# Row 5762

Visit Number: 892b1d5238d3aefbe37f81585c42a585b159d2e91bcb22adccbc66bae5ba10e1

Masked\_PatientID: 5759

Order ID: d172497b607f43cc19fb0454d3e832ef82fd9b1d28aacf87012a31323d4ab004

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 30/3/2019 0:32

Line Num: 1

Text: HISTORY Metastatic breast Ca TRO PE - Cx right pleural effusion s\p chest drain insertion and removal of 12\3\19 - Chest drain re-inserted on 21\3\19 in view symptomatic effusion - R chest drain removed at 5.30pm today - Desaturated today baselin Spo2 93-95% on 3L &gt; 85% on 3L; CXR shows PTX and left pleural effusion b\g trap lung CTS has reviewed - suspicions current desat secondary to acut PTX is low, would like TRO coexisting PE\pericardial effusion REPORT Comparison was madewith the prior CTPA (4 Mar 2019). With IV contrast Cervical lymphadenopathy See below Axillary adenopathy See below Mediastinal adenopathy See below Hilar adenopathy See below Pleural effusion See below Pericardial effusion See below Lung See below Adrenals Normal Destructive bony lesion See below FINDINGS: - No large filling defect is seen in the right heart chambers, main pulmonary arteries, lobar, segmental and some of the subsegmental pulmonary arteries to suggest pulmonary thromboembolism (PE). - New right small pneumothorax, possibly related to recent pleural drain removal. - Interval increase in size of right supraclavicular adenopathy, from (0.9 cm) (series 601, image 9, 04\03\2019) to (1.5 cm) (series 5, image 7). - Stable left supraclavicular adenopathy, (1.2 cm) (series 601, image 10, 04\03\2019) vs (1.2 cm) (series 5, image 10). - Stable few left axillary adenopathy, (1.3 cm) (series 601, image 15, 04\03\2019) vs (1.3 cm) (series 5, image 23). - Stable confluent lower paratracheal, subcarinal and bilateral hilar soft tissues, suspicious for adenopathy. For example, subcarinal, (1.3 cm) (series 601, image 42, 04\03\2019) vs (1.3 cm) (series 5, image 40). - Stable anterior mediastinal (prevascular) soft tissue, suspicious for adenopathy. For example, (series 601, image 25, 04\03\2019) vs (series 5, image 23). - The presence of acute pulmonary changes potentially limits the sensitivity of pulmonary nodule detection. - Interval increase in size and number multiple scattered lytic-sclerotic bony lesions, suspicious for bony metastases. For example, - Larger T9 vertebral lesion, from (0.6 cm) (series 603, image 28, 04\03\2019) to (1.5 cm) (series 11, image 21). - Stable T12 lytic bony lesion, (0.7 cm) (series 11, image 26). - Multilevel thoracolumbar pathological fractures (e.g. T4, L2) and bilateral ribs. - Extraosseous epidural soft tissue components causing mild-to-moderate spinal canal narrowing. For example, - T4 level, (series 5, image 21). - T9 level, (series 5, image 57). OTHER FINDINGS: - Stable small pericardial effusion. - Stable mild dilatation of pulmonary trunk, raises possibility of pulmonary arterial hypertension (PAH). - Mild interval decrease in size of small right pleural effusion. Mild interval increase in size of small left pleural effusion. Associated passive atelectasis of the adjacent lungs. - Interval decrease in extent of mixed consolidation-ground glass opacities in both lungs, possibly infective\inflammatory. - Interval removal of ETT. - Small secretion in the trachea (5-19). - Reflux of contrast into the intrahepatic IVC and hepatic vein, raises possibility of raised right heart pressure. - Splenunculus. CONCLUSION Since 4 Mar 2019, - No definitePE. - New right small pneumothorax, possibly related to recent pleural drain removal. - Interval increase in size of right supraclavicular adenopathy. - Stable left supraclavicular adenopathy. - Stable few left axillary adenopathy. - Stable confluent lower paratracheal, subcarinal and bilateral hilar soft tissues, suspicious for adenopathy. - Stable anterior mediastinal (prevascular) soft tissue, suspicious for adenopathy. - Interval increase in size and number multiple scattered lytic-sclerotic bony lesions, suspicious for bony metastases, with multilevel thoracolumbar pathological fractures (e.g. T4, L2) and bilateral ribs. - Extraosseous epidural soft tissue components in thoracic spine causing mild-to-moderate spinal canal narrowing. Dr. Ashley Leong Jien Shae was informed of the findings on 30 Mar 2019 at 0158H and read back was performed. Abnormal Indicator: Further action or early intervention required N.b.: This document may be created using a voice recognition transcribing system. Incorrect words or phrases may have been missed during proof reading. Please interpret accordingly or contact the doctor who finalized the report for clarification if necessary. Finalised by: <DOCTOR>

