

Patient Name	: Ms.MALTI DEVI	Visit No	: CHA250044757
Age/Gender	: 73 Y/F	Registration ON	: 12/Mar/2025 04:11PM
Lab No	: 10142052	Sample Collected ON	: 12/Mar/2025 04:11PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 12/Mar/2025 07:43PM

CT THORAX

HRCT STUDY OF THORAX

- Mild bilateral apical pleural thickening is seen with patchy and confluent areas of fibro-atelectatic changes seen in bilateral (left > right) lungs predominantly in left upper lobe. Few calcified nodules are also seen in bilateral lungs.
- There is mild elevation and upwards bulge of contour of left hemi-diaphragm without obvious defect with cranial displacement of stomach.
- Rest of the lung fields are clear and show normal pulmonary architecture. No evidence of any other parenchymal opacity is seen.
- No pleural effusion is seen on either side.
- Few subcentimetric to centimetric mediastinal lymphnodes are seen with some of them showing calcification and largest measuring approx. 10 mm in MSAD seen at station 4R.
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- Degenerative changes are seen in visualized parts of spine.

OPINION:

- FIBRO-ATELECTATIC CHANGES WITH CALCIFIED NODULES IN BILATERAL LUNGS (LEFT > RIGHT) - LIKELY SEQUELAE TO CHRONIC INFECTIVE ETIOLOGY.
- ELEVATION OF UPWARDS CONTOUR BULGE OF LEFT HEMI-DIAPHRAGM WITHOUT OBVIOUS DEFECT - ?DIAPHRAGMATIC EVENTRATION / ??DIAPHRAGMATIC PALSY / ??CAUSE

Clinical correlation is necessary.

(DR. JAYENDRA K. ARYA, MD)

*** End Of Report ***

