# Row 3908

Visit Number: 13742e5499529ee54049b4a1d9bb5271bc3dde60c9f6f5b92c36aabfa11bd2fa

Masked\_PatientID: 3904

Order ID: 315fcd4e5b227d2adb47616230547bdaddc26a16fc9f5e4c29d9cf4234340ee6

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 13/11/2015 15:44

Line Num: 1

Text: HISTORY pulmonary hypertension TRO PE as possible cause TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 60 ml of intravenous contrast (Omnipaque 350) FINDINGS There are no relevant prior scans available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its visualized lobar and segmental branches. The pulmonary arteries are enlarged suggestive of pulmonary arterial hypertension. The lungs show emphysematous changes in both upper lobes. Mild atelectasis is seen in the lingua. Bilateral pleural effusions with adjacent subsegmental atelectasis are present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is enlarged. Pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process isseen. CONCLUSION 1. No pulmonary embolism. 2. Pulmonary arterial hypertension. 3. Emphysema. 4. Bilateral pleural effusions. Known / Minor Reported by: <DOCTOR>

Accession Number: 9accd57cd0c6866aa85814f567734071305aa50f3c057141dd9f62c25c9d745c

Updated Date Time: 13/11/2015 18:05

## Layman Explanation

This radiology report discusses HISTORY pulmonary hypertension TRO PE as possible cause TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of 60 ml of intravenous contrast (Omnipaque 350) FINDINGS There are no relevant prior scans available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its visualized lobar and segmental branches. The pulmonary arteries are enlarged suggestive of pulmonary arterial hypertension. The lungs show emphysematous changes in both upper lobes. Mild atelectasis is seen in the lingua. Bilateral pleural effusions with adjacent subsegmental atelectasis are present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is enlarged. Pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process isseen. CONCLUSION 1. No pulmonary embolism. 2. Pulmonary arterial hypertension. 3. Emphysema. 4. Bilateral pleural effusions. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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