# Row 7718

Visit Number: 29d4b618c0841057d4f44015ebcd946d46418f48216e135a73cc8c96b969c942

Masked\_PatientID: 7718

Order ID: cc7666c4ace8c69746886cd1eacce6710712f252e4cafdb35dc0934673d7e98b

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 30/3/2018 16:44

Line Num: 1

Text: HISTORY desat, ?PE previous provoked PE after TKR 8 months ago, recent travel to dubai long haul fight TRO recurrent PE as cause of hypoxia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous comparable study on PACS. Technical quality: Good, mildly degraded by venous contamination. There is no filling defect in the pulmonary trunk, main pulmonary arteries or major segmental branches to suggest an embolism. The pulmonary trunk is marginally prominent, measuring 3.1 cm. No leftward deviation of the interventricular septum is seen. The heart is enlarged. No pericardial effusion is present. The trachea and major bronchi are patent. Mild patchy mosaic attenuation of the lungs is nonspecific, possibly due to prior infective or inflammatory insult. No consolidation, pleural effusion or pneumothorax is seen. Irregular contour of the visualised left breast is likely due to prior surgery. There is no enlarged paratracheal lymph node or destructive bony lesion. No contour deforming lesion is seen of the visualised upper abdominal viscera. A calcified granuloma is noted in the right hepatic dome. CONCLUSION 1. No pulmonary embolism detected. Cardiomegaly. 2. Mild mosaic attenuation of the lungs may be due to prior infective or inflammatory insult. Known / Minor Finalised by: <DOCTOR>

Accession Number: dc7584cbd88ff7442cb5a7faed16febe1f24c28df08ba6155f488cd8b6154f2c

Updated Date Time: 30/3/2018 17:21

## Layman Explanation

This radiology report discusses HISTORY desat, ?PE previous provoked PE after TKR 8 months ago, recent travel to dubai long haul fight TRO recurrent PE as cause of hypoxia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous comparable study on PACS. Technical quality: Good, mildly degraded by venous contamination. There is no filling defect in the pulmonary trunk, main pulmonary arteries or major segmental branches to suggest an embolism. The pulmonary trunk is marginally prominent, measuring 3.1 cm. No leftward deviation of the interventricular septum is seen. The heart is enlarged. No pericardial effusion is present. The trachea and major bronchi are patent. Mild patchy mosaic attenuation of the lungs is nonspecific, possibly due to prior infective or inflammatory insult. No consolidation, pleural effusion or pneumothorax is seen. Irregular contour of the visualised left breast is likely due to prior surgery. There is no enlarged paratracheal lymph node or destructive bony lesion. No contour deforming lesion is seen of the visualised upper abdominal viscera. A calcified granuloma is noted in the right hepatic dome. CONCLUSION 1. No pulmonary embolism detected. Cardiomegaly. 2. Mild mosaic attenuation of the lungs may be due to prior infective or inflammatory insult. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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