# Patient ID: 4046, Performed Date: 17/5/2017 9:56

## Raw Radiology Report Extracted

Visit Number: 33a360cb3071c9bb5dc7865010a40175d9338639ccd6e399b3fb1e3135156ff4

Masked\_PatientID: 4046

Order ID: 913ec63446b385664a17aa5c1e4c84be0003ae6848716f7ab3bb465e6ffaa2ee

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 17/5/2017 9:56

Line Num: 1

Text: HISTORY pe seen on ctpa during admission, started on 40mb clexane bd for 5 weeks, to look for resolvement of PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 5 FINDINGS Comparison made with the last CT scan of 20 March 2017. Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery extending into the lobar and segmental branches. Extension into the main pulmonary trunk has resolved. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is mild interval improvement of the thrombus in the truncus anterior with extension into the apical segmental branch. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Multiple wedge-shaped infarcts in the periphery of the left lung show mild interval improvement. Few areas of atelectasis are noted in the right upper lobe and basal segments of right lower lobe. The left lung shows reduced attenuation. Multiple areas of mosaic attenuation is noted in the right lung. Bochdalek hernia with herniation of stomach is again noted. Cardiomegaly. No pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. Stable sclerotic lesion in T8 vertebral body represents bone island. No destructive bony process is seen. CONCLUSION Since the prior study, there is mild interval improvement of the large pulmonary thrombus involving the left main pulmonary artery. However, there is persistent non-opacification of the left pulmonary arteries distal to the thrombus. There is interval resolution of the thrombi noted in the right lower lobe segmental pulmonary arteries and also intraventricular thrombus. Mild interval improvement of the thrombus in the truncus anterior. May need further action Finalised by: <DOCTOR>

Accession Number: e06ea9ab56225b43ac5223b0666ae216c16793314e60734e98292e4f1f4d5894

Updated Date Time: 17/5/2017 15:14

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*CT pulmonary angiogram (CTPA)\*\* report.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Pulmonary Embolism (PE):\*\* The report mentions a large pulmonary thrombus involving the left main pulmonary artery, extending into the lobar and segmental branches. The thrombus in the truncus anterior with extension into the apical segmental branch has also shown mild improvement.   
\* \*\*Pulmonary Infarcts:\*\* Multiple wedge-shaped infarcts in the periphery of the left lung show mild interval improvement.  
\* \*\*Bochdalek hernia:\*\* Herniation of the stomach is noted.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\*   
 \* There is persistent non-opacification of the left pulmonary arteries distal to the thrombus.  
 \* Mild interval improvement of the thrombus in the left main pulmonary artery, lobar and segmental branches, and truncus anterior.  
 \* Multiple wedge-shaped infarcts in the periphery of the left lung show mild interval improvement.   
 \* Few areas of atelectasis are noted in the right upper lobe and basal segments of the right lower lobe.  
 \* The left lung shows reduced attenuation.  
 \* Multiple areas of mosaic attenuation are noted in the right lung.  
\* \*\*Heart:\*\*   
 \* Cardiomegaly (enlarged heart) is present.  
 \* No pericardial effusion is seen.  
 \* The heart is normal in size.  
\* \*\*Stomach:\*\*  
 \* Bochdalek hernia with herniation of the stomach is noted.  
\* \*\*Vertebrae:\*\*   
 \* Stable sclerotic lesion in T8 vertebral body represents bone island.  
\* \*\*Lymph nodes:\*\*   
 \* No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected.  
\* \*\*Pleura:\*\*   
 \* No pleural effusion is present.  
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Persistent non-opacification of the left pulmonary arteries distal to the thrombus:\*\* This suggests that the blood flow in these arteries is still compromised due to the presence of the thrombus.  
\* \*\*Reduced attenuation in the left lung:\*\* This indicates a decrease in the density of the lung tissue, which could be due to the presence of air trapping or fluid in the lungs.  
\* \*\*Mosaic attenuation in the right lung:\*\* This refers to a patchy pattern of attenuation in the lung, which could be caused by air trapping, inflammation, or scarring.  
\* \*\*Atelectasis in the right upper lobe and basal segments of the right lower lobe:\*\* This refers to collapsed lung tissue, which could be caused by obstruction of the airways or pressure on the lungs.   
\* \*\*Cardiomegaly:\*\* This refers to an enlarged heart, which could be a sign of underlying heart disease.  
\* \*\*Bochdalek hernia:\*\* This refers to a defect in the diaphragm that allows organs from the abdomen to protrude into the chest.  
\* \*\*Stable sclerotic lesion in T8 vertebral body:\*\* This is a benign finding that does not require treatment.