# Row 9863

Visit Number: ea77802c2d1bbe75250eb84353b0d871aca26c5ce4fc514bd40eaa159f45e9b9

Masked\_PatientID: 9857

Order ID: 055a1bb969c3d51183991a53829e3f0fa3c17cc4ac93848c7ff9931599de2af0

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 03/10/2015 17:17

Line Num: 1

Text: HISTORY ?Pulmonary Embolism; Recent transplant patient - 17/9/15. Discharged 3/7 ago Acute onset SOB 4am this morning pleuritic chest pain. Tachycardic on examination and dyspnoeic. High suspicison for PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with CT of 21/11/2014. No filling defects seen in the contrast opacified pulmonary trunk, left and right main pulmonary arteries, and its major lobar and segmental branches. Small volume left supraclavicular, left para-aortic, aorto pulmonary window, precarinal nodes are unchanged from before. No axillary adenopathy is seen. A new 3 mm nodule noted in the lateral aspect of the right upper lobe (5-35) is nonspecific. No lung mass or sinister nodule is otherwise noted. No consolidation is seen. There is interlobular septal thickening and small areas of ground-glass changes in the left upper lobe, likely represents mild pulmonary oedema. Small right pleural effusion is noted with adjacent atelectasis. Heart size is enlarged, with a thin sliver of pericardial effusion. Limited sections of the upper abdomen in the early arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION Overall findings suggestive of congestive heart failure. No pulmonary embolism or infective changes noted. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 88e85f9a31a0d6a105ec09837b5d886d8d188390216526958840f53caf7c020b

Updated Date Time: 03/10/2015 19:22