# Row 4047

Visit Number: 33a360cb3071c9bb5dc7865010a40175d9338639ccd6e399b3fb1e3135156ff4

Masked\_PatientID: 4046

Order ID: 913ec63446b385664a17aa5c1e4c84be0003ae6848716f7ab3bb465e6ffaa2ee

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 17/5/2017 9:56

Line Num: 1

Text: HISTORY pe seen on ctpa during admission, started on 40mb clexane bd for 5 weeks, to look for resolvement of PE 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): 5 FINDINGS Comparison made with the last CT scan of 20 March 2017. Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery extending into the lobar and segmental branches. Extension into the main pulmonary trunk has resolved. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is mild interval improvement of the thrombus in the truncus anterior with extension into the apical segmental branch. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Multiple wedge-shaped infarcts in the periphery of the left lung show mild interval improvement. Few areas of atelectasis are noted in the right upper lobe and basal segments of right lower lobe. The left lung shows reduced attenuation. Multiple areas of mosaic attenuation is noted in the right lung. Bochdalek hernia with herniation of stomach is again noted. Cardiomegaly. No pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. Stable sclerotic lesion in T8 vertebral body represents bone island. No destructive bony process is seen. CONCLUSION Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Mild interval improvement of the thrombus in the truncus anterior. May need further action Finalised by: <DOCTOR>

Accession Number: e06ea9ab56225b43ac5223b0666ae216c16793314e60734e98292e4f1f4d5894

Updated Date Time: 17/5/2017 15:14

## Layman Explanation

This radiology report discusses HISTORY pe seen on ctpa during admission, started on 40mb clexane bd for 5 weeks, to look for resolvement of PE 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): 5 FINDINGS Comparison made with the last CT scan of 20 March 2017. Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery extending into the lobar and segmental branches. Extension into the main pulmonary trunk has resolved. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is mild interval improvement of the thrombus in the truncus anterior with extension into the apical segmental branch. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Multiple wedge-shaped infarcts in the periphery of the left lung show mild interval improvement. Few areas of atelectasis are noted in the right upper lobe and basal segments of right lower lobe. The left lung shows reduced attenuation. Multiple areas of mosaic attenuation is noted in the right lung. Bochdalek hernia with herniation of stomach is again noted. Cardiomegaly. No pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. Stable sclerotic lesion in T8 vertebral body represents bone island. No destructive bony process is seen. CONCLUSION Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Mild interval improvement of the thrombus in the truncus anterior. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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