# Row 4259

Visit Number: 10ccf12199b8f2b8b83f6abcc538afbc90a6d7922be9f81e9c34390f6d1550c5

Masked\_PatientID: 4250

Order ID: 43cead8ddbe77736da9ff3fed85fe39c1177a9e7faf8da22af51bfa959005436

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 04/12/2017 14:31

Line Num: 1

Text: HISTORY Patient with persistent sinus tachy, desat to 89% onRA. ?PE ECG - RBB pattern (long standing) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT available. Note is made of CXR since 26/10/2017 and 2/11/2017 till 4/12/2017. No filling defect is noted in the contrast opacified pulmonary trunk, right and left main pulmonary arteries, its lobar and segmental arteries to suggest pulmonary embolism. The pulmonary arteries are not enlarged. There is no straightening of the in the interventricular septum. No overt distension of the right-sided chambers to suggest right heart strain. Heart size is not enlarged. Pericardial effusion measures 9 mm in thickness. No pleural effusion is noted. There is prominent consolidation in the medial aspect of the left lower lobe, with secretions noted in the adjacent airway to the lower trachea. Small amount of secretions are also noted in the right mainstem bronchus and upper trachea, likely associated with the small amount of consolidation in the posterior aspect of the right lower lobe. Some of the nodules show a tree in bud appearance, such as that in apical left lower lobe. There is a cavitating 7 mm focus in right upper lobe (601-43). No dominant mass or suspicious nodule is seen. Centrilobular and paraseptal emphysema are prominent in the upper zones. No interstitial fibrosis or bronchiectasis noted. No enlarged supraclavicular, axillary or mediastinal nodes seen. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION 1. No pulmonary embolism detected. 2. Consolidation in the lung bases, especially in the left retrocardiac region of basal left lower lobe. Prominent secretions are noted in the trachea and both main bronchi, especially on the left. Suggest clinical correlation for infection and/or aspiration. 3. A 7 mm cavitating focus is noted in the right upper lobe. It is uncertain if this is related to the above infective changes. Follow-up suggested. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 1bda53a0efca2dfaa3521c967284fdc42c97aa607771f7f26be1d1875f25d523

Updated Date Time: 04/12/2017 15:29

## Layman Explanation

This radiology report discusses HISTORY Patient with persistent sinus tachy, desat to 89% onRA. ?PE ECG - RBB pattern (long standing) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No comparison CT available. Note is made of CXR since 26/10/2017 and 2/11/2017 till 4/12/2017. No filling defect is noted in the contrast opacified pulmonary trunk, right and left main pulmonary arteries, its lobar and segmental arteries to suggest pulmonary embolism. The pulmonary arteries are not enlarged. There is no straightening of the in the interventricular septum. No overt distension of the right-sided chambers to suggest right heart strain. Heart size is not enlarged. Pericardial effusion measures 9 mm in thickness. No pleural effusion is noted. There is prominent consolidation in the medial aspect of the left lower lobe, with secretions noted in the adjacent airway to the lower trachea. Small amount of secretions are also noted in the right mainstem bronchus and upper trachea, likely associated with the small amount of consolidation in the posterior aspect of the right lower lobe. Some of the nodules show a tree in bud appearance, such as that in apical left lower lobe. There is a cavitating 7 mm focus in right upper lobe (601-43). No dominant mass or suspicious nodule is seen. Centrilobular and paraseptal emphysema are prominent in the upper zones. No interstitial fibrosis or bronchiectasis noted. No enlarged supraclavicular, axillary or mediastinal nodes seen. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION 1. No pulmonary embolism detected. 2. Consolidation in the lung bases, especially in the left retrocardiac region of basal left lower lobe. Prominent secretions are noted in the trachea and both main bronchi, especially on the left. Suggest clinical correlation for infection and/or aspiration. 3. A 7 mm cavitating focus is noted in the right upper lobe. It is uncertain if this is related to the above infective changes. Follow-up suggested. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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