

ED5010

CT Chest

INDICATION: Chest pain, tachypnea, tachycardia, shortness of breath, hypoxia.

TECHNIQUE: Multidetector CT scanning was performed through the chest following intravenous administration of 75 cc Ultravist 370.

CT ANGIOGRAM: The study is technically adequate with a good contrast bolus to the pulmonary arterial tree. A saddle embolus is noted within the main pulmonary artery, extending into the right and left pulmonary arteries, with significant clot burden within all lobar branches bilaterally, as well as the majority of all segmental and subsegmental branches.

CHEST: There is bibasilar atelectasis, but no frank consolidation to suggest infection or infarct. No pneumothorax. There is reversal of the right to left ventricular diameter ratio, consistent with right heart strain. The thoracic aorta appears unremarkable. There is no mediastinal, hilar, or axillary adenopathy. No pericardial effusion.

LIMITED ABDOMEN: Limited coverage of the upper abdomen demonstrates no abnormality in the visualized portions of the liver and spleen. Moderate multilevel degenerative disease of the imaged thoracic spine, but no acute bony abnormality.

IMPRESSION:

Saddle embolus at the right and left main pulmonary artery bifurcation, with significant clot burden within all lobar branches bilaterally, and the majority of all segmental and subsegmental branches. Evidence of right heart strain, but no evidence of pulmonary infarct





