# Row 4066

Visit Number: 052b68036a0a91104a61a2bb7604008586a41ae3373f57092abc8658237ea046

Masked\_PatientID: 4046

Order ID: 6138f55bb3261f8fcba26cba3a961785827f3183129aa89f1037d60faca39ead

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 19/6/2019 17:05

Line Num: 1

Text: HISTORY prev PE to evaluate PE progress before stoma closure TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 Dual-energy scans are obtained with 1 mm increments of the diagnostic thoracic CT. FINDINGS Comparison is made with prior examinations dating back to 30 March 2017. CT pulmonary angiography Left lung There is severe stenosis and occlusion of the left main pulmonary artery just after its origin with poor perfusionof the entire left lung. The pulmonary arteries in the left lung are small and there is a diffuse hypoperfusion of the left lung. There is a vascular flow into the left lung with evidence of venous return into the left atrium. The flow is presumably in part due to partial recanalisation of the previous acute thrombus and the presence of systemic supply from the bronchial arteries. Right lung Right upper lobe There is a web at the truncus anterior. There is occlusion of the apical segmental artery and stenosis at the origin of the anterior segmental artery. The posterior segmental artery is unremarkable. Hypoperfusion is demonstrated at the apical segment on the perfusion scan. Right lower lobe There is a long web withinthe lumen of the common trunk to the posterior and lateral basal segment. Hypoperfusion is demonstrated into the lateral basal segment. Pulmonary parenchymal assessment The right lower lobe is compressed due to the large herniation of the stomach into the thorax. There is a linear change in keeping with basal atelectasis or scarring is seen in the left lower lobe. Minor peripheral areas of parenchymal opacification is present in the right apex with another small area of peripheralopacification at the anterior portion of the left upper lobe likely due to some scarring. Mediastinal assessment The heart appears moderately enlarged and there is evidence of right ventricular enlargement and right ventricular hypertrophy compatible with the presence of pulmonary hypertension. The pulmonary trunk however does not appear to be significantly enlarged and currently measures 2.7 cm. CONCLUSION There is chronic thromboembolic pulmonary hypertension (CTEPH) with severe attenuation of the left lung pulmonary arterial supply. Chronic thromboembolic sequelae are present in the apical segment of the right upper lobe and at the lateral and posterior segment of the left lower lobe. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 477ae30757f127b24856f963acc68c3354d85ffebe4e8edcb61badb33efd566b

Updated Date Time: 20/6/2019 11:34

## Layman Explanation

This radiology report discusses HISTORY prev PE to evaluate PE progress before stoma closure TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 Dual-energy scans are obtained with 1 mm increments of the diagnostic thoracic CT. FINDINGS Comparison is made with prior examinations dating back to 30 March 2017. CT pulmonary angiography Left lung There is severe stenosis and occlusion of the left main pulmonary artery just after its origin with poor perfusionof the entire left lung. The pulmonary arteries in the left lung are small and there is a diffuse hypoperfusion of the left lung. There is a vascular flow into the left lung with evidence of venous return into the left atrium. The flow is presumably in part due to partial recanalisation of the previous acute thrombus and the presence of systemic supply from the bronchial arteries. Right lung Right upper lobe There is a web at the truncus anterior. There is occlusion of the apical segmental artery and stenosis at the origin of the anterior segmental artery. The posterior segmental artery is unremarkable. Hypoperfusion is demonstrated at the apical segment on the perfusion scan. Right lower lobe There is a long web withinthe lumen of the common trunk to the posterior and lateral basal segment. Hypoperfusion is demonstrated into the lateral basal segment. Pulmonary parenchymal assessment The right lower lobe is compressed due to the large herniation of the stomach into the thorax. There is a linear change in keeping with basal atelectasis or scarring is seen in the left lower lobe. Minor peripheral areas of parenchymal opacification is present in the right apex with another small area of peripheralopacification at the anterior portion of the left upper lobe likely due to some scarring. Mediastinal assessment The heart appears moderately enlarged and there is evidence of right ventricular enlargement and right ventricular hypertrophy compatible with the presence of pulmonary hypertension. The pulmonary trunk however does not appear to be significantly enlarged and currently measures 2.7 cm. CONCLUSION There is chronic thromboembolic pulmonary hypertension (CTEPH) with severe attenuation of the left lung pulmonary arterial supply. Chronic thromboembolic sequelae are present in the apical segment of the right upper lobe and at the lateral and posterior segment of the left lower lobe. 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.