# Row 5945

Visit Number: 6a0e035fa139101f142cbd03078c7a5c1480739425dc38748758c86fc31ae1c8

Masked\_PatientID: 5931

Order ID: 92e3d550f6c0b960b227cad62807f56d21165156189220a001c04c7526c0536a

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 01/8/2019 16:25

Line Num: 1

Text: HISTORY Persistent T1RF, unresolving pneumonia vs fluid verload ?lung parenchymal disease TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The previous CT thoraxstudy dated 5 July 2019 was reviewed. No filling defect is seen in the pulmonary trunk, main pulmonary arteries and the visualised lobar and segmental branches. There is no abnormal bowing of the interventricular septum. The heart is enlarged.There is no significant pericardial effusion. There is extensive consolidation and ground glass opacification involving the right upper lobe, middle lobe, and bilateral lower lobes with associated mild airway thickening and dilatation. Small bilateral pleural effusions are present. Scarring, pleural thickening and calcifications are noted in the bilateral upper lobes and right lower lobe. Paraseptal emphysematous changes are noted with bullae formation in the bilateral upper lobes.An endotracheal tube (ETT) is noted in situ. The major airways are patent. No significantly enlarged mediastinal, hilar or axillary lymph node is seen. The patient is status post CABG. Mild thickening at the retrosternal region could be related to postsurgical change. Appended images of the upper abdomen reveal minimal ascites. A nasogastric tube is noted. Chronic L1 compression fracture is noted. No aggressive bony lesion is detected. CONCLUSION 1. No evidence of pulmonary embolism. No right heart strain. 2. Extensive consolidation and ground glass opacification involving the right upper lobe, middle lobe, and bilateral lower lobes could be infective in etiology. Clinical correlation is essential. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 955a4e7b3d46f65a64374f41b87c4cb782ad1dccd756c7af247b62f4b649db7e

Updated Date Time: 01/8/2019 17:47

## Layman Explanation

This radiology report discusses HISTORY Persistent T1RF, unresolving pneumonia vs fluid verload ?lung parenchymal disease TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The previous CT thoraxstudy dated 5 July 2019 was reviewed. No filling defect is seen in the pulmonary trunk, main pulmonary arteries and the visualised lobar and segmental branches. There is no abnormal bowing of the interventricular septum. The heart is enlarged.There is no significant pericardial effusion. There is extensive consolidation and ground glass opacification involving the right upper lobe, middle lobe, and bilateral lower lobes with associated mild airway thickening and dilatation. Small bilateral pleural effusions are present. Scarring, pleural thickening and calcifications are noted in the bilateral upper lobes and right lower lobe. Paraseptal emphysematous changes are noted with bullae formation in the bilateral upper lobes.An endotracheal tube (ETT) is noted in situ. The major airways are patent. No significantly enlarged mediastinal, hilar or axillary lymph node is seen. The patient is status post CABG. Mild thickening at the retrosternal region could be related to postsurgical change. Appended images of the upper abdomen reveal minimal ascites. A nasogastric tube is noted. Chronic L1 compression fracture is noted. No aggressive bony lesion is detected. CONCLUSION 1. No evidence of pulmonary embolism. No right heart strain. 2. Extensive consolidation and ground glass opacification involving the right upper lobe, middle lobe, and bilateral lower lobes could be infective in etiology. Clinical correlation is essential. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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