

Patient Name	: Ms.SONI	Visit No	: CHA250046504
Age/Gender	: 27 Y/F	Registration ON	: 16/Mar/2025 05:21PM
Lab No	: 10143799	Sample Collected ON	: 16/Mar/2025 05:21PM
Referred By	: Dr.NEW BALAJI HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 12:33PM

CECT STUDY OF WHOLE ABDOMEN (ORAL, RECTAL & IV CONTRAST)

- **Liver** is normal in size, and shows normal 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, USG is advised for the same).
- **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 pelvic 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 normal in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size.
- No adnexal mass lesion is seen.
- Circumferential thickening of wall of segment of mid transverse colon is seen (after rectal contrast) with luminal narrowing. The involved segment measures 34mm in length and colonic wall thickness measures upto 8mm. Adjacent fascial planes are clear. Another suspicious segment of thickened wall is seen involving large bowel in left iliac fossa (25mm in length & upto 6mm in wall thickness).
- Evidence of ileostomy is seen in right lower abdomen.
- Small bowel loops are normal in caliber upto ileostomy. No abnormally thickened / edematous small bowel loop is seen.

IMPRESSION:

OPERATED CASE OF CA DESCENDING COLON. PRESENT CT STUDY SHOWS:-

- **MILD PELVIC ASCITES.**
- **EVIDENCE OF ILEOSTOMY IN RIGHT LOWER ABDOMEN.**
- **CIRCUMFERENTIAL THICKENING OF WALL OF SEGMENT OF MID TRANSVERSE COLON WITH LUMINAL NARROWING WITH ANOTHER SUSPICIOUS SEGMENT OF THICKENED WALL INVOLVING LARGE BOWEL IN LEFT ILIAC FOSSA - ? NATURE (ADV: COLONOSCOPY & BIOPSY).**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya



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