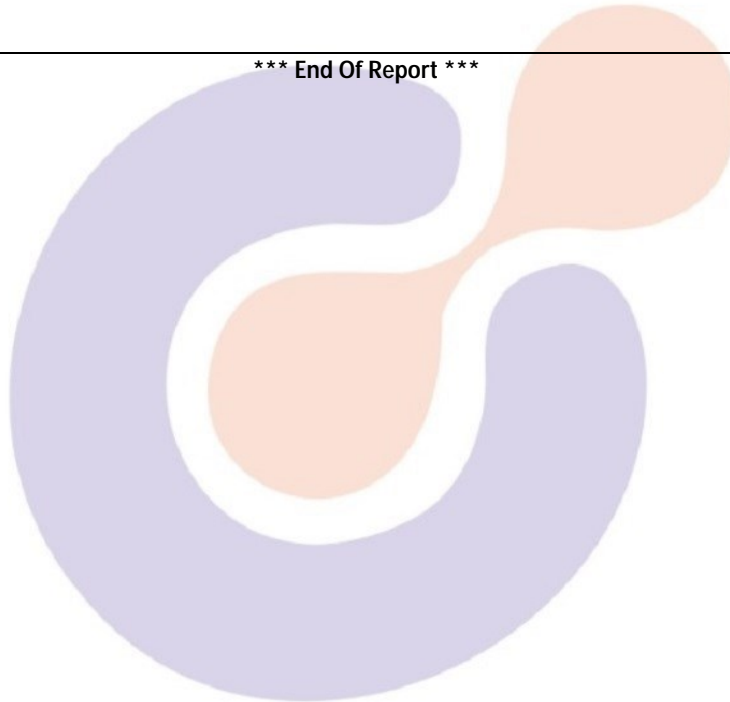


Patient Name : Ms.SUSHEELA	Visit No : CHA250036613
Age/Gender : 45 Y/F	Registration ON : 28/Feb/2025 11:43PM
Lab No : 10133909	Sample Collected ON : 28/Feb/2025 11:50PM
Referred By : Dr.KGMU (ONCO)	Sample Received ON : 01/Mar/2025 12:07AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 09:38AM
Doctor Advice : CREATININE,CT Whole ABDOMEN,CT THORAX	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 01-03-2025 12:20:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By	: Dr.KGMU (ONCO)	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 11:46AM

CT THORAX

CECT STUDY OF THORAX AND WHOLE ABDOMEN

CECT THORAX

- Both lung fields are clear and show normal pulmonary architecture. No evidence of any parenchymal opacity, area of consolidation or any mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Great vessels are seen normally.
- Heart size is enlarged.
- Esophagus is dilated till lower third.
- Visualized liver shows normal parenchyma. No SOL is seen.
- Visualized portion of bones are seen normally.
- Thyroid gland shows tiny hypodense nodules, measuring 1mm to 4mm.

CECT WHOLE ABDOMEN

- **Liver** is normal in size, and shows reduced density of parenchyma. No intrahepatic biliary radicle dilatation is seen. Peripherally enhancing hypodense space occupying lesion is seen in left lobe, measuring 22 x 20mm. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size 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. No calculus or mass lesion is seen.



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- **Both** ureters are normal in course and calibre.
- Enlarged node is seen along celiac axis, measuring 17 x 13mm.
- 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.
- **Uterus** is normal in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- Irregular heterogeneously enhancing asymmetrical circumferential thickening of wall of G.E junction & cardiac & fundal part of stomach is seen. The involved segment measures 68mm in length and gastric wall thickness measures upto 25mm. Exophytic component is seen posteriorly with loss of fascial planes with spleen and abutting diaphragm and aorta. Fascial planes with liver & pancreas are maintained.
- Opacified other bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen.

IMPRESSION:

KNOWN CASE OF CA G.E JUCTION INVOLVING FUNDUS. PRESENT CT STUDY SHOWS:-

- NO PULMONARY, PLEURAL OR MEDIASTINAL ABNORMALITY DETECTED.
- MILD CARDIOMEGALY.
- TINY THYROID NODULES (? GOITEROUS).
- FATTY INFILTRATION OF LIVER WITH SMALL HEMANGIOMA IN LEFT LOBE.
- IRREGULAR HETEROGENEOUSLY ENHANCING ASYMMETRICAL CIRCUMFERENTIAL THICKENING OF WALL OF G.E JUNCTION & CARDIAC & FUNDAL PART OF STOMACH WITH FEATURES AS DESCRIBED - MALIGNANT GROWTH.
- UPPER ABDOMINAL LYMPHADENOPATHY.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

CT WHOLE ABDOMEN

CECT STUDY OF THORAX AND WHOLE ABDOMEN



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[DR. RAJESH KUMAR SHARMA, MD]

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*** End Of Report ***

