# Patient ID: 301, Performed Date: 07/5/2015 13:49

## Raw Radiology Report Extracted

Visit Number: bf344f39d070a04a2c472895901b1533dc1da59804134bc00d671019de946640

Masked\_PatientID: 301

Order ID: 09f3c45212d75393f16633288bd8ecce0ac95a3919c008d6d623de13ab19b0e3

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 07/5/2015 13:49

Line Num: 1

Text: HISTORY pancreatic cancer postop had PE seen on ctpa to repeat ctpa to document improvement of PE initially already scheduled on 4/5/15 but had to be postponed as patient was in another scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 60 FINDINGS Comparison is made with the previous CTs with most recent prior from 10/03/2015. There is no significant pulmonary artery thromboembolism indicative resolution of the previously seen emboli. No pulmonary metastasis. Pleuropericardial spaces are clear. The visualised limited abdomen demonstrates extensive ascites and mild biliary ductal dilatation. CONCLUSION No pulmonary artery thromboembolism is seen. Known / Minor Finalised by: <DOCTOR>

Accession Number: 610a5016ff0a78681d4bb5ce2b4b38ef270e36b8f9e5ce8c4592034ed7fd2975

Updated Date Time: 07/5/2015 14:20

## Layman Explanation

The scan shows that the blood clots in the lungs, which were previously seen, have gone away. There are no signs of cancer spreading to the lungs. The scan also shows fluid in the abdomen and some slight widening of the bile ducts.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Computed Tomography Pulmonary Angiogram (CTPA)  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Pancreatic cancer:\*\* The patient has a history of pancreatic cancer and has undergone surgery.   
\* \*\*Pulmonary Embolism (PE):\*\* The report mentions a previous PE seen on a CTPA. The current CTPA shows resolution of the previously seen emboli.   
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* No pulmonary artery thromboembolism is seen.  
\* \*\*Pulmonary Arteries:\*\* There is resolution of previously seen pulmonary artery thromboembolism.  
\* \*\*Abdomen:\*\* Demonstrates extensive ascites and mild biliary ductal dilatation.  
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*Extensive ascites:\*\* This indicates a significant accumulation of fluid in the abdominal cavity, which could be related to the pancreatic cancer or other factors.  
\* \*\*Mild biliary ductal dilatation:\*\* This suggests a potential obstruction or narrowing of the bile ducts, which can be a complication of pancreatic cancer.   
  
\*\*Please note:\*\* This is a summary based solely on the provided text. Further clinical information is required for a complete understanding of the patient's condition.