

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name : Ms.UMA DEVI Visit No : CHA250045667

 Age/Gender
 : 40 Y/F
 Registration ON
 : 15/Mar/2025 10:38AM

 Lab No
 : 10142962
 Sample Collected ON
 : 15/Mar/2025 10:38AM

Referred By : Dr.AMIT KUMAR SINGH Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 15/Mar/2025 12:51PM

CT THORAX

## HR CT STUDY OF THORAX

- Focal proximal bronchial dilatation is seen mainly in posterior segment of right upper lobe and superior segment of right lower lobe. Tubular parenchymal opacities are seen in left inferior lingular segment and few in right lower lobe. Patchy areas of ground -glass haziness are seen in both lung fields. No evidence of any area of consolidation or any mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Heart size is normal .
- Esophagus is seen normally.
- Visualized portion of bones are seen normally.
- Soft tissues are seen normally.

## OPINION:

FOCAL PROXIMAL BRONCHIECTASIS [ MAINLY IN RIGHT LUNG ] .

TUBULAR PARENCHYMAL OPACITIES IN LEFT INFERIOR LINGULAR SEGMENT AND IN RIGHT LOWER LOBE ....MUCOID IMPACTION .

PATCHY AREAS OF GROUND -GLASS HAZINESS IN BOTH LUNG FIELDS......EXTRINSIC ALVEOLITIS .

POSSIBILITY OF ALLERGIC BRONCHO-PULMONARY ASPERGLIOSIS MAY BE CONSIDERED.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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

