# Row 3269

Visit Number: 9c20493f4d044faaf3504a0af4f7630a02f23b00e99d40ff77f74a54d42f22e4

Masked\_PatientID: 3261

Order ID: 54d118abafb5cc36797792b622a5c7c123918a425ec6224b5e923a1506142b0a

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 28/11/2019 18:35

Line Num: 1

Text: HISTORY Equivocal findings of pulmonary embolism on last CTPA - for interval assessment after anticoagulation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Previous CT pulmonary angiogram dated 5 September 2019 and CT chest dated 14 October 2019 were reviewed. Comparison made with CT dated 14 October 2019. No convincing filling defect within the pulmonary trunk, main bilateral pulmonary arteries and their respective lobar and segmental branches. There is stable dilatation of the pulmonary trunk (3.4 cm) which may indicate a degree of pulmonary hypertension. The RV:LV ratio is not greater than one. There is cardiomegaly. Cardiac chambers opacify satisfactorily. No pericardial effusion. Stable coarse calcifications in the left lobe of the thyroid gland. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. The patient is status post right mastectomy. There is stable subcutaneous scarring at the right anterior chest wall with no discrete enhancing mass to suggest local recurrence. There is further improvement of the peribronchial consolidation in both lungs, for example in the right upper lobe (10/24 vs prior 201/23), lingula (10/41 vs prior 201/40) and the lung bases. These areas of show septal thickening with traction bronchiectasis, volume loss and mild ground-glass changes which presumed to be related to post inflammatory changes. No suspicious pulmonary mass. Trachea and central airways are patent. There is no pleural effusion. Limited sections of the upper abdomen are grossly unremarkable. There is patchy sclerosis in the right anterior 6th rib (5/60) which is new since 17 September2019 and corresponds to the tracer uptake on the bone scan dated 25 September 2019, which would be concerning for metastasis in the given clinical context. CONCLUSION 1. No convincing CT evidence of pulmonary embolus. 2. Status post rightmastectomy with no CT evidence of local recurrence. 3. Further improvement of infective pulmonary changes with post inflammatory scarring. 4. Patchy sclerosis in the right anterior sixth rib, new since 17 September 2019 and shows traver uptake onbone scan, concerning for metastasis in the given clinical context. 5. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 2319db33e371af2abb73907663ac30e0c546be48d21cdd69a1c69f2bba720c82

Updated Date Time: 29/11/2019 10:11

## Layman Explanation

This radiology report discusses HISTORY Equivocal findings of pulmonary embolism on last CTPA - for interval assessment after anticoagulation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Previous CT pulmonary angiogram dated 5 September 2019 and CT chest dated 14 October 2019 were reviewed. Comparison made with CT dated 14 October 2019. No convincing filling defect within the pulmonary trunk, main bilateral pulmonary arteries and their respective lobar and segmental branches. There is stable dilatation of the pulmonary trunk (3.4 cm) which may indicate a degree of pulmonary hypertension. The RV:LV ratio is not greater than one. There is cardiomegaly. Cardiac chambers opacify satisfactorily. No pericardial effusion. Stable coarse calcifications in the left lobe of the thyroid gland. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. The patient is status post right mastectomy. There is stable subcutaneous scarring at the right anterior chest wall with no discrete enhancing mass to suggest local recurrence. There is further improvement of the peribronchial consolidation in both lungs, for example in the right upper lobe (10/24 vs prior 201/23), lingula (10/41 vs prior 201/40) and the lung bases. These areas of show septal thickening with traction bronchiectasis, volume loss and mild ground-glass changes which presumed to be related to post inflammatory changes. No suspicious pulmonary mass. Trachea and central airways are patent. There is no pleural effusion. Limited sections of the upper abdomen are grossly unremarkable. There is patchy sclerosis in the right anterior 6th rib (5/60) which is new since 17 September2019 and corresponds to the tracer uptake on the bone scan dated 25 September 2019, which would be concerning for metastasis in the given clinical context. CONCLUSION 1. No convincing CT evidence of pulmonary embolus. 2. Status post rightmastectomy with no CT evidence of local recurrence. 3. Further improvement of infective pulmonary changes with post inflammatory scarring. 4. Patchy sclerosis in the right anterior sixth rib, new since 17 September 2019 and shows traver uptake onbone scan, concerning for metastasis in the given clinical context. 5. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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