# Patient ID: 3112, Performed Date: 09/9/2018 20:01

## Raw Radiology Report Extracted

Visit Number: 760001ee023a8faccf9fb58b4dc634d7f3a738c5520592825264beb7c7d10ca5

Masked\_PatientID: 3112

Order ID: 8e04ff08c7ce2fb3ff82dff80e2257c6d45b57edae3a041e00f9cfcf411e797e

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 09/9/2018 20:01

Line Num: 1

Text: HISTORY Desaturations b/g malignancy TRO PE TECHNIQUE Contrast-enhanced CT of the thorax in the pulmonary arterial phase. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS Comparison is made with theCT of 05/09/2018. There is no filling-defect in the pulmonary artery and its branches to suggest a pulmonary embolism. There is significant interval worsening of the previously noted ground-glass opacities, now involving almost the entire left lung, and a large proportion of the right lung. There is again septal thickening and honeycombing. There is also air-space consolidation in the subpleural aspects of the lungs. Small cysts are suggested in the right lower lobe. Small bilateral pleural effusions are seen, larger on the left. These are newly identified. Mildly enlarged lymph nodes in the pulmonary hila may be reactive or metastatic in aetiology. In the upper abdomen, aerobilia from previous hepatico-jejunostomy is noted. A mass is suggested in the periportal region. No skeletal metastasis is seen. CONCLUSION No pulmonary embolism is detected. However, the previously noted ground-glass opacities in the lungs have progressed significantly and there is now subpleural air-space consolidation in the lungs. These findings may represent infection or drug-induced pneumonitis. Further action or early intervention required Tran Nguyen Tuan Anh , Senior Resident , 61352E Finalised by: <DOCTOR>

Accession Number: 7661ebf97787a5d2f561b57a7e740c3d697cb8b12a088b8156fa5f02f06d41b0

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## Layman Explanation

Error generating summary.

## Summary

Error generating summary.