

Patient Name	: Mr.SURAT ALI	Visit No	: CHA250036483
Age/Gender	: 60 Y/M	Registration ON	: 28/Feb/2025 07:29PM
Lab No	: 10133779	Sample Collected ON	: 28/Feb/2025 07:29PM
Referred By	: Dr.NATIONAL HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 10:44AM

CT THORAX

HRCT STUDY OF THORAX (NCCT)

- Multiple large thick walled cavitary parenchymal opacities are seen in both lower lobes & in right upper lobe with air-fluid levels (left lower lobe largest).
- Small nodular parenchymal opacities are seen in right lower lobe & few in upper lobe. Few linear parenchymal opacities are seen in right middle lobe & in left upper lobe. No space occupying lesion is seen.
- Minimal right pleural effusion is seen. No pleural effusion is seen on left side.
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Heart size is enlarged.
- Esophagus is seen normally.
- Visualized portion of bones are seen normally.
- Soft tissues are seen normally.

OPINION:

- **MULTIPLE LARGE THICK WALLED CAVITARY PARENCHYMAL OPACITIES IN BOTH LOWER LOBES & IN RIGHT UPPER LOBE WITH AIR-FLUID LEVELS (ABSCESSSES) WITH SMALL NODULAR PARENCHYMAL OPACITIES IN RIGHT LOWER LOBE & FEW IN UPPER LOBE WITH FEW FIBRO-ATELECTATIC PARENCHYMAL OPACITIES WITH MINIMAL PLEURAL EFFUSION RIGHT - MOST LIKELY SEQUELAE OF INFECTIVE PATHOLOGY (?? KOCH'S CHEST ?? FUNGAL INFECTION ??? OTHER GRANULOMATOUS PATHOLOGY).**
- **CARDIOMEGALY.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Rachna

*** End Of Report ***

