# Row 9815

Visit Number: 7470ff9ec012c5b1bf0fa5c2fe018a4263d0be97cdf612a8338be52ee06632d1

Masked\_PatientID: 9808

Order ID: 0a949b09d376063b9a67615c9403e9cf65d62d5a0eae32d481fb2209305dcff2

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 27/10/2016 19:56

Line Num: 1

Text: HISTORY haemoptysis for investigations. CXR showed fibrocalcification over right UZ/Mz TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after intravenous administration of 55 ml of Omnipaque 350. FINDINGS Note is made of the prior CT scan dated 3 January 2016. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is not enlarged and there is no pericardial effusion. Ground-glass nodules are scattered in the bilateral upper and the right lower lobes with confluent ground-glass airspace changes in themiddle lobe. Nodular soft tissue opacities are seen within the middle lobe and lingular segment accompanied by mild bronchiectasis. There is no pleural effusion or pneumothorax on either side. The trachea and bilateral main bronchi are patent.A subcentimetre right hilar lymph node is possibly reactive in nature. Mediastinal, supraclavicular and axillary lymph nodes are not enlarged by CT size criteria. Sections through the upper abdomen in the arterial phase are unremarkable. There are no destructive changes in the imaged bones. CONCLUSION No pulmonary embolism. Bronchiectasis with ground-glass opacities in the middle lobe and lingular segments are worrisome for an infective process (non-tuberculous mycobacterium). May need further action Finalised by: <DOCTOR>

Accession Number: cee08e055c5c9d1a2cb717e739efceee0c609dbf941a5914940523741883316b

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