# Patient ID: 1077, Performed Date: 31/8/2020 15:41

## Raw Radiology Report Extracted

Visit Number: c3f444c804789abbe284903fadefcab28d46764a5204292476fa902241d6534f

Masked\_PatientID: 1077

Order ID: 38f2f506adabb64aabfc661b4521922286cfe6fecd6357a1e1a72951aadea4ea

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 31/8/2020 15:41

Line Num: 1

Text: HISTORY Previous provoked pulmonary embolism. Going for major operation tomorrow Cr Cl 58 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Prior CT chest dated 21 August 2020 was reviewed. There is image blurring due to motion. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The pulmonary trunk is not dilated. The RV:LV ratio is less than 1. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is enlarged. No pericardial effusion is seen. Two tiny 1-2mm pulmonary nodules in the left lower lobe anterior basal segment are indeterminate (se 6/47, 6/51). Atelectasis is noted within the right lower lobe and the lingula. Nonspecific mosaic attenuation in both lungs. No pleural effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The imaged sections of the upper abdomen in the arterial phase are unremarkable. No destructive bone lesion is seen. CONCLUSION 1. There is no evidence of residual pulmonary embolism. 2. Two tiny pulmonary nodules in the left lower lobe are indeterminate, given known history of a splenic flexure adenocarcinoma. Attention on follow up is recommended. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: d86c51da63796800ff78a8c4d14bdd60a03da1fab9a0e58be62fb587df02e968

Updated Date Time: 31/8/2020 16:43

## Layman Explanation

The scan shows no signs of a blood clot in your lungs. However, there are two very small, unclear spots in your left lung. These spots might be related to a previous cancer in your colon, but further monitoring is recommended.

## Summary

The text is extracted from a \*\*CT Chest\*\* radiology report.  
  
\*\*1. Disease(s)\*\*  
  
\* \*\*Pulmonary embolism:\*\* The patient has a history of provoked pulmonary embolism. The report states "There is no evidence of residual pulmonary embolism."   
\* \*\*Adenocarcinoma of the splenic flexure:\*\* The report mentions "given known history of a splenic flexure adenocarcinoma."  
\* \*\*Atelectasis:\*\* The report notes "Atelectasis is noted within the right lower lobe and the lingula."  
\* \*\*Pulmonary Nodules:\*\* The report mentions "Two tiny 1-2mm pulmonary nodules in the left lower lobe anterior basal segment are indeterminate."  
  
\*\*2. Organ(s)\*\*  
  
\* \*\*Lungs:\*\* The report focuses on the lungs, describing the pulmonary arteries, lobes, segments, and nodules. It mentions atelectasis in the right lower lobe and lingula, as well as nonspecific mosaic attenuation in both lungs.  
\* \*\*Heart:\*\* The report describes the cardiac chambers, mediastinal vessels, and mentions the heart being enlarged.   
\* \*\*Pulmonary Trunk:\*\* The report mentions the pulmonary trunk is not dilated.  
\* \*\*Mediastinum:\*\* The report mentions the mediastinal vessels and lymph nodes.  
\* \*\*Upper Abdomen:\*\* The report mentions the imaged sections of the upper abdomen in the arterial phase.   
  
\*\*3. Symptoms or Phenomenon\*\*  
  
\* \*\*Two tiny pulmonary nodules:\*\* The report mentions two tiny nodules in the left lower lobe that are indeterminate. This is concerning given the patient's history of adenocarcinoma.  
\* \*\*Atelectasis:\*\* The report notes atelectasis in the right lower lobe and lingula, which could be caused by various factors and may require further investigation.  
\* \*\*Nonspecific mosaic attenuation:\*\* This finding in both lungs may indicate lung disease, but further investigation is needed for a definitive diagnosis.  
\* \*\*Enlarged heart:\*\* The report states the heart is enlarged, which could be caused by various factors and warrants further investigation.  
\* \*\*Motion artifact:\*\* The report mentions image blurring due to motion, which can limit the accuracy of the findings.  
  
\*\*Overall Summary:\*\*  
  
The report indicates that the patient does not have evidence of a residual pulmonary embolism. However, it also notes the presence of two tiny pulmonary nodules in the left lower lobe, which are indeterminate. Given the patient's history of adenocarcinoma, further follow-up is recommended for these nodules. The report also highlights the presence of atelectasis, nonspecific mosaic attenuation in the lungs, and an enlarged heart. These findings may be related to other medical conditions, and further investigation is necessary to determine their significance.