Accession Number: 8c619c4d29d4ca56d65eaaa5183d532369af05567aee412e379657db8a7cd0ab

Updated Date Time: 30/3/2019 2:06

## Layman Explanation

This radiology report discusses HISTORY Metastatic breast Ca TRO PE - Cx right pleural effusion s\p chest drain insertion and removal of 12\3\19 - Chest drain re-inserted on 21\3\19 in view symptomatic effusion - R chest drain removed at 5.30pm today - Desaturated today baselin Spo2 93-95% on 3L &gt; 85% on 3L; CXR shows PTX and left pleural effusion b\g trap lung CTS has reviewed - suspicions current desat secondary to acut PTX is low, would like TRO coexisting PE\pericardial effusion REPORT Comparison was madewith the prior CTPA (4 Mar 2019). With IV contrast Cervical lymphadenopathy See below Axillary adenopathy See below Mediastinal adenopathy See below Hilar adenopathy See below Pleural effusion See below Pericardial effusion See below Lung See below Adrenals Normal Destructive bony lesion See below FINDINGS: - No large filling defect is seen in the right heart chambers, main pulmonary arteries, lobar, segmental and some of the subsegmental pulmonary arteries to suggest pulmonary thromboembolism (PE). - New right small pneumothorax, possibly related to recent pleural drain removal. - Interval increase in size of right supraclavicular adenopathy, from (0.9 cm) (series 601, image 9, 04\03\2019) to (1.5 cm) (series 5, image 7). - Stable left supraclavicular adenopathy, (1.2 cm) (series 601, image 10, 04\03\2019) vs (1.2 cm) (series 5, image 10). - Stable few left axillary adenopathy, (1.3 cm) (series 601, image 15, 04\03\2019) vs (1.3 cm) (series 5, image 23). - Stable confluent lower paratracheal, subcarinal and bilateral hilar soft tissues, suspicious for adenopathy. For example, subcarinal, (1.3 cm) (series 601, image 42, 04\03\2019) vs (1.3 cm) (series 5, image 40). - Stable anterior mediastinal (prevascular) soft tissue, suspicious for adenopathy. For example, (series 601, image 25, 04\03\2019) vs (series 5, image 23). - The presence of acute pulmonary changes potentially limits the sensitivity of pulmonary nodule detection. - Interval increase in size and number multiple scattered lytic-sclerotic bony lesions, suspicious for bony metastases. For example, - Larger T9 vertebral lesion, from (0.6 cm) (series 603, image 28, 04\03\2019) to (1.5 cm) (series 11, image 21). - Stable T12 lytic bony lesion, (0.7 cm) (series 11, image 26). - Multilevel thoracolumbar pathological fractures (e.g. T4, L2) and bilateral ribs. - Extraosseous epidural soft tissue components causing mild-to-moderate spinal canal narrowing. For example, - T4 level, (series 5, image 21). - T9 level, (series 5, image 57). OTHER FINDINGS: - Stable small pericardial effusion. - Stable mild dilatation of pulmonary trunk, raises possibility of pulmonary arterial hypertension (PAH). - Mild interval decrease in size of small right pleural effusion. Mild interval increase in size of small left pleural effusion. Associated passive atelectasis of the adjacent lungs. - Interval decrease in extent of mixed consolidation-ground glass opacities in both lungs, possibly infective\inflammatory. - Interval removal of ETT. - Small secretion in the trachea (5-19). - Reflux of contrast into the intrahepatic IVC and hepatic vein, raises possibility of raised right heart pressure. - Splenunculus. CONCLUSION Since 4 Mar 2019, - No definitePE. - New right small pneumothorax, possibly related to recent pleural drain removal. - Interval increase in size of right supraclavicular adenopathy. - Stable left supraclavicular adenopathy. - Stable few left axillary adenopathy. - Stable confluent lower paratracheal, subcarinal and bilateral hilar soft tissues, suspicious for adenopathy. - Stable anterior mediastinal (prevascular) soft tissue, suspicious for adenopathy. - Interval increase in size and number multiple scattered lytic-sclerotic bony lesions, suspicious for bony metastases, with multilevel thoracolumbar pathological fractures (e.g. T4, L2) and bilateral ribs. - Extraosseous epidural soft tissue components in thoracic spine causing mild-to-moderate spinal canal narrowing. Dr. Ashley Leong Jien Shae was informed of the findings on 30 Mar 2019 at 0158H and read back was performed. Abnormal Indicator: Further action or early intervention required N.b.: This document may be created using a voice recognition transcribing system. Incorrect words or phrases may have been missed during proof reading. Please interpret accordingly or contact the doctor who finalized the report for clarification if necessary. Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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