सेवार्थ संस्थान सेठ बिमलकुमार जैन ट्रॉमा एवं फिजियोथैरेपी धर्मार्थ समिति एन.एच. – 2, आगरा रोड, फिरोजाबाद – 283 203 ( च.प्र. ) फोन नं. : 05612 – 240022, 240033, मोबा. 9917772233

Name : SAIRINDRI DEVI

Ref. By: Dr. SANJEEV SINGHAL, DNB

Mobile:95600512791 Age/ Sex: 66yrs/F Date: 28/08/2023

## **CECT CHEST**

PROTOCOL: CECT of chest was done before and after administration of iodinated contrast, from thoracic inlet to the level of adrenal glands. Images are acquired in axial plane and viewed in mediastinal and lung windows. No adverse reactions seen.

## **OBSERVATIONS:**

- Bilateral lung fields show multiple tiny alveolar nodules with tree-in-bud pattern and areas of coalescence.
- Right middle lobe shows collapse-consolidation. Tubular bronchiectasis with luminal secretions is also seen.
- No cavitation.
- Multiple enlarged (SAD 10-13mm) size hypodense, minimal enhancing, conglomerate lymph nodes are seen in superior mediastinum, right hilar, sub carinal and para esophageal groups.
- Left axilla also shows discrete enhancing lymph nodes (SAD 9mm).
- Trachea and other major bronchi appear normal.
- Mediastinal vessels and cardiac chambers appear normal.
- No pericardial or pleural effusion.
- Chest wall appears normal.
- Bilateral adrenal glands are normai.

## **IMPRESSION:**

- Bilateral multiple tiny alveolar nodules with tree-in-bud pattern and areas of
- Right middle lobe collapse-consolidation with tubular bronchiectasis and luminal
- Multiple level conglomerate mediastinal lymphadenopathy. S/o Active pulmonary Koch's.

Please correlate clinically.

Dr. S. Senthil M. D.,

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\* Clinical correlation is essential for final diagnosis \* This report is for perusal of doctors only \* Not for medical college, New Delhu. radiological discrepancy may be reported for review.