# Row 6655

Visit Number: 491d3a57eccb204e860c7d9bac746c179227b949c0c4375183015333e342d008

Masked\_PatientID: 6653

Order ID: 2f047e05c6fcea95e1ee2c0304f420251dca33bb99f7ec9588cb5bd7fda8ac87

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 02/10/2015 10:52

Line Num: 1

Text: HISTORY CTPA TRO pulmonary hypertension; 35yr old lady with difuse systemic sclerosis complicated by myositis , ILD, GIT, ?renal involvement , awaiting clinical trial for stem cell transplant admit for SOB + desaturation, ECG notedpersistent sinus tachycardia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with previous high-resolution CT dated 23/09/2015 (performed at CGH). No filling defect is detected in the pulmonary arteries up to the segmental level and some of the visualised subsegmental branches. The main pulmonary artery is within normal limits. There is interval improvement of bilateral ground-glass and consolidative changes since the previous CT of 23/09/2015 but this is far from clear. Residual mild patchy ground-glass changes in both lungs and superimposed consolidations in the lower lobes are still seen with mild dilatation of the underlying bronchi. The interstitial thickening also shows interval improvement. There is a borderline enlarged subcarinal node although marginally smaller than before measuring 11 mm in short axis. Calcified paratracheal nodes are noted as previously. The small pleural effusions have resolved. Heart size is not enlarged. No pericardial effusion is seen. The distal oesophagus is mildly dilated with the presence of air-fluid level likely related to known underlying systemic sclerosis.There is a small calcified granuloma in the right lobe of liver in the visualised upper abdomen. No suspicious bony lesion. CONCLUSION No evidence of pulmonary embolism. Interval improvement of ground-glass changes, consolidations and interstitial thickening suggestive of resolving nonspecific interstitial pneumonitis. Resolution of small pleural effusions is also noted. May need further action Finalised by: <DOCTOR>

Accession Number: a71dfa67dbd902bff2701cc82ce8a25aa51bdb5df5d532b14b66e07dd67125a7

Updated Date Time: 02/10/2015 11:21

## Layman Explanation

This radiology report discusses HISTORY CTPA TRO pulmonary hypertension; 35yr old lady with difuse systemic sclerosis complicated by myositis , ILD, GIT, ?renal involvement , awaiting clinical trial for stem cell transplant admit for SOB + desaturation, ECG notedpersistent sinus tachycardia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with previous high-resolution CT dated 23/09/2015 (performed at CGH). No filling defect is detected in the pulmonary arteries up to the segmental level and some of the visualised subsegmental branches. The main pulmonary artery is within normal limits. There is interval improvement of bilateral ground-glass and consolidative changes since the previous CT of 23/09/2015 but this is far from clear. Residual mild patchy ground-glass changes in both lungs and superimposed consolidations in the lower lobes are still seen with mild dilatation of the underlying bronchi. The interstitial thickening also shows interval improvement. There is a borderline enlarged subcarinal node although marginally smaller than before measuring 11 mm in short axis. Calcified paratracheal nodes are noted as previously. The small pleural effusions have resolved. Heart size is not enlarged. No pericardial effusion is seen. The distal oesophagus is mildly dilated with the presence of air-fluid level likely related to known underlying systemic sclerosis.There is a small calcified granuloma in the right lobe of liver in the visualised upper abdomen. No suspicious bony lesion. CONCLUSION No evidence of pulmonary embolism. Interval improvement of ground-glass changes, consolidations and interstitial thickening suggestive of resolving nonspecific interstitial pneumonitis. Resolution of small pleural effusions is also noted. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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