

Patient Name	: Ms.ASTHA ARORA	Visit No	: CHA250041144
Age/Gender	: 30 Y/F	Registration ON	: 07/Mar/2025 12:22PM
Lab No	: 10138439	Sample Collected ON	: 07/Mar/2025 12:22PM
Referred By	: Dr.ANURAG KATIYAR	Sample Received ON	:
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 07/Mar/2025 01:47PM

NCCT STUDY OF HEAD

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Bilateral cerebral parenchyma shows normal gray and white matter differentiation.
- Third and both lateral ventricles are normal in size.
- Basal cisterns are clear.
- No midline shift is seen.

IMPRESSION:

- **NO EVIDENCE SUGGESTIVE OF ANY FOCAL PARENCHYMAL DISEASE OR ANY SPACE OCCUPYING LESION IS IDENTIFIED.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Rachna

CHARAK



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NCCT STUDY OF PARANASAL SINUSES

- Left maxillary sinus is opacified and shows few air pockets and a peripherally faintly calcified component. Erosion of floor of left maxillary sinus is seen. Apex of 1st molar tooth is projecting into maxillary sinus. Right maxillary sinus shows peripheral mucosal thickening.
- Left osteomeatal complex is blocked. Right osteomeatal complex is partially blocked.
- Bilateral frontal & left Ethmoid sinuses shows mucosal thickening.
- Right Ethmoid & bilateral sphenoid sinuses show minimal mucosal thickening.
- Nasal septum is deviated to left.
- Bilateral nasal turbinates are seen normally.
- No mass lesion is seen in nasopharynx or nasal cavity.

IMPRESSION:

- **PAN SINUSITIS.**
- **OPACIFIED LEFT MAXILLARY SINUS WITH EROSION OF FLOOR AND PERIPHERALLY FAINTLY CALCIFIED COMPONENT ALONG APEX OF 1st MOLAR TOOTH (?? ODONTOGENIC SINUSITIS DUE TO PERIAPICAL ABSCESS / CYST).**
- **DEVIATED NASAL SEPTUM.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

CHARAK

Transcribed by Rachna

*** End Of Report ***

