# Patient ID: 1077, Performed Date: 23/10/2018 18:22

## Raw Radiology Report Extracted

Visit Number: 42eef0108f191ab7e88560b0bc5a5c2a64ef3502c0a3476c1c58a90c03bcd556

Masked\_PatientID: 1077

Order ID: 54eae539f5a04305074e1baff1ca542f510dcb4a9d5a6561f1454bbbaf235ddf

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 23/10/2018 18:22

Line Num: 1

Text: HISTORY Sinus tachycardia with desaturation, T1RF 250, Trop T raised. TRO PE TECHNIQUE CT pulmonary angiogram was acquired as per department protocol. FINDINGS No comparison study was available. Technical quality is: Good There are filling defects in the segmental pulmonary arteries supplying the left upper lobe (Im 10-43), lingula segment (Im 8-32), basal segments of the left lower lobe (Im 8-44), right lower lobe (Im 8-32, 34), right middle lobe (Im 8-33) and right upper lobe (Im 8-31). The pulmonary trunk is not dilated. However, there is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrast within the IVC and hepatic veins. There is patchy ground-glass opacification in the bilateral lung fields. No suspicious pulmonary mass or consolidation. The major airways are patent. No significantly enlarged intra-thoracic node is seen. The heart is not enlarged. The great vessels enhance normally. No significant pleural or pericardial effusion. In the limited sections of the upper abdomen, no abnormality is seen. No significant bony abnormality. CONCLUSION 1. There is bilateral pulmonary embolism with filling defects in the bilateral segmental pulmonary arteries (as detailed above). There is suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum and reflux of contrastwithin the IVC and hepatic veins. 2. Patchy ground-glass opacification in the bilateral lung fields may be related to mosaic attenuation. Dr Ho Shu Fang (A&E MO) was informed of the relevant findings by Dr Eric Fang on 23 October 2018 at 07:00 p.m. Readback was performed. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: b2baa103251ed43efd0aef7d5eea0389a5280ab3deee88855b926281e432ca63

Updated Date Time: 23/10/2018 20:04

## Layman Explanation

The scan shows that there are blood clots in multiple areas of your lungs. This is called a pulmonary embolism. These clots are blocking the blood flow in parts of both lungs. The scan also shows signs that your heart is working harder than normal because of the blood clots. There are also some areas of your lungs that look slightly cloudy, which may be related to the blood clots.

## Summary

The text is extracted from a \*\*CT pulmonary angiogram\*\* report.  
  
## Summary based on the guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Pulmonary embolism:\*\* The report states "There is bilateral pulmonary embolism with filling defects in the bilateral segmental pulmonary arteries (as detailed above)." The filling defects are described in detail, indicating the location of the clots in the lungs.   
\* \*\*Right heart strain:\*\* The report suggests right heart strain based on the dilatation of the right ventricle, straightening of the interventricular septum, and reflux of contrast within the IVC and hepatic veins.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* The report mentions "filling defects in the segmental pulmonary arteries" in various lobes of both lungs. It also describes "patchy ground-glass opacification in the bilateral lung fields."  
\* \*\*Heart:\*\* The report mentions "suggestion of right heart strain with dilatation of the right ventricle, straightening of the interventricular septum."  
\* \*\*Pulmonary trunk:\*\* The report states that the pulmonary trunk is not dilated.   
\* \*\*Major airways:\*\* These are described as patent.  
\* \*\*Intra-thoracic nodes:\*\* No significantly enlarged nodes are seen.  
\* \*\*Pleura:\*\* No significant pleural effusion.  
\* \*\*Pericardium:\*\* No significant pericardial effusion.  
\* \*\*Great vessels:\*\* The report states that the great vessels enhance normally.  
\* \*\*Right ventricle:\*\* The report mentions dilatation of the right ventricle.  
\* \*\*Interventricular septum:\*\* The report states this is straightened.  
\* \*\*IVC (Inferior vena cava):\*\* Reflux of contrast is mentioned within the IVC.  
\* \*\*Hepatic veins:\*\* Reflux of contrast is mentioned within the hepatic veins.   
\* \*\*Upper abdomen:\*\* The report mentions no abnormality in the limited sections of the upper abdomen.   
\* \*\*Bones:\*\* No significant bony abnormality is seen.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Filling defects in the segmental pulmonary arteries:\*\* This is a significant finding, consistent with pulmonary embolism.  
\* \*\*Right heart strain:\*\* This finding suggests that the heart is working harder than usual due to the pulmonary embolism.  
\* \*\*Patchy ground-glass opacification in the bilateral lung fields:\*\* This could be related to mosaic attenuation (a pattern of lung disease) but is not specifically defined in the report.  
\* \*\*Reflux of contrast within the IVC and hepatic veins:\*\* This finding may indicate increased pressure in the right heart.  
  
\*\*Overall:\*\* The report highlights a bilateral pulmonary embolism, suggesting possible right heart strain and patchy ground-glass opacification in the lungs.