

**Critical Care** 

Name: Mrs. Pushpa Pandey

Gender: F

Doctor: DrDilip D./DrSandeep M/DrVipul

UHID: ML10272145

DOB: 15 Aug 1955 (68 years)

Date: 23 Mar 2024

# Department of Radiology -

## MOR XRAY CHEST

Radiology Report ML10272145

# X-RAY CHEST (AP VIEW) {23.03.2024}

## **FINDINGS**:

Chest leads artefacts are noted.

Bronchovascular markings are prominent in both lung fields.

Both CP angles are obscured.

Apparent cardiomegaly is noted (Adv: 2D echo correlation).

No evidence of mediastinal shift is seen.

Rest of the lung fields are clear.

Both domes of diaphragm are normal.

Please correlate clinically

Dr. Sunil Kumar MBBS, MD Director, Radiology & Imaging

**Authorized by:** 

**Dr Sunil Kumar** 

Director

Authorized On: 23 Mar 2024 12:34, Ordered On: 23 Mar 2024 00:45

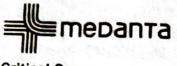
Note: Hospital policy mandates the films records to be maintained for the period of 3 months only. Kindly collect the films before this period.

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# Department of Radiology -

MOB XRAY CHEST

Radiology Report ML10272145

X-RAY CHEST (AP VIEW) {22.03.2024}

### **FINDINGS**:

Chest leads artefacts are noted.

Bronchovascular markings are prominent in both lung fields. Both CP angles are blunted -----? Pleural effusion/thickening.

Apparent cardiomegaly is noted (Adv: 2D echo correlation).

No evidence of mediastinal shift is seen.

Rest of the lung fields are clear.

Both domes of diaphragm are normal.

Please correlate clinically

Dr. Sunil Kumar MBBS, MD

Director, Radiology & Imaging

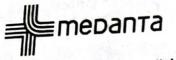
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Respiratory & Sleep Medicine

Name: Mrs. Pushpa Pandey

Gender: F

Doctor: DrJugendra/DrVipul/DrAbhishekT

UHID: ML10

DOB: 15 Au

Date: 20 Mar

Department of Radiology -

CT ANGIOGRAPHY PULMONARY

Radiology Report MRS. PUSHPA PANDEY ML10272145

# CT PULMONARY ANGIOGRAPHY

Main pulmonary trunk, right & left pulmonary arteries show normal calibre and contrast opacification. obvious intraluminal filling defect noted. No sign of pulmonary thromboembolism seen.

Diameter of main pulmonary artery is 3.1 cm.

Diameter of right pulmonary artery is 2.3 cm.

Diameter of left pulmonary artery is 2.0 cm.

Smooth distal tapering of the intrapulmonary vessels is seen.

The ascending aorta, aortic arch & descending aorta are normal in course, calibre and contrast enhancement, No abnormal dilatation or narrowing is seen.

Innominate, left common carotid & left subclavian arteries are normally arising from the aortic arch. Innominate artery is normally dividing into right subclavian & right common carotid arteries.

Bilateral mild pleural effusion with underlying basal atelectasis are noted.

Multiple areas of subtle ground glass opacities and interlobular septal thickenings are noted in bilateral lung fields.

Cardiomegaly is seen.

#### IMPRESSION:

- No signs of pulmonary thromboembolism seen.
- Bilateral mild pleural effusion with underlying basal atelectasis.
- Multiple areas of subtle ground glass opacities and interlobular septal thickenings in bilateral lung fields and cardiomegaly -----? Volume overload / ? infective etiology.
- Sections of lower limb does not show any evidence of DVT.

Please correlate clinically.

Dr. Varun Kumar Agarwal MBBS, DNB (Radio diagnosis) Associate Consultant Radiologist

Authorized by: Dr Varun Kumar

**Associate Consultant** 

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