# Audio file

[120173.m4a](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

# [Transcript](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:02](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Patient ID 120173 next line City chest. Next line, lungs, colon.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:09](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable bilateral apical fibrosis with irregular plural thickening. Full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:14](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable, irregular, fibro, atelectatic parenchymal bands with mild project aces in right middle lobe. Full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:22](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable, irregular focal fibrolytic.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:27](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Band with Tiny calcified audio in.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:31](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Inferior Lingular segment, full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:35](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable peripheral nodule in anti basal segment of right lower loop. Full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:41](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable solution. Audio in posterior basal segment of right lower lobe, full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:47](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable, ill defined atelectatic.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:00:52](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Ground glass density in steel vessel segment of right lower lobe full stop appearance of 2 small subpleural patchy ringless opacity in anterior segment of left upper full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:01:06](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Next, one plural spaces. Colon. No pleural effusion or pneumothorax. Full stop. Next line, heart, colon, no cardiomegaly or pericardial effusion. Full stop. Next line. Iota. Colon. No iotic aneurysm. Full stop. Next line. Notes. Colon. No significant.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:01:24](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[External comma, axillary or supraclavicular lymphadenopathy. Full stop. Next line Bose Colon mild degenerative changes in thoracic spine. Full stop. Next line soft tissues colon. Unremarkable. Full stop. Next line impression Colon next.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:01:43](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Stable bilateral apical fibrosis with the regular plural thickening full stop. Next line stable, irregular fibroid electric bands with mild Bronchiectasis in right middle lobe Postop next line stable irregular focal fibrolytic consultation with tiny calcified nodule in inferior lingula.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:02:03](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Full stop. Next line stable. Nodules in both lungs. Full stop. Next line.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:02:10](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Offense of 2 small patchy subpleural ground glass opacities in anterior segment of left upper hyphen, like lightly infective full stop.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[00:02:21](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)

[Next line, end of report.](https://sempra-my.sharepoint.com/personal/mjoung_sempra_com/Documents/Transcribed%20Files/120173.m4a)