# Patient ID: 1077, Performed Date: 31/8/2020 15:41

## Raw Radiology Report Extracted

Visit Number: c3f444c804789abbe284903fadefcab28d46764a5204292476fa902241d6534f

Masked\_PatientID: 1077

Order ID: 38f2f506adabb64aabfc661b4521922286cfe6fecd6357a1e1a72951aadea4ea

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 31/8/2020 15:41

Line Num: 1

Text: HISTORY Previous provoked pulmonary embolism. Going for major operation tomorrow Cr Cl 58 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Prior CT chest dated 21 August 2020 was reviewed. There is image blurring due to motion. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The pulmonary trunk is not dilated. The RV:LV ratio is less than 1. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is enlarged. No pericardial effusion is seen. Two tiny 1-2mm pulmonary nodules in the left lower lobe anterior basal segment are indeterminate (se 6/47, 6/51). Atelectasis is noted within the right lower lobe and the lingula. Nonspecific mosaic attenuation in both lungs. No pleural effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The imaged sections of the upper abdomen in the arterial phase are unremarkable. No destructive bone lesion is seen. CONCLUSION 1. There is no evidence of residual pulmonary embolism. 2. Two tiny pulmonary nodules in the left lower lobe are indeterminate, given known history of a splenic flexure adenocarcinoma. Attention on follow up is recommended. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: d86c51da63796800ff78a8c4d14bdd60a03da1fab9a0e58be62fb587df02e968

Updated Date Time: 31/8/2020 16:43

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.