# Row 6180

Visit Number: e131b496bcd8c43933312b4c6522232d042bc85af661c08c998d169e6e1b3db7

Masked\_PatientID: 6180

Order ID: e3f995574f9dbd40c8efef376c69e3446da22826acc9616cac9a1f1016f8db98

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/12/2017 7:30

Line Num: 1

Text: HISTORY out of hospital collapse tro PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous CT available for comparison. Endotracheal tube is in situ, its tip about 3.2 cm from the carina. Tip of the nasogastric tube is within the gastric body. Pulmonary arteries are opacified to the level of the sub-segmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk is not enlarged. There is no evidence of right ventricular strain. RV:LV ratio is maintained. No lung mass or sinister nodule is noted. A 4mm nodule in apical segment right upper lobe (402-11) with another smaller 3mm nodule inferiorly (402-17) are likely granulomata. Scarring/atelectasis is seen in the dependent aspect of right upper and lower lobes. No confluent consolidation or pleural effusion. The central airways are patent. No significantlyenlarged hilar or mediastinal lymph node. The heart size is within normal limits. No significant pericardial effusion. The thyroid gland is partially obscured by streak artifacts. A few subcentimetre hypodensities are seen in the right hepaticlobe, too small to characterise. Wedge shape cortical hypodensity in the mid-pole of the partially imaged left kidney (402-104) raises possibility of a small renal infarct or a site of scarring. No destructive bony lesion. A few scattered subchondral cysts in the thoracic vertebra probably degenerative in nature (for example 405-31). CONCLUSION 1. No CT evidence of pulmonary embolism. No right ventricular strain. 2. Probable granulomata in right lung apex. No sinister lesion or infective changes in the lungs. 3. Other minor findings as described. Known / Minor Wen Wei David , Senior Resident , 16813J Finalised by: <DOCTOR>

Accession Number: 1ed74dd0dfeb99c1e6265d54dcea4e7339730c4c6fa2d320e464c16816784b7d

Updated Date Time: 03/12/2017 10:05

## Layman Explanation

This radiology report discusses HISTORY out of hospital collapse tro PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous CT available for comparison. Endotracheal tube is in situ, its tip about 3.2 cm from the carina. Tip of the nasogastric tube is within the gastric body. Pulmonary arteries are opacified to the level of the sub-segmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk is not enlarged. There is no evidence of right ventricular strain. RV:LV ratio is maintained. No lung mass or sinister nodule is noted. A 4mm nodule in apical segment right upper lobe (402-11) with another smaller 3mm nodule inferiorly (402-17) are likely granulomata. Scarring/atelectasis is seen in the dependent aspect of right upper and lower lobes. No confluent consolidation or pleural effusion. The central airways are patent. No significantlyenlarged hilar or mediastinal lymph node. The heart size is within normal limits. No significant pericardial effusion. The thyroid gland is partially obscured by streak artifacts. A few subcentimetre hypodensities are seen in the right hepaticlobe, too small to characterise. Wedge shape cortical hypodensity in the mid-pole of the partially imaged left kidney (402-104) raises possibility of a small renal infarct or a site of scarring. No destructive bony lesion. A few scattered subchondral cysts in the thoracic vertebra probably degenerative in nature (for example 405-31). CONCLUSION 1. No CT evidence of pulmonary embolism. No right ventricular strain. 2. Probable granulomata in right lung apex. No sinister lesion or infective changes in the lungs. 3. Other minor findings as described. Known / Minor Wen Wei David , Senior Resident , 16813J Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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