# Row 9776

Visit Number: 21bdcd36f6b21ba3531b867193b230e0242211dfcb265a2400fdb98fabda6970

Masked\_PatientID: 9768

Order ID: 7363e32c02cae354ac0fb7dc0288c9740a1ae56861bcd2a8b52b1d081b37cada

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 08/5/2020 15:19

Line Num: 1

Text: HISTORY NHC Outpatient Test; AVR 4/2019, has developed RV enlargement and pulmonary hypertensinsince, on NOAC TECHNIQUE Contrast-enhanced CT of the thorax in the pulmonary arterial phase. Intravenous contrast: Omnipaque 350 - Volume (ml):50 FINDINGS Previous CT chest dated 12 April 2019 was reviewed. No filling defect is seen in the pulmonary artery and its branches to suggest pulmonary embolism. No web or stenosis/ occlusion is seen to suggest chronic thrombo-embolic pulmonary hypertension. The main and branch pulmonary arteries are dilated. The right atrium, right ventricle and left atrium are also dilated. There is reflux of contrast material into the IVC and hepatic veins, suggesting raised right atrial pressure. The pulmonary veins drain normally into the left atrium. Atherosclerotic calcifications are seen in the coronary arteries, ascending aorta, aortic arch, and descending aorta. Patient is status post CABG with aortic valve replacement. There is no axillary or mediastinal adenopathy. No evidence of interstial lung disease is detected. There is no pleural effusion. Previously noted ground-glass nodule in the right upper lobe is unchanged in size, measuring 7 mm (series 5-24 versus previous 7-26). The visualized upper abdomen appears grossly unremarkable. CONCLUSION No pulmonary embolism is detected. No evidence of CTEPH or interstitial lung disease is seen. Incidental subcentimetre ground-glass nodule in the right lung. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 849729520b637b6a5f413eec3166c72bb9cfb77838200498173335a389f94782

Updated Date Time: 08/5/2020 16:44