# Row 8442

Visit Number: 560572e3283be18caa8b07d3558075d202611b1deae25177bfb482de74912d13

Masked\_PatientID: 8441

Order ID: fd93791718a97df6a7613038af611ed120bc9a6ed2fdac8bc810b9b18fdef6d1

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 01/9/2018 12:42

Line Num: 1

Text: HISTORY ?Persistent pulmonary embolism Planned for resection of sigmoid tumour, spo2 93-94% prior to induction,ABG performed: pO2 - 54 and 71. Impression of T1RF.; b/g provoked PE likely 2' malignancy , stopped clexane 3 days prior to op. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison was made with the previous CT dated 25 Jul 2018. The right heart chambers, main pulmonary artery, lobar, segmental as well as some of the subsegmental arteries show normal contrast enhancement with no filling defect. The thyroid gland is of normal appearance. There is no enlarged supraclavicular, axillary, mediastinal or hilar lymph node. The tracheobronchial tree is patent. There is further decrease in size of the complicated loculated right pleural effusion with compressive atelectasis of the right lower lobe. No focal consolidation is seen. Stable calcified granuloma is seen in the right upper lobe. Stable hypodensities in the liver are likely to represent cysts. Thickening of the peritoneal lining in the right subphrenic region is unchanged. No destructive bone lesion is detected. CONCLUSION No CT evidence of pulmonary embolism. Interval improvement of right loculated pleural effusion. May need further action Finalised by: <DOCTOR>

Accession Number: 6871ac0c85e2496c8e9f3c2ea7316e9127b6a12a4b7e4b35a14a30f5a19b62f1

Updated Date Time: 01/9/2018 13:18

## Layman Explanation

This radiology report discusses HISTORY ?Persistent pulmonary embolism Planned for resection of sigmoid tumour, spo2 93-94% prior to induction,ABG performed: pO2 - 54 and 71. Impression of T1RF.; b/g provoked PE likely 2' malignancy , stopped clexane 3 days prior to op. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison was made with the previous CT dated 25 Jul 2018. The right heart chambers, main pulmonary artery, lobar, segmental as well as some of the subsegmental arteries show normal contrast enhancement with no filling defect. The thyroid gland is of normal appearance. There is no enlarged supraclavicular, axillary, mediastinal or hilar lymph node. The tracheobronchial tree is patent. There is further decrease in size of the complicated loculated right pleural effusion with compressive atelectasis of the right lower lobe. No focal consolidation is seen. Stable calcified granuloma is seen in the right upper lobe. Stable hypodensities in the liver are likely to represent cysts. Thickening of the peritoneal lining in the right subphrenic region is unchanged. No destructive bone lesion is detected. CONCLUSION No CT evidence of pulmonary embolism. Interval improvement of right loculated pleural effusion. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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