# Row 6816

Visit Number: 4a4f2ac6fdd1e4ef1deaede0a7ebea0cc9de479482272c1c0f5119fb52254494

Masked\_PatientID: 6814

Order ID: fae36388d833b278cd5fd223f05654567bc03062b4528d95a43e1881ece162af

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 02/6/2019 15:03

Line Num: 1

Text: HISTORY desaturation ?PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT thorax dated 24 May 2019. Pulmonary arteries are opacified to the level of the subsegmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk measures up to 2.4 cm in maximal diameter and is not enlarged. There is no evidence of right ventricular strain. No suspicious pulmonary nodule or focal consolidation is seen. Centrilobular emphysema is present with upper lobe predominance. Bilateral small pleural effusions with adjacent compressive atelectasis. Small amount of secretions are seen within the trachea. The central airways are otherwise patent. The heart is normal in size. No pericardial effusion. Incidental nonspecific subcentimetre hypodensity with calcification in the right thyroid lobe. Stable small volume right upper and lower paratracheal, subcarinal and right hilar lymph nodes are seen. No new enlarged mediastinal or hilar lymph node. Intraperitoneal free gas in the upper abdomen may be related to recent anterior resection. No destructive bony lesion is seen. CONCLUSION No CT evidence of acute pulmonary embolism. No suspicious pulmonary mass or focal consolidation. Bilateral small pleural effusions, new. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 99debd794fcdd17e84391930f54bf28dde123dc72978a61f17e68bf6f831dcaa

Updated Date Time: 02/6/2019 16:24

## Layman Explanation

This radiology report discusses HISTORY desaturation ?PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT thorax dated 24 May 2019. Pulmonary arteries are opacified to the level of the subsegmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk measures up to 2.4 cm in maximal diameter and is not enlarged. There is no evidence of right ventricular strain. No suspicious pulmonary nodule or focal consolidation is seen. Centrilobular emphysema is present with upper lobe predominance. Bilateral small pleural effusions with adjacent compressive atelectasis. Small amount of secretions are seen within the trachea. The central airways are otherwise patent. The heart is normal in size. No pericardial effusion. Incidental nonspecific subcentimetre hypodensity with calcification in the right thyroid lobe. Stable small volume right upper and lower paratracheal, subcarinal and right hilar lymph nodes are seen. No new enlarged mediastinal or hilar lymph node. Intraperitoneal free gas in the upper abdomen may be related to recent anterior resection. No destructive bony lesion is seen. CONCLUSION No CT evidence of acute pulmonary embolism. No suspicious pulmonary mass or focal consolidation. Bilateral small pleural effusions, new. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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