# Row 9957

Visit Number: 0f2672b54d7fb9184c13f4d3a4dae296a37c752de5274abb8b012a60f2cd9713

Masked\_PatientID: 9950

Order ID: 16658dd28f8872f1a63964cde15449eba4593ced7f262fb0accdf1ab136e9308

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 07/3/2019 13:33

Line Num: 1

Text: HISTORY pt with b\g met esophageal CA. Admitted for subacute IO and right pleural effusion. right chest tube inserted, fluid drained but pt still saturating at 80+% RA. Would like CTPA to r\o PE. Thank you TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison with previous study dated 12 February 2019 (NCC). Increase in size of right pleural effusion causing mild mediastinal shift to the left. There is loculation of the pleural fluid with severe compressive atelectasis of the right lung. Complete volume loss of the middle lobe and right lower lobe. Right pleural drainage catheter is in situ and small amount of gas is present in the right pleuralspace. The small left pleural effusion is new. There are tiny filling defects in the left lower lobe segmental pulmonary arteries and (5-51, 54), suspicious for tiny segmental pulmonary emboli. The visualised segmental branches of the right pulmonary artery appear patent. Subcentimetre right supraclavicular lymph nodes are stable. Small right hilar lymph node appears slightly larger and measures 1 x 1 cm (5-37). No significantly enlarged mediastinal lymph node. Small pericardial effusion is present. No discrete nodule in the left lung. In the visualised upper abdomen, there is increased ascites. Lytic lesions in the visualised bones represent known bone metastasis. Some of the lytic lesions appear larger such as in the left scapula (6-14). CONCLUSION Increased in size of right pleural effusion which is loculated and there is mild mass effect causing mediastinal shift to the left. The right pleural drainage catheter is in situ. Small amount gas in the right pleural space. New small left pleural effusion. Marked compressive atelectasis of the right lung with complete volume loss of the middle lobe and right lower lobe. Tiny filling defects in the segmental pulmonary arteries in the left lower lobe, suspicious for tiny segmental pulmonary emboli. Diffuse lytic bony metastasis, some of the lesions appear larger. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 8293b087b89873b188ff3c47b48f4fb129a3042ee6568a6ded7dbc294b894184

Updated Date Time: 07/3/2019 14:31