# Row 8096

Visit Number: e81a65f3377cce69d8d7358aa29cb5b6462b0e477e74aeae8670ccecdadf6de1

Masked\_PatientID: 8085

Order ID: ea75d13acfe7ad128b99e8fa13ec9c6d6537427a4b49e247562fc29e9e57ea4c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/12/2019 17:46

Line Num: 1

Text: HISTORY bedbound patient. unable to wean off oxygen TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There are no filling defects demonstrated in the visualised pulmonary pulmonary arteries. There is cardiomegaly. There are bilateral pleural effusions with basal atelectasis. Ground-glass changes with mosaic attenuation/pattern is present in the lungs. The main pulmonary artery is dilated (30 mm) suggesting some degree of pulmonary arterial hypertension. Scarring is observed in the right upper lobe, lung apices and right middle lobe. Image 402-40 shows a nodular 12 x 12 area of consolidation in the medial segment of the middle lobe likely inflammatory / ?infective in nature. Partially imaged gallbladder shows small gallstones. The adrenal glands are not enlarged. CONCLUSION No demonstrable filling defects / thrombi in visualised pulmonary arteries. Cardiomegaly, bilateral effusions, ground glass changes compatible with cardiac failure/fluid overload Dilated pulmonary artery, pulmonary arterial hypertension. Nodular 12 x 12 mm solid appearing area in middle lobe probably inflammatory in nature. Incidental gallstones Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 7df857e385156368f2d3fd7e347d747545e810bd46905f6eb20478434aa0b9cf

Updated Date Time: 18/12/2019 19:27

## Layman Explanation

This radiology report discusses HISTORY bedbound patient. unable to wean off oxygen TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There are no filling defects demonstrated in the visualised pulmonary pulmonary arteries. There is cardiomegaly. There are bilateral pleural effusions with basal atelectasis. Ground-glass changes with mosaic attenuation/pattern is present in the lungs. The main pulmonary artery is dilated (30 mm) suggesting some degree of pulmonary arterial hypertension. Scarring is observed in the right upper lobe, lung apices and right middle lobe. Image 402-40 shows a nodular 12 x 12 area of consolidation in the medial segment of the middle lobe likely inflammatory / ?infective in nature. Partially imaged gallbladder shows small gallstones. The adrenal glands are not enlarged. CONCLUSION No demonstrable filling defects / thrombi in visualised pulmonary arteries. Cardiomegaly, bilateral effusions, ground glass changes compatible with cardiac failure/fluid overload Dilated pulmonary artery, pulmonary arterial hypertension. Nodular 12 x 12 mm solid appearing area in middle lobe probably inflammatory in nature. Incidental gallstones Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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