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CTA Chest PE With Contrast

Collected on Aug 12, 2026 4:04 PM

Results

Impression

1. No evidence of acute pulmonary embolism.
2. Multiple lytic lesions as above, which have increased compared to prior. There are multiple new/worsening pathologic compression fractures involving the multiple thoracic vertebral bodies as above. Mild retropulsion of the T5 and T8 vertebral body fractures.
3. Multiple lytic rib lesions many of which involve the cortex. Increase in size of soft tissue component of the left 9th lytic rib lesion. New subacute fracture of the left 7th rib.
4. Left greater than right small lower lobe consolidations, likely atelectasis. Superimposed aspiration can't be excluded.
5. Similar solid pulmonary nodules. No new or enlarging nodules. Consider follow-up per oncology protocol.

COMMUNICATION:
The above was communicated by telephone to Sutanthavibul, ARNP by Lee, MD at 8/12/2026 4:52 PM.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CTA CHEST PE W CONTRAST: PULMONARY EMBOLISM PROTOCOL

CLINICAL INDICATION:
ACE: 47yoF breast ca with mets to bone, worsening bilateral rib pain L>R anterior and lateral sides. Conern for metastatic lesions vs. PE.

TECHNIQUE:
CTB C3 CTA Chest Suspected pulmonary embolus.
Contiguous axial sections were obtained through the chest with IV contrast. Multiplanar reformatted images were performed. Axial MIPs were generated on the CT scanner console. Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,50 mL Intravenous,08/12/2026 1550

COMPARISON:
CT chest on 7/13/2026.

FINDINGS:
Pulmonary artery findings: No evidence of acute pulmonary embolism.
The RV/LV ratio is less than 1, indicating no right ventricular pressure overload.

Supraclavicular region: Unremarkable.
Mediastinum: Unremarkable.

Heart: Unremarkable.
Lungs: Left greater than right small lower lobe consolidations. Bronchial wall thickening an scattered mucous plugging. Similar solid pulmonary nodules, for example 4 mm in the left lower lobe (305/177). No new or enlarging pulmonary nodules.
Pleura: Unremarkable.
Chest wall: Unremarkable.
Upper abdomen: Limited pulmonary arterial phase views of the upper abdomen are unremarkable.
Bones:
* Multiple lytic lesions within the bilateral ribs, spine, and sternum, are probably increased when compared to prior.
* Multiple new and/or worsening pathological compression fractures involving the T1, T5, and T8 vertebral bodies (602/56). There is 2 mm of retropulsion of the T5 vertebral body (602/56) and minimal retropulsion of the T8 vertebral body.
* Increased fracture of the T12 vertebral body now involving more of the inferior endplate (602/54). New pathologic fracture of the T10 inferior endplate (602/55).
* Left 9th rib lytic lesion with soft tissue component measuring 3.0 x 1.8 cm (305/150) previously 2.7 x 1.6 cm. Multiple chronic pathologic rib fractures. New subacute fracture of the left 7th rib (305/131).
* Multiple lytic rib lesions involve the cortex, for example (304/133, 304/68, 304/86).

Ordering provider: Parisa Sutanthavibul
Reading physician: Sudhakar Pipavath
Study date: Aug 12, 2026 3:50 PM
Collection date: Aug 12, 2026 4:04 PM
Result date: Aug 12, 2026 6:06 PM
Result status: Final

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