



National Diagnostic
IMAGING

NAME: PATIENT NUMBER:
REF. PHYSICIAN: STUDY DATE: 1/4/2016
DATE OF BIRTH: GENDER: M
EXAM: CTA CHEST W W/O CONTRAST
CLINICAL HISTORY: SOB, dyspnea, R/O PE, ILD, possible occupational lung disease

INDICATIONS: 49 year-old patient with shortness of breath. Possible PE. Possible occupational lung disease.

PROCEDURE: Consecutive axial slices were obtained without and with intravenous contrast. Bolus thin slices were performed through the pulmonary arteries.

The pulmonary trunk shows no evidence for thrombus or embolus. There is no evidence for a saddle embolus. The right and left main pulmonary arteries appear unremarkable.

The first and second order pulmonary branches bilaterally do not show evidence for embolus.

The axillary regions show no adenopathy. The mediastinum and hilar regions show no masses or adenopathy.

The included upper abdomen shows splenic calcification which could indicate remote granulomatous disease. There is some focal renal cortical thickening on the right where there may be prior scarring.

There is no evidence for pulmonary parenchymal interstitial lung disease. On image 2 series 4 in the left lower lung there is a 3 mm nodule. This could be followed with surveillance CT in 12 months if there is further concern. There is also a small similar nodule on the same series image 49 on the left.

There are no infiltrates or effusions.

There is no acute bony abnormality seen.

IMPRESSION: No evidence for pulmonary embolic disease.

Some small lung nodules on the left could be followed at 12 months with a CT if there is sufficient concern. Reference: Radiology, 2005 Nov;237(2):395-400.

No evidence for interstitial lung disease.

D. H. Berns, M.D.

Medical Director of NDI

DB/DB

Electronically Signed by and Verified

Date Report Signed: 1/4/2016 3:09:15 PM

COMPLETING YOUR IMAGE

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