# Row 7852

Visit Number: 7d916bc62545364a7b461d83b20b1ed7cc743064b7f153fe8ad02fabee70e2a3

Masked\_PatientID: 7846

Order ID: 35d9559410753822724ce527cdb6b8d3fa122b90c1b2b1dd09b34b77628539de

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/1/2017 19:35

Line Num: 1

Text: HISTORY Persistent fever, TRO source of infection. Tachycardic, TRO pulmonary embolism.; Left breast cancer. TECHNIQUE CT pulmonary angiogram, CT abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior CT chest and abdomen dated 2/8/2016 were reviewed. PULMONARY ANGIOGRAM Tip of endotracheal tube is ~5.0cm from the carina. Nasogastric tube is positioned at the gastric antrum. Tip of right neck central venous catheter is at the distal SVC. There are no filling defects noted within the main, lobar, interlobar, segmental and proximal subsegmental pulmonary arteries. The main pulmonary trunk is borderline dilated, measuring 3.0cm. No evidence of right heart strain. Bilateral diffuse consolidation and ground glass opacification in a perihilar distribution is compatible with history of ARDS. Moderate right and small left pleural effusions noted with compressive atelectasis. The trachea is central and patent. Small right lower paratracheal, para-aortic and subcarinal lymph nodes are probably reactive. Heart is slightly enlarged. Sliver of pericardial effusion. Status post left breast wide excision surgery with presence of surgical clips. The previously noted indeterminate small nodule in the medial aspect of the left breast is not well visualized in the current angiographic study. ABDOMEN and PELVIS Tiny dependent hyperdensities in the gallbladder may represent tiny gallstones or biliary sludge. No evidence of acute cholecystitis. The liver, spleen, pancreas, adrenal glands, kidneys, bowel loops and pelvic organs appear unremarkable. The catheterized urinary bladder is collapsed. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Small amount of pelvic free fluid noted. The bones appear unremarkable. CONCLUSION 1. No evidence of pulmonary embolism at time of scanning 2. Bilateral diffuse perihilar consolidation and ground glass changes is compatible with history of ARDS. Superimposed infection cannot be excluded. Moderate right and small left pleural effusion. 3. Status post left breast wide excision surgery. Previously noted indeterminate left breast nodule is not well visualized in the current angiographic study 4. No intra-abdominal source of sepsis or rim enhancing collection detected. May need further action Finalised by: <DOCTOR>

Accession Number: 7ebdbd348131895a84fabe7d888a88bfddd55bd0995da374857ab25c25805322

Updated Date Time: 07/1/2017 20:50

## Layman Explanation

This radiology report discusses HISTORY Persistent fever, TRO source of infection. Tachycardic, TRO pulmonary embolism.; Left breast cancer. TECHNIQUE CT pulmonary angiogram, CT abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior CT chest and abdomen dated 2/8/2016 were reviewed. PULMONARY ANGIOGRAM Tip of endotracheal tube is ~5.0cm from the carina. Nasogastric tube is positioned at the gastric antrum. Tip of right neck central venous catheter is at the distal SVC. There are no filling defects noted within the main, lobar, interlobar, segmental and proximal subsegmental pulmonary arteries. The main pulmonary trunk is borderline dilated, measuring 3.0cm. No evidence of right heart strain. Bilateral diffuse consolidation and ground glass opacification in a perihilar distribution is compatible with history of ARDS. Moderate right and small left pleural effusions noted with compressive atelectasis. The trachea is central and patent. Small right lower paratracheal, para-aortic and subcarinal lymph nodes are probably reactive. Heart is slightly enlarged. Sliver of pericardial effusion. Status post left breast wide excision surgery with presence of surgical clips. The previously noted indeterminate small nodule in the medial aspect of the left breast is not well visualized in the current angiographic study. ABDOMEN and PELVIS Tiny dependent hyperdensities in the gallbladder may represent tiny gallstones or biliary sludge. No evidence of acute cholecystitis. The liver, spleen, pancreas, adrenal glands, kidneys, bowel loops and pelvic organs appear unremarkable. The catheterized urinary bladder is collapsed. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Small amount of pelvic free fluid noted. The bones appear unremarkable. CONCLUSION 1. No evidence of pulmonary embolism at time of scanning 2. Bilateral diffuse perihilar consolidation and ground glass changes is compatible with history of ARDS. Superimposed infection cannot be excluded. Moderate right and small left pleural effusion. 3. Status post left breast wide excision surgery. Previously noted indeterminate left breast nodule is not well visualized in the current angiographic study 4. No intra-abdominal source of sepsis or rim enhancing collection detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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