# Patient ID: 4582, Performed Date: 24/8/2015 23:12

## Raw Radiology Report Extracted

Visit Number: ae19c68a1fe4fe1f50165a885ed3f73c302b61891f0977ac6dd1cf88854c1c5a

Masked\_PatientID: 4582

Order ID: fd3ac4ac3a1d679186181b9e83b91890aea56998d3f9d3ae10499692f6991e34

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 24/8/2015 23:12

Line Num: 1

Text: HISTORY patient with T cell lymphoblastic lymphoma had episodes of tachycardia and hypotension, ECG shows ST depressions, LVH with heart strain pattern pls evaluate for any pulmonary embolism TECHNIQUE CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS Comparison is made with the previous CT chest, abdomen and pelvis of 11/08/2015 (CGH) There is grouped opacification of the pulmonary arteries. Some of the images are degraded by respiratory artefact. Allowing for this, there is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement, with no CT evidence of right heart strain. There is interval decrease in size of the mediastinal-pericardial soft tissue mass from 5.1 cm in maximal thickness (previous image 2-35) to 3.8 cm (current image 402-39). Superiorly the mass extends to the manubrosternal junction but there is reduced mass effect on the heart and great vessels. No significantly enlarged hilar or axillary lymph node is detected. No pleural effusion is seen. Left sided pneumothoraxhas resolved with interval removal of left chest drain. There is a new right pneumothorax measuring up to 1.1 cm in maximal pleuripleural distance (image 401-15). A new right pleural pneumothorax is noted. The right lung shows ground-glass with linear opacities associated with volume loss. This may represent postinflammatory change. The previously seen fairly extensive ground-glass with consolidation in the right lung has improved. The left lung shows mild bronchial wall thickening. The left lung shows a few scattered areas of mild bronchial wall thickening with clusters of tiny ground-glass nodules, which are likely inflammatory. The previously seen ground-glass improved. Small left pneumothorax has resolved. The left intercostal drain removed. The limited sections of the upper abdomen in the arterial phase are unremarkable. There is no splenomegaly. No destructive bony process is seen. CONCLUSION Since the CT chest of 11/08/2015, 1. No large pulmonary embolism is noted. 2. Interval improvement of the mediastinal-pericardial soft tissue mass compatible with submitted history of lymphoma. 3. Interval improvement of bilateral pulmonary ground glass opacities and consolidation. The right lung shows volume loss with ground-glass and linear opacities, which may be postinflammatory change. 4. Interval resolution of left pneumothorax. New small right pneumothorax. Please correlate with recent history of instrumentation to the right hemithorax. The above findings have been conveyed to Dr Tan Si Yun Melinda by Dr Gideon Ooi on 25/08/2015 at 12:05am. May need further action Reported by: <DOCTOR>

Accession Number: 16419780b39915355ad8066d3d03eeb6ab01b790c625435e4730ffdfa26b019b

Updated Date Time: 25/8/2015 9:55

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.