# Row 9383

Visit Number: 084ed10f105fc843f46ece024927d7507fcf8a99ccbdf6a2e1ad4ffde9c87f7e

Masked\_PatientID: 9377

Order ID: 9910b04a2de8a6d2fa42a1cdaf626dba7c485ba9e58cf392be16aa4849937824

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 25/5/2019 16:32

Line Num: 1

Text: HISTORY Desaturation and tachycardia, recent partialy treated pneumonia TECHNIQUE Contrast-enhanced CT of the thorax in the pulmonary arterial phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 69 FINDINGS Comparison is made with the CT of 15 January 2012. No filling defect is seen in the pulmonary artery and its branches to suggest a pulmonary embolism. There is again extensive ground-glass opacification and air-space consolidation in the upper lobe of the right lung. There are also smaller patches of ground-glass opacification in the left lung. These findings are consistent with infection (pneumonia). There is paraseptal emphysema in the upper lobes. Small cystic lesions are also seen in the right upper lobe, possibly representing the sequela of previous infection. There is air-trapping in the right lower lobe. Bronchiectasis is also seen in the right lower lobe. A subcentimetre nodule in the subpleural aspect of the right lower lobe (series 8 image 66) probably represents a normal intrapulmonary lymph node. Mildly enlarged lymph nodes in the mediastinum and pulmonary hila are probably reactive in aetiology. There is a pacemaker, the tips of its leads in the right atrium andapex of the right ventricle. Limited sections of the upper abdomen show surgical clips in segment 5 of the liver. Degenerative changes are seen in the spine. CONCLUSION No pulmonary embolism is detected. There is extensive air-spaceconsolidation and ground-glass opacification in the lungs, consistent with infection (pneumonia). Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ac91e3092ed9eec91617b79197de8a75d803a408180574941007f6505b70385b

Updated Date Time: 25/5/2019 17:07

## Layman Explanation

This radiology report discusses HISTORY Desaturation and tachycardia, recent partialy treated pneumonia TECHNIQUE Contrast-enhanced CT of the thorax in the pulmonary arterial phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 69 FINDINGS Comparison is made with the CT of 15 January 2012. No filling defect is seen in the pulmonary artery and its branches to suggest a pulmonary embolism. There is again extensive ground-glass opacification and air-space consolidation in the upper lobe of the right lung. There are also smaller patches of ground-glass opacification in the left lung. These findings are consistent with infection (pneumonia). There is paraseptal emphysema in the upper lobes. Small cystic lesions are also seen in the right upper lobe, possibly representing the sequela of previous infection. There is air-trapping in the right lower lobe. Bronchiectasis is also seen in the right lower lobe. A subcentimetre nodule in the subpleural aspect of the right lower lobe (series 8 image 66) probably represents a normal intrapulmonary lymph node. Mildly enlarged lymph nodes in the mediastinum and pulmonary hila are probably reactive in aetiology. There is a pacemaker, the tips of its leads in the right atrium andapex of the right ventricle. Limited sections of the upper abdomen show surgical clips in segment 5 of the liver. Degenerative changes are seen in the spine. CONCLUSION No pulmonary embolism is detected. There is extensive air-spaceconsolidation and ground-glass opacification in the lungs, consistent with infection (pneumonia). Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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