# Patient ID: 915, Performed Date: 20/10/2020 18:47

## Raw Radiology Report Extracted

Visit Number: b3b98f938e1ec88479858c593099b6333da2fa77dee29148e37436e06e0bad19

Masked\_PatientID: 915

Order ID: 81a0698cb1b3a45d52fa81e3f30fb0845623b4970e0067052d48237d78302338

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 20/10/2020 18:47

Line Num: 1

Text: HISTORY Cholangitis s/p laparoscopic cholecystectomy and CBD stent removal (19/10/20) - POD 1 - Acute desaturation and raised d-dimer (8.82) to assess for pulmonary embolism TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 60 FINDINGS The CT coronary angiogram dated 29 June 2012 was reviewed. Filling defects in the left main, bilateral upper and lower lobar, segmental and subsegmental pulmonary arteries are in keeping with acute pulmonary emboli. No saddle embolus is seen. The right ventricle to left ventricle ratio is less than 1. There is no overt evidence of pulmonary infarction. Collapse/consolidation is noted at the right lung base and atelectasis is seen at the left lung base. A few apical blebs are seen in both lungs. No suspicious pulmonary mass is detected. The major airways are patent. The heart is not enlarged. There is no pericardial effusion. Coronary arterial calcifications are seen.No enlarged intrathoracic node is detected. The imaged aorta shows normal calibre and opacification. Patient is post laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. Thecommon bile duct (CBD) is dilated at 1.7 cm. There is suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure (402-83). While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas is seen. A 1.0 cm cyst is seen at the hepatic dome, stable from MRI of 4 September 2020. No destructive bone lesion is identified. T8-9 intervertebral disc calcification is again seen. CONCLUSION 1. Left main, bilateral upper and lower lobar, segmental and subsegmental acute pulmonary emboli. No saddle embolus. No CT evidence of pulmonary infarction or right heart strain. 2. Collapse/consolidation at the right lung base. 3. Post recent laparoscopic cholecystectomy with gas pockets seen in the imaged upper abdomen, particularly at the gallbladder fossa. 4. Suggestion of pneumatosis intestinalis at the partially imaged hepatic flexure. While this may be related to recent laparoscopy, clinical correlation is advised. No overt mural thickening or portal venous gas. The pertinent findings were conveyed to Dr Stephanie Cheng by Dr Sivashankar Subramaniam on 20 October 2020 at 7:20 p.m. Read back was performed. Report Indicator: Critical Abnormal Reported by: <DOCTOR>

Accession Number: 20a4a858da69e9b9932f46fda694ed1bb35940e406928734cf7fc13179afb101

Updated Date Time: 21/10/2020 6:30

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
Here's a summary based on your guiding questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Acute pulmonary emboli:\*\* This is the primary finding of the report. Multiple filling defects are seen in the pulmonary arteries, indicating the presence of blood clots in the lungs.   
\* \*\*Cholangitis:\*\* Mentioned in the patient's history, but no findings related to this condition are discussed in the report.  
\* \*\*Pneumatosis intestinalis:\*\* This is a suggestion based on findings, but it requires further clinical correlation as it could be related to the recent laparoscopic surgery.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* The report focuses primarily on the lungs, detailing the presence of acute pulmonary emboli, collapse/consolidation in the right lung, and atelectasis in the left lung.  
\* \*\*Heart:\*\* The report states the heart is not enlarged and there is no pericardial effusion.  
\* \*\*Coronary Arteries:\*\* Coronary arterial calcifications are noted.  
\* \*\*Liver:\*\* A 1.0 cm cyst is identified at the hepatic dome, which appears stable since the previous MRI.  
\* \*\*Common Bile Duct (CBD):\*\* The CBD is dilated at 1.7 cm.  
\* \*\*Gallbladder:\*\* The patient is post-laparoscopic cholecystectomy, and there are gas pockets in the upper abdomen, particularly at the gallbladder fossa.   
\* \*\*Intestines:\*\* Pneumatosis intestinalis is suggested at the hepatic flexure.  
\* \*\*Aorta:\*\* The imaged aorta appears normal.  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Acute desaturation and raised d-dimer:\*\* This is the reason for the CT scan, suggesting potential pulmonary embolism.   
\* \*\*Collapse/consolidation at the right lung base:\*\* This finding could indicate pneumonia or other lung conditions.  
\* \*\*Atelectasis at the left lung base:\*\* Atelectasis is a collapsed lung, which can have various causes.  
\* \*\*Pneumatosis intestinalis:\*\* This is a condition where air gets trapped in the intestinal wall. While it could be related to the laparoscopic surgery, further clinical investigation is recommended.  
\* \*\*Gas pockets in the upper abdomen:\*\* This is expected after a laparoscopic procedure.  
\* \*\*Dilated common bile duct:\*\* This could indicate a blockage or other issues with bile flow.  
  
\*\*Overall, the report highlights the presence of acute pulmonary emboli as the most significant finding. The other findings require further clinical evaluation and correlation with the patient's history and symptoms.\*\*