

<b>Patient Name</b>	MD SHOUKAT ALI	<b>Referring Physician</b>	
<b>Patient ID</b>	P1686111	<b>Date</b>	2025-05-07
<b>Sex/Age</b>	M / 049Y	<b>Modality</b>	CT

### Investigation: CECT THORAX

**Title :** CECT scan of Thorax performed spiral on **Philips Incisive 128 Slice** CT machine. Contrast iohexol 350 mg 60ml intravenous was introduced to patient. No untoward reaction was observed.

**Clinical presentation:** Fever and cough x 1.5 months.

### Findings:

**Multiple discrete and confluent centrilobular nodules, few of which show tree-in-bud configuration are seen involving all the segments of right upper lobe, medial segment of right middle lobe, superior / lateral and posterior segments of right lower lobe and superior segment of left lower lobe.**

**Multifocal patchy areas of consolidation showing air bronchograms within and surrounding ground glass opacities are seen in posterior segment of right upper lobe and lateral / posterior segments of right lower lobe. The lower lobe consolidatory opacity shows low attenuation within-? necrosis.**

**Few subpleural reticulations and fibrotic bands are seen in the inferior lingular segment of left upper lobe and antero-medial segment of left lower lobe.**

**Few fibro-calcific changes are seen in superior lingular segment of left upper lobe.**

**Few homogeneously enhancing subcentimetric lymph nodes are seen in the prevascular, paratracheal, para aortic and subcarinal stations largest measuring 14.6 x 8.8 mm at the right paratracheal station.**

Rest of the lung parenchyma shows normal bronchovascular pattern.

The trachea is central. Trachea does not reveal any significant abnormality.

The mediastinal vascular structures & cardiac silhouette are well opacified with I V contrast and appear normal.

Visualized esophagus is unremarkable.

No free fluid is seen in the pleural cavity. The pleura / chest wall are normal.

Both lobes of thyroid are normal in size, shape, attenuation and enhancement. The isthmus is normal.

*Bones under view shows early degenerative changes in the form of marginal osteophytes at multiple vertebral levels.*

***Sections obtained through the upper abdomen shows multiple tiny hyperdense calcific areas in the entire splenic parenchyma -suggestive of calcified granuloma.***

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IMPRESSION :

- Centrilobular nodules showing tree-in-bud configuration in the right lung and left lower lobe with multifocal areas of consolidation and surrounding ground glass opacities in right upper and lower lobe as described above. Imaging findings are suggestive of infective etiology (? tubercular). (Advise: Clinical and lab correlation).
- Fibro-calcific changes in left upper lobe with subpleural reticulations and fibrotic bands left upper and lower lobe as described above likely sequale to old infective etiology.

*Please correlate clinically.*



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