# Row 8231

Visit Number: 918040a8e4d925298c462ac3306d1c148a3830591b46b2bda73903adaaa96d0a

Masked\_PatientID: 8229

Order ID: 9541910e43ece17aa6789fe607e20a9fd2d068efafdccec25753fea876491158

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/9/2017 22:33

Line Num: 1

Text: HISTORY left sided chest pain with background hsitory of SLE with APS to rule out Pulmonary embolism. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant images are available in the PACS for comparison. The fine cuts were viewed in the Vitrea. Slightly delayed acquisition. There is no filling defect in the pulmonary trunk, main pulmonary arteries, lobar branches and major segmental branches to suggest pulmonary thromboembolism. It is difficult to assess the subsegmental branches. Pulmonary veins are patent. Trace of pericardial effusion noted. Low volume prevascular and pretracheal lymph nodes noted. The central airways are clear. Bilateral small pleural effusion with dependent atelectasis noted. No suspicious focal lesion or interstitial thickening. The visualised upper abdomen is unremarkable in this phase of the study. No destructive bony lesion is seen. CONCLUSION No evidence of pulmonary thromboembolism. Bibasilar atelectasis and small pleural effusion. Known / Minor Finalised by: <DOCTOR>

Accession Number: a1aadaae02da9fcaa2037c0d177dfbf7a4fa3734e8347ae22524f76e7d82740f

Updated Date Time: 03/9/2017 23:07

## Layman Explanation

This radiology report discusses HISTORY left sided chest pain with background hsitory of SLE with APS to rule out Pulmonary embolism. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant images are available in the PACS for comparison. The fine cuts were viewed in the Vitrea. Slightly delayed acquisition. There is no filling defect in the pulmonary trunk, main pulmonary arteries, lobar branches and major segmental branches to suggest pulmonary thromboembolism. It is difficult to assess the subsegmental branches. Pulmonary veins are patent. Trace of pericardial effusion noted. Low volume prevascular and pretracheal lymph nodes noted. The central airways are clear. Bilateral small pleural effusion with dependent atelectasis noted. No suspicious focal lesion or interstitial thickening. The visualised upper abdomen is unremarkable in this phase of the study. No destructive bony lesion is seen. CONCLUSION No evidence of pulmonary thromboembolism. Bibasilar atelectasis and small pleural effusion. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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