# Row 9409

Visit Number: 1b3008167312fd3062e59ad3154a879f9c20a963aaea7937815a39e54885bb26

Masked\_PatientID: 9409

Order ID: 689620bdffb8b7bba3b8f8a9961b66be8b119ef666303a50839605f636ec31e8

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 27/7/2017 13:26

Line Num: 1

Text: HISTORY B/g CA Breast on adjuvant therapy with Paclitaxel and 1 week history of fever, cough, sob. SpO2 85% on RA. To exclude paclitaxel induced pneumonitis. Other ddx Viral pneumonia/PE. To add contrast for exclusion of PE TECHNIQUE CT pulmonary angiogram was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT thorax available. Note is made of limited lung bases of CT kidneys of 24/6/2017 and recent CXRs of 23-26/7/2017. Status post right simple mastectomy and axillary clearance (SMAC, Apr 2017). The tip of the Port-A-Cath is noted in the right atrium. Soft tissue at the right axilla may be postsurgical and should be follow-up. No other mass is seen in the right chest wall or the contralateral left breast. A borderline precarinal lymph node is seen measuring 8mm in short axis (402-32) still maintaining a normal reniform shape. No enlarged supraclavicular, axillary, internal mammary or hilar nodes seen. Diffuse ground glass opacities are scattered in both lungs, with subpleural sparing especially at the lower lobes. Areas of consolidative changes are noted mostly in the upper zones. Some interlobular interstitial thickening is present, giving a “crazy-paving” appearance in the central aspect of the lungs. No ominous lung mass is seen. A tiny 4 mm nodule in the basal right lower lobe (402-67) is unchanged from before. No honeycombing or cystic change is detected. The major airways are patent. Bilateral small pleural effusions are noted. There is no filling defect in the main, lobar, segmental and subsegmental pulmonary arteries. The pulmonary trunk are not dilated. The RV/LV ratio is <1. The heart has slightlyincreased in size from previous study involving all chambers. No significant pericardial effusion. A few tiny hypodensities are scattered in the thyroid. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructivebony lesion is evident. CONCLUSION 1. Crazy paving appearance of predominant ground glass changes in the central aspects of both lungs. This is non-specific and will require further clinical correlation – considerations include drug induced pneumonitis, pulmonary haemorrhage and infection (viral and atypical organisms). 2. No pulmonary embolism. 3. Status post right SMAC. Probable post surgical soft tissue at right axilla and a stable tiny 4mm nodule in right lower lobe, should be followed up. 4. Mildly prominent precarinal node may be reactive. 5. Other minor findings as described. May need further action Reported by: <DOCTOR>

Accession Number: f4a7dc4eaa158a1b04f007a719c250e2e189f3c157c003b0acf2eef8c29e906f

Updated Date Time: 16/4/2018 9:21

## Layman Explanation

This radiology report discusses HISTORY B/g CA Breast on adjuvant therapy with Paclitaxel and 1 week history of fever, cough, sob. SpO2 85% on RA. To exclude paclitaxel induced pneumonitis. Other ddx Viral pneumonia/PE. To add contrast for exclusion of PE TECHNIQUE CT pulmonary angiogram was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT thorax available. Note is made of limited lung bases of CT kidneys of 24/6/2017 and recent CXRs of 23-26/7/2017. Status post right simple mastectomy and axillary clearance (SMAC, Apr 2017). The tip of the Port-A-Cath is noted in the right atrium. Soft tissue at the right axilla may be postsurgical and should be follow-up. No other mass is seen in the right chest wall or the contralateral left breast. A borderline precarinal lymph node is seen measuring 8mm in short axis (402-32) still maintaining a normal reniform shape. No enlarged supraclavicular, axillary, internal mammary or hilar nodes seen. Diffuse ground glass opacities are scattered in both lungs, with subpleural sparing especially at the lower lobes. Areas of consolidative changes are noted mostly in the upper zones. Some interlobular interstitial thickening is present, giving a “crazy-paving” appearance in the central aspect of the lungs. No ominous lung mass is seen. A tiny 4 mm nodule in the basal right lower lobe (402-67) is unchanged from before. No honeycombing or cystic change is detected. The major airways are patent. Bilateral small pleural effusions are noted. There is no filling defect in the main, lobar, segmental and subsegmental pulmonary arteries. The pulmonary trunk are not dilated. The RV/LV ratio is <1. The heart has slightlyincreased in size from previous study involving all chambers. No significant pericardial effusion. A few tiny hypodensities are scattered in the thyroid. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructivebony lesion is evident. CONCLUSION 1. Crazy paving appearance of predominant ground glass changes in the central aspects of both lungs. This is non-specific and will require further clinical correlation – considerations include drug induced pneumonitis, pulmonary haemorrhage and infection (viral and atypical organisms). 2. No pulmonary embolism. 3. Status post right SMAC. Probable post surgical soft tissue at right axilla and a stable tiny 4mm nodule in right lower lobe, should be followed up. 4. Mildly prominent precarinal node may be reactive. 5. Other minor findings as described. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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