

Patient Name	: Ms.RAZIA BANO	Visit No	: CHA250047199
Age/Gender	: 25 Y/F	Registration ON	: 17/Mar/2025 02:16PM
Lab No	: 10144494	Sample Collected ON	: 17/Mar/2025 02:16PM
Referred By	: Dr.GUFRAN RASHID	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 06:00PM

CECT STUDY OF UPPER ABDOMEN

- **Gall bladder** is distended and shows intraluminal hyperdensities - ? calculi / sludge. Asymmetric irregular mildly enhancing circumferential mural thickening of gall bladder is seen predominantly involving distal body and fundal regions and measuring approx. 9 mm in maximum thickness. There is loss of interface with adjacent hepatic parenchyma. Medially there is abutment of pyloroduodenal junction with maintained interface. There is associated thickening of cystic duct also reaching upto its confluence with common hepatic duct which shows mild luminal narrowing in this lesion with mild upstream intrahepatic biliary radicle dilatation. Mild pericholecystic fat stranding is seen. (CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).
- **Liver** is normal in size, and shows normal density of parenchyma. Hepatic veins and IVC are seen normally.
- **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 enlarged in size measures 129 mm and shows few (atleast 2) spleniculi near anterior pole of spleen with the largest measuring approx. 12 x 11 mm.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- Few subcentimeteric to centimeteric periportal, peripancreatic, porto-caval, retroperitoneal and mesenteric lymphnodes are seen.
- No ascites is seen.

IMPRESSION:

- **ASYMMETRIC IRREGULAR CIRCUMFERENTIAL MURAL THICKENING OF GALL BLADDER AS DESCRIBED - LIKELY INFLAMMATORY / ?? NEOPLASTIC.**
- **MURAL THICKENING OF CYSTIC DUCT AND CHD WITH I.H.B.R.D - ? INFLAMMATORY ?? NEOPLASTIC.**
- **SPLENOMEGALY.**

SUGGESTED : CYTOPATHOLOGICAL CORRELATION.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

