

Patient Name	: Ms. ZUBEDA KHATOON	Visit No	: CHA250045232
Age/Gender	: 61 Y/F	Registration ON	: 13/Mar/2025 01:09PM
Lab No	: 10142527	Sample Collected ON	: 13/Mar/2025 01:09PM
Referred By	: Dr. MED WELL HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 13/Mar/2025 04:33PM

CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

- **Liver** is enlarged in size measures 186 mm and shows multiple intrahepatic and pericapsular discrete and confluent heterogeneously enhancing lesions in both lobes with the largest confluent lesion measuring approx. 169 x 114 x 131 mm. The lesions are completely encasing gall bladder with loss of interface which shows intraluminal hyperdense calculi and subtle circumferential mural thickening measuring approx. 7 mm in maximum thickness. The lesions show extension into perigastric / hepato-gastric region with abutment and displacement of pyloric region and pyloroduodenal junction with loss of interface. Suspicious subtle mural thickening of pyloro-duodenal junction is also seen. Hepatic veins and IVC are seen normally.
- Multiple variable sized heterogeneously enhancing discrete and confluent periportal, peripancreatic, porto-caval, pre / para-aortic, aorto-caval, pre / retro-caval and mesenteric lymphnodes are also seen with the largest confluent lymphnodal lesion measuring approx. 87 x 64 x 34 mm seen at periportal and porto-caval regions. The lymphnodes are abutting above mentioned hepatic lesions with loss of fat planes at places. There is encasement of main portal vein which shows mild to moderate luminal narrowing with maintained post contrast opacification. There is encasement of suprapancreatic CBD with luminal narrowing of distal CBD. Rest of the CBD and common hepatic duct are prominent, measuring upto 12 mm in maximum caliber with mild bilobar intrahepatic biliary radicle dilatation. Few intraluminal hyperdense calculi are also seen in CBD, CHD & right hepatic duct. There is encasement of head & neck regions of pancreas and duodenum with moderate luminal narrowing of portal confluence and maintained post contrast opacification. Main pancreatic duct also shows luminal tapering in this region with mild upstream dilatation measuring approx. 6 mm in maximum caliber. There is encasement of common hepatic, right hepatic, left hepatic, gastro-duodenal and superior mesenteric arteries as well as celiac axis which show maintained post contrast opacification without significant luminal narrowing.
- **Rest of the pancreas** is normal in size and shows homogenous density of parenchyma. 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. **Tiny concretion of size approx. 1.6 mm is seen at upper pole of right kidney.** No mass lesion is seen.
- **Both** ureters are normal in course and calibre.
- No ascites is seen.
- **Urinary Bladder** is minimally distended.
- **Uterus & ovaries** are grossly normal for age.
- *Degenerative changes are seen in visualized parts of spine with anterior wedge compression and partial ankylosis of L1 & L2 vertebral bodies - ? Partial block vertebra ?? cause.*



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IMPRESSION:

- **HEPATOMEGALY WITH MULTIPLE INTRAHEPATIC & PERICAPSULAR LESIONS WITH FEATURES AND EXTENSIONS AS DESCRIBED – LIKELY NEOPLASTIC (SECONDARY > PRIMARY) / ?? NATURE.**
- **INTRA-ABDOMINAL LYMPHADENOPATHY AS DESCRIBED.**
- **CONTRACTED GALL BLADDER WITH SUBTLE SUSPICIOUS MURAL THICKENING - ? INFLAMMATORY / ?? NEOPLASTIC.**
- **SUSPICIOUS MURAL THICKENING OF PYLORO-DUODENAL JUNCTION REGION - ? ARTIFACTUAL / ?? NATURE.**
- **CHOLEDOCHOLITHIASIS AND HEPATOLITHIASIS WITH I.H.B.R.D AS DESCRIBED.**
- **TINY RIGHT RENAL CONCRETION.**

SUGGESTED : HPE CORRELATION AND ENDOSCOPY IF CLINICALLY INDICATED.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

CHARAK

