

Patient Name	: Mr. SHAKEEL KHAN	Visit No	: CHA250046784
Age/Gender	: 38 Y/M	Registration ON	: 17/Mar/2025 10:22AM
<b>Lab No</b>	<b>: 10144079</b>	Sample Collected ON	: 17/Mar/2025 10:22AM
Referred By	: Dr. PARAS HOSPITAL & MATERNITY	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 02:31PM



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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 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 absent (cholecystectomy status).
- **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 caliber.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened
- Bilateral seminal vesicles appear normal.
- **Prostate** is normal in size and shows normal density of parenchyma. No mass lesion is seen.
- Terminal ileum is mildly dilated with short segment of narrowing at I.C junction. No definite wall thickening is seen.
- Mild circumferential thickening of wall of antro-pyloric region of stomach & 1<sup>st</sup> part of duodenum is seen.
- Other small bowel loops are seen normally. No abnormally thickened/edematous small bowel loop is seen. No collection is seen. No bowel origin mass lesion is seen.

**OPINION:**

- **MILDLY DILATED TERMINAL ILEUM WITH SHORT SEGMENT OF NARROWING AT I.C JUNCTION (? SHORT STRICTURE / STENOSIS ?? TRANSIENT PERISTALTIC NARROWING).**
- **MILD CIRCUMFERENTIAL THICKENING OF WALL OF ANTRO-PYLORIC REGION OF STOMACH & 1<sup>ST</sup> PART OF DUODENUM - ? GASTRO-DUODENITIS.**

ADV: UPPER GI ENDOSCOPY

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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



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