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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr. NASEEB KHAN Age/Gender : 70 Y O M O D /M

Lab No : 10140086

Referred By : Dr.PARAS HOSPITAL & MATERNIT

Refer Lab/Hosp : CHARAK NA

P.R.

Doctor Advice : CREATININE,CT THORAX

Visit No : CHA250042791

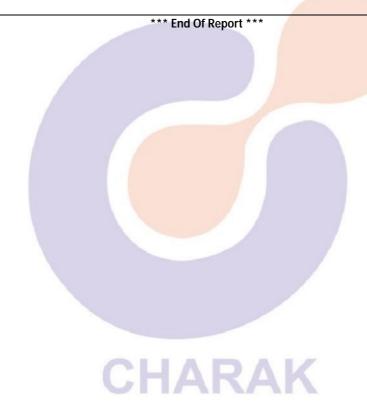
Registration ON : 10/Mar/2025 10:05AM

Sample Collected ON : 10/Mar/2025 10:06AM : 10/Mar/2025 10:29AM Sample Received ON

Report Generated ON : 10/Mar/2025 11:20AM



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------|--------|-------|-----------------|------------------------------|
| SERUM CREATININE | | | | |
| CREATININE | 1.00 | mg/dl | 0.50 - 1.40 | Alkaline picrate- kinetic |







Patient Name : Mr. NASEEB KHAN Visit No : CHA250042791

 Age/Gender
 : 70 Y 0 M 0 D /M
 Registration ON
 : 10/Mar/2025 10:05AM

 Lab No
 : 10140086
 Sample Collected ON
 : 10/Mar/2025 10:05AM

Referred By : Dr.PARAS HOSPITAL & MATERNITY Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 12:11PM

CT THORAX

CECT STUDY OF CHEST

CT study performed before and after injecting (intravenous) 60ml of non ionic contrast media.

- Area of consolidation is seen in lateral segment of right middle lobe with adjacent patchy & linear parenchymal opacities. Subtle ground-glass hazyness is seen in right upper lobe. Tiny thin walled lucent areas are seen in both lungs (more in upper lobes & in para-mediastinal regions). No evidence any mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- Few subcentimeteric mediastinal nodes are seen (SAD < 10mm).
- Trachea is central.
- Great vessels are seen normally.
- Heart size is normal.
- Esophagus is seen normally.
- Visualized liver shows normal parenchyma. No SOL is seen.
- Dorsal spine shows degenerative changes.
- Soft tissues are seen normally.

OPINION:

- AREA OF CONSOLIDATION IN LATERAL SEGMENT OF RIGHT MIDDLE LOBE WITH ADJACENT PATCHY & LINEAR PARENCHYMAL OPACITIES WITH SUBTLE GROUND-GLASS HAZYNESS IN RIGHT UPPER LOBE.
 - MOST LIKELY SEQUELAE OF INFECTIVE PATHOLOGY (?? PNEUMONITIS).
- EMPHYSEMATOUS CHANGES IN LUNGS (CENTRIACINAR & PARASEPTAL).

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya



*** End Of Report ***