# Row 8396

Visit Number: ac4e9c3b76827fb0b70ccc22faed1e0d219d3b779df36460102d6fba9517c408

Masked\_PatientID: 8395

Order ID: d6b6791b9e5fe842868eb67a63a94d9fefaa15debcdadc7f1088f77cfd24788b

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 06/6/2017 18:12

Line Num: 1

Text: HISTORY Community acquired pneumoniia Persistent hypoxia, Unable to wean down O2 TRO PE TECHNIQUE CT pulmonary angiogram was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The CT on 3 June 2014 is reviewed. There is no filling defect in the normal calibre pulmonary arteries. The heart size is normal. No pericardial effusion is detected. There are bilateral patchy consolidations, ground glass opacities and interstitial thickening. Calcified granulomata are seen in the right upper lobe apical segment. Stable biapical scarring is also noted. There are small bilateral pleural effusions with compressive atelectasis of the lower lobes. Mediastinal and bilateral hilar confluent lymph nodes appear enlarged when compared with prior scan particularly in the subcarinal station (402-40 versus prior 4-48). The appended upper abdomen is unremarkable. No osseous destruction is seen. CONCLUSION 1. No evidence of pulmonary embolism. 2. Bilateral patchy airspace opacities suggesting infection with small parapneumoneic effusions. 3. Mediastinal and bilateral hilar adenopathy may be reactive. Follow-up after treatment is suggested to exclude malignancy. May need further action Reported by: <DOCTOR>

Accession Number: 91a2e6ce8ae843daec2c2f3904645ad13af314b5c28e3eb946b2db8f5ad83f45

Updated Date Time: 07/6/2017 8:55

## Layman Explanation

This radiology report discusses HISTORY Community acquired pneumoniia Persistent hypoxia, Unable to wean down O2 TRO PE TECHNIQUE CT pulmonary angiogram was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The CT on 3 June 2014 is reviewed. There is no filling defect in the normal calibre pulmonary arteries. The heart size is normal. No pericardial effusion is detected. There are bilateral patchy consolidations, ground glass opacities and interstitial thickening. Calcified granulomata are seen in the right upper lobe apical segment. Stable biapical scarring is also noted. There are small bilateral pleural effusions with compressive atelectasis of the lower lobes. Mediastinal and bilateral hilar confluent lymph nodes appear enlarged when compared with prior scan particularly in the subcarinal station (402-40 versus prior 4-48). The appended upper abdomen is unremarkable. No osseous destruction is seen. CONCLUSION 1. No evidence of pulmonary embolism. 2. Bilateral patchy airspace opacities suggesting infection with small parapneumoneic effusions. 3. Mediastinal and bilateral hilar adenopathy may be reactive. Follow-up after treatment is suggested to exclude malignancy. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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