# Row 8901

Visit Number: 5768713391f5dbc6e459962791ad6613e7aa92f494011afaf02ea0868a6db611

Masked\_PatientID: 8899

Order ID: cef489ae6810b11af2233d4428f9c329c35a04cdbe334972301c0dc031cd6045

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 17/4/2015 12:24

Line Num: 1

Text: HISTORY c/c SOB few days B/G IHD s/p CABG EF 25%, HTN, DM, Hep B carrier with Liver Cirrhosis O/E : vitals- stable, Lungs- clear, no LL swelling, JVP raised TRO PE TECHNIQUE Contrast enhanced CT pulmonary angiogram Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS There is good opacification of the pulmonary arteries. No filling defect or pulmonary embolus is detected. The main pulmonary trunk is normal in calibre. Subcentimetre mediastinal and hilarnodes are present. Sternotomy wires and CABG clips are noted. There is cardiomegaly with a trace of pericardial fluid. The single lead permanent pacemaker is noted with the tip at the right ventricular apex. There is a trace of right pleural fluid with mild adjacent lung atelectasis. There is mild atelectasis in the lingula and in the left lower lobe adjacent to the heart. The lungs are otherwise clear. No pulmonary nodule, confluent consolidation or collapse is detected. Theairways are patent. The limited images of the upper abdomen show cirrhotic liver with ascites. No significant bony abnormality is seen. CONCLUSION 1. No pulmonary embolus or significant pulmonary abnormality is seen. 2. There is cardiomegaly with a trace of pericardial and right pleural fluid. 3. Liver cirrhosis and ascites are also noted. Known / Minor Finalised by: <DOCTOR>

Accession Number: d42531fbad3141854d0526c35894fd9f7e0d683f47fb6549b9ebf9639a3f076f

Updated Date Time: 17/4/2015 13:04

## Layman Explanation

This radiology report discusses HISTORY c/c SOB few days B/G IHD s/p CABG EF 25%, HTN, DM, Hep B carrier with Liver Cirrhosis O/E : vitals- stable, Lungs- clear, no LL swelling, JVP raised TRO PE TECHNIQUE Contrast enhanced CT pulmonary angiogram Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS There is good opacification of the pulmonary arteries. No filling defect or pulmonary embolus is detected. The main pulmonary trunk is normal in calibre. Subcentimetre mediastinal and hilarnodes are present. Sternotomy wires and CABG clips are noted. There is cardiomegaly with a trace of pericardial fluid. The single lead permanent pacemaker is noted with the tip at the right ventricular apex. There is a trace of right pleural fluid with mild adjacent lung atelectasis. There is mild atelectasis in the lingula and in the left lower lobe adjacent to the heart. The lungs are otherwise clear. No pulmonary nodule, confluent consolidation or collapse is detected. Theairways are patent. The limited images of the upper abdomen show cirrhotic liver with ascites. No significant bony abnormality is seen. CONCLUSION 1. No pulmonary embolus or significant pulmonary abnormality is seen. 2. There is cardiomegaly with a trace of pericardial and right pleural fluid. 3. Liver cirrhosis and ascites are also noted. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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