

**UC DAVIS MEDICAL CENTER**  
Department of Radiology  
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## OSTIC IMAGING REPORT

<b>Patient:</b>	JOHNSON, MARGARET A.	<b>Accession #:</b>	CT-2025-284751
<b>DOB:</b>	03/15/1952	<b>Exam Date:</b>	10/15/2025
<b>MRN:</b>	847291	<b>Exam Time:</b>	10:42 AM
<b>Ordering MD:</b>	Susan Williams, MD	<b>Radiologist:</b>	Robert Kim, MD

**EXAMINATION:** CT Chest Low-Dose Lung Cancer Screening

**CLINICAL HISTORY:**

72-year-old female, former smoker with 40 pack-year history. Annual lung cancer screening.

**COMPARISON:**

No prior imaging available for comparison.

**TECHNIQUE:**

Low-dose helical CT of the chest was performed without intravenous contrast. Axial images were obtained at 1.25mm slice thickness. Coronal and sagittal reformations provided.

**FINDINGS:**

**LUNGS AND AIRWAYS:**

There is an 18 x 15 mm part-solid nodule in the right upper lobe, posterior segment (series 3, image 47). The nodule demonstrates spiculated margins with a solid component measuring approximately 12mm. The ground-glass component measures approximately 6mm in greatest dimension. No cavitation or calcification is identified. The nodule abuts the minor fissure.

Additional findings:

- 4mm ground-glass nodule in the left lower lobe (series 3, image 112) - likely benign
- Centrilobular and paraseptal emphysema, moderate severity, bilateral upper lobe predominant
- Mild bronchial wall thickening consistent with chronic bronchitis
- Airways are patent to the subsegmental level

**PLEURA:**

No pleural effusion or pneumothorax. No pleural thickening or masses.

**MEDIASTINUM:**

The heart size is normal. No pericardial effusion. Coronary artery calcifications are present. The thoracic aorta is normal in caliber without aneurysm. No mediastinal or hilar lymphadenopathy by size criteria (no nodes exceed 1cm in short axis).

**CHEST WALL AND BONES:**

No suspicious osseous lesions. Mild degenerative changes of the thoracic spine. Breast tissue appears unremarkable.

**UPPER ABDOMEN (Limited evaluation):**

Visualized portions of the liver, spleen, and adrenal glands appear unremarkable.

**IMPRESSION:**

1. **18mm part-solid nodule in the right upper lobe, posterior segment, with 12mm solid component and spiculated margins.** This is highly suspicious for primary lung malignancy.

**Lung-RADS Category: 4B**

**Recommendation: PET-CT and tissue sampling recommended. Consider multidisciplinary discussion.**

2. Moderate centrilobular and paraseptal emphysema, consistent with COPD.
3. 4mm ground-glass nodule in left lower lobe, likely benign. Recommend follow-up in 12 months if no prior imaging demonstrates stability.
4. Coronary artery calcifications noted. Clinical correlation recommended.

**Electronically Signed By:**

Robert Kim, MD

Board Certified Diagnostic Radiology

Fellowship Trained Thoracic Imaging

Signed: 10/15/2025 2:18 PM

Report ID: RAD-2025-CT-284751

**CRITICAL/SIGNIFICANT RESULTS COMMUNICATION**

Findings communicated to Dr. Susan Williams (ordering provider) by telephone

at 2:25 PM on 10/15/2025 by Dr. Robert Kim.

Read-back confirmed.