# Row 5524

Visit Number: f6d4f9a746bed13a7345f7c4f5834b15bea2e809878b7e20ad4d5cdf8e01c55f

Masked\_PatientID: 5522

Order ID: d97fdd42ed21890b2480629608234d16cac5d0f67904d101dd58c7e4c9049d3c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 30/7/2019 8:40

Line Num: 1

Text: HISTORY Massive PE s/p catheter thrombectomy - cx right heart failure s/p VA ECMO To assess for resolution of PE, ?progression KIV for surgical thrombectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with previous CT pulmonary angiography dated 29/07/2019. Multiple bilateral pulmonary emboli are again identified. There is mild interval reduction in size of the left lower lobe and segmentalpulmonary emboli with partial recanalisation of the arteries. Improved perfusion on the iodine map is also noted in the posterior left upper lobe and superior segment of the left lower lobe. Otherwise there is no appreciable change in the emboli burden including the saddle embolus in the main pulmonary artery and occlusive right lower lobe pulmonary emboli. The main pulmonary trunk and right ventricle are not significantly dilated, and no significant contrast reflux into the hepatic veins noted. There is a right internal jugular venous catheter in situ with the tip in the SVC. Tip of the ECMO catheter is noted in the right atrium. There is an endotracheal tube with the tip well above the level of the carina. Heterogeneous filling defects in the right main and intermediate bronchi are likely to represent mucus secretions. A stable small subpleural ground-glass density in the posterior left upper lobe abutting the fissure may represent atelectasis. Dependent atelectatic changes are also noted in both lobes with sliver of bilateral pleural effusions. There is a nasogastric tube with the tip in the gastric fundus. Old healed right-sided rib fractures are again noted. CONCLUSION Since the recent scan of 29/07/2019, there is mild reduction in size of the left lower lobar and segmental pulmonary emboli with partial recanalisation of the vessels. Areas of improved perfusion are also noted in the left lung. Otherwise there is no appreciable change in the overall embolic burden. Currently there is no evidence of significant right heart strain. Retained mucus secretions in the right main and intermediate bronchi. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 072e5ea89678212326694acd56e83c3978a67b695c615a155aeffd35931a919e

Updated Date Time: 30/7/2019 9:25

## Layman Explanation

This radiology report discusses HISTORY Massive PE s/p catheter thrombectomy - cx right heart failure s/p VA ECMO To assess for resolution of PE, ?progression KIV for surgical thrombectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with previous CT pulmonary angiography dated 29/07/2019. Multiple bilateral pulmonary emboli are again identified. There is mild interval reduction in size of the left lower lobe and segmentalpulmonary emboli with partial recanalisation of the arteries. Improved perfusion on the iodine map is also noted in the posterior left upper lobe and superior segment of the left lower lobe. Otherwise there is no appreciable change in the emboli burden including the saddle embolus in the main pulmonary artery and occlusive right lower lobe pulmonary emboli. The main pulmonary trunk and right ventricle are not significantly dilated, and no significant contrast reflux into the hepatic veins noted. There is a right internal jugular venous catheter in situ with the tip in the SVC. Tip of the ECMO catheter is noted in the right atrium. There is an endotracheal tube with the tip well above the level of the carina. Heterogeneous filling defects in the right main and intermediate bronchi are likely to represent mucus secretions. A stable small subpleural ground-glass density in the posterior left upper lobe abutting the fissure may represent atelectasis. Dependent atelectatic changes are also noted in both lobes with sliver of bilateral pleural effusions. There is a nasogastric tube with the tip in the gastric fundus. Old healed right-sided rib fractures are again noted. CONCLUSION Since the recent scan of 29/07/2019, there is mild reduction in size of the left lower lobar and segmental pulmonary emboli with partial recanalisation of the vessels. Areas of improved perfusion are also noted in the left lung. Otherwise there is no appreciable change in the overall embolic burden. Currently there is no evidence of significant right heart strain. Retained mucus secretions in the right main and intermediate bronchi. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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