# Patient ID: 301, Performed Date: 05/2/2015 14:30

## Raw Radiology Report Extracted

Visit Number: f61a7ec41aaf880968af9426f8bdfaa5b2de02ba6ea2cdfc25e435c6ae2e261b

Masked\_PatientID: 301

Order ID: a94be24bdd4cf01687f92ce3c168a61852e098671619b00bb2a2dacdc0a58fbf

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 05/2/2015 14:30

Line Num: 1

Text: HISTORY TRO PE; post whipples, persistent sinus tachy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 55 FINDINGS Small eccentric intraluminal filling defects are detected at the bifurcation of the left main pulmonary artery (se 7, images 37 and 38), extending into the left upper lobe apico-posterior segmental (se 4, image 31) and left lower lobe apical segmental arterial branches (se 4, images 39), compatible with thromboemboli. No further pulmonary thromboembolus detected in the main pulmonary trunk or right sided pulmonary arteries. The main pulmonary trunk is not dilated. There is no overt morphological features of right heart strain. The cardiac chambers and major mediastinal vessels demonstrate normal opacification. The heart is not enlarged. No pericardial effusion is seen. Bilateral moderate pleural effusions are seen. Compressive atelectasis / consolidation of the adjacent lung bases noted. No discrete pulmonary nodule or mass is identified. No definite wedge-shaped density seen in the lungs to suggest presence of pulmonary infarct. Marked ascites is seen in the imaged upper abdomen. No destructive bony lesion detected. CONCLUSION 1.Pulmonary thromboemboli detected at the bifurcation of the left main pulmonary artery extending into the left upper lobe apico-posterior segmental and left lower lobe apical segmental arterial branches, as described. 2.Bilateral moderate pleural effusions, with compressive atelectasis / consolidation of the adjacent lung bases. 3.Ascites, at least moderate in extent. (Critical result notification: Dr Cheong Hau Yiang was informed of the findings byDr Teo Yi-ming on 5/2/15 at 1450 hours.) Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: dbdede177e72dfdfc15b1b32414285013da61b545400a773688ea80298a63695

Updated Date Time: 05/2/2015 16:22

## Layman Explanation

The scan shows blood clots in the left lung's main artery, extending into smaller branches. There's fluid build-up in both lungs, causing some lung tissue to collapse. There is also a significant amount of fluid in the abdomen.

## Summary

The text was extracted from a \*\*chest CT scan with contrast\*\*.  
  
\*\*1. Diseases:\*\*  
- \*\*Pulmonary thromboemboli:\*\* Small eccentric intraluminal filling defects are detected at the bifurcation of the left main pulmonary artery, extending into the left upper lobe apico-posterior segmental and left lower lobe apical segmental arterial branches.  
  
\*\*2. Organs:\*\*  
- \*\*Lungs:\*\* Bilateral moderate pleural effusions are seen, with compressive atelectasis/consolidation of the adjacent lung bases. No definite wedge-shaped density seen in the lungs to suggest presence of pulmonary infarct.  
- \*\*Heart:\*\* The main pulmonary trunk is not dilated. There is no overt morphological features of right heart strain. The cardiac chambers and major mediastinal vessels demonstrate normal opacification. The heart is not enlarged. No pericardial effusion is seen.  
- \*\*Abdomen:\*\* Marked ascites is seen in the imaged upper abdomen.  
  
\*\*3. Symptoms or Concerns:\*\*  
- \*\*Bilateral moderate pleural effusions:\*\* These effusions are associated with compressive atelectasis/consolidation of the adjacent lung bases, indicating a potential for respiratory compromise.   
- \*\*Marked ascites:\*\* This suggests fluid buildup in the abdominal cavity, which can be a sign of underlying medical conditions.