Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.KUSUM KALI	Visit No	: CHA250038835
Age/Gender	: 51 Y/F	Registration ON	: 04/Mar/2025 11:25AM
Lab No	**: 10136130**	Sample Collected ON	: 04/Mar/2025 11:27AM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	: 04/Mar/2025 11:39AM
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 04/Mar/2025 12:38PM
Doctor Advice	: CT WHOLE ABDOMEN,CA-125		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CA-125				
CA-125 Serum	**218**	U/ml	Less than - 36	

***** End Of Report *****

[Checked By]

Print.Date/Time: 04-03-2025 16:05:11
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

CECT STUDY OF WHOLE ABDOMEN

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

- **Liver** is mildly enlarged (approx. 159mm) and shows few ill defined hypoenhancing areas along pericapsular region in right lobe, largest measuring approx. 10 x 18mm seen in segment-VI. No intrahepatic biliary radicle dilatation is seen. Visualized parts of hepatic veins and IVC show maintained post contrast opacification.
- **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.
- **Spleen** is mildly enlarged (approx. 142mm) and shows few (atleast 2) hypoenhancing areas, largest measuring approx. 11 x 11mm seen near posterior polar region. Few nodular mildly enhancing lesions are seen in perisplenic region and near splenic hilum, largest measuring approx. 16 x 12mm.
- **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 calibre.
- Few nodular enhancing omental lesions are 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.
- **Uterus** is not visualized -- post operative.
- Bilateral ovaries are not visualized.
- A relatively well defined slightly lobulated heterogeneously enhancing nodular soft tissue attenuation lesion measuring approx. 19 x 14 x 25mm is seen in retroperitoneum in aortocaval region at L3-L4 intervertebral disc level. It shows loss of fat planes with abdominal aorta and infra-renal IVC with mass effect over IVC which shows luminal attenuation in this region. Anteriorly and superiorly it is abutting D3 segment of duodenum.

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- Multiple variable sized periportal, peripancreatic, portocaval, pre/para-aortic, aortocaval, portocaval, bilateral iliac and mesenteric lymphnodes are seen, largest measuring approx. 15mm in MSAD seen at left external iliac station. Few of the lymphnodes are showing internal calcification.

- Soft tissue thickening with architectural distortion is seen in infra-umbilical anterior abdominal wall in midline --? surgical scar.

- Ill defined mildly enhancing soft tissue measuring approx. 34 x 10 x 12mm is seen in vaginal vault region --? post operative changes/?? nature.

- Degenerative changes are seen in visualized part of spine.

IMPRESSION:

FOLLOW UP CASE OF CARCINOMA OVARY SHOWING:

- **HEPATO-SPLENOMEGALY.**
- **PERICAPSULAR HYPOENHANCING LESIONS ALONG RIGHT LOBE OF LIVER -- LIKELY PERITONEAL/CAPSULAR DEPOSITS.**
- **HYPOENHANCING AREAS IN SPLEEN --? DEPOSITS/?? NATURE.**
- **INTRA-ABDOMINAL AND PELVIC LYMPHADENOPATHY AS DESCRIBED ABOVE.**
- **RETROPERITONEAL LESION AS DESCRIBED --? LYMPHNODAL/?? DEPOSIT.**
- **OMENTAL NODULES --? DEPOSITS/?? LYMPHNODES.**
- **PERI SPLENIC AND SPLENIC HILAR NODULAR LESIONS AS DESCRIBED --? LYMPHNODES/?? DEPOSITS/?? SPLENICULI.**

Compared to previous study dated 23/02/2024, present study shows

- Mild (approx. 15%) increase in the size and number of perisplenic and splenic hilar nodular lesions.
- Approx. 26% reduction in size of retroperitoneal lesion.
- <20% reduction in size of largest pelvic lymphnode.
- *Increased conspicuity of hepatic pericapsular and splenic hypoenhancing lesions (likely due to improved technical factors).*

Clinical correlation is necessary.

[DR. JAYENDRA KUMAR, MD]

Transcribed by R R...

***** End Of Report *****