How to Read Your Chest CT Report



Your healthcare provider (usually a doctor, nurse practitioner, or physician assistant) sometimes uses medical imaging tests to diagnose and treat diseases. A radiologist (http://www.radiologyinfo.org) is a doctor who supervises these exams, reads and interprets the images, and writes a report for your healthcare provider. This report may contain medical terminology and complex information. If you have any questions, be sure to talk to your provider or ask if you can speak to a radiologist (not all imaging centers make their radiologists available for patient questions).

What is Chest CT commonly used for?

Doctors typically use this procedure to help diagnose cough, shortness of breath, chest pain, or fever. They also use it to diagnose diseases and conditions such as:

- pneumonia (http://www.radiologyinfo.org)
- bronchiectasis (http://www.radiologyinfo.org) , cystic fibrosis (http://www.radiologyinfo.org)
- interstitial and chronic lung disease (http://www.radiologyinfo.org)

*For more information, see the **Chest CT page (https://www.radiologyinfo.org/en/info/chestct)** .*

Sections of the Radiology Report

A chest CT report has several sections:

- "Type" shows the exam date, time, and type.
- "History" explains why you had the scan.
- "Comparison" tells you if there are older scans to compare with.
- "Technique" describes how the radiologic technologist performed your scan and whether they used contrast material. Contrast material is often injected into a vein to help highlight blood vessels in certain tissues.
- "Findings" is the detailed description of what the radiologist sees.
- "Impression" is the summary--the bottom line--with the most important results and any recommendations.

Type of exam

This section usually shows the date, time, and type of exam. Your symptoms and/or medical needs will usually dictate these things.

Example:

- *Chest CT with intravenous contrast performed January 10, 2026.*

History/Reason for exam

This section usually lists the information that your ordering provider has listed for the radiologist when they ordered your exam. It allows your ordering provider to explain what symptoms you are having and why they are ordering the radiology test. This helps

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the radiologist accurately interpret your test and focus the report on your symptoms and past medical history. Sometimes the radiologist who reads your exam will also add information that they find in your chart or in the forms that you fill out before your imaging test.

Example:

- *64-year-old male with a history of lung cancer and new persistent cough.*

Comparison/Priors

If you have had relevant prior imaging exams, the radiologist will compare them to the new imaging exam. If so, the radiologist will list them here. Comparisons usually involve exams of the same body area and exam type. It is always a good idea to get any prior imaging exams from other hospitals/facilities and give them to the radiology department where you are having your test. Having these older exams can be very helpful to the radiologist. In some cases, simply having your prior test available will make a difference in what the radiologist recommends if they see something on your scan. The prior exam can help show if a previous finding is unchanged or if there is a new finding.

Example:

- *Comparison is made to a Chest CT performed August 24, 2018.*

Technique

This section describes how the exam was done and whether contrast material was used. Because this section is used for documentation purposes, it is not typically useful for you or your doctor. However, it can be very helpful to a radiologist for any future exam if needed.

Example:

- *CT scan was performed from the lung apices through the adrenal glands following the administration of intravenous contrast material. Coronal and sagittal reformatted images were evaluated.*

Findings

This section lists what the radiologist saw in each area of the body in the exam. Your radiologist notes whether they think the area is normal, abnormal, or potentially abnormal. Sometimes an exam covers an area of the body but does not discuss any findings. This usually means that the radiologist looked but did not find any problems to tell your doctor. Some radiologists will report things in paragraph form, while others use a reporting style where each organ or region of the body is listed as a line with the findings. If the radiologist does not see anything concerning it may say “normal” or “unremarkable.”

Example:

- *Lungs and pleura: No pulmonary nodules or evidence of pneumonia. No pleural effusion.*
- *Mediastinum and heart: Heart size is within normal limits. No pericardial effusion. No enlarged lymph nodes.*
- *Chest wall: No abnormality.*
- *Upper abdomen: There is a new 2 cm hypoattenuating focus in the liver.*

Impression

The impression section is the summary of what matters most. If everything looks normal, it may say something like “No acute cardiopulmonary process” or “Normal chest CT.” If there are findings, the impression pulls them together in plain terms and may recommend follow-up imaging tests, lab tests, or a visit with a specialist. The radiologist reports the most important findings they see and the possible causes for those findings. This section offers the most important information for decision-making. Therefore, it is the most important part of the radiology report for you and your healthcare team.

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For an abnormal finding, the radiologist may recommend:

- other imaging tests that can help better assess the finding or having a follow up imaging test to re-examine the finding after a while.
- biopsy.
- combining the finding with clinical symptoms or laboratory test results.
- comparing the finding with any other imaging studies that the radiologist interpreting your test does not have access to. This is common when you have imaging tests done at different facilities or hospitals.

For a potentially abnormal finding, the radiologist may make any of the above recommendations.

Sometimes the report does not answer the clinical question, and more exams may be needed. More exams may be necessary to follow up on a suspicious or questionable finding.

Example:

1. *No findings on the current CT to account for the patient's clinical complaint of persistent cough.*
2. *There is a new 2 cm lesion in the liver which is indeterminate (cannot be definitively diagnosed by the study).*
3. *RECOMMENDATION: Given the patient's history of lung cancer, an MRI of the liver is recommended to better characterize the indeterminate liver lesion to exclude the possibility of metastases (or cancer spread).*

Additional Information

Once the report is complete, the radiologist signs it, and sends the report to your doctor who will then discuss the results with you. The doctor may upload the report to your patient portal before they call you. If you read the report before talking to your doctor, don’t make assumptions about the report’s findings. Something that seems to be bad often turns out not to be a cause for concern.

Sometimes, you may have questions about your report that your doctor cannot answer. If so, talk to your facility's imaging staff. Many radiologists are happy to answer your questions.

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