

DIAGNOSTIC IMAGING REPORT

Radiology Department | HL7 FHIR US Core & DICOM SR Compliant

PATIENT INFORMATION

Patient Name: **Kiki Appgoal**
Date of Birth: **1955-11-24 (Age: 69)**
Gender: **Female**
MRN: **815799078**
Location: **Outpatient Radiology**

STUDY INFORMATION

Accession #: **IMG-2026-0122-0847**
Exam Date: **2026-01-22 20:04**
Report Date: **2026-01-23 20:04**
Priority: **Routine**
Report Status: **FINAL**

EXAMINATION	PROCEDURE CODES
CT Chest with Contrast	CPT: 71260 LOINC: 24627-2 SNOMED: 169069000

CLINICAL INFORMATION

Ordering Provider: Dr. Jane Smith, MD (NPI: 1234567890)

Reason for Exam: Chronic cough, rule out pulmonary pathology (ICD-10: R05.9)

Clinical History: 69-year-old female with persistent cough for 6 weeks. Former smoker (quit 15 years ago), 20 pack-year history. No hemoptysis. No recent weight loss. No fever or night sweats.

TECHNIQUE

CT of the chest was performed from the thoracic inlet to the upper abdomen following the intravenous administration of 100 mL Omnipaque 350 contrast material. Axial images were obtained at 1.25 mm slice thickness with coronal and sagittal reformations. Scan was performed during a single breath-hold in full inspiration.

COMPARISON

Chest radiograph dated 2025-12-15. No prior CT available for comparison.

FINDINGS

Lungs and Airways: The lungs are clear without consolidation, mass, or nodule. No ground-glass opacities or interstitial abnormality. Airways patent to subsegmental level. Minor dependent atelectasis at lung bases bilaterally.

Pleura: No pleural effusion or pneumothorax. No pleural thickening.

Mediastinum and Hila: Normal heart size. No pericardial effusion. Thoracic aorta normal caliber. Mild coronary artery calcification. No mediastinal or hilar lymphadenopathy.

Chest Wall and Bones: No aggressive osseous lesion. Mild degenerative thoracic spine changes.

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FINDINGS (continued)

Upper Abdomen: Visualized liver, spleen, adrenals unremarkable. No lymphadenopathy.

Thyroid: Normal size and attenuation. No discrete nodules.

IMPRESSION

1. No acute cardiopulmonary abnormality. No pulmonary mass, nodule, or infiltrate to explain cough.
2. Mild coronary artery calcification (atherosclerotic disease).
3. Minor bibasilar dependent atelectasis, likely positional.
4. Mild degenerative thoracic spine changes.

RECOMMENDATIONS

Clinical correlation recommended. If symptoms persist, consider PFTs or evaluation for GERD/post-nasal drip.

TECHNICAL PARAMETERS

Parameter	Value	Parameter	Value
Scanner:	Siemens SOMATOM Force	kVp:	120
Slice Thickness:	1.25 mm	mAs:	150 (effective)
Reconstruction:	Soft tissue / Lung	CTDlvol:	8.5 mGy
Contrast:	Omnipaque 350, 100 mL IV	DLP:	285 mGy·cm

Radiation Dose: ALARA compliant. CTDlvol: 8.5 mGy | DLP: 285 mGy·cm | Estimated effective dose: ~4.3 mSv.

Standards: HL7 FHIR R4 US Core, DICOM SR, ACR Practice Parameters, RadLex. Codes: CPT 71260 | LOINC 24627-2 | SNOMED 169069000

FHIR IDs: Patient/3074158b3ac242c3a94fa527ffe3e0a4 | DiagnosticReport/DR-IMG-20260123-001 | ImagingStudy/IS-20260123-001

Facility: Canvas Medical Radiology (ACR Accredited) | 123 Medical Center Dr, Healthcare City, CA 90210 | (555) 123-4567

Electronically signed: Dr. Robert Chen, MD, FACP | Board Certified Diagnostic Radiologist | 2026-01-23 20:04 EST

CRITICAL RESULTS COMMUNICATION: No critical or unexpected findings requiring immediate communication per ACR Practice Parameter for Communication of Diagnostic Imaging Findings.