A 48-year old man had experienced syncope and complained about intense chest pain and dyspnoea. Electrocardiogram-gated, contrast-enhanced, multislice computed tomography demonstrated the aorta and coronary arteries without abnormalities but revealed multiple pulmonary emboli as well as impending paradoxical embolism from a floating thrombus entrapped in a patent foramen ovale (Fig. 1).

Figure 1: Images show multiple filling defects in the pulmonary arteries (A–H, arrowheads), consecutive enlargement of the right ventricle with flattening of the interventricular septum (D and F, asterisk) and marked dilatation of the left atrium with leftward bowing of the interatrial septum (F and H, curved arrow). Images also show a spherical thrombus in the right atrium (F–H, large arrow) and a vermicular extension of the thrombus crossing the interatrial septum at the site of a persistent patent foramen ovale, with a free-floating tip in the left atrium (E, G and H, small arrows).