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|----------------|--------------------|---------------------|-----------------------|
| Patient Name   | : Mr.SANTOSH KUMAR | Visit No            | : CHA250039212        |
| Age/Gender     | : 45 Y/M           | Registration ON     | : 04/Mar/2025 05:39PM |
| <b>Lab No</b>  | <b>: 10136507</b>  | Sample Collected ON | : 04/Mar/2025 05:39PM |
| Referred By    | : Dr.KGMU          | Sample Received ON  | :                     |
| Refer Lab/Hosp | : CHARAK NA        | Report Generated ON | : 04/Mar/2025 06:48PM |

### CT ANGIOGRAPHY OF BRAIN AND NECK VESSELS

- **There is partial non visualization of right hemimandible, right sternocleidomastoid muscle, right buccal mucosa complex & right maxilla with non visualization of right submandibular gland. Fat containing myocutaneous flap is seen in situ.**
- **A relatively well defined lobulated heterogeneously enhancing soft tissue attenuation lesion measuring approx. 40 x 43 x 41 mm is seen involving residual part of right upper alveolus. It shows contiguous extension to involve right side of hard palate. There is cortical erosion of residual part of right maxilla including walls of right maxillary sinus and partial intra-antral extension. There is contiguous extension of this lesion upto right paranasal and nasolabial region as well as residual part of right superior gingivo buccal sulcus and right buccal mucosa complex.**
- **Focal contrast filled out-pouching measuring approx. 2 x 3 mm is seen arising from right external carotid artery approx. 18 mm cranial to right common carotid bifurcation. Small hyperdense focus is seen near this out-pouching.**
- **Right external carotid artery is comparatively narrow in caliber. Right superficial temporal and maxillary arteries are markedly reduced in caliber.**
- Bilateral common carotid arteries and left external carotid as well as its branches are visualized normally.
- Extra-cranial segments of bilateral internal carotid show maintained contrast opacification without obvious luminal narrowing / filling defect.
- Extra-cranial segments of bilateral vertebral arteries show maintained contrast opacification without obvious luminal narrowing / filling defect.
- Visualized part of basilar artery shows maintained contrast opacification without obvious luminal narrowing / filling defect.
- Bilateral IJV are normally visualized.



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**IMPRESSION:**

**POST OPERATIVE CASE OF CARCINOMA RIGHT UPPER ALVEOLUS SHOWING :**

- **POST OPERATIVE CHANGES AS DESCRIBED ABOVE.**
- **HETEROGENEOUSLY ENHANCING LESION INVOLVING RESIDUAL PART OF RIGHT UPPER JAW – LIKELY NEOPLASTIC (RECURRENCE).**
- **SMALL CONTRAST FILLED OUT-POUCHING ARISING FROM RIGHT EXTERNAL CAROTID ARTERY - ? CLIPPED VESSEL (IN VIEW OF HISTORY OF SURGERY) / ?? SMALL PSEUDO-ANEURYSM.**

**Clinical correlation is necessary.**

**(DR. JAYENDRA KUMAR, MD)**

Transcribed by Rachna

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

**CHARAK**

