# Row 3126

Visit Number: 760001ee023a8faccf9fb58b4dc634d7f3a738c5520592825264beb7c7d10ca5

Masked\_PatientID: 3112

Order ID: e817ff7dfa0e1b1ce024119767006f56e299732d87f0155e7f56dc84880daefe

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/9/2018 1:19

Line Num: 1

Text: HISTORY Sudden desaturation on background of improving CXR changes, associated with underlying sepsis,malignancy and tachycardia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CTPA dated 09/09/2018. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and itslobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Small volume bilateral hilar nodes are non-specific. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There has been significant interval improvement of the extensive ground-glass changes that were previously seen throughout both lungs. Mild residual ground-glass changes are seen, predominantly in the lower lobes. Bilateral pleural effusions show near complete resolution from before. Background reticular opacities, honeycombing and traction bronchiectasis are again demonstrated, mainly in a subpleural, basal distribution. This is largely stable in extent from before and likely represents interstitial lung disease. The limited sections of the upper abdomen in the arterial phase are unremarkable. Anastomotic sutures are noted in the left upper quadrant. No destructive bone lesion seen. CONCLUSION 1. No pulmonary embolism is noted. 2. The previously noted extensive ground-glass changes in both lungs show interval improvement. Bilateral pleural effusions have reduced in volume. Known / Minor Finalised by: <DOCTOR>

Accession Number: 6696f30aed822fabdb8db4e2d909314597d7885c1150ccbb42ab0fea8731e0c5

Updated Date Time: 18/9/2018 2:11

## Layman Explanation

This radiology report discusses HISTORY Sudden desaturation on background of improving CXR changes, associated with underlying sepsis,malignancy and tachycardia TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CTPA dated 09/09/2018. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and itslobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. Small volume bilateral hilar nodes are non-specific. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There has been significant interval improvement of the extensive ground-glass changes that were previously seen throughout both lungs. Mild residual ground-glass changes are seen, predominantly in the lower lobes. Bilateral pleural effusions show near complete resolution from before. Background reticular opacities, honeycombing and traction bronchiectasis are again demonstrated, mainly in a subpleural, basal distribution. This is largely stable in extent from before and likely represents interstitial lung disease. The limited sections of the upper abdomen in the arterial phase are unremarkable. Anastomotic sutures are noted in the left upper quadrant. No destructive bone lesion seen. CONCLUSION 1. No pulmonary embolism is noted. 2. The previously noted extensive ground-glass changes in both lungs show interval improvement. Bilateral pleural effusions have reduced in volume. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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