

Patient Name	: Mr.HASNU	Visit No	: CHA250034937
Age/Gender	: 70 Y/M	Registration ON	: 26/Feb/2025 04:06PM
Lab No	: 10132233	Sample Collected ON	: 26/Feb/2025 04:06PM
Referred By	: Dr.FAISAL AFTAB	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 05:37PM

CT THORAX

CECT STUDY OF THORAX

- A relatively well defined heterogeneously enhancing area of parenchymal opacification measuring approx. 101 x 69 x 77 mm is seen in left infrahilar location in left lower lobe. It is causing suspicious cut off of segmental branches of left lower lobar bronchus. It is encasing branches of left descending pulmonary artery & left inferior pulmonary vein with luminal attenuation thereof. Posteriorly & laterally it is reaching upto overlying chest wall without obvious rib erosion. Inferiorly it is abutting left dome of diaphragm with loss of interface. Adjacent left lung parenchyma shows mild nodular inter / intra-lobular septal thickening.
- Patchy and confluent areas of fibro-atelectatic & fibro-bronchiectatic changes are seen in bilateral lungs predominantly in upper lobes. Mild bilateral apical pleural thickening is seen. Few tiny calcified nodules are seen in bilateral lungs. Few areas of paraseptal emphysema are seen in bilateral lungs predominantly in upper lobes.
- A well defined solid nodular opacity measuring approx. 8 x 7 mm is seen in right middle lobe showing suspicious internal calcification.
- No pleural effusion is seen on either side.
- Few subcentimeteric to centimeteric mediastinal lymphnodes are seen with the largest measuring approx. 15 mm in MSAD seen at station 7.
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- Degenerative changes are seen in visualized parts of spine.

OPINION:

- HETEROGENEOUSLY ENHANCING AREA OF PARENCHYMAL OPACIFICATION IN LEFT LOWER LOBE WITH BRONCHUS CUT OF AND ADJACENT NODULAR INTERSTITIAL SEPTAL THICKENING - POSSIBILITIES INCLUDE (1) NEOPLASTIC ETIOLOGY WITH LYMPHANGIITIS WITH CARCINOMATOSIS (2) INFECTIVE ETIOLOGY.
- SOLID NODULAR OPACITY IN RIGHT MIDDLE LOBE WITH SUSPICIOUS CALCIFICATION - ? INFECTIVE / POST INFECTIVE / ?? NEOPLASTIC (METASTATIC).

SUGGESTED : FOLLOW UP & HPE CORRELATION.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna



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*** End Of Report ***

