

Patient Name	: Mr.BABLU	Visit No	: CHA250046741
Age/Gender	: 25 Y/M	Registration ON	: 17/Mar/2025 10:04AM
<b>Lab No</b>	<b>: 10144036</b>	Sample Collected ON	: 17/Mar/2025 10:04AM
Referred By	: Dr.SAIDAPUR N HOME	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 01:14PM

**CT STUDY OF HEAD**

**Infratentorial**

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

**Supratentorial**

- Air pockets are seen along inner table of skull in bilateral frontal region and along inter-hemispheric fissure. Internally displaced bony fragment is seen in left basifrontal region with adjacent edema .
- Third and both lateral ventricles are normal in size.
- Basal cisterns are clear.
- No midline shift is seen.

**Bony architecture**

- Comminuted fractures are seen involving frontal bone , left frontal sinus, roof of left orbit and lateral wall of left orbit with internally displaced bony fragment.
- Soft tissue swelling is seen around left orbit and in frontal region with air pockets.
- Sinuses are partially opacified.

**IMPRESSION:**

- **COMMINUTED FRACTURES LEFT FRONTO-ORBITAL REGION WITH DEPRESSED BONY FRAGMENT IN LEFT FRONTAL LOBE WITH ADJACENT CONTUSIONS WITH PNEUMOCEPHALUS WITH SOFT TISSUE SWELLING AND HEMO-SINUSES.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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**CT Whole ABDOMEN**

**CT STUDY OF WHOLE ABDOMEN**

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [ INTRAVENOUS ] 60ML OF NON IONIC CONTRAST MEDIA .



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- **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 multiple wedge shaped non enhancing hypodense areas in parenchyma along the hilum .
- **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 caliber.
- No retroperitoneal adenopathy is seen.
- Large amount of free fluid is seen in peritoneal cavity with free air.
- **Urinary Bladder** is empty with catheter in lumen.
- Bilateral seminal vesicles appear normal.
- **Prostate** is normal in size and shows normal density of parenchyma. No mass lesion is seen.
- Small and large bowel loops show mild diffuse thickening and edema of wall . No bowel origin mass lesion is seen.
- Bilateral mild pleural fluid is seen .
- Fractures left 6<sup>th</sup> and 7<sup>th</sup> ribs are seen in lateral parts [ undisplaced] .



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**OPINION:**

- **LARGE AMOUNT OF FREE FLUID IN PERITONEAL CAVITY WITH FREE AIR [ HEMO-PNEUMO-PERITONEUM [ CAUSE ? BOWEL INJURY ] .**
- **MULTIPLE WEDGE SHAPED NON ENHANCING HYPODENSE AREAS IN PARENCHYMA ALONG THE HILUM OF SPLEEN ....SPLENIC INJURY [ A.A.S.T GRADE III].**
- **BILATERAL MILD PLEURAL EFFUSION / HEMOTHORAX.**
- **FRACTURES LEFT 6<sup>TH</sup> AND 7<sup>TH</sup> RIBS .**
- **DIFFUSE THICKENING AND EDEMA OF WALL OF SMALL AND LARGE BOWEL LOOPS .**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

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

**CHARAK**

