# Patient ID: 3916, Performed Date: 08/10/2016 15:37

## Raw Radiology Report Extracted

Visit Number: ba3997e07968cdb92c60e3e4e4080ceadfd9067a7bf32c41bdb239cc631263b5

Masked\_PatientID: 3916

Order ID: ed3ff9b166743dfb128477ff8ab8a50bfaa9ec7da863ce78150e616f0658d7ed

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 08/10/2016 15:37

Line Num: 1

Text: HISTORY hx of IgA multiple myeloma now presents with hypotension, dyspnoea; TRO PE b/g L LL proximal DVT on clexane, recently initiated on 30/9/16 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous CT thorax examination for comparison. No definite filling defect is identified in the pulmonary arteries up to the segmental level. There is cardiomegaly. The main pulmonary artery is notsignificantly dilated. No enlarged mediastinal or hilar node is seen. There are small pleural effusions bilaterally, slightly larger on the right side with adjacent passive atelectatic changes in the dependent lower lobes. Mild to moderatetubular bronchiectatic changes are seen in the middle lobe with surrounding scarring and volume loss. A small 4 mm ground-glass opacity in the right lung apex (image 6-22) is nonspecific. The visualised upper abdomen shows no obvious abnormality. There are extensive lucent changes in the imaged vertebra with coarsening of trabeculae. Associated reduction in the body heights of several vertebrae with kyphosis is also noted. These are noted to be longstanding probably related to known history of myeloma. Background osteopenia is present. The thoracic cage is asymmetric with deformity and crowding of the left sided ribs. CONCLUSION No evidence pulmonary embolism. Bilateral small pleural effusions are likely secondary to cardiac impairment. Mild to moderate bronchiectasis and scarring in the middle lobe with associated volume loss. May need further action Reported by: <DOCTOR>

Accession Number: 0b4d426f5830a9dfa6e7706d25511d1dac3844f4737fb05cee156ee9e2db98a7

Updated Date Time: 08/10/2016 16:10

## Layman Explanation

The scan of your lungs shows no evidence of blood clots in the lungs. There is some fluid build-up around the lungs, which is likely due to a weakened heart. There is some scarring and damage to a part of your lung on the right side. Your spine shows signs of bone loss and weakening, which are probably related to your prior condition. There is some unevenness in your rib cage.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* CT Thorax  
  
\*\*1. Diseases:\*\*  
  
\* \*\*IgA multiple myeloma:\*\* The patient has a known history of IgA multiple myeloma. The report mentions "extensive lucent changes in the imaged vertebra with coarsening of trabeculae" and "associated reduction in the body heights of several vertebrae with kyphosis" which are likely related to the myeloma.   
\* \*\*Bronchiectasis:\*\* The report notes "mild to moderate tubular bronchiectatic changes" in the middle lobe, suggesting bronchiectasis.  
\* \*\*Osteopenia:\*\* The report mentions "background osteopenia".  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* The report describes the pulmonary arteries, pleural effusions, atelectatic changes in the lower lobes, bronchiectatic changes in the middle lobe, and a ground-glass opacity in the right lung apex.  
\* \*\*Heart:\*\* Cardiomegaly (enlarged heart) is noted.  
\* \*\*Vertebrae:\*\* Extensive lucent changes, coarsening of trabeculae, and reduction in body heights are mentioned, suggesting vertebral involvement.  
\* \*\*Thoracic cage:\*\* Asymmetry, deformity, and crowding of left-sided ribs are observed.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Hypotension:\*\* The patient presents with hypotension.  
\* \*\*Dyspnea:\*\* The patient presents with dyspnea.   
\* \*\*Pleural effusions:\*\* Bilateral small pleural effusions are noted, described as "likely secondary to cardiac impairment."  
\* \*\*DVT:\*\* The patient has a left lower limb proximal deep vein thrombosis (DVT) being treated with clexane.   
\* \*\*Atelectasis:\*\* Passive atelectatic changes are observed in the dependent lower lobes.   
\* \*\*Scarring:\*\* Scarring surrounding the bronchiectatic changes in the middle lobe is mentioned.   
\* \*\*Volume loss:\*\* Volume loss in the middle lobe is mentioned.  
\* \*\*Ground-glass opacity:\*\* A small 4 mm ground-glass opacity is noted in the right lung apex.