# Row 6521

Visit Number: 5611f9174c830c837129e67f57aa9acb7e80318e3a358c136c33b224d0b7084f

Masked\_PatientID: 6520

Order ID: 0e72323e02799058edbab7372f5ff166931ff678f83604a6e85d4e839d3805ca

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 01/6/2016 19:53

Line Num: 1

Text: HISTORY tachycardia/tachypnea/sob/chest pain with prolonged immobility after op TRO pulmonary embolism TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 60 ml of intravenous Omnipaque 350. FINDINGS There are no relevant prior scans available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is enlarged. No pericardial effusion is seen. Motion artefacts limit sensitivity of this scan. There is bibasal atelectasis, more pronounced on the right associated with low attenuation bilateral pleural effusions. There is smooth septal thickening. Ground glass opacities are seen in the lateral basal segment of the left lower lobe. Biapical pleural thickening is present. There are a few mediastinal lymph nodes in the aortopulmonary (0.8cm) and subcarinal (1.2 cm) stations, possibly reactive in nature. There are a few bilateral subcentimeter axillary lymph nodes. A rounded density measuring 1.2 x 1.1 cm is seen in the upper outer quadrant of the left breast (series 402/36 and series 405/32). There is no associated calcification of fat density. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is noted. 2. Cardiomegaly, bilateral lower pleural effusion and bibasal septal thickening suggest fluid overload/congestive cardiac failure. 3. Soft tissue density measuring 1.2 x 1.1 cm in the upper outer quadrant of the left breast is better evaluated on ultrasound breast/mammography. May need further action Peter Cynthia Assimta , Senior Resident , 14480J Finalised by: <DOCTOR>

Accession Number: 5aec6aded11763a91b823918d822718a75c156a44681cf6b750d90ba97ad994a

Updated Date Time: 01/6/2016 23:10

## Layman Explanation

This radiology report discusses HISTORY tachycardia/tachypnea/sob/chest pain with prolonged immobility after op TRO pulmonary embolism TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 60 ml of intravenous Omnipaque 350. FINDINGS There are no relevant prior scans available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is enlarged. No pericardial effusion is seen. Motion artefacts limit sensitivity of this scan. There is bibasal atelectasis, more pronounced on the right associated with low attenuation bilateral pleural effusions. There is smooth septal thickening. Ground glass opacities are seen in the lateral basal segment of the left lower lobe. Biapical pleural thickening is present. There are a few mediastinal lymph nodes in the aortopulmonary (0.8cm) and subcarinal (1.2 cm) stations, possibly reactive in nature. There are a few bilateral subcentimeter axillary lymph nodes. A rounded density measuring 1.2 x 1.1 cm is seen in the upper outer quadrant of the left breast (series 402/36 and series 405/32). There is no associated calcification of fat density. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is noted. 2. Cardiomegaly, bilateral lower pleural effusion and bibasal septal thickening suggest fluid overload/congestive cardiac failure. 3. Soft tissue density measuring 1.2 x 1.1 cm in the upper outer quadrant of the left breast is better evaluated on ultrasound breast/mammography. May need further action Peter Cynthia Assimta , Senior Resident , 14480J Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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