

# CT Thorax Radiology Report

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Study Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Indication: \_\_\_\_\_

## Technique

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## Findings

### Lungs & Airways

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### Pleura & Chest Wall

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### Mediastinum & Hila

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### Heart & Great Vessels

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### Upper Abdomen

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### Other Findings

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### Impression

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Reported by: \_\_\_\_\_

Date: \_\_\_\_\_