

Patient Name	: Mr.NEERAJ KUMAR	Visit No	: CHA250034216
Age/Gender	: 38 Y/M	Registration ON	: 25/Feb/2025 05:10PM
Lab No	: 10131512	Sample Collected ON	: 25/Feb/2025 05:10PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 26/Feb/2025 12:16PM

TRIPLE PHASE CECT STUDY OF WHOLE ABDOMEN

Volumetric acquisition of axial CT data was done before and after bolus intra-venous administration of 80mL of non-ionic iodinated contrast agent.

- **Neck, body and tail of pancreas** are nearly completely replaced by hypo-attenuating non-enhancing pockets of collection cumulatively measuring approx 82 x 49 x 87 mm. Few similar hypo-attenuating non-enhancing pockets of collection are also seen in peri-pancreatic, lesser sac, anterior para-renal, peri-gastric, peri-splenic and left para-colic spaces. There is encasement of retro-pancreatic splenic vein which is poorly Opacified by contrast - ? thrombosed. There is encasement of celiac axis, splenic artery, left gatric artery & common hepatic artery as well as gastro-epiploic veins which show maintained post contrast opacification without obvious significant luminal narrowing. Marked adjacent fat stranding is seen with thickening of anterior & posterior para-renal fasciae, predominantly on left side. There is partial encasement of D3 segment of duodenum with abutment of posterior gastric wall.
- There is subtle mural thickening of stomach and duodenum with mild submucosal edema - ?reactive.
- *Replaced right hepatic artery is seen arising from superior mesenteric artery - suggestive of Michel type III variant.*
- **Liver** is enlarged, measuring approx 179 mm in cranio-caudal span and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows normal lumen. No calculus / mass lesion is seen. GB walls are not thickened. (CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Spleen** is mildly enlarged, measuring approx 138 mm in inter-polar dimension and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- **Both Ureters** are normal in course and caliber.
- *Few subcentimetric peri-portal, peri-pancreatic, porto-caval, mesenteric and retroperitoneal lymph nodes are seen.*



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- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Prostate** is normal in size and shows normal density of parenchyma.
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- **Appended sections of thorax show mild left pleural effusion**

OPINION:

- **FEATURES SUGGESTIVE OF ACUTE NECROTIZING PANCREATITIS WITH COLLECTION(S) AND ? RETROPANCREATIC SPLNIC VEIN THROMBOSIS AS DESCRIBED (MODIFIED CT SEVERITY INDEX = 10/10).**
- **HEPATOSPLENOMEGALY.**
- **LEFT PLEURAL EFFUSION.**

Suggested: Serum Lipase & Amylase correlation.

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: RACHNA

*** End Of Report ***

