# Row 7433

Visit Number: ad3a2015c93c903e42ff3d8466758d61bb4e130b57402799fd25b3b322c01079

Masked\_PatientID: 7426

Order ID: 5891f9c62dbe20f51a1176696232e3665e55ebfd2dc396f0cd1cf77064fd343a

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 26/11/2018 16:02

Line Num: 1

Text: HISTORY sob and acute desat in induction room ? pe vs fluid overload abg t1rf bgd pvd with recent aockd 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 19 October 2018. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Prominent paratracheal and subcarinal lymph nodes are grossly stable. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There is mild interval worsening of the pleural effusions. Multifocal consolidation and ground-glass changes in both lungs show mild interval improvement, particularly in the upper lobes. The ill-defined nodules in the right lower lobe are grossly stable since recent study. The cavitating nodule measures 2.1 cm. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION No pulmonary embolism is noted. Bilateral ground glass changes, consolidation show mild interval improvement. Clinical correlation is suggested. Bilateral moderate low density pleural effusions show mild interval worsening. May need further action Finalised by: <DOCTOR>

Accession Number: 8294c17d878ffcc4d20dbbb1ef28632bca6fbf9198f65852ba88f88d51a80e75

Updated Date Time: 26/11/2018 16:46

## Layman Explanation

This radiology report discusses HISTORY sob and acute desat in induction room ? pe vs fluid overload abg t1rf bgd pvd with recent aockd 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 19 October 2018. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Prominent paratracheal and subcarinal lymph nodes are grossly stable. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There is mild interval worsening of the pleural effusions. Multifocal consolidation and ground-glass changes in both lungs show mild interval improvement, particularly in the upper lobes. The ill-defined nodules in the right lower lobe are grossly stable since recent study. The cavitating nodule measures 2.1 cm. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION No pulmonary embolism is noted. Bilateral ground glass changes, consolidation show mild interval improvement. Clinical correlation is suggested. Bilateral moderate low density pleural effusions show mild interval worsening. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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