# Patient ID: 1967, Performed Date: 10/3/2017 20:06

## Raw Radiology Report Extracted

Visit Number: fd2dae5ac988c3b485c70a03ac8177a2afc0212ff42929a4a08f58150d84565c

Masked\_PatientID: 1967

Order ID: a8aa1f50b1c37189a8ad3ed76792a601e46da43e74e298423f8bb1e0a60f7aff

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 10/3/2017 20:06

Line Num: 1

Text: HISTORY pt tachycardiac, maintaining saturation on 15L NRM, bedbound TRO PE TECHNIQUE Contrast enhanced scans of the thorax during the pulmonary angiogram phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Note is made of the chest radiograph of 10 March 2017 (10:51 a.m.). No filling defect is seen in the right ventricular outflow tract, main pulmonary trunk, right to left pulmonary arteries, including lobar and segmental branches, to suggest pulmonary embolism. There is interval development of left lower lobe collapse with ipsilateral mediastinal shift. There is also volume loss in the left upper lobe with patchy consolidation and ground-glass opacities in the aerated portions of the left upper lobe. The airways distal to the left main bronchus are opacified and appear to contain low density material which may be retained secretions or aspirated fluid. Apart from mild linear atelectasis, the right lung appears unremarkable. No grossly enlarged mediastinal, hilar lymph node is detected. The heart is top normal in size with prominent mitral annulus calcification. No pericardial effusion is seen. There is a small left pleural effusion. There is mild enlargement of the thyroid gland with compression of the trachea (502-20). The limited sections of the upper abdomen appear grossly unremarkable. Posterior spinal implants are partially visualised. There appears to be fusion of several costovertebral joints with syndesmophytes, suspicious for an underlying spondyloarthropathy. CONCLUSION 1. Since the chest radiograph of 10 Mar 2017 at 10.51 am, there is acute left lung atelectasis (worst in the left lower lobe) with airway opacification distal to the left main bronchus (suspicious for retained secretions or aspirated fluid). This finding was discussed with Dr Marcus Sim via telephone at the time of reporting. 2. No pulmonary embolism detected. May need further action Finalised by: <DOCTOR>

Accession Number: 9a0a4c81ef4e4e14060d15733fc37ca75af7bc954f96201bf59b1bf684f26603

Updated Date Time: 10/3/2017 20:47

## Layman Explanation

The scan of your lungs showed that you have a collapsed left lung, with the lower part being the most affected. The tubes leading to your left lung appear blocked, which may be due to mucus or fluid that has built up. There is also a small amount of fluid around your left lung. The scan did not show any blood clots in your lungs. Your thyroid gland is slightly enlarged and is pressing on your windpipe. Some of your bones in your back appear to be fused together, which may be a sign of a bone condition. The doctor has been informed about your collapsed lung and will discuss further steps with you.

## Summary

The text is extracted from a \*\*pulmonary angiogram\*\* report.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Pulmonary Embolism:\*\* The report explicitly states "No pulmonary embolism detected".   
\* \*\*Left Lung Atelectasis:\*\* The report mentions "acute left lung atelectasis" and specifies that it's "worst in the left lower lobe".  
\* \*\*Spondyloarthropathy:\*\* The report suggests this diagnosis based on "fusion of several costovertebral joints with syndesmophytes".  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\*   
 \* \*\*Left lung:\*\* The report focuses on the left lung, describing "left lower lobe collapse," "volume loss in the left upper lobe," "patchy consolidation," "ground-glass opacities," and "airway opacification distal to the left main bronchus".  
 \* \*\*Right lung:\*\* The report mentions "mild linear atelectasis" and that the right lung otherwise "appears unremarkable".  
\* \*\*Heart:\*\* The report states "The heart is top normal in size with prominent mitral annulus calcification. No pericardial effusion is seen."  
\* \*\*Pleura:\*\* The report mentions a "small left pleural effusion."  
\* \*\*Mediastinum:\*\* The report notes "ipsilateral mediastinal shift" and "no grossly enlarged mediastinal, hilar lymph node is detected."  
\* \*\*Thyroid:\*\* The report describes "mild enlargement of the thyroid gland with compression of the trachea."  
\* \*\*Abdomen:\*\* The report mentions "limited sections of the upper abdomen appear grossly unremarkable."   
\* \*\*Spine:\*\* The report notes "posterior spinal implants are partially visualised" and "fusion of several costovertebral joints with syndesmophytes".  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Tachycardia:\*\* The report mentions the patient is "tachycardiac".  
\* \*\*Respiratory Distress:\*\* The patient is "maintaining saturation on 15L NRM (likely referring to a nasal cannula or mask with high flow oxygen) and is "bedbound". This suggests the patient has some degree of respiratory distress.  
\* \*\*Airway Opacification:\*\* The report states that "the airways distal to the left main bronchus are opacified" and "appear to contain low density material which may be retained secretions or aspirated fluid". This suggests a possible airway obstruction or inflammation.  
\* \*\*Mediastinal Shift:\*\* The report notes "ipsilateral mediastinal shift", which is a sign of pressure in the chest cavity.  
\* \*\*Left Lower Lobe Collapse:\*\* The report describes "left lower lobe collapse", indicating a loss of lung volume.  
\* \*\*Volume Loss in the Left Upper Lobe:\*\* The report notes "volume loss in the left upper lobe", suggesting a potential airway obstruction or inflammation.  
\* \*\*Ground-Glass Opacities:\*\* The report mentions "ground-glass opacities", which are often associated with inflammation or fluid in the lung tissue.  
\* \*\*Compression of the Trachea:\*\* The report states that the thyroid is enlarged and "compressing the trachea", suggesting a possible breathing difficulty.  
\* \*\*Syndesmophytes:\*\* The report describes "fusion of several costovertebral joints with syndesmophytes", which are bone spurs that can cause inflammation and pain in the spine.