# Row 5563

Visit Number: 8894ba312d8e54263487988928d83367fb247a6a005ab51c812664b1bd70757f

Masked\_PatientID: 5563

Order ID: 5876b42db03c1ef0dc718edf4fa6c1e4503042849a282b0582dbab33f01d6c14

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/10/2019 18:46

Line Num: 1

Text: HISTORY hemopytsis chest pain ECG S1Q3T3 TECHNIQUE CT Pulmonary Angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is no evidence of pulmonary thromboembolism seen. The pulmonary artery diameters are top normal/mildly dilated. Axial diameters: Main pulmonary artery 30 mm, Right pulmonary artery 20 mm, Left pulmonary artery 22 mm. RV to LV ratio is 0.69 (normal) The intraventricular septum appears normal. No reflux of contrast into the IVC or hepatic veins. Consolidation and atelectasis is seen the right lower lobe with ground glass changes seen in the posterior basal segment of the right lower lobe (Series 501-54). There is a small right-sided pleural effusion seen. There is a 0.4 x 0.5 cm part ground-glass nodule seen in the middle lobe. Apart from mild basal atelectasis, the left lung is clear. There is an enlarged right hilar lymph node measuring 1.9 cm x 2.3 cm. (Series 502/33). No significantly enlarged supraclavicular, mediastinal, or axillary lymph node is noted. The heart is not enlarged. No significant pericardial effusion is noted. The thyroid is not enlarged. The imaged upper abdomen is unremarkable. CONCLUSION No evidence of pulmonary thromboembolism is noted. The pulmonary vessels are top normal/mildly enlarged. No evidence of right heart strain. Consolidation is seen in the right lower zone with ground glass changes and an adjacent pleural effusion. An enlarged right hilar lymph node is seen. This may represent infective changes, and tuberculosis should be considered. A 0.4 x 0.5 cm part ground-glass nodule seen in the middle lobe is seen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: bdd9b8f1927d39138f96596738a3e7619fdfd2d0abce6bf82ea4d19d693568c5

Updated Date Time: 04/10/2019 2:01

## Layman Explanation

This radiology report discusses HISTORY hemopytsis chest pain ECG S1Q3T3 TECHNIQUE CT Pulmonary Angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is no evidence of pulmonary thromboembolism seen. The pulmonary artery diameters are top normal/mildly dilated. Axial diameters: Main pulmonary artery 30 mm, Right pulmonary artery 20 mm, Left pulmonary artery 22 mm. RV to LV ratio is 0.69 (normal) The intraventricular septum appears normal. No reflux of contrast into the IVC or hepatic veins. Consolidation and atelectasis is seen the right lower lobe with ground glass changes seen in the posterior basal segment of the right lower lobe (Series 501-54). There is a small right-sided pleural effusion seen. There is a 0.4 x 0.5 cm part ground-glass nodule seen in the middle lobe. Apart from mild basal atelectasis, the left lung is clear. There is an enlarged right hilar lymph node measuring 1.9 cm x 2.3 cm. (Series 502/33). No significantly enlarged supraclavicular, mediastinal, or axillary lymph node is noted. The heart is not enlarged. No significant pericardial effusion is noted. The thyroid is not enlarged. The imaged upper abdomen is unremarkable. CONCLUSION No evidence of pulmonary thromboembolism is noted. The pulmonary vessels are top normal/mildly enlarged. No evidence of right heart strain. Consolidation is seen in the right lower zone with ground glass changes and an adjacent pleural effusion. An enlarged right hilar lymph node is seen. This may represent infective changes, and tuberculosis should be considered. A 0.4 x 0.5 cm part ground-glass nodule seen in the middle lobe is seen. 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.