# Patient ID: 4090, Performed Date: 04/4/2017 22:11

## Raw Radiology Report Extracted

Visit Number: 932c85729f0830258497a3845d6df6bbdf21cd5b2d41c505de73640426bf804e

Masked\_PatientID: 4090

Order ID: b2b2bc8803fd1d82c096fff0fd933169ec61cc4552bab4094d2b9eaba933302c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 04/4/2017 22:11

Line Num: 1

Text: HISTORY Right basal NOF fracture after fall. Suppose to go for op today but had desaturation down to 82%. ABG done showed type 1 respiratory failure and CXR showed no obvious consolidation. Currently patient unable to maintain SpO2 > 92% on RA and is becoming more tachycardiac (100+). TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS The pulmonary trunk, right and left pulmonary arteries, lobar, segmental and imaged subsegmental arteries show normal opacification. No filling defect is seen. There is no evidence of right heart strain. Heart is enlarged. The main pulmonary trunk is dilated (3.2 cm) suggestive of underlying pulmonaryarterial hypertension. The branches of the aortic arch and cardiac chambers show normal opacification. Small bilateral pleural effusions are noted with atelectasis of the adjacent lung. No pulmonary consolidation or mass is detected. There is no hilar or mediastinal lymphadenopathy. The tracheobronchial tree is patent. No destructive bony lesion is seen. Imaged upper abdomen is unremarkable on this pulmonary arterial phase scan. CONCLUSION No evidence of pulmonary embolism.Cardiomegaly. Underlying pulmonary arterial hypertension. Small bilateral pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: d4c5bbc6d926bc7fed990d4ae046c2c56ebc7f0a3a1a3df0789c62b90c8323c2

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## Layman Explanation

The scan of your lungs shows no signs of a blood clot in your lungs. Your heart is enlarged. This suggests you might have high blood pressure in the arteries of your lungs. There is also some fluid in the spaces surrounding your lungs, which may cause difficulty breathing.

## Summary

\*\*Image Type:\*\* Chest X-ray (CXR) and Pulmonary Arterial Phase Scan  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Pulmonary Arterial Hypertension:\*\* The main pulmonary trunk is dilated (3.2 cm), suggestive of underlying pulmonary arterial hypertension.  
\* \*\*Respiratory Failure:\*\* ABG done showed type 1 respiratory failure.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* The pulmonary trunk, right and left pulmonary arteries, lobar, segmental and imaged subsegmental arteries show normal opacification. No filling defect is seen. No pulmonary consolidation or mass is detected. There is no hilar or mediastinal lymphadenopathy. Small bilateral pleural effusions are noted with atelectasis of the adjacent lung.   
\* \*\*Heart:\*\* Heart is enlarged. There is no evidence of right heart strain.  
\* \*\*Tracheobronchial Tree:\*\* The tracheobronchial tree is patent.  
  
\*\*3. Symptoms/Phenomena:\*\*  
  
\* \*\*Desaturation:\*\* Patient had desaturation down to 82%.  
\* \*\*Tachycardia:\*\* Patient is becoming more tachycardiac (100+).  
\* \*\*Atelectasis:\*\* Small bilateral pleural effusions are noted with atelectasis of the adjacent lung.  
\* \*\*Cardiomegaly:\*\* Heart is enlarged.