# Row 6441

Visit Number: d291d82041299147fb59776e39edaf66b3103462f026ce9d1ee4599c631072e4

Masked\_PatientID: 6441

Order ID: dbf09a7b57f358b8fb31033b866e8370a9c0b9b8a38b30ab1706322731f03c35

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/12/2016 19:07

Line Num: 1

Text: HISTORY TRO Pulmonary embolism, and also for re-staging of cancer; B/g of mets breast ca completed cycle 1 chemo. Desaturated to 90% with tachycardia, currently still tachycardic. Please do CT TAP for re-staging and also tro PE. thanks TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There are no prior relevant scans available for comparison. There is no comparison study. Streaking artefacts from the right arm that has been placed adjacent to the patient’s thorax. The mediastinal vessels opacify normally. No definite CT evidence of pulmonary embolism taking into account the streak artefacts. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Large left pleural effusion with mediastinal shift to the right. Compressive atelectasis and consolidation in the lingula and left lower lobe. Mass like consolidation seen in the mediobasal segment of the right lower lobe (6-50) and lateral segment of the right middle lobe (6-47). The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. The uterus, ovaries, urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. There is no bony destruction. There is sclerosis of the sacral side of the right sacroiliac joint possibly due to chronic sacroiliitis. CONCLUSION 1. No CT evidence of pulmonary embolism. 2. Large left pleural effusion with mediastinal shift to the right. Compressive atelectasis and consolidation in the lingula and left lower lobe. Masslike consolidation in the right middle and lower lobe. Follow up till resolution is advised. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: b668fe1ec10e54874cbdf18b0dc78f3c395c45d67d98d11a7e5291a404567570

Updated Date Time: 08/12/2016 20:29

## Layman Explanation

This radiology report discusses HISTORY TRO Pulmonary embolism, and also for re-staging of cancer; B/g of mets breast ca completed cycle 1 chemo. Desaturated to 90% with tachycardia, currently still tachycardic. Please do CT TAP for re-staging and also tro PE. thanks TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There are no prior relevant scans available for comparison. There is no comparison study. Streaking artefacts from the right arm that has been placed adjacent to the patient’s thorax. The mediastinal vessels opacify normally. No definite CT evidence of pulmonary embolism taking into account the streak artefacts. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Large left pleural effusion with mediastinal shift to the right. Compressive atelectasis and consolidation in the lingula and left lower lobe. Mass like consolidation seen in the mediobasal segment of the right lower lobe (6-50) and lateral segment of the right middle lobe (6-47). The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. The uterus, ovaries, urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. There is no bony destruction. There is sclerosis of the sacral side of the right sacroiliac joint possibly due to chronic sacroiliitis. CONCLUSION 1. No CT evidence of pulmonary embolism. 2. Large left pleural effusion with mediastinal shift to the right. Compressive atelectasis and consolidation in the lingula and left lower lobe. Masslike consolidation in the right middle and lower lobe. Follow up till resolution is advised. 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.