
 Is there a PE?	 Summary of Teaching Points
Case 8	?	Possible isolated SSPE vs. artifact
Case 9	×	Pulmonary motion artifact
Case 10	×	Pulmonary motion artifact
Case 20	×	Streak artifact and pulmonary motion artifact
Case 21	×	Pulmonary motion artifact
Case 23	×	Pulmonary motion artifact
Case 24	×	Streak artifact
Case 29	? → ×	Initial: Equivocal for PE vs. artifact Rescan with delay: Proved bronchial artery inflow artifact
Case 33	×	Pulmonary motion artifact and streak artifact
Case 14	✓	Incidental PE on routine contrast-enhanced chest CT
Case 17	✓	Acute on chronic PE. Clot in RA and SVC
Case 19	✓	Acute PE. Large clot burden, RV strain sign
Case 22	✓	Acute PE. No RV strain sign
Case 26	✓	Acute PE. Small clot burden, RV strain sign
Case 28	✓	Acute PE. No RV strain sign
Case 30	✓	Acute SSPE
Case 1	✓	Chronic PE
Case 18	✓	Chronic PE
Case 27	✓	Chronic PE
Case 32	✓	Chronic PE. Dilated MPA. Flow-related artifact

Please click the annotated Pacsbin Case links above, and as you review them, think about each of the following questions:

- What is the exam quality? ☐ High ☐ Moderate ☐ Low ☐ Nondiagnostic
- Any limitation(s) that significantly limits evaluation?

☐ Suboptimal contrast opacification
 ☐ Pulmonary motion
 ☐ Flow-related artifact
 ☐ Streak artifact from SVC

☐ Transient interruption of contrast
 ☐ Image noise
 ☐ Parenchymal disease
 ☐ Streak artifact from arm
- What is the best conclusion regarding presence or absence of PE?
☐ No PE ☐ No central acute PE ☐ Acute isolated SSPE ☐ Acute PE ☐ Chronic PE ☐ Nondiagnostic ☐ Equivocal
- In what location(s) is there a PE?
☐ MPA/saddle ☐ RPA/LPA ☐ Interlobar PAs ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ Lingula ☐ LLL
- What is the most proximal level with a PE?
☐ MPA/saddle ☐ RPA/LPA ☐ Interlobar PAs ☐ Lobar ☐ Segmental ☐ Subsegmental
- Any ancillary findings of PE? ☐ Sign of RV strain ☐ Dilated MPA ☐ Right heart clot ☐ Pulmonary Infarction