# Row 6115

Visit Number: 4d8cddcb2ea457290bafb1b005be4d40aa1b8cbbeb849feaf9823b9a65474c4c

Masked\_PatientID: 6107

Order ID: 32d410c88f4642c0d36ad482fb482b6faba3d6a1437022e4343e72755b1d1d4c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 07/9/2018 13:25

Line Num: 1

Text: HISTORY Persistent tachycardiac, desat; Recent op on 24/8 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is done with the previous CT dated 17/8/2018 Tip of the right PICC line is traced to the atrio-caval junction. There is no filling-defect in the pulmonary trunk, main pulmonary arteries or the lobar and segmental branches. The pulmonary trunk is not dilated. There is no reversal of LV:RV ratio, bowing of the interventricular septum or reflux of contrast into the hepatic veins to suggest right heart strain. Small bilateral pleural effusions with associated passive atelectasis are seen, stable on the right and new on the left. There is no consolidation. The central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary node. The heart appears borderline enlarged. There is no significant pericardial effusion. Stable left thyroid nodule with tiny focus of central calcification measuring about 2.5 x 2.0 cm is better evaluated on ultrasound. Previously seen pockets of subcutaneous gas in the anterior chest wall have resolved. The included abdominal viscera are unremarkable. There is no destructive bony lesion. CONCLUSION No pulmonary embolism or consolidation. Small bilateral pleural effusions. \ Known / Minor Finalised by: <DOCTOR>

Accession Number: 22dfefa00e3dfdaa017e46f959edf022ac3e73a541a44b0225739c2db0ee63f6

Updated Date Time: 07/9/2018 13:49

## Layman Explanation

This radiology report discusses HISTORY Persistent tachycardiac, desat; Recent op on 24/8 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is done with the previous CT dated 17/8/2018 Tip of the right PICC line is traced to the atrio-caval junction. There is no filling-defect in the pulmonary trunk, main pulmonary arteries or the lobar and segmental branches. The pulmonary trunk is not dilated. There is no reversal of LV:RV ratio, bowing of the interventricular septum or reflux of contrast into the hepatic veins to suggest right heart strain. Small bilateral pleural effusions with associated passive atelectasis are seen, stable on the right and new on the left. There is no consolidation. The central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary node. The heart appears borderline enlarged. There is no significant pericardial effusion. Stable left thyroid nodule with tiny focus of central calcification measuring about 2.5 x 2.0 cm is better evaluated on ultrasound. Previously seen pockets of subcutaneous gas in the anterior chest wall have resolved. The included abdominal viscera are unremarkable. There is no destructive bony lesion. CONCLUSION No pulmonary embolism or consolidation. Small bilateral pleural effusions. \ Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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