# Patient ID: 4017, Performed Date: 19/12/2019 13:54

## Raw Radiology Report Extracted

Visit Number: 8547170b72e9ad7b3739512c882109fd9cd5fefc75b00083ea37e6b70a4290e4

Masked\_PatientID: 4017

Order ID: e13f4c753856a8900b137805b4370a94b0051747bdad360934095eec4a43ec33

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/12/2019 13:54

Line Num: 1

Text: HISTORY Sudden desaturation, persistent tachycardia - high suspicion for PE Pt has newly diagnsed CML with thrombocytosis plt >1000 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Note is made of the prior radiograph of 19 Dec 2019 and MRI of 18 December 2019. Breathing and motion artefacts have degraded study. Chest No convincing filling defect is seen in the lobar and segmental pulmonary arteries as well as the pulmonary trunk to suggest a pulmonary embolism. The pulmonary trunk is not dilated. The right ventricle to left ventricle ratio remains less than 1. The heart is not enlarged. No pericardial effusion. There is a 4mm subpleural nodule in the middle lobe (6-50), nonspecific. No suspicious pulmonary mass is seen. There is atelectasis with consolidation in bilateral lower lobes, worse on left. A left-sided pleural effusion is also noted. The central airways remain patent. No significantly enlarged mediastinal, hilar or axillary lymph node is seen. Mildly prominent right sided lymph node measuring up to 8mm (5-41) is nonspecific. Abdomen pelvis No suspicious hepatic mass is seen. The hepatic and portal veins are patent. Splenomegaly is noted. Pancreas, gallbladder and biliary tree and adrenal glands are unremarkable. Both kidneys enhance symmetrically. No suspicious renal mass or hydronephrosis. The urinary bladder is unremarkable. The prostate is not enlarged. Known left retroperitoneal haematoma centred at the left psoas muscle is largely stable at 8.6 cm (10-95 vs prev 5010-41). Superiorly, the haematoma extends to the left posterior pararenal space, displacing the left kidney anteriorly. Inferiorly, the haematoma extends within the left iliopsoas muscle below the level of the hip joint. Small amount of mildly hyperdense blood products is seen in the left paracolic gutter as well as the rectovesical and presacral regions. No convincing active extravasation of contrast is seen in this non dedicated study. No dilated bowel is seen. No pneumoperitoneum is detected. No enlarged abdominal or pelvic lymph node is seen. No destructive bone lesion is seen. There is mild subcutaneous soft tissue swelling and fat stranding along the left flank and extending to the left hip. CONCLUSION Within limitations of this study, 1. No convincing evidence of pulmonary embolism. 2. Bilateral lower lobe atelectasis with consolidation, worse in the left, possibly infective. Left pleural effusion is present 3. Largely stable left retroperitoneal / iliopsoas haematoma with small amount of mildly hyperdense blood products seen in the pelvis and left paracolic gutter. No convincing active extravasation of contrast is seen in this single phase study. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 46e0d02e2ebab6e29eae3d1e2e343d2d7c9182fbceaecbf28a617ad54496b885

Updated Date Time: 19/12/2019 18:46

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.