# Row 5726

Visit Number: 89e5a147286a62f967635f11e4ba9e72bdccb86ecd6346bd0a14e08af66c24cc

Masked\_PatientID: 5711

Order ID: cf4b1e1920fe92cd011cc6755f58c441e655c6581230ee4f3e042292a1f335e8

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/9/2019 17:56

Line Num: 1

Text: HISTORY sudden desaturation ot 77% O2 on room air, currently still requiring Supplemental O2. Patient is also tachycardic, and still dysnpeic. High risk due to recent op, POD4 and prolonged immobliity, as she is for non-weight bearing on L leg and has a non-articulating implant. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Prior CT study of 17 September 2019 was noted. Tip of the left-sided PICC is at the distal superior vena cava. No filling defect is seen in the pulmonary trunk, main pulmonary arteries or the lobar and segmental branches to suggest pulmonary embolism. No right heart enlargement or straightening of the interventricular septum isseen to suggest right heart strain. The heart appears enlarged. No pericardial effusion is seen. There are again borderline to enlarged paratracheal lymph nodes, largely stable since the prior study. No significantly enlarged hilar or supraclavicular lymph node is seen. The axillary lymph nodes are also borderline bilaterally. These are of uncertain significance in and could be reactive. The major airways are patent. No suspicious pulmonary mass is seen. Patchy ground-glass opacification in both lungs with peripheral interlobular septal thickening is suggestive of pulmonary venous congestion. Sliver of pleural effusion noted again bilaterally. The imaged thyroid gland is grossly unremarkable. Imaged sections of the abdomen are also grossly unremarkable, save for a subcentimetre calcified granuloma in the right hepatic lobe. No destructive bony lesion is seen. CONCLUSION No evidence of pulmonary embolism. Features suggestive of congestive cardiac failure/ fluid overload. Small bilateral pleural effusions. Borderline mediastinal and bilateral axillary lymph nodes are again noted, possibly reactive. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f88f402615582d828f3ce22786783af22adceb6d50aaa26b177f697a5e696737

Updated Date Time: 18/9/2019 19:41

## Layman Explanation

This radiology report discusses HISTORY sudden desaturation ot 77% O2 on room air, currently still requiring Supplemental O2. Patient is also tachycardic, and still dysnpeic. High risk due to recent op, POD4 and prolonged immobliity, as she is for non-weight bearing on L leg and has a non-articulating implant. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Prior CT study of 17 September 2019 was noted. Tip of the left-sided PICC is at the distal superior vena cava. No filling defect is seen in the pulmonary trunk, main pulmonary arteries or the lobar and segmental branches to suggest pulmonary embolism. No right heart enlargement or straightening of the interventricular septum isseen to suggest right heart strain. The heart appears enlarged. No pericardial effusion is seen. There are again borderline to enlarged paratracheal lymph nodes, largely stable since the prior study. No significantly enlarged hilar or supraclavicular lymph node is seen. The axillary lymph nodes are also borderline bilaterally. These are of uncertain significance in and could be reactive. The major airways are patent. No suspicious pulmonary mass is seen. Patchy ground-glass opacification in both lungs with peripheral interlobular septal thickening is suggestive of pulmonary venous congestion. Sliver of pleural effusion noted again bilaterally. The imaged thyroid gland is grossly unremarkable. Imaged sections of the abdomen are also grossly unremarkable, save for a subcentimetre calcified granuloma in the right hepatic lobe. No destructive bony lesion is seen. CONCLUSION No evidence of pulmonary embolism. Features suggestive of congestive cardiac failure/ fluid overload. Small bilateral pleural effusions. Borderline mediastinal and bilateral axillary lymph nodes are again noted, possibly reactive. 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.