# Row 9156

Visit Number: 4284451cdebfa52e9daef2ea3cbeb61783de3e59b366db924c5ffa23d08611be

Masked\_PatientID: 9153

Order ID: a33ca74a1e5fa75afdf2c56d7ea7aecc66bb480b892d23ea16cf467eb7225640

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 01/11/2017 14:16

Line Num: 1

Text: HISTORY persistent SOB despite dialysis TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant examination is available for comparison. No filling defect is identified in the pulmonary arteries to suggest embolism. The main pulmonary trunk is at the upper limit of normal. The heart is mildly enlarged with triple-vessel coronary artery calcification. Midline sternotomy and CABG surgery are noted. There is no significantly enlarged hilar or mediastinal lymph node. The central airways are patent. Fluid distension of the distal oesophagus is of uncertain significance; please correlate further clinically. Scarring in the left upper lobe and dependent atelectatic changes in both lower lobes are noted. No focal suspicious pulmonary lesion or consolidation is evident. Nodular changes in the isthmus of the thyroid and focus of calcification in the right lobe are nonspecific. Small calcific foci in both breasts are nonspecific. No focal destructive bony lesion detected. CONCLUSION No evidence of pulmonary embolism. Incidental findings as detailed. Known / Minor Finalised by: <DOCTOR>

Accession Number: 7a100accfb39bfe069382f1b94b24bc0f781a2254f25d2c0532c9766d623915e

Updated Date Time: 01/11/2017 14:45

## Layman Explanation

This radiology report discusses HISTORY persistent SOB despite dialysis TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No prior relevant examination is available for comparison. No filling defect is identified in the pulmonary arteries to suggest embolism. The main pulmonary trunk is at the upper limit of normal. The heart is mildly enlarged with triple-vessel coronary artery calcification. Midline sternotomy and CABG surgery are noted. There is no significantly enlarged hilar or mediastinal lymph node. The central airways are patent. Fluid distension of the distal oesophagus is of uncertain significance; please correlate further clinically. Scarring in the left upper lobe and dependent atelectatic changes in both lower lobes are noted. No focal suspicious pulmonary lesion or consolidation is evident. Nodular changes in the isthmus of the thyroid and focus of calcification in the right lobe are nonspecific. Small calcific foci in both breasts are nonspecific. No focal destructive bony lesion detected. CONCLUSION No evidence of pulmonary embolism. Incidental findings as detailed. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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