# Row 3164

Visit Number: 5bd933dde041256539ef9de9d223e89e0b071447f0fca34847a1fbbc55da4022

Masked\_PatientID: 3162

Order ID: ae10532cc05ecd4304a0e7e74e06ba5a892dfdedf7c7d2761a342318b5414a42

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 26/2/2017 12:42

Line Num: 1

Text: HISTORY pod 3 whipples procedure, now with fast af, tachycardia, desaturation to rule out acute pulmonary embolism 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): 60 FINDINGS Comparison made with the last CT scan of 28 October 2016. Right-sided central line tip is in the distal SVC. 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 pulmonary arteries are not dilated. Small bilateral low-density pleural effusions areseen, with adjacent passive atelectasis of the posterior segments of both lower lobes. Mild septal thickening is also noted in both lungs. No suspicious pulmonary nodule or consolidation is detected. Bilateral hilar peribronchial soft tissue cuffing is seen. Few prominent right paratracheal lymph nodes are noted although below significant size threshold. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size, with no evidence of right heart strain. No pericardial effusion is seen. The patient is status post Whipple procedure. Anastomotic suture ring is noted in the pyloric region. NG tube is in situ, tip in the gastric fundus. A small amount of perisplenic and perihepaticfluid with mesenteric stranding is seen, likely post-surgical change. No destructive bony process is seen. CONCLUSION No pulmonary embolism is detected. Bilateral pleural effusions with passive atelectasis. Bilateral hilar peribronchial cuffing and septal thickening are likely related to pulmonary fluid overload. No suspicious pulmonary mass or consolidation. Status post Whipple procedure with likely postsurgical changes. May need further action Maaz Mohammad Salah , Senior Resident , 15562D Finalised by: <DOCTOR>

Accession Number: 9bb62604e3a81ae6be097f6cfc2c3dc9b3fe08e52cf8d60f6587031d57218b8f

Updated Date Time: 27/2/2017 8:42

## Layman Explanation

This radiology report discusses HISTORY pod 3 whipples procedure, now with fast af, tachycardia, desaturation to rule out acute pulmonary embolism 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): 60 FINDINGS Comparison made with the last CT scan of 28 October 2016. Right-sided central line tip is in the distal SVC. 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 pulmonary arteries are not dilated. Small bilateral low-density pleural effusions areseen, with adjacent passive atelectasis of the posterior segments of both lower lobes. Mild septal thickening is also noted in both lungs. No suspicious pulmonary nodule or consolidation is detected. Bilateral hilar peribronchial soft tissue cuffing is seen. Few prominent right paratracheal lymph nodes are noted although below significant size threshold. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size, with no evidence of right heart strain. No pericardial effusion is seen. The patient is status post Whipple procedure. Anastomotic suture ring is noted in the pyloric region. NG tube is in situ, tip in the gastric fundus. A small amount of perisplenic and perihepaticfluid with mesenteric stranding is seen, likely post-surgical change. No destructive bony process is seen. CONCLUSION No pulmonary embolism is detected. Bilateral pleural effusions with passive atelectasis. Bilateral hilar peribronchial cuffing and septal thickening are likely related to pulmonary fluid overload. No suspicious pulmonary mass or consolidation. Status post Whipple procedure with likely postsurgical changes. May need further action Maaz Mohammad Salah , Senior Resident , 15562D Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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