis and partial collapse of the right lower lobe. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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