# Row 6993

Visit Number: 2ca9077691a7a189e149ebcde15b63e3ee69d781aed3c162643b055ffbd0879d

Masked\_PatientID: 6991

Order ID: a1dd75b7ef587920a814171593b13ba11abfdba4af9df9c1d1cabc19565be083

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 10/11/2017 14:35

Line Num: 1

Text: HISTORY persistent tachycardia. BG stroke, immobile TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with CT of 31/5/2017. Both lungs shownormal and uniform perfusion. No filling defect is seen in the contrast opacified heart chambers, pulmonary trunk, right and left main pulmonary arteries and its lobar and segmental arteries. The heart and pulmonary arteries are not enlarged. No obvious pulmonary arterial wall thickening, calcification, pruning or stenosis noted. Mediastinal vasculature enhance normally. Scanty coronary and aortic calcifications are present with mild narrowing of the distal innominate artery. No pericardial or pleural effusion is seen. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. There is again chronic volume loss and traction bronchiectasis in the right upper lobe, likely due to previous TB. There is no change of a 7 mm nodule with adjacent scarring in the left lung apex (7-14), likely due to residual changes of a previous cavitating septic embolus seen in CT of Nov 2014. A small nodule in the anterior aspect of basal left lower lobe has resolved. The other 3-5mm nodules in the lingula (7-58, 73) and right lower lobe (7-61) are less well defined, likely post inflammatory. No lung mass or sinister nodule is seen. There are no consolidation or ground-glass changes. Minimal dependent changes present. No interstitial fibrosis or emphysema is evident. Limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION Since last CT of May 2017, 1. No pulmonary emboli detected. 2. Chronic old TB changes in the right upper lobe. 3. Mild improvement of several lung nodules likely due to previous infection/septic emboli. 4. No active infective changes or ominous mass is seen in the thorax. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 6d60daadd3a2cf8a4a3f2ed190f7c70554e8f0880fd855d0733d6ae70c734288

Updated Date Time: 10/11/2017 15:57

## Layman Explanation

This radiology report discusses HISTORY persistent tachycardia. BG stroke, immobile TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with CT of 31/5/2017. Both lungs shownormal and uniform perfusion. No filling defect is seen in the contrast opacified heart chambers, pulmonary trunk, right and left main pulmonary arteries and its lobar and segmental arteries. The heart and pulmonary arteries are not enlarged. No obvious pulmonary arterial wall thickening, calcification, pruning or stenosis noted. Mediastinal vasculature enhance normally. Scanty coronary and aortic calcifications are present with mild narrowing of the distal innominate artery. No pericardial or pleural effusion is seen. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. There is again chronic volume loss and traction bronchiectasis in the right upper lobe, likely due to previous TB. There is no change of a 7 mm nodule with adjacent scarring in the left lung apex (7-14), likely due to residual changes of a previous cavitating septic embolus seen in CT of Nov 2014. A small nodule in the anterior aspect of basal left lower lobe has resolved. The other 3-5mm nodules in the lingula (7-58, 73) and right lower lobe (7-61) are less well defined, likely post inflammatory. No lung mass or sinister nodule is seen. There are no consolidation or ground-glass changes. Minimal dependent changes present. No interstitial fibrosis or emphysema is evident. Limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION Since last CT of May 2017, 1. No pulmonary emboli detected. 2. Chronic old TB changes in the right upper lobe. 3. Mild improvement of several lung nodules likely due to previous infection/septic emboli. 4. No active infective changes or ominous mass is seen in the thorax. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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