# Row 6546

Visit Number: 26c9fd242f6a4cdde65fef5eb76ac95c7d1c4641f666a66419e0b088f4927e1c

Masked\_PatientID: 6542

Order ID: ceb113abd6647f86ab7c305665809f57dfdf9bbd69316436ec6abc3fc2ad3594

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 24/4/2019 17:40

Line Num: 1

Text: HISTORY persistent tachycardia tro PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Reference is made to prior PET\CT study dated 12 March 2019. Left subclavian central venous catheter is traced to the atriocaval junction No filling defect is detected in the pulmonary trunk, main pulmonary arteries, its segmental and subsegmental branches to suggest pulmonary embolism. The pulmonary trunk is not dilated. The right ventricle: left ventricle ratio is less than 1. The cardiac size is not enlarged. There is no significant pericardial effusion. The rest of the mediastinal vessels opacify normally with some atherosclerotic plaques in the thoracic aorta. A left central venous catheter is present, with its tip in the superior vena cava. Stable right cervical level V lymph node is evident, measuring 2.1 x 1.3 cm (se 5-5). Several stable enlarged right axillary lymph nodes are noted, measuring up to 1.9 x 1.0 cm (se 5-33). Small prevascular and paratracheal lymph nodes are non-specific. Stable prominent bilateral hilar nodes are noted, measuring up to 1.5 x 0.9 cm on the right (se 5-45). No suspicious pulmonary nodule or consolidation is detected. Dependent atelectasis is present bilaterally, there is a sliver right pleural effusion In the included upper abdomen, a tiny uncomplicated cholelithiasis is evident. A splenunculus is noted. Stable nodular outline of both kidneys is again noted, better evaluated on prior dedicated contrast enhanced study. CONCLUSION No CT evidence of pulmonary embolism. Stable enlarged right cervical level V and right axillary lymph nodes with stable prominence of bilateral hilar nodes and small mediastinal nodes. Note is made of history of DLBCL. Report Indicator: Known \ Minor Reported by: <DOCTOR>

Accession Number: 7b187d88f266ecf095d8d5a70838b577ad4bf81efa376164f346b9aeec62c398

Updated Date Time: 25/4/2019 8:51

## Layman Explanation

This radiology report discusses HISTORY persistent tachycardia tro PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Reference is made to prior PET\CT study dated 12 March 2019. Left subclavian central venous catheter is traced to the atriocaval junction No filling defect is detected in the pulmonary trunk, main pulmonary arteries, its segmental and subsegmental branches to suggest pulmonary embolism. The pulmonary trunk is not dilated. The right ventricle: left ventricle ratio is less than 1. The cardiac size is not enlarged. There is no significant pericardial effusion. The rest of the mediastinal vessels opacify normally with some atherosclerotic plaques in the thoracic aorta. A left central venous catheter is present, with its tip in the superior vena cava. Stable right cervical level V lymph node is evident, measuring 2.1 x 1.3 cm (se 5-5). Several stable enlarged right axillary lymph nodes are noted, measuring up to 1.9 x 1.0 cm (se 5-33). Small prevascular and paratracheal lymph nodes are non-specific. Stable prominent bilateral hilar nodes are noted, measuring up to 1.5 x 0.9 cm on the right (se 5-45). No suspicious pulmonary nodule or consolidation is detected. Dependent atelectasis is present bilaterally, there is a sliver right pleural effusion In the included upper abdomen, a tiny uncomplicated cholelithiasis is evident. A splenunculus is noted. Stable nodular outline of both kidneys is again noted, better evaluated on prior dedicated contrast enhanced study. CONCLUSION No CT evidence of pulmonary embolism. Stable enlarged right cervical level V and right axillary lymph nodes with stable prominence of bilateral hilar nodes and small mediastinal nodes. Note is made of history of DLBCL. Report Indicator: Known \ Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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