# Row 7373

Visit Number: 7fa890b97dc0212de0cf8801bea418b0d3097cdf33f0b0af65e72c10a2c6208f

Masked\_PatientID: 7367

Order ID: 77525980e4cbe5b4571560e169a123dba20198a109d425dad3c35cc7ee15aa50

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 19/5/2017 14:15

Line Num: 1

Text: HISTORY persistent hypoxia - TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There are significant motion artefacts particularly in the lower hemithorax degrading image quality. The sensitivity for detecting small pulmonary embolus is therefore reduced. No embolus is detected in the main pulmonary artery and lobar branches. No obvious embolus is seen in the segmental branches allowing for the limitations. The main pulmonary trunk is mildly dilated in keeping with pulmonary hypertension. The heart is mildly enlarged. No enlarged hilar or mediastinal node is seen. There is collapse -consolidation in the posterior and lateral basal segments of the left lower lobe. Patchy ground-glass opacifications are seen in the apicoposterior segment of the left upper lobe, posterior segment of the right upper lobe with a small patch of consolidation in the right apex. These are likely to represent infective changes. Minor dependent atelectasis is also noted in the right lung base. There is no pleural or pericardial effusion. The visualised upper abdomen shows hepatic cirrhosis, gallstones and cystic duct stones. Degenerative changes are present in the thoracic spine. Multiple healed bilateral rib fractures noted. CONCLUSION Suboptimal study due to presence of motion artefacts. Allowing for the limitations, no definite pulmonary embolus is seen up to the segmental branches. Direct pulmonary trunk is keeping with pulmonary hypertension. Mildly enlarged heart. Collapse-consolidation in the left lower lobe posterior and lateral basal segments. Patchy air space changes in both upper lobes.These are likely to represent infective changes. May need further action Finalised by: <DOCTOR>

Accession Number: 1f0a0c562cd9b622614a494023c7af9816691d7c7de567d32421c9f6ce3a2260

Updated Date Time: 19/5/2017 15:11

## Layman Explanation

This radiology report discusses HISTORY persistent hypoxia - TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There are significant motion artefacts particularly in the lower hemithorax degrading image quality. The sensitivity for detecting small pulmonary embolus is therefore reduced. No embolus is detected in the main pulmonary artery and lobar branches. No obvious embolus is seen in the segmental branches allowing for the limitations. The main pulmonary trunk is mildly dilated in keeping with pulmonary hypertension. The heart is mildly enlarged. No enlarged hilar or mediastinal node is seen. There is collapse -consolidation in the posterior and lateral basal segments of the left lower lobe. Patchy ground-glass opacifications are seen in the apicoposterior segment of the left upper lobe, posterior segment of the right upper lobe with a small patch of consolidation in the right apex. These are likely to represent infective changes. Minor dependent atelectasis is also noted in the right lung base. There is no pleural or pericardial effusion. The visualised upper abdomen shows hepatic cirrhosis, gallstones and cystic duct stones. Degenerative changes are present in the thoracic spine. Multiple healed bilateral rib fractures noted. CONCLUSION Suboptimal study due to presence of motion artefacts. Allowing for the limitations, no definite pulmonary embolus is seen up to the segmental branches. Direct pulmonary trunk is keeping with pulmonary hypertension. Mildly enlarged heart. Collapse-consolidation in the left lower lobe posterior and lateral basal segments. Patchy air space changes in both upper lobes.These are likely to represent infective changes. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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