

Patient Name	: Ms. NUZHAT	Visit No	: CHA250046309
Age/Gender	: 37 Y/F	Registration ON	: 16/Mar/2025 11:58AM
Lab No	: 10143604	Sample Collected ON	: 16/Mar/2025 11:58AM
Referred By	: Dr. ANKIT MAHESHWARI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 04:23PM

CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

- **Liver** is atrophic in size and shows diffusely irregular nodular margins with mildly bulky caudate lobe. Recanalization of paraumbilical vein is noted. No intrahepatic biliary radicle dilatation is seen. No any abnormally enhancing lesion is seen. Hepatic veins and IVC are seen normally.
- **Portal vein** is dilated (approx. 20 mm). No evidence of thrombosis is seen.
- **Spleen** is grossly enlarged in size measures 22 cm and shows homogenous density of parenchyma. No SOL is seen. **Splenic vein is dilated, measuring approx. 18 mm.**
- **Few prominent collaterals are seen in perigastric and splenic hilar regions.**
- **Gall bladder** is normal in size and shows normal lumen. No calculus / mass lesion is seen. GB walls are not thickened. **(CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).**
- **CBD** is normal at porta. No obstructive lesion is seen.
- **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.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. **A tiny calculus measuring approx. 3.4 mm is seen in lower pole calyx of right kidney.** No mass lesion is seen.
- **Both** ureters are normal in course and calibre.
- No retroperitoneal adenopathy is seen.
- **Gross ascites is seen.**
- **Urinary Bladder** is collapsed with foley's bulb in situ.
- **Uterus** is atrophic in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen
- **Cervix** is normal
- **Both ovaries** are atrophic in size.
- No adnexal mass lesion is seen.
- Bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen. No bowel origin mass lesion is seen.
- **Defect (measuring approx. 29 x 27mm) is seen in anterior abdominal wall at umbilical region. Small bowel loops are seen herniating through the defect with septated fluid collection within the hernia sac.**



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OPINION:

- **ATROPHIC LIVER SHOWING DIFFUSELY IRREGULAR NODULAR MARGINS - SUGGESTIVE OF CHRONIC LIVER PARENCHYMAL DISEASE (ADV : LFT CORRELATION).**
- **GROSS SPLENOMEGALY WITH DILATATION OF PORTAL & SPLENIC VEINS - SUGGESTIVE OF PORTAL HYPERTENSION.**
- **GROSS ASCITES.**
- **UMBILICAL HERNIA.**
- **SMALL RIGHT RENAL CALCULUS.**

Clinical correlation is necessary.

(Transcribed by Rachna)

DR. RAVENDRA SINGH, MD

*** End Of Report ***

CHARAK

