# Row 8574

Visit Number: 33abdf26604f65efadd6343ada6d4818ce0a8da3b76eb67a04c6de4c0cd17748

Masked\_PatientID: 8572

Order ID: c4327fc7f9c6aa99d05e31e525a716f3fac90da0f5a5292ed84eb2abca5e9385

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 31/7/2015 18:35

Line Num: 1

Text: HISTORY Desat, procal and CRP flat, ?Pulmonary Embolism TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350; Contrast volume (ml): 60 FINDINGS There are no relevant prior scans available for comparison. Status post tracheostomy is noted. Motion artefacts are noted at the lung bases which limits the overall sensitivity to assess subsegmental pulmonary arteries and lung parenchyma. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Bilateral pleural effusions are seen. Mild airspace opacification is seen in the left upper and possible left lower lobes. Atelectasis is seen in the lingular segment. Motion artefacts seen at the lung bases limit overall assessment of the region. No mediastinal lymphadenopathy or mass lesion detected. There is no pericardial effusion. Nasogastric feeding tube is seen in the stomach. The appended images of the upper abdomen are grossly unremarkable. Mild ascites is suggested. No destructive bony process is seen. CONCLUSION No pulmonary embolism is noted. Bilateral pleural effusions and ascites. Mild airspace opacification is seen in the left upper and possible left lower lobes, likely post-inflammatory/infective change. May need further action Finalised by: <DOCTOR>

Accession Number: 6f9ec0dab1a55d7b88d0d93f2d08b1f284493a673b7b6e75a5b593c4d157f338

Updated Date Time: 31/7/2015 19:07

## Layman Explanation

This radiology report discusses HISTORY Desat, procal and CRP flat, ?Pulmonary Embolism TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350; Contrast volume (ml): 60 FINDINGS There are no relevant prior scans available for comparison. Status post tracheostomy is noted. Motion artefacts are noted at the lung bases which limits the overall sensitivity to assess subsegmental pulmonary arteries and lung parenchyma. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Bilateral pleural effusions are seen. Mild airspace opacification is seen in the left upper and possible left lower lobes. Atelectasis is seen in the lingular segment. Motion artefacts seen at the lung bases limit overall assessment of the region. No mediastinal lymphadenopathy or mass lesion detected. There is no pericardial effusion. Nasogastric feeding tube is seen in the stomach. The appended images of the upper abdomen are grossly unremarkable. Mild ascites is suggested. No destructive bony process is seen. CONCLUSION No pulmonary embolism is noted. Bilateral pleural effusions and ascites. Mild airspace opacification is seen in the left upper and possible left lower lobes, likely post-inflammatory/infective change. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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