

Name: Jason C Torres

NM Lung Ventilation-Perfusion (VQ) Scan - Details

Study Result

Impression

Single large perfusion defect without changes in aeration of the right upper lobe consistent with intermediate probability for pulmonary embolus. Given the absent pulmonary veins and hypoplastic pulmonary arterial vasculature in this region better visualized on prior CTA 01/06/2017, however, this finding can represent chronic poor perfusion by the pulmonary vasculature rather than pulmonary embolus. Because radiotracer is trapped in the lungs on first pass circulation, uptake would be diminished if this region is perfused primarily by the bronchial arteries.

If clinically indicated, CT angiography of the chest may provide more detailed current evaluation.

Electronically Signed By: Akiva Mintz on November 11, 2020 05:01 PM

Narrative

EXAMINATION:

PERFUSION SCINTIGRAPHY AND SPECT-CT FOR SUSPECTED PULMONARY EMBOLISM

CLINICAL INFORMATION:

Suspicion for pulmonary embolism; history of right upper lobe anomalous pulmonary venous return status post repair

TECHNIQUE:

Following intravenous administration of 4.3 millicuries of 99m-technetium MAA, SPECT perfusion images were acquired. Axial CT images of the chest were acquired for fusion.

COMPARISON:

CTA chest 01/06/2017

FINDINGS:

There is a large perfusion defect involving the entire right upper lobe. There is increased right upper lobe atelectasis and interlobular septal thickening compared to 01/06/2017. Absence of the right upper lobe pulmonary veins is again noted.

The remainder of both lungs are clear and demonstrate heterogeneous perfusion within normal limits.

A small amount debris is noted within the midesophagus. Status post cholecystectomy. Sternotomy wires are intact.

Component Results

There is no component information for this result.

General Information

Ordered by SANJUM S. SETHI, MD

Collected on 11/02/2020 12:00 AM

Resulted on 11/11/2020 5:05 PM

This test result has been released by an automatic process.

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