

Patient Name	: Ms.MAYA DEVI	Visit No	: CHA250045542
Age/Gender	: 60 Y/F	Registration ON	: 14/Mar/2025 08:32PM
<b>Lab No</b>	<b>: 10142837</b>	Sample Collected ON	: 14/Mar/2025 08:32PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 15/Mar/2025 11:11AM

**CT WHOLE ABDOMEN**

**CECT STUDY OF WHOLE ABDOMEN**

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [ INTRAVENOUS ] 60ML OF NON IONIC CONTRAST MEDIA AND ORAL ADMINISTRATION OF 20ML CONTRAST MEDIA DILUTED WITH WATER

- **Liver** is mildly enlarged in size [ span 180mm] , and shows reduced density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **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 ).
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **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 retroperitoneal adenopathy is seen.
- Mild to moderate free fluid is seen in peritoneal cavity .
- **Urinary Bladder** is empty with catheter in situ .
- **Uterus** is atrophic and shows degenerative changes. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.



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- No adnexal mass lesion is seen.
- Small bowel loops are mildly dilated and are clumped together in mid and left lower abdomen .
- Caecum is pulled up Terminal ileum is stretched with subtle thickening of wall.
- Small parenchymal opacity is seen in right lower lobe in basal segments [ infective] .
- Small defect is seen in anterior abdominal wall in midline in epigastrium measuring 6mm in vertical extent and 8mm in width .Fat density content and fluid is seen in parieties.
- Opacified bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen. No bowel origin mass lesion is seen.

**IMPRESSION:**

**MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER.**

**EPIGASTRIC HERNIA .**

**MILD TO MODERATE FREE FLUID IN PERITONEAL CAVITY.**

**MILDLY DILATED AND CLUMPED SMALL BOWEL LOOPS IN MID AND LEFT LOWER ABDOMEN [ IMPENDING ABDOMINAL COCOON FORMATION WITH S.A.I.O]  
PULLED UP CAECUM WITH STRETCHED TERMINAL ILEUM WITH SUBTLE THICKENING OF WALL.....BOWEL INFLAMMATION .**

**MOST LIKELY SEQUELAE OF TUBERCULAR PATHOLOGY .**

**Clinical correlation is necessary.**

**[DR. RAJESH KUMAR SHARMA, MD]**

transcribed by: anup

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

