# Row 5522

Visit Number: f6d4f9a746bed13a7345f7c4f5834b15bea2e809878b7e20ad4d5cdf8e01c55f

Masked\_PatientID: 5522

Order ID: 64db13df3b8567be2448ae5107de6d1b1e7c7275186219bebc18f57a87920384

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 29/7/2019 17:00

Line Num: 1

Text: HISTORY Acute desat with hypotension and tachycardia TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT is available. Extensive filling defects areseen in bilateral main (saddle), lobar, segmental and subsegmental pulmonary arteries compatible with massive pulmonary embolism. Some appear occlusive e.g. bilateral lobes and lingula. Resultant extensive perfusion defects are seen on the iodine map. The RV/LV ratio is >1, there is reflux of contrast down the inferior vena cava compatible with right heart strain. Coronary artery calcification is seen. No pericardial effusion is detected. The thoracic aorta is of normal calibre. Endotracheal tube is noted with tip approximately 1.6 cm above the carina. This may be withdrawn slightly. Secretions are noted in the trachea, bronchus intermedius and right lower lobe bronchus. Scattered areas of atelectasis are noted particularly in bilateral lower lobes. No consolidation is seen. No suspicious pulmonary mass is seen. Trace right pleural effusion is seen. No thoracic adenopathy is seen. The visualised thyroid and oesophagus are grossly unremarkable. Limited sections of the abdomen are grossly unremarkable. No destructive bone lesion is seen. Old right-sided rib fractures are noted. CONCLUSION Massive pulmonary embolism with right heart strain. Endotracheal tube tip is approximately 1.6cm above the carina. This may be withdrawn slightly. Emergent findings were relayed to Dr James Lin by Dr Keefe Lai on 29 Jul 2019, 515PM. Readback was performed. Report Indicator: Critical Abnormal Finalised by: <DOCTOR>

Accession Number: bc2aa886c88ff175f61b29530383626b9d1d62d764eb60fdd05b98f7557374e8

Updated Date Time: 29/7/2019 17:32

## Layman Explanation

This radiology report discusses HISTORY Acute desat with hypotension and tachycardia TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT is available. Extensive filling defects areseen in bilateral main (saddle), lobar, segmental and subsegmental pulmonary arteries compatible with massive pulmonary embolism. Some appear occlusive e.g. bilateral lobes and lingula. Resultant extensive perfusion defects are seen on the iodine map. The RV/LV ratio is >1, there is reflux of contrast down the inferior vena cava compatible with right heart strain. Coronary artery calcification is seen. No pericardial effusion is detected. The thoracic aorta is of normal calibre. Endotracheal tube is noted with tip approximately 1.6 cm above the carina. This may be withdrawn slightly. Secretions are noted in the trachea, bronchus intermedius and right lower lobe bronchus. Scattered areas of atelectasis are noted particularly in bilateral lower lobes. No consolidation is seen. No suspicious pulmonary mass is seen. Trace right pleural effusion is seen. No thoracic adenopathy is seen. The visualised thyroid and oesophagus are grossly unremarkable. Limited sections of the abdomen are grossly unremarkable. No destructive bone lesion is seen. Old right-sided rib fractures are noted. CONCLUSION Massive pulmonary embolism with right heart strain. Endotracheal tube tip is approximately 1.6cm above the carina. This may be withdrawn slightly. Emergent findings were relayed to Dr James Lin by Dr Keefe Lai on 29 Jul 2019, 515PM. Readback was performed. Report Indicator: Critical Abnormal Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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