# Patient ID: 2385, Performed Date: 16/3/2015 3:08

## Raw Radiology Report Extracted

Visit Number: b66e40fcc601aa463b1f7ea76708749f0e0eedf7ad4c9c04fc96bdc13b5c4e1d

Masked\_PatientID: 2385

Order ID: 6aa3a0d774ec0413492e5fadfa9e7a5a228c28fa8933d225d4bb676c7a140c14

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 16/3/2015 3:08

Line Num: 1

Text: HISTORY ? PE found on ctap , radiologist suggested to perform CTPA TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 60 FINDINGS The prior CT abdomen and pelvis study dated 14 March 2015 was reviewed. Tip of the right-sided central line is sited at the right atrium. There is a filling defect in the segmental pulmonary arterybranch to the posterior segment of the right lower lobe which appears distended, suggestive of pulmonary embolus. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar branches. Mildly enlarged paratracheal lymph nodes are seen, largest measuring 1.3 x 0.9 cm (series, image 16). The heart is mildly enlarged. No pericardial effusion is seen. There is early reflux of contrast into the IVC. There is a tubular and branching opacities in the superior segment of the right lower lobe, suspicious for mucoid impaction versus inflammatory change. Nonspecific patchy ground-glass opacification is noted in the left upper lobe and the right lower lobe. Bilateral basal atelectatic changes are noted. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable apart from reflex of contrast into the IVC suggesting some degree of right heart failure. No destructive bony process is seen. CONCLUSION Filling defect in the segmental pulmonary artery branch to the posterior segment of the right lower lobe is suggestive of pulmonary embolus. Mildly enlarged paratracheal lymph nodes are nonspecific. Tubular and branching opacities in the superior segment of the right lower lobe are suspicious for mucoid impaction versus inflammatory change. May need further action Finalised by: <DOCTOR>

Accession Number: 683cec4c6f27b2184464841e202097c059d357721ae57f6e318fc699964b4851

Updated Date Time: 16/3/2015 3:46

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.