

## DIAGNOSTIC IMAGING REPORT

<b>Patient Name</b> : Mr. SANJOJ KUMAR KALANAD	<b>Patient Number</b> : 600045342
<b>Date of Birth</b> : 09.01.1991	<b>Age</b> : 33 years
<b>Department</b> : Diagnostic Imaging	<b>Sex</b> : Male
<b>Ref. Doctor</b> : Raju Preetha, Ardra	

**Service requested** : CT Chest; w/o contrast  
**Service Date** : 18.01.2024

**Study Reason**  
dyspnea

**Findings**

NCCT CHEST


Axial CT scan of the chest has been performed from the apices of both lungs to the level of the diaphragms without intravenous contrast. Mediastinal and lung windows were reconstructed. Coronal and sagittal reformation was done from the axial dataset.

**DETAILED FINDINGS**

There is diffuse ground-glass densities with mosaic attenuation and ill-defined centrilobular nodules.  
There is subpleural reticulations seen in both lungs with apico-basal gradient predominately in bilateral lower lobes.  
Subtle bronchiectasis seen in both lungs.  
Mediastinal structures appear grossly normal.  
Hilar and mediastinal lymph nodes are not grossly enlarged.  
No obvious evidence of pleural effusion. No pericardial effusion seen.  
Chest wall structures including the bony rib cage appear grossly normal.  
The domes of the diaphragm appear normal.  
Esophagus shows no abnormality.  
The trachea and main bronchi show normal lumen.  
Visualised bones appear normal  
Hyperdensities seen in bilateral kidneys possibly microliths.

**IMPRESSION:**  
Diffuse ground-glass densities with mosaic attenuation and ill-defined centrilobular nodules in both lungs.  
Above features are suggestive of interstitial pneumonitis- possibility of hypersensitivity pneumonitis needs to be ruled out

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<b>Radiologist Name</b> : Dr.Sethi, Sonal	<b>Signature:</b> 
<b>License Number</b> : DHA-P-849562	<b>Date</b> : 19.01.2024
	<b>Time</b> : 14:51:59

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Recommendations: Correlation with clinical findings / other relevant lab investigations as clinically indicated.

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**Radiologist Name** : Dr.Sethi, Sonal

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