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DIAGNOSTIC IMAGING REPORT

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Name: XXX  
Exam Date: XXX  
Referring Phys: XXX

Accession: XXX  
DOB: XXX  
Sex: XXX

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**CT OF THE CHEST WITHOUT CONTRAST**

**INDICATION:** Breast cancer and chronic obstructive pulmonary disease. Evaluate right mid lung nodule

**TECHNIQUE:** Unenhanced axial images of the chest are obtained from the base of the neck to the upper abdomen.

**COMPARISON:** Radiology report from March 2011 demonstrating an 8 mm nodule.

**FINDINGS:**

Emphysematous changes are seen in both lungs, manifested as parenchymal lucencies which are more prominent at the apices. An 8 mm pleural-based nodule is seen along the anterolateral aspect of the right middle lobe lateral segment (series 3, image 39). It has smooth margins. The adjacent parenchyma is not any different than the remainder of the lung. There is a 10 mm nodule at the base of the right lung on series 3, image 55 which may be an area of scarring. There is also subtle irregularity of the pleural surface posteriorly, which is consistent with chronic changes. Old healed fractures of the left 8<sup>th</sup> and 9<sup>th</sup> ribs are appreciated with subtle deformity. The tracheobronchial tree is patent. Extensive atherosclerotic disease is seen in aorta and coronary arteries. There is also calcifications extending along the course of the tracheobronchial tree, which is, otherwise, patent. No obvious abnormal mediastinal mass, but the examination may be somewhat limited due to lack of intravenous contrast enhancement.

**IMPRESSION:**

1. 8 mm pleural based nodule in the lateral segment of right middle lobe, which was also reported on the previous exam.
2. There is a 10 mm nodule at the base of the right lung on series 3, image 55 which may be an area of scarring. Please correlate with previous CT images to confirm stability.
3. Emphysematous changes of the lungs in the apices.
4. Extensive atherosclerotic changes of aorta.

*Electronically Signed By: XXXX*

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