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| Patient Name | : Mr.KARTAR BAKSH SINGH | Visit No | : CHA250047168 |
| Age/Gender | : 76 Y/M | Registration ON | : 17/Mar/2025 01:54PM |
| Lab No | : 10144463 | Sample Collected ON | : 17/Mar/2025 01:54PM |
| Referred By | : Dr.ANANT SHEEL CHAUDHARY | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 17/Mar/2025 06:34PM |

CT THORAX

CECT STUDY OF THORAX

- Minimal to mild left pleural effusion is seen with subsegmental atelectasis of underlying left lung. Few areas of peribronchial interstitial thickening are seen in left lung predominantly in left lower lobe.
- Mild bilateral apical pleural thickening is seen with patchy areas of fibro-atelectatic changes and calcified nodules in bilateral lungs.
- Few subcentimeteric to centimeteric mediastinal lymphnodes are seen with the largest measuring approx. 14 mm in MSAD seen at station 5.
- 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 - SEQUELAE TO CHRONIC INFECTIVE ETIOLOGY.
- MINIMAL TO MILD LEFT PLEURAL EFFUSION WITH AREAS OF PERIBRONCHIAL INTERSTITIAL THICKENING IN LEFT LUNG - ? INFECTIVE (SUGGESTED : PLEURAL FLUID EXAMINATION).

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

