

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

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

Patient Name : Mr.VIKRAM PRASAD

Age/Gender : 49 Y/M

Lab No : 10144408

Referred By : Dr.KG1
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250047113

Registration ON : 17/Mar/2025 01:17PM Sample Collected ON : 17/Mar/2025 01:17PM

Sample Received ON

Report Generated ON : 17/Mar/2025 04:57PM







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CT THORAX

CECT STUDY OF THORAX

Contrast study performed before and after injecting (intravenous) 80ml of non ionic contrast media.

- Bilateral loculated pleural effusion is seen with pleural thickening and enhancement. Air-pockets are seen in pleural collection with ICD tube on right side.
- Right lower lobe basal consolidation and collapse is seen. Few linear and atelectatic parenchymal opacities are seen in both lower zones. No evidence of any other parenchymal opacity or any mass lesion is seen.
- No mediastinal lymphadenopathy is seen.
- 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.
- Visualized portion of bones are seen normally.
- Soft tissues are seen normally.

OPINION:

- BILATERAL LOCULATED PLEURAL EFFUSION WITH PLEURAL THICKENING AND ENHANCEMENT WITH AIR-POCKETS INSIDE WITH ICD ON RIGHT SIDE (BILATERAL EMPYMA).
- RIGHT LOWER LOBE BASAL CONSOLIDATION AND COLLAPSE WITH FEW LINEAR AND ATELECTATIC PARENCHYMAL OPACITIES IN BOTH LOWER ZONES---POST INFECTIVE SEQUELAE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi





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