

Patient Name : Mr. RAM BHAROSE	Visit No : CHA250034326
Age/Gender : 76 Y/M	Registration ON : 25/Feb/2025 08:09PM
Lab No : 10131622	Sample Collected ON : 25/Feb/2025 08:13PM
Referred By : Dr. KGMU	Sample Received ON : 25/Feb/2025 08:26PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 09:11PM
Doctor Advice : CREATININE,CT Whole ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	1.40	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



[Checked By]

Patient Name : Mr.RAM BHAROSE Visit No : CHA250034326
Age/Gender : 76 Y/M Registration ON : 25/Feb/2025 08:09PM
Lab No : 10131622 Sample Collected ON : 25/Feb/2025 08:09PM
Referred By : Dr.KGMU Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 26/Feb/2025 12:10PM

CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [INTRAVENOUS] 60ML OF NON IONIC CONTRAST MEDIA AND ORAL ADMINISTRATION OF 20ML CONTRAST MEDIA DILUTED WITH WATER

- **Liver** is enlarged in size [169mm] , 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 contracted and shows normal lumen. No 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.
- **Pancreas** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. A cyst is seen in upper part of right kidney measuring 15x14mm. No calculus is seen.
- **Both Ureters** are normal in course and caliber.
- No retroperitoneal adenopathy is seen.
- 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
- Bilateral seminal vesicles appear normal.
- **Prostate** shows normal density of parenchyma. No mass lesion is seen.
- Left inguino-scrotal hernia is seen with fat and large bowel loop as contents.



Patient Name	: Mr.RAM BHAROSE	Visit No	: CHA250034326
Age/Gender	: 76 Y/M	Registration ON	: 25/Feb/2025 08:09PM
Lab No	: 10131622	Sample Collected ON	: 25/Feb/2025 08:09PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 12:10PM

- Large peripherally enhancing bizarre shaped loculated collection is seen in right iliac fossa in retroperitoneal space . This collection extends into parieties in right posterior lumbar region above right iliac crest .Medially this lesion involves ilio-psoas muscle. Inferiorly it extends just up to above the right hip joint. This collection measures 126x72x74mm in size [volume 335cc]. This collection extends up to caecal tip. Appendix is not seen separately. Caecum is displaced .IC junction appears normal . Small bowel loops are normal. No thick walled bowel loop is seen .

OPINION:

MILD HEPATOMEGALY .

SMALL RIGHT RENAL CORTICAL CYST [BOSNIAK TYPE I] .

LEFT INGUINO-SCROTAL HERNIA WITH FAT DENSITY AND LARGE BOWEL LOOP AS CONTENTS.

LARGE PERIPHERALLY ENHANCING BIZARRE SHAPED LOCULATED COLLECTION IN RIGHT ILIAC FOSSA IN RETROPERITONEAL SPACE WITH EXTENSION IN TO PARIETIES AND INVOLVING RIGHT ILIO-PSOAS MUSCLESLARGE ABSCESS [?? SEQUELAE OF PERFORATED APPENDIX] .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

