# Row 7008

Visit Number: 81fc1c0e2703583c323621179b9483cc0b4912e56e82234c6d65cabefba48ed3

Masked\_PatientID: 7006

Order ID: 41d9d314fdad2b9214b5d31663d1a98d604fa11be2292ff69f161be1f8cf13fb

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 28/1/2018 21:03

Line Num: 1

Text: HISTORY 71yo female Bilat breast ca s/p mastectomy on #8 adjuvant chemo and letrozole Hx paclitaxel induced pneumonitis dec 2017 Now admitted for T1RF sec to pneumonia vs drug induced pneumonitis TRO PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS Comparison made with the last CT scan of 15/12/2017. IV contrast was injected via a lower limb cannula resulting in suboptimal scan timing and opacification of the venous system. Allowing for this, there is no filling-defect in the pulmonary trunk, main pulmonary arteries and its opacified lobar and segmental branches. The heart size is normal. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph nodeis detected. Increased density areas is again noted in both lungs, in the upper and lower lobes and the middle lobe, showing interval worsening and appearing more confluent than on the prior study. Increase in the reticular components suggest fibrotic changes. No pleural effusion is seen. The patient is post bilateral mastectomy with stable collections of fluid density in the surgical bed bilaterally, probably post-operative seromas. No surgical history of breast implants is noted. The thyroid gland appears bulky with nonspecific hypodensities in both lobes. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is noted. 2. Interval worsening of lung opacities with components suggestive of interval fibrotic changes setting in. Considerations include sequelae of drug-related pneumonitis with scarring if infection has been excluded. 3. Post bilateral mastectomy with stable fluid-density collections in bilateral surgical beds, probably post-surgical seromas. May need further action Reported by: <DOCTOR>

Accession Number: 0cace35151608ee358e11e53a2f55032f5ae49872820fec663bc378880419a4f

Updated Date Time: 29/1/2018 9:40

## Layman Explanation

This radiology report discusses HISTORY 71yo female Bilat breast ca s/p mastectomy on #8 adjuvant chemo and letrozole Hx paclitaxel induced pneumonitis dec 2017 Now admitted for T1RF sec to pneumonia vs drug induced pneumonitis TRO PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS Comparison made with the last CT scan of 15/12/2017. IV contrast was injected via a lower limb cannula resulting in suboptimal scan timing and opacification of the venous system. Allowing for this, there is no filling-defect in the pulmonary trunk, main pulmonary arteries and its opacified lobar and segmental branches. The heart size is normal. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph nodeis detected. Increased density areas is again noted in both lungs, in the upper and lower lobes and the middle lobe, showing interval worsening and appearing more confluent than on the prior study. Increase in the reticular components suggest fibrotic changes. No pleural effusion is seen. The patient is post bilateral mastectomy with stable collections of fluid density in the surgical bed bilaterally, probably post-operative seromas. No surgical history of breast implants is noted. The thyroid gland appears bulky with nonspecific hypodensities in both lobes. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No pulmonary embolism is noted. 2. Interval worsening of lung opacities with components suggestive of interval fibrotic changes setting in. Considerations include sequelae of drug-related pneumonitis with scarring if infection has been excluded. 3. Post bilateral mastectomy with stable fluid-density collections in bilateral surgical beds, probably post-surgical seromas. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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