

Patient Name	: Ms.INDRA	Visit No	: CHA250043865
Age/Gender	: 46 Y/F	Registration ON	: 11/Mar/2025 01:07PM
<b>Lab No</b>	<b>: 10141160</b>	Sample Collected ON	: 11/Mar/2025 01:07PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 11/Mar/2025 05:16PM

### **TRIPLE PHASE CECT STUDY OF WHOLE ABDOMEN**

Volumetric acquisition of axial CT data was done before & after intravenous injection of 80 ml of non-ionic iodinated contrast agent.

- **Gall bladder** is partially distended and shows asymmetric irregular circumferential mural thickening, measuring approx 12 mm in maximum thickness with the formation of a partially exophytic heterogeneously enhancing soft tissue attenuation lesion measuring approx 50 x 45 x 49 mm in distal body & fundal regions showing infiltration into adjacent hepatic parenchyma with the formation of heterogeneously enhancing intra-hepatic space occupying lesions near gall bladder fossa with the largest measuring approx 12 x 18 mm. Medially, it is abutting pyloro-duodenal junction with loss of fat planes. Mild to moderate peri-cholecystic fat stranding is seen. Mildly enhancing thickening of common hepatic duct is also seen, just reaching upto primary biliary confluence with minimal central intra-hepatic biliary radicle dilatation. *(CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).*
- Few subcentimetric to centimetric cystic, peri-portal, peri-pancreatic, porto-caval, mesenteric and retroperitoneal lymph nodes are seen with the largest measuring approx 14 mm in MSAD seen at porto-caval region. There is partial encasement of supra-pancreatic CBD and main portal vein without obvious significant mass effect. There is abutment of adjacent parts of liver and pancreas.
- **Liver** is enlarged, measuring approx. 191 mm in cranio-caudal span. Hepatic veins and IVC are seen normally.
- **Rest of the 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.
- **Both** ureters are normal in course and calibre.
- 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 – alleged history of surgery (no documents available).
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- *Degenerative changes are seen in visualized parts of spine.*

### **IMPRESSION:**

- **ASYMMETRIC IRREGULAR MURAL THICKENING OF GALL BLADDER WITH THE FORMATION OF HETEROGENEOUSLY ENHANCING LESION IN GALL BLADDER FOSSA, HEPATIC INFILTRATION AND INTRA-ABDOMINAL LYMPHNODES AS DESCRIBED – LIKELY NEOPLASTIC (SUGGESTED : HPE CORRELATION).**
- **HEPATOMEGALY.**

*Clinical correlation is necessary.*

**[DR. JAYENDRA K. ARYA, MD]**

Transcribed By: RACHNA



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