# Row 6097

Visit Number: e08cd494a622de64468de432eec7aa6df26130289d2d61e5753adcb45ac9f829

Masked\_PatientID: 6095

Order ID: 1ede0ea4797c7baad9c090768b89feeb00aeda2338d45118d89fdeafd2be161f

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/1/2016 20:05

Line Num: 1

Text: HISTORY desaturation with SOB and tachycardia noted right pleural effusion and ?collapse-consolidation of right lung base on previous CTAP ECG shows sinus tachycardia and S1Q3T3 Prolonged recumbency since op 5 days ago TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant images are available in the PACS for comparison. The fine cuts were reviewed in the Vitrea Advanced Viewer. Significant respiratory movement artefacts are noted degrading the image quality. A filling defect is noted in the right descending pulmonary artery compatible with pulmonary thromboembolism. There is wedge-shaped hypodensity in the right lower lobe distally (402/40) suspicious for pulmonary infarct. There are apparent tiny filling defects in the rest of the pulmonary arteries in the bilateral upper lobes and left lower lobe may suggest thromboembolism or artifactual due to movements. Atelectasis of the right lower lobe noted. Subsegmental atelectatic band is also noted in the left lower lobe. Mild to moderate right-sided pleural effusion noted. The heart size appears to be mildly enlarged. Low volume prevascular lymph nodes are seen. Right-sided central venous catheter is in situ. Draining tube is noted adjacent to the liver in the visualised abdomen. Gas locule containing collection is also detected in the retroperitoneum, better seen in the CT abdomen and pelvis obtained earlier in the day. No destructive bony lesion is seen. Dr Charles Ong, HO and Dr Alvin Tan, MO on call were informed of the findings at 08:40 p.m. on 18/01/2016 by Dr. Ajay B. CONCLUSION Findings are suggestive ofpulmonary thromboembolism in the right descending pulmonary artery with possible infarct in the right lower lobe. Right-sided moderate pleural effusion. Atelectatic changes in the rest of the right lower lobe. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 5d186c8b8bc432caffef333ac2a63adffe4adf79b3e273be126578d9ea440125

Updated Date Time: 18/1/2016 21:07

## Layman Explanation

This radiology report discusses HISTORY desaturation with SOB and tachycardia noted right pleural effusion and ?collapse-consolidation of right lung base on previous CTAP ECG shows sinus tachycardia and S1Q3T3 Prolonged recumbency since op 5 days ago TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant images are available in the PACS for comparison. The fine cuts were reviewed in the Vitrea Advanced Viewer. Significant respiratory movement artefacts are noted degrading the image quality. A filling defect is noted in the right descending pulmonary artery compatible with pulmonary thromboembolism. There is wedge-shaped hypodensity in the right lower lobe distally (402/40) suspicious for pulmonary infarct. There are apparent tiny filling defects in the rest of the pulmonary arteries in the bilateral upper lobes and left lower lobe may suggest thromboembolism or artifactual due to movements. Atelectasis of the right lower lobe noted. Subsegmental atelectatic band is also noted in the left lower lobe. Mild to moderate right-sided pleural effusion noted. The heart size appears to be mildly enlarged. Low volume prevascular lymph nodes are seen. Right-sided central venous catheter is in situ. Draining tube is noted adjacent to the liver in the visualised abdomen. Gas locule containing collection is also detected in the retroperitoneum, better seen in the CT abdomen and pelvis obtained earlier in the day. No destructive bony lesion is seen. Dr Charles Ong, HO and Dr Alvin Tan, MO on call were informed of the findings at 08:40 p.m. on 18/01/2016 by Dr. Ajay B. CONCLUSION Findings are suggestive ofpulmonary thromboembolism in the right descending pulmonary artery with possible infarct in the right lower lobe. Right-sided moderate pleural effusion. Atelectatic changes in the rest of the right lower lobe. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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