# Row 3038

Visit Number: 0bff1ef284f33daa7096e000829493ecd84a6d7c73d81ba404f02ae69775bdc0

Masked\_PatientID: 3002

Order ID: 3d8281d892bc95558dbc8114b8db23f9772973d4fe5f7cb8a7a1c707e51a3055

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 26/2/2020 19:37

Line Num: 1

Text: HISTORY SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with the previous CT dated 18 July 2017 (TTSH). Serial chest radiographs dating from 24 October 2015 are also reviewed. Pulmonary arteries are opacified to the level of the sub-segmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk measures up to 2.5 cm in maximal diameter and is not enlarged. There is no evidence of right ventricular strain. No suspicious pulmonary nodule or consolidation is seen. A left apical pleural collection persists, largely unchanged since the CT of 18 July 2017. There is scarring with pleural thickening and traction bronchiectasis in the left lower lobe and in the lingula segment, with stable volume loss of the left lung. Mild patchy scarring is seen in the right lung. The major airways are patent. Previously seen left basal pleural collectionhas resolved. No pleural effusion is seen. Status post CABG. The heart is enlarged. No pericardial effusion. No enlarged supraclavicular, mediastinal or hilar lymph node is seen. Previously seen prominent precarinal lymph node has decreased in size and is now small volume. Uncomplicated cholelithiasis. Both kidneys are small and shrunken with calcifications, in keeping with known chronic renal parenchymal disease. No destructive bony lesion is seen. CONCLUSION No CT evidenceof acute pulmonary embolism or right ventricular strain. No new suspicious pulmonary nodule or consolidation is seen. Small left apical pleural collection persists, largely unchanged since July 2017. Scarring in the left lung with stable volume loss. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 2c920423d903ba9109b67df5cc72b8234a12a636c5e500d88806d347f4fce947

Updated Date Time: 27/2/2020 9:40

## Layman Explanation

This radiology report discusses HISTORY SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with the previous CT dated 18 July 2017 (TTSH). Serial chest radiographs dating from 24 October 2015 are also reviewed. Pulmonary arteries are opacified to the level of the sub-segmental arteries. No filling defect is seen to suggest pulmonary embolus. The pulmonary trunk measures up to 2.5 cm in maximal diameter and is not enlarged. There is no evidence of right ventricular strain. No suspicious pulmonary nodule or consolidation is seen. A left apical pleural collection persists, largely unchanged since the CT of 18 July 2017. There is scarring with pleural thickening and traction bronchiectasis in the left lower lobe and in the lingula segment, with stable volume loss of the left lung. Mild patchy scarring is seen in the right lung. The major airways are patent. Previously seen left basal pleural collectionhas resolved. No pleural effusion is seen. Status post CABG. The heart is enlarged. No pericardial effusion. No enlarged supraclavicular, mediastinal or hilar lymph node is seen. Previously seen prominent precarinal lymph node has decreased in size and is now small volume. Uncomplicated cholelithiasis. Both kidneys are small and shrunken with calcifications, in keeping with known chronic renal parenchymal disease. No destructive bony lesion is seen. CONCLUSION No CT evidenceof acute pulmonary embolism or right ventricular strain. No new suspicious pulmonary nodule or consolidation is seen. Small left apical pleural collection persists, largely unchanged since July 2017. Scarring in the left lung with stable volume loss. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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