# Row 6637

Visit Number: c828d7fd2020c4b1d357d418cf861d13fc53879bf9040307232c794469c5dd14

Masked\_PatientID: 6634

Order ID: b1098851820b4ac7bf882a00cbdd48616d5ffdfec91a240410959cfe498e5915

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 12/6/2017 19:18

Line Num: 1

Text: HISTORY Persistent hypoxemia SOB in morning WCbound due to previous accident Recent hospitalization TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The chest radiograph of 4 May 2017 (from Tan Tock Seng Hospital) was reviewed. The CT liver study of 29 June 2013 and the ultrasound abdomen study of 20 July 2016 were also reviewed. There is no filling defect in the pulmonary trunk and pulmonary arteries to suggest pulmonary embolism. The pulmonary trunk is of normal calibre. There is focal severe narrowing of the upper trachea at the level of the lower pole of the thyroid gland, measuring approximately 7mm in transverse dimension at its narrowest portion (se 4-12). The narrowing is about 2.0 cm in length (se 8-51). Note is made of prior history of tracheostomy more than 10 years ago which may account for the focal stenosis. No suspicious pulmonary nodule, consolidation, ground glass opacity or pleural effusion is detected. Atelectatic changes are seen in the bilateral lower lobes, middle lobe and the lingula. Mild pleural thickening is seen in both lung apices. The cardiac chambers are of normal size with no evidence of right heart strain. A sliver of pericardial fluid is seen anterior to the right ventricle. Small volume hilar nodes are seen bilaterally with no overt enlargement, measuring up to 6mm in short axis on the right. Small calcified precarinal nodes are seen. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. There are multiple hypodense liver cysts in both hepatic lobes, some of which appear larger as compared with the CT liver study of 29 June 2013. The largest on the left is in segment II is stable from the previous ultrasound abdomen of 20 July 2016, measuring 3.0 x 2.1 cm. The largest on the right is in segment VIII, measuring 1.9 x 1.7 cm. A 10 mm left adrenal nodule with fat-attenuation (HU: -87) is marginally larger and probably represents lipoma or myelolipoma. Old right 5th and 6th lateral rib fractures are noted. The visualised bilateral proximal humeri show serpiginous sclerotic foci with no bony destruction. These are non-specific and may bone infarcts. Non-specific well-defined sclerosis is evident in the right clavicle head, also seen on the chest radiograph of 21 March 2010. No cortical destruction is detected. This is likely non-aggressive in nature. CONCLUSION 1. No evidence of pulmonary embolism. 2. Focal severe stenosis of the upper trachea may be related to prior intervention given the past history of tracheostomy. 3. Multiple liver cysts in both hepatic lobes. 4. Left adrenal nodule with fat attenuation is marginally larger, probably representing lipoma or myelolipoma. May need further action Reported by: <DOCTOR>

Accession Number: 924f21a77e04390c4dd6a1aaae621d1eb193a14588e6ef401968f12d23b93f42

Updated Date Time: 14/6/2017 18:36

## Layman Explanation

This radiology report discusses HISTORY Persistent hypoxemia SOB in morning WCbound due to previous accident Recent hospitalization TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The chest radiograph of 4 May 2017 (from Tan Tock Seng Hospital) was reviewed. The CT liver study of 29 June 2013 and the ultrasound abdomen study of 20 July 2016 were also reviewed. There is no filling defect in the pulmonary trunk and pulmonary arteries to suggest pulmonary embolism. The pulmonary trunk is of normal calibre. There is focal severe narrowing of the upper trachea at the level of the lower pole of the thyroid gland, measuring approximately 7mm in transverse dimension at its narrowest portion (se 4-12). The narrowing is about 2.0 cm in length (se 8-51). Note is made of prior history of tracheostomy more than 10 years ago which may account for the focal stenosis. No suspicious pulmonary nodule, consolidation, ground glass opacity or pleural effusion is detected. Atelectatic changes are seen in the bilateral lower lobes, middle lobe and the lingula. Mild pleural thickening is seen in both lung apices. The cardiac chambers are of normal size with no evidence of right heart strain. A sliver of pericardial fluid is seen anterior to the right ventricle. Small volume hilar nodes are seen bilaterally with no overt enlargement, measuring up to 6mm in short axis on the right. Small calcified precarinal nodes are seen. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. There are multiple hypodense liver cysts in both hepatic lobes, some of which appear larger as compared with the CT liver study of 29 June 2013. The largest on the left is in segment II is stable from the previous ultrasound abdomen of 20 July 2016, measuring 3.0 x 2.1 cm. The largest on the right is in segment VIII, measuring 1.9 x 1.7 cm. A 10 mm left adrenal nodule with fat-attenuation (HU: -87) is marginally larger and probably represents lipoma or myelolipoma. Old right 5th and 6th lateral rib fractures are noted. The visualised bilateral proximal humeri show serpiginous sclerotic foci with no bony destruction. These are non-specific and may bone infarcts. Non-specific well-defined sclerosis is evident in the right clavicle head, also seen on the chest radiograph of 21 March 2010. No cortical destruction is detected. This is likely non-aggressive in nature. CONCLUSION 1. No evidence of pulmonary embolism. 2. Focal severe stenosis of the upper trachea may be related to prior intervention given the past history of tracheostomy. 3. Multiple liver cysts in both hepatic lobes. 4. Left adrenal nodule with fat attenuation is marginally larger, probably representing lipoma or myelolipoma. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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