

****ORIGINAL REPORT****

CT CHEST

CLINICAL HISTORY: Pulmonary sarcoidosis

COMPARISON: X-ray 19/05/2023

TECHNIQUE: Postcontrast CT chest

FINDINGS

LUNGS/CENTRAL AIRWAYS: There are multiple small pulmonary nodules bilaterally with a peribronchovascular distribution. This includes a 7 mm pulmonary nodule in the right middle lobe and a 7 mm left lower lobe pulmonary nodule.

No focal consolidation.

Bilateral basal atelectasis

PLEURAL SPACES: No pleural effusion or masses.

HEART/GREAT VESSELS: Pulmonary trunk and thoracic aorta are of normal calibre. No central PE.

No pericardial effusion.

Mild to moderate coronary artery calcification involving all branches except the left main.

HILA/MEDIASTINUM: There is mediastinal and hilar lymphadenopathy. Subcarinal lymph node measures approximately 21 mm in short axis diameter. Subtle internal calcification.

Right hilar lymph node measures 11 mm in short axis diameter and contains internal calcification.

Left hilar lymph node measures 13 mm in short axis diameter and contain some internal calcification.

CHEST WALL/AXILLAE/LOWER NECK: Left chest wall implantable device likely representing a Loop recorder.

No axillary or supraclavicular lymphadenopathy

OSSEOUS: No suspicious bony lesion.

UPPER ABDOMEN: Small hiatus hernia.

IMPRESSION:

Multiple pulmonary nodules with mediastinal and hilar lymphadenopathy. The appearances would be compatible with the provided clinical history of pulmonary sarcoidosis

Original Report Reported by: Dr Andrew Low

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