# Row 922

Visit Number: b3b98f938e1ec88479858c593099b6333da2fa77dee29148e37436e06e0bad19

Masked\_PatientID: 915

Order ID: 81a0698cb1b3a45d52fa81e3f30fb0845623b4970e0067052d48237d78302338

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 20/10/2020 18:47

Line Num: 1

Text: HISTORY Cholangitis s/p laparoscopic cholecystectomy and CBD stent removal (19/10/20) - POD 1 - Acute desaturation and raised d-dimer (8.82) to assess for pulmonary embolism TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 60 FINDINGS The CT coronary angiogram dated 29 June 2012 was reviewed. Filling defects in the left main, bilateral upper and lower lobar, segmental and subsegmental pulmonary arteries are in keeping with acute pulmonary emboli. No saddle embolus is seen. The right ventricle to left ventricle ratio is less than 1. There is no overt evidence of pulmonary infarction. Collapse/consolidation is noted at the right lung base and atelectasis is seen at the left lung base. A few apical blebs are seen in both lungs. No suspicious pulmonary mass is detected. The major airways are patent. The heart is not enlarged. There is no pericardial effusion. Coronary arterial calcifications are seen.No enlarged intrathoracic node is detected. The imaged aorta shows normal calibre and opacification. Patient is post laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. Thecommon bile duct (CBD) is dilated at 1.7 cm. There is suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure (402-83). While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas is seen. A 1.0 cm cyst is seen at the hepatic dome, stable from MRI of 4 September 2020. No destructive bone lesion is identified. T8-9 intervertebral disc calcification is again seen. CONCLUSION 1. Left main, bilateral upper and lower lobar, segmental and subsegmental acute pulmonary emboli. No saddle embolus. No CT evidence of pulmonary infarction or right heart strain. 2. Collapse/consolidation at the right lung base. 3. Post recent laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. 4. Suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure. While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas. The pertinent findings were conveyed to Dr Stephanie Cheng by Dr Sivashankar Subramaniam on 20 October 2020 at 7:20 p.m. Read back was performed. Report Indicator: Critical Abnormal Reported by: <DOCTOR>

Accession Number: 20a4a858da69e9b9932f46fda694ed1bb35940e406928734cf7fc13179afb101

Updated Date Time: 21/10/2020 6:30

## Layman Explanation

This radiology report discusses HISTORY Cholangitis s/p laparoscopic cholecystectomy and CBD stent removal (19/10/20) - POD 1 - Acute desaturation and raised d-dimer (8.82) to assess for pulmonary embolism TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 60 FINDINGS The CT coronary angiogram dated 29 June 2012 was reviewed. Filling defects in the left main, bilateral upper and lower lobar, segmental and subsegmental pulmonary arteries are in keeping with acute pulmonary emboli. No saddle embolus is seen. The right ventricle to left ventricle ratio is less than 1. There is no overt evidence of pulmonary infarction. Collapse/consolidation is noted at the right lung base and atelectasis is seen at the left lung base. A few apical blebs are seen in both lungs. No suspicious pulmonary mass is detected. The major airways are patent. The heart is not enlarged. There is no pericardial effusion. Coronary arterial calcifications are seen.No enlarged intrathoracic node is detected. The imaged aorta shows normal calibre and opacification. Patient is post laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. Thecommon bile duct (CBD) is dilated at 1.7 cm. There is suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure (402-83). While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas is seen. A 1.0 cm cyst is seen at the hepatic dome, stable from MRI of 4 September 2020. No destructive bone lesion is identified. T8-9 intervertebral disc calcification is again seen. CONCLUSION 1. Left main, bilateral upper and lower lobar, segmental and subsegmental acute pulmonary emboli. No saddle embolus. No CT evidence of pulmonary infarction or right heart strain. 2. Collapse/consolidation at the right lung base. 3. Post recent laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. 4. Suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure. While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas. The pertinent findings were conveyed to Dr Stephanie Cheng by Dr Sivashankar Subramaniam on 20 October 2020 at 7:20 p.m. Read back was performed. Report Indicator: Critical Abnormal Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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