# Row 8301

Visit Number: 44f01042f49c40fe6572765699d8dd99171b4d9aaf54717e2f034ce637b40c79

Masked\_PatientID: 8299

Order ID: ffd356087677ba83b30fe2265f8d645769973b8b3a464d974bd247e4f1745326

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 29/12/2018 11:51

Line Num: 1

Text: HISTORY HYPOXIC WITH NORMAL CXR. MALIGNANCY PRESENT HENCE HIGH RISK. BEDSIDE- STRAIGHTENED SEPTUM WITH RV DILATATION PRESENT- RV AS BIG AS LV. UNABLE TO EXLUDE PE AS CAUSE OF HYPOXIA AND HYPTOENSION TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous PET/CT dated 16 November 2015 was reviewed. Technical quality is: Fair (with significant contrast enhancement also within the pulmonary venous system) There is no filling defect in the main bilateral pulmonary arteries and their respective lobar and segmental branches. The pulmonary trunk is not dilated. The RV is not dilated and the RV:LV ratio is not greater than one. The heart is not enlarged. Mediastinal structures opacify satisfactorily. No significant pleural or pericardial effusion. No discrete supraclavicular, mediastinal, hilar or axillary lymphadenopathy. There is extensive confluent consolidation in dependent position of the bilateral lower lobes with air bronchograms within. Patchy ground-glass changes are scattered in both lungs, most prominent at the medial segment of the middle lobe. Subtle interlobular septal thickening is also present, most obvious in the right upper lobe. Trachea and central airways are patent. Limited sections of the upper abdomen grossly unremarkable. Mild fluid stranding in the mesenteric root is nonspecific. There is no gross bony destruction. Taking the first pair of ribs to arise from T1, there are bifid right 4th and 5th ribs, likely congenital. CONCLUSION 1. No convincing CT evidence of acute pulmonary embolism. 2. Confluent consolidation in the lower lobes and scattered ground-glass changes in the rest of the lungs, likely infective. 3. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 6ce3879d591d0a7aa644e5859f23a4473abfb06cb01f6911622db8fb8e717421

Updated Date Time: 29/12/2018 17:12

## Layman Explanation

This radiology report discusses HISTORY HYPOXIC WITH NORMAL CXR. MALIGNANCY PRESENT HENCE HIGH RISK. BEDSIDE- STRAIGHTENED SEPTUM WITH RV DILATATION PRESENT- RV AS BIG AS LV. UNABLE TO EXLUDE PE AS CAUSE OF HYPOXIA AND HYPTOENSION TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous PET/CT dated 16 November 2015 was reviewed. Technical quality is: Fair (with significant contrast enhancement also within the pulmonary venous system) There is no filling defect in the main bilateral pulmonary arteries and their respective lobar and segmental branches. The pulmonary trunk is not dilated. The RV is not dilated and the RV:LV ratio is not greater than one. The heart is not enlarged. Mediastinal structures opacify satisfactorily. No significant pleural or pericardial effusion. No discrete supraclavicular, mediastinal, hilar or axillary lymphadenopathy. There is extensive confluent consolidation in dependent position of the bilateral lower lobes with air bronchograms within. Patchy ground-glass changes are scattered in both lungs, most prominent at the medial segment of the middle lobe. Subtle interlobular septal thickening is also present, most obvious in the right upper lobe. Trachea and central airways are patent. Limited sections of the upper abdomen grossly unremarkable. Mild fluid stranding in the mesenteric root is nonspecific. There is no gross bony destruction. Taking the first pair of ribs to arise from T1, there are bifid right 4th and 5th ribs, likely congenital. CONCLUSION 1. No convincing CT evidence of acute pulmonary embolism. 2. Confluent consolidation in the lower lobes and scattered ground-glass changes in the rest of the lungs, likely infective. 3. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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