

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Ms.JAIBUN NISHA	Visit No	: CHA250046091
Age/Gender	: 43 Y/F	Registration ON	: 16/Mar/2025 07:15AM
Lab No	: 10143386	Sample Collected ON	: 16/Mar/2025 07:15AM
Referred By	: Dr.SGPGI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 11:17AM

CT THORAX

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CECT STUDY OF THORAX AND CECT ABDOMEN

CECT THORAX

- Area of consolidation is seen in right upper lobe with adjacent band like parenchymal opacities. Rest of lung fields are clear and show normal pulmonary architecture. No evidence of any other parenchymal opacity, other area of consolidation or any other mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- Few subcentimeteric phrenic & pericardial nodes are seen (SAD < 10mm).
- Trachea is central.
- Great vessels are seen normally.
- Heart size is at upper limits of normal.
- Esophagus is seen normally.
- Visualized portion of bones are seen normally.
- Soft tissues are seen normally.

CECT WHOLE ABDOMEN

- Liver is enlarged in size (Span 212mm) and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. Multiple heterogeneously enhancing space occupying lesions are seen right & left lobes, largest measuring 86 x 77mm. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> is partially distended and shows normal lumen. No mass lesion is seen. GB wall is thickened. (CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).
- <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** Portal vein is normal at porta.





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- **<u>Pancreas</u>** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- <u>Both Kidneys</u> 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.
- Few subcentimeteric retroperitoneal nodes are seen (SAD < 10mm).
- No ascites is seen.
- <u>Urinary Bladder</u> is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is normal in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- <u>Cervix</u> is normal.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- Opacified bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen. No collection is seen. No bowel origin mass lesion is seen.

OPINION:

- AREA OF CONSOLIDATION IN RIGHT UPPER LOBE WITH ADJACENT BAND LIKE PARENCHYMAL OPACITIES - MOST LIKELY SEQUELAE OF INFECTIVE PATHOLOGY.
- FEW SUBCENTIMETERIC PHRENIC & PERICARDIAL NODES.
- MASSIVE HEPATOMEGALY WITH MULTIPLE LIVER METASTASIS.
- FEW SUBCENTIMETERIC RETROPERITONEAL NODES.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya





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