

Patient Name	: Mr.AMRIT LAL	Visit No	: CHA250043973
Age/Gender	: 59 Y/M	Registration ON	: 11/Mar/2025 02:39PM
<b>Lab No</b>	<b>: 10141268</b>	Sample Collected ON	: 11/Mar/2025 02:39PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 11/Mar/2025 06:06PM

**CT THORAX**

**HRCT STUDY OF THORAX**

- Patchy and confluent areas of fibro-consolidatory opacities with some of them showing internal cavitation are seen in bilateral lungs. Mild adjacent ground-glass opacity and subtle inter / intra-lobular septal thickening are also seen at places. Few solid / part solid centrilobular nodules giving tree in bud appearance at places are also seen in bilateral lungs predominantly in upper lobes. Few areas of bronchiectatic changes are also seen at places.
- Few areas of mild centriacinar and paraseptal emphysematous changes are seen in bilateral lungs predominantly in upper lobes. Mild bilateral apical pleural thickening is seen with few fibro-atelectatic bands and tiny calcified nodules in bilateral lungs.
- No pleural effusion is seen on either side.
- *Few subcentimetric mediastinal lymphnodes are seen.*
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- *Degenerative changes are seen in visualized parts of spine.*

**OPINION:**

- **FIBRO-CONSOLIDATORY OPACITIES WITH INTERNAL CAVITATION AND TREE IN BUD NODULES IN BILATERAL LUNGS AS DESCRIBED - LIKELY INFECTIVE / POST INFECTIVE >> RARE POSSIBILITY OF NEOPLASTIC ETIOLOGY.**
- **EMPHYSEMATOUS CHANGES IN BILATERAL LUNGS PREDOMINANTLY IN UPPER LOBES.**

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

\*\*\* End Of Report \*\*\*

