# Row 5620

Visit Number: e972018f4d0662d451dea34863405793cb26bac04535dc57f86b3c188041f00a

Masked\_PatientID: 5615

Order ID: a6fb130302e4c2cc91a10c1c02d121d4057a894ce8f9e60c0c44e778cacee844

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 11/7/2016 15:55

Line Num: 1

Text: HISTORY acute desaturation to 82% on RA with T1RF. prolonged immobilisation w recent MSSA bactermia TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with prior CT chest dated 4/5/2016. There are no filling defects noted within the main, lobar, interlobar, segmental and proximal subsegmental pulmonary arteries. Stable narrowing of the left pulmonary artery and occlusion of the left upper lobar artery by the left upper lobe mass and mediastinal adenopathy is again noted. No evidence of right heart strain detected. The heart size is normal. There is no pericardial effusion. The left upper lobe mass abutting the aorta is slightly smaller in size measuring 2.8 x 1.8cm from 3.1 x 2.5cm previously. Interval decrease in size of the right lower lobe pulmonary nodule measuring 0.4cm (6-61) from 0.9cm previously, suspicious for metastasis. Previously noted right upper lobe nodule (4-60 previous) has resolved. New patchy consolidation in the posterior segment of the right upper lobe is possibly infective in nature. Atelectasis noted in the right middle and lower lobe. Several thinwalled cyst in the left lower lobe is stable. Stable left apical scarring. There is no pleural effusion. The aortopulmonary window adenopathy is also slightly smaller measuring 3.1 x 2.9cm from 3.7 x 3.7cm previously. Right thyroid nodule measuring 1.4cm is non specific. Multiple sclerotic bony metastasis involving the vertebral bodies as well as T6, T9 and T12 compression fractures are largely stable. The included sections of the upper abdomen are grossly unremarkable apart from stable right adrenal nodule measuring 1.0cm (5-99). CONCLUSION 1. No evidence of pulmonary embolism. Stable narrowing of the left pulmonary artery and occlusion of the left upper lobar artery by the aortopulmonary adenopathy. 2. Interval decrease in size of the left upper lobe pulmonary mass and aortopulmonary lymphadenopathy. 3. Interval decrease in size of the right lower lobe pulmonary metastasis and resolution of the right upper lobe pulmonary nodule. 4. Stable bonymetastasis and vertebral compression fractures. 5. New consolidation in the right upper lobe may be infective in nature. 6. Stable right adrenal nodule. Study reviewed with Dr Htoo MM May need further action Finalised by: <DOCTOR>

Accession Number: 7bb6f3f64a72c4175385455fac074651eb091be3d0f701365c3a1ac8a7534025

Updated Date Time: 11/7/2016 17:11

## Layman Explanation

This radiology report discusses HISTORY acute desaturation to 82% on RA with T1RF. prolonged immobilisation w recent MSSA bactermia TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with prior CT chest dated 4/5/2016. There are no filling defects noted within the main, lobar, interlobar, segmental and proximal subsegmental pulmonary arteries. Stable narrowing of the left pulmonary artery and occlusion of the left upper lobar artery by the left upper lobe mass and mediastinal adenopathy is again noted. No evidence of right heart strain detected. The heart size is normal. There is no pericardial effusion. The left upper lobe mass abutting the aorta is slightly smaller in size measuring 2.8 x 1.8cm from 3.1 x 2.5cm previously. Interval decrease in size of the right lower lobe pulmonary nodule measuring 0.4cm (6-61) from 0.9cm previously, suspicious for metastasis. Previously noted right upper lobe nodule (4-60 previous) has resolved. New patchy consolidation in the posterior segment of the right upper lobe is possibly infective in nature. Atelectasis noted in the right middle and lower lobe. Several thinwalled cyst in the left lower lobe is stable. Stable left apical scarring. There is no pleural effusion. The aortopulmonary window adenopathy is also slightly smaller measuring 3.1 x 2.9cm from 3.7 x 3.7cm previously. Right thyroid nodule measuring 1.4cm is non specific. Multiple sclerotic bony metastasis involving the vertebral bodies as well as T6, T9 and T12 compression fractures are largely stable. The included sections of the upper abdomen are grossly unremarkable apart from stable right adrenal nodule measuring 1.0cm (5-99). CONCLUSION 1. No evidence of pulmonary embolism. Stable narrowing of the left pulmonary artery and occlusion of the left upper lobar artery by the aortopulmonary adenopathy. 2. Interval decrease in size of the left upper lobe pulmonary mass and aortopulmonary lymphadenopathy. 3. Interval decrease in size of the right lower lobe pulmonary metastasis and resolution of the right upper lobe pulmonary nodule. 4. Stable bonymetastasis and vertebral compression fractures. 5. New consolidation in the right upper lobe may be infective in nature. 6. Stable right adrenal nodule. Study reviewed with Dr Htoo MM May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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