

Patient: [Redacted]

Date: [Redacted]

Exam: CT Chest (with IV contrast)

Clinical Indication

Shortness of breath, cough, history of smoking. Rule out pulmonary embolism, mass, or infection.

Technique

- CT chest performed with intravenous contrast.
 - Axial, coronal, and sagittal reconstructions reviewed.
 - Dose reduction techniques applied.
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Findings

Lungs:

- Mild centrilobular emphysema predominantly in upper lobes.
- 5 mm non-calcified pulmonary nodule in the right upper lobe.
- No focal consolidation or ground-glass opacity.
- No evidence of endobronchial lesion.

Pleura:

- No pleural effusion or pneumothorax.

Mediastinum / Vasculature:

- Main pulmonary arteries and lobar branches are patent, no filling defect → *no pulmonary embolism*.
- Mild atherosclerotic calcifications in thoracic aorta.

- Heart size within normal limits.

Lymph Nodes:

- Sub-centimeter mediastinal lymph nodes, not enlarged by size criteria.

Bones / Soft tissues:

- No acute osseous abnormality.
- Mild degenerative changes in thoracic spine.

Upper Abdomen (limited view):

- Visualized liver, adrenal glands, and spleen unremarkable.

Impression

1. **No CT evidence of pulmonary embolism.**
2. **5 mm right upper lobe pulmonary nodule** — indeterminate. Recommend follow-up CT chest in 12 months (per Fleischner Society guidelines, given smoking history).
3. Mild centrilobular emphysema.
4. No pleural effusion or pneumonia.