# Row 6045

Visit Number: 07c905fd86f0e9265de10330716d50fb715fcf15dde059f1efc10504833bb103

Masked\_PatientID: 6045

Order ID: 85bb08b14538bf5244ebc43fea367c8b9ee174d7d6977034b80c06d4d0c3be2c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 15/5/2015 13:09

Line Num: 1

Text: HISTORY left TOA desaturation with tachycardia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 60 FINDINGS CT abdomen pelvis dated 13/05/2015 was reviewed. No prior CT thorax scans available for comparison. Presence of significant motion artefacts limit detailed evaluation. Within the limitations, no overt filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar branches. The segmental branches and beyond cannot be adequately assessed due to misregistration artefacts due to patient movement. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Bilateral small pleural effusions noted with interval development of consolidations in both lower lobes. Atelectatic changes are also noted in the lingula. Likely retained mucus noted within the trachea extending up to the bifurcation and possibly into the right main bronchus. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Heart size is at the upper limit of normal. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are grossly unremarkable. No destructive bony lesion. CONCLUSION Limited sensitivity for detecting small embolus due to significant motion artefacts. 1. Within the limitations, no obvious pulmonary thromboembolism seen in the pulmonary trunk, main pulmonary artery and visualized lobar branches. Segmental branches and beyond cannot be assessed. 2. Interval development of bilateral lower lobe consolidations withsmall pleural effusions, most likely infective changes. May need further action Reported by: <DOCTOR>

Accession Number: efa9315184e93a2f00e1a5c306dc57ee003b7b2c2b442eabd842cdceb16bed57

Updated Date Time: 15/5/2015 15:32

## Layman Explanation

This radiology report discusses HISTORY left TOA desaturation with tachycardia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 60 FINDINGS CT abdomen pelvis dated 13/05/2015 was reviewed. No prior CT thorax scans available for comparison. Presence of significant motion artefacts limit detailed evaluation. Within the limitations, no overt filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar branches. The segmental branches and beyond cannot be adequately assessed due to misregistration artefacts due to patient movement. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Bilateral small pleural effusions noted with interval development of consolidations in both lower lobes. Atelectatic changes are also noted in the lingula. Likely retained mucus noted within the trachea extending up to the bifurcation and possibly into the right main bronchus. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Heart size is at the upper limit of normal. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are grossly unremarkable. No destructive bony lesion. CONCLUSION Limited sensitivity for detecting small embolus due to significant motion artefacts. 1. Within the limitations, no obvious pulmonary thromboembolism seen in the pulmonary trunk, main pulmonary artery and visualized lobar branches. Segmental branches and beyond cannot be assessed. 2. Interval development of bilateral lower lobe consolidations withsmall pleural effusions, most likely infective changes. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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