# Row 6109

Visit Number: 4d8cddcb2ea457290bafb1b005be4d40aa1b8cbbeb849feaf9823b9a65474c4c

Masked\_PatientID: 6107

Order ID: 84ca5f64b3f4554a3fab0cd1d013a5bf15344403d525ef3e505c1245f4e226e9

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 17/8/2018 19:58

Line Num: 1

Text: HISTORY desaturation ?PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous CT dated 20 Jul 2018 was reviewed. The right heart chambers, main pulmonary artery, lobar, segmental as well as some of the subsegmental arteries show normal contrast enhancement with no filling defect. A 1.8 cm hypodense nodule is seen in the left thyroid lobe. There is no enlarged supraclavicular, axillary, mediastinal or hilar lymph node. No pericardial effusion is seen. Feeding tube is in satisfactory position with the tip in the stomach. The tracheobronchial tree is patent. Mild right pleural effusion is present. There is partial collapse ofthe right lower lobe. Mild atelectasis is seen in the left lower lobe. Soft tissue emphysema in the chest wall may be related to recent surgery. The limited sections of the upper abdominal viscera are unremarkable. Oral contrast is noted in the bowel. No destructive bone lesion is detected. CONCLUSION No CT evidence of pulmonary thromboembolism. Mild right pleural effusion and partial collapse of the right lower lobe. May need further action Finalised by: <DOCTOR>

Accession Number: 1b44356b717b83f9d8da66fb1203f59f7ae5f873740503fedd44980a2550c538

Updated Date Time: 17/8/2018 20:14

## Layman Explanation

This radiology report discusses HISTORY desaturation ?PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous CT dated 20 Jul 2018 was reviewed. The right heart chambers, main pulmonary artery, lobar, segmental as well as some of the subsegmental arteries show normal contrast enhancement with no filling defect. A 1.8 cm hypodense nodule is seen in the left thyroid lobe. There is no enlarged supraclavicular, axillary, mediastinal or hilar lymph node. No pericardial effusion is seen. Feeding tube is in satisfactory position with the tip in the stomach. The tracheobronchial tree is patent. Mild right pleural effusion is present. There is partial collapse ofthe right lower lobe. Mild atelectasis is seen in the left lower lobe. Soft tissue emphysema in the chest wall may be related to recent surgery. The limited sections of the upper abdominal viscera are unremarkable. Oral contrast is noted in the bowel. No destructive bone lesion is detected. CONCLUSION No CT evidence of pulmonary thromboembolism. Mild right pleural effusion and partial collapse of the right lower lobe. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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