# Row 4065

Visit Number: adfa5d7fdab057fe1b9deefb038d4e09bfcc098bf55beaa1c64a0c472b1beb05

Masked\_PatientID: 4046

Order ID: 460377b87b18290219267d24b9f438ed5803a5f0503891bd7ce0e29fda5c219d

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 23/12/2020 18:34

Line Num: 1

Text: HISTORY Hemoptypsis, b/g CTEPH on warfarin, with ECG changes, TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with prior CT chest, abdomen and pelvis dated 4th Jun 2020. Known chronic thromboembolism. There is again severe stenosis/occlusion of the left main pulmonary artery just after its origin with generalized reduced caliber of the distal branches vessels with decreased perfusion of the entire left lung. A web is again seen at the truncus anterior (11/40). There is stable occlusion of the apical segmental artery and stenosis at the origin of the anterior segmental artery, with decreased perfusion at the right lung apex. The right upper lobe posterior segment artery is again noted to be small in calibre and not well-opacified, associated with decreased pulmonary perfusion. A web is again seen at the right lower lobe common trunk to the posterior and lateral basal segmental artery (5/267-279) (11/30) with decreased pulmonary perfusion at the lateral basal segment. No new filling defect is detected in the pulmonary trunk, right main pulmonary artery and its segmental branches. The pulmonary trunk isnot dilated. The RV:LV ratio is >1. The heart is enlarged. No pericardial effusion is present. No significantly enlarged intrathoracic lymph node is noted. No suspicious pulmonary nodule, mass or consolidation is noted. Patchy ground-glass changes in the right upper lobe may be inflammatory in aetiology (6/28). Stable nonspecific subcentimetre subpleural nodule is the left lower lobe (series 6, image 68). Patchy lung scarring and subsegmental atelectasis is seen. No pleural effusion is present. The central airways are patent. Stable right diaphragmatic hernia with herniation of the stomach. Partly imaged hyperdensities in the gallbladder may represent gallstones. No gross destructive bony lesion. Scoliosis of the spine is noted. CONCLUSION 1. No new filling defect to suggest acute pulmonary embolism. 2. Largely stable extent of known chronic thromboembolism as detailed above. 3. Patchy ground-glass changes in the right upper lobe may be inflammatoryin aetiology. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 68f18e99d5a84f4de1a7fbe45e0ff138cc127fe658fe6969d7ed8f16066a5412

Updated Date Time: 23/12/2020 20:25

## Layman Explanation

This radiology report discusses HISTORY Hemoptypsis, b/g CTEPH on warfarin, with ECG changes, TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with prior CT chest, abdomen and pelvis dated 4th Jun 2020. Known chronic thromboembolism. There is again severe stenosis/occlusion of the left main pulmonary artery just after its origin with generalized reduced caliber of the distal branches vessels with decreased perfusion of the entire left lung. A web is again seen at the truncus anterior (11/40). There is stable occlusion of the apical segmental artery and stenosis at the origin of the anterior segmental artery, with decreased perfusion at the right lung apex. The right upper lobe posterior segment artery is again noted to be small in calibre and not well-opacified, associated with decreased pulmonary perfusion. A web is again seen at the right lower lobe common trunk to the posterior and lateral basal segmental artery (5/267-279) (11/30) with decreased pulmonary perfusion at the lateral basal segment. No new filling defect is detected in the pulmonary trunk, right main pulmonary artery and its segmental branches. The pulmonary trunk isnot dilated. The RV:LV ratio is >1. The heart is enlarged. No pericardial effusion is present. No significantly enlarged intrathoracic lymph node is noted. No suspicious pulmonary nodule, mass or consolidation is noted. Patchy ground-glass changes in the right upper lobe may be inflammatory in aetiology (6/28). Stable nonspecific subcentimetre subpleural nodule is the left lower lobe (series 6, image 68). Patchy lung scarring and subsegmental atelectasis is seen. No pleural effusion is present. The central airways are patent. Stable right diaphragmatic hernia with herniation of the stomach. Partly imaged hyperdensities in the gallbladder may represent gallstones. No gross destructive bony lesion. Scoliosis of the spine is noted. CONCLUSION 1. No new filling defect to suggest acute pulmonary embolism. 2. Largely stable extent of known chronic thromboembolism as detailed above. 3. Patchy ground-glass changes in the right upper lobe may be inflammatoryin aetiology. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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