

CT OF CHEST

Client Patient Id		Scan Number	Case 4
Scanris Patient Id	Case 4	Date	August 1, 2005
Report of	CT of the Chest	Client Name	

History

C/O chronic cough since 4-5 years.

H/O Pulmonary Kochs for which patient is on AKT since 1 1/2 years.

Sarcoidosis +.

IV and Oral Contrast

IV Contrast administered.

Provided.

Findings:

LUNG PARENCHYMA:	There is diffuse ground-glass attenuation in the lung parenchyma on either side, predominantly in the lower lobe segments bilaterally, in the right middle lobe segments and in the lingular segments. There is evidence of circatrical bronchiectatic changes in the lower lobe segments bilaterally and in the right middle lobe segments.
MEDIASTINUM AND HILA:	There are multiple, fairly large, mediastinal lymphnodes in the right paratracheal region, pretracheal-retrocaval region, paraaortic regions, and hilar region and in the subcarinal region. Some of these lymphnodes show evidence of calcification.
CHEST WALL AND PLEURA:	The visualized chest wall and pleural spaces are unremarkable.
HEART AND PERICARDIUM:	Unremarkable
AIRWAY:	The trachea and the main bronchi do not reveal any intrinsic lesion.
AXILLA:	The visualized axilla on either side is normal.
LIVER:	Unremarkable
GALL BLADDER:	Unremarkable
KIDNEYS:	Unremarkable
ADRENALS:	Unremarkable
PANCREAS:	Unremarkable

OTHER None.

Impression	The CT Scan features suggest multiple, fairly large mediastinal	
	lymphnodes with calcification in some of the lymphnodes and diffuse	
	ground-glass attenuation in the lung parenchyma on either side as	
	described. Sarcoidosis is a likely possibility. The persistence of ground-	
	glass attenuation may suggest fibrosis rather than alveolitis. Circatrical	
	bronchiectatic changes are noted as described.	
	As compared to the previous CT Scan dated July 3, 2005, the ground-glass	
	attenuation is persistent. The enlarged lymphnodes are minimally	
	decreased in size and some of them show evidence of calcification.	