# Row 7427

Visit Number: 5abe84e05de660e04af6cbaa043e5a62f5515044b3caa700dc076c21444ac683

Masked\_PatientID: 7426

Order ID: b00c46882afa7b4da32b9857b36adbbb172a9508356fbbcc016aa9e498bb0fba

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 19/10/2018 16:21

Line Num: 1

Text: HISTORY acute desaturation to SpO2 60%, currently on NRM. ABG pO2 57 on FiO2 40% TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous CT chest dated 20/09/2014 and recent chest radiogrpahre dated 18/10/2018 was reviewed. The pulmonary arteries opacify normally and are of normal calibre. No filling defect is detected. The heart is not enlarged. No pericardial effusion. Prominent paratracheallymph nodes are noted. No significant axillary, supraclavicular or hilar lymphadenopathy. Confluent consolidation and ground glass changes are noted in both lungs predominantly in perihilar regions and lower lobes. Mild interlobar septal thickening is noted Bilateral small pleural effusions are seen. Previously noted nodules in the right lung, predominantly in the lower lobe (401/48) are comparatively smaller compared to last CT study. The largest cavitating nodule measures 2.1 x 2 cm.No new nodules. Central airways are patent. The visualised upper abdomen is unremarkable. No aggressive bone lesion. CONCLUSION 1. No evidence of pulmonary embolism is detected. 2. Bilateral ground glass changes, consolidation and interlobular septal thickening associated with pleural effusions likely represent pulmonary oedema. The pulmonary changes appear new since the previous radiograph of 18 October 2018. Associated pulmonary infection is not ruled out. 3. Interval decrease in size of right lower lobe nodules. May need further action Reported by: <DOCTOR>

Accession Number: 66f65a73bdff2cea2569ed39a38264a604f32407719533fc1f365b84ee1e4765

Updated Date Time: 19/10/2018 18:07

## Layman Explanation

This radiology report discusses HISTORY acute desaturation to SpO2 60%, currently on NRM. ABG pO2 57 on FiO2 40% TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous CT chest dated 20/09/2014 and recent chest radiogrpahre dated 18/10/2018 was reviewed. The pulmonary arteries opacify normally and are of normal calibre. No filling defect is detected. The heart is not enlarged. No pericardial effusion. Prominent paratracheallymph nodes are noted. No significant axillary, supraclavicular or hilar lymphadenopathy. Confluent consolidation and ground glass changes are noted in both lungs predominantly in perihilar regions and lower lobes. Mild interlobar septal thickening is noted Bilateral small pleural effusions are seen. Previously noted nodules in the right lung, predominantly in the lower lobe (401/48) are comparatively smaller compared to last CT study. The largest cavitating nodule measures 2.1 x 2 cm.No new nodules. Central airways are patent. The visualised upper abdomen is unremarkable. No aggressive bone lesion. CONCLUSION 1. No evidence of pulmonary embolism is detected. 2. Bilateral ground glass changes, consolidation and interlobular septal thickening associated with pleural effusions likely represent pulmonary oedema. The pulmonary changes appear new since the previous radiograph of 18 October 2018. Associated pulmonary infection is not ruled out. 3. Interval decrease in size of right lower lobe nodules. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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