# Row 3168

Visit Number: 2523cdbfbf4fa5229542a5b2bfa84a552b71562e6ccc5ba8c01bebe2ca077b53

Masked\_PatientID: 3162

Order ID: aed399529a5d04fc1f7e352a7e2f05663d7081aaabfc512e3769bea763d830dc

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 28/10/2016 9:17

Line Num: 1

Text: HISTORY DVT with PE April. on anticoagulaiton. to assess for resolution of pul. clots TECHNIQUE CT Pulmonary angiography performed as per department DECT protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 60 FINDINGSComparison made with CGH CT of 8/4/2016. Complete resolution of previously seen bilateral pulmonary embolus noted. No residual or new filling defects are seen in the main pulmonary trunk, both main pulmonary arteries, their lobar and segmental branches. The pulmonary arteries are not enlarged. Heart size is within normal limits, but there is slight distension of the right atrium with mild reflux of contrast into IVC suggestive of increased right heart pressure. The RV/LV ratio is<1. Previously seen consolidation in the right lower lobe has resolved. Minimal dependent changes noted bilaterally. Previously seen tiny nodule in middle lobe is no longer appreciated in the current study. No suspicious pulmonary mass or consolidation. No perfusion defect is seen. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. No enlarged intra-thoracic node is seen. The heart is enlarged. No pleural or pericardial effusion is seen. Stable but partially imaged cystic focus in the pancreatic head, likely an intraductal papillary mucinous neoplasm, shows no solid component on this single arterial phase. Few uncomplicated colonic diverticula are seen in the hepaticflexure. Rest of the upper abdomen in arterial phase are unremarkable. No osseous destruction is seen. CONCLUSION Since last CT of Apr 2016, 1. Complete resolution of previous bilateral pulmonary thromboembolism. No new embolus seen.2. No ominous mass or infective changes seen in the thorax. 3. Stable pancreatic IPMN with no suspicious solid component, though partially imaged. 4. Other minor findings as described. Known / Minor Reported by: <DOCTOR>

Accession Number: 17aa7c59d0831c5c5212fecf437be1fc1eb576a879b3644b988151fb57bbcd1e

Updated Date Time: 28/10/2016 15:02

## Layman Explanation

This radiology report discusses HISTORY DVT with PE April. on anticoagulaiton. to assess for resolution of pul. clots TECHNIQUE CT Pulmonary angiography performed as per department DECT protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 60 FINDINGSComparison made with CGH CT of 8/4/2016. Complete resolution of previously seen bilateral pulmonary embolus noted. No residual or new filling defects are seen in the main pulmonary trunk, both main pulmonary arteries, their lobar and segmental branches. The pulmonary arteries are not enlarged. Heart size is within normal limits, but there is slight distension of the right atrium with mild reflux of contrast into IVC suggestive of increased right heart pressure. The RV/LV ratio is<1. Previously seen consolidation in the right lower lobe has resolved. Minimal dependent changes noted bilaterally. Previously seen tiny nodule in middle lobe is no longer appreciated in the current study. No suspicious pulmonary mass or consolidation. No perfusion defect is seen. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. No enlarged intra-thoracic node is seen. The heart is enlarged. No pleural or pericardial effusion is seen. Stable but partially imaged cystic focus in the pancreatic head, likely an intraductal papillary mucinous neoplasm, shows no solid component on this single arterial phase. Few uncomplicated colonic diverticula are seen in the hepaticflexure. Rest of the upper abdomen in arterial phase are unremarkable. No osseous destruction is seen. CONCLUSION Since last CT of Apr 2016, 1. Complete resolution of previous bilateral pulmonary thromboembolism. No new embolus seen.2. No ominous mass or infective changes seen in the thorax. 3. Stable pancreatic IPMN with no suspicious solid component, though partially imaged. 4. Other minor findings as described. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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