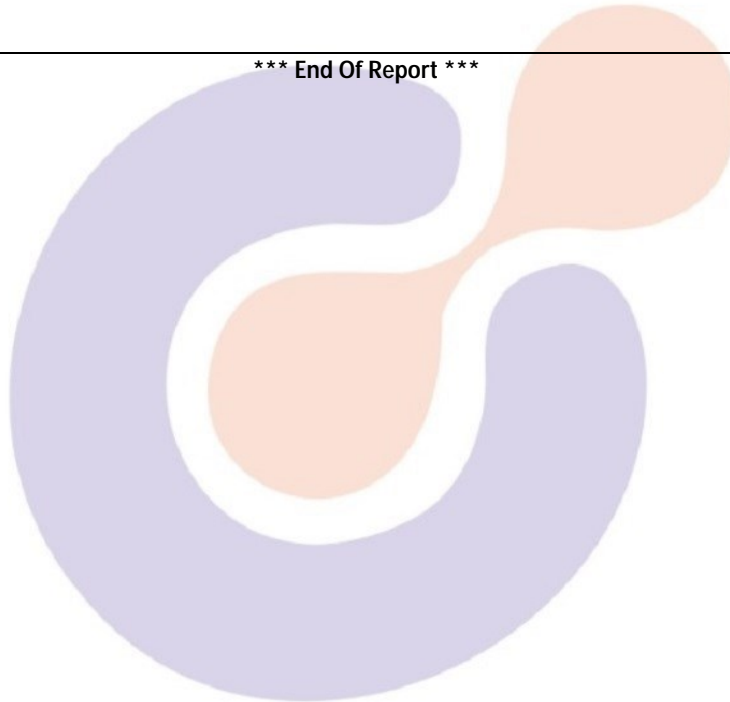


Patient Name : Ms.SHABANA	Visit No : CHA250035062
Age/Gender : 45 Y/F	Registration ON : 26/Feb/2025 08: 44PM
Lab No : 10132358	Sample Collected ON : 26/Feb/2025 08: 46PM
Referred By : Dr.GUFRAN RASHID	Sample Received ON : 26/Feb/2025 09: 12PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 09: 31AM
Doctor Advice : CREATININE,CT KUB(contrast)	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 27-02-2025 12:38:13

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms.SHABANA Visit No : CHA250035062
Age/Gender : 45 Y/F Registration ON : 26/Feb/2025 08:44PM
Lab No : 10132358 Sample Collected ON : 26/Feb/2025 08:44PM
Referred By : Dr.GUFRAN RASHID Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 12:01PM

CECT STUDY OF KUB & LOWER ABDOMEN

Contrast study performed before and after injecting [intravenous] 50ml of non ionic contrast media

- **Right Kidney** is normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Right kidney measures 89 x 47 mm.
- **Left Kidney** is small in size and normal in position. Moderate to severe hydronephrosis is seen. Small radio-opaque calculi measuring 2.9mm and 3.1mm are seen in mid polar region. Left kidney measures 74 x 40 mm.
- A mildly enhancing homogeneous poorly marginated infiltrating soft tissue space occupying lesion is seen involving anterior & medial part of left kidney in mid polar region & in lower part measuring 55 x 36 x 28mm. This lesion is merging with adjacent retroperitoneal nodal masses. Left renal vein is not opacified. Filling defect is also seen in IVC.
- **Right** ureter is normal in course and calibre. Left ureter is encased.
- Multiple enlarged discrete retroperitoneal nodes are seen in preaortic, para-aortic & intra-aorto-caval region, largest measuring 24 x 16 mm. Large heterogeneously enhancing soft tissue space occupying lesion is seen in retroperitoneum in left lumbar region extending upto pelvis measuring 105 x 68 x 48 mm [?? conglomerated lymphnode mass]. Left common-iliac vessels are encased by this mass.
- Minimal ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is enlarged in size and shows multiple predominantly homogeneous enhancing space occupying lesions in myometrium, larger ones measuring 58 x 38mm, 52 x 38mm & 51 x 45mm. Calcification is seen in one of the lesion. No endometrial collection is seen.
- Large complex cystic-solid space occupying lesion is seen in midline & to left in lower abdomen. The lesion is multi-cystic, multi-septated & solid component shows enhancement. This lesion is above the uterus. This space occupying lesion measures 87 x 64 x 58 mm.
- **Cervix** is normal.
- Bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen. No bowel origin mass lesion is seen.



Patient Name	: Ms.SHABANA	Visit No	: CHA250035062
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 12:01PM

IMPRESSION:

- SMALL SIZED LEFT KIDNEY WITH SMALL RENAL CALCULI WITH MODERATE TO SEVERE HYDRONEPHROSIS.
- MILDLY ENHANCING HOMOGENEOUS POORLY MARGINATED INFILTRATING SOFT TISSUE SPACE OCCUPYING LESION INVOLVING ANTERIOR & MEDIAL PART OF LEFT KIDNEY IN MID POLAR REGION & IN LOWER PART MERGING WITH ADJACENT RETROPERITONEAL NODAL MASSES - (D/D (1) RENAL NEOPLASM (2) EXTRINSIC MASS INVADING LEFT KIDNEY.
- SUSPICIOUS THROMBOSIS IN LEFT RENAL VEIN & IVC.
- EXTENSIVE RETROPERITONEAL LYMPHADENOPATHY.
- LARGE HETEROGENEOUSLY ENHANCING SOFT TISSUE SPACE OCCUPYING LESION IN RETROPERITONEUM IN LEFT LUMBAR REGION EXTENDING UPTO PELVIS -- [?? CONGLOMERATED LYMPHNODAL MASS]
- ENLARGED UTERUS WITH MULTIPLE FIBROIDS.
- LARGE COMPLEX CYSTIC-SOLID SPACE OCCUPYING LESION IN MIDLINE & TO LEFT IN LOWER ABDOMEN - OVARIAN NEOPLASM.
- MINIMAL ASCITES.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Priyanka...

*** End Of Report ***

