

Patient Name : MR. P NARASIMHA REDDY  
Gender/Age : Male / 72 Years  
Referred By : DR A SREENATH (50943)

Patient Id/ Bil No. : 2211-0288  
Reg. Date : 11-11-2022  
Reported Date : 15-11-2022

### NON CONTRAST CT AXIAL SECTIONS OF ABDOMEN

#### LIVER:

- Normal in size (12.2 cm) with in-homogenous attenuation with no significant surface modularity .NO enlarged left lobe and caudate lobe shrunken right lobe.
- There is no intra hepatic duct dilatation in the left and right lobes. CHD and CBD are normal. No e/o calculus.
- Perihepatic and subphrenic spaces are normal.

#### GALL BLADDER

- Partially distended. No e/o calculi/ wall thickening/edema

#### SPLEEN

- Normal in size (7.1 cms) and attenuation. No e/o focal mass lesion.

#### PANCREAS

- Atrophic and Normal and attenuation.

#### ADRENALS:

- Normal ins size and attenuation.

#### KIDNEYS:

- Bilateral kidneys are normal in size ,location and attenuation.
- Right kidney measures : 8.3 x 3.1 cm
- Left kidney measures :8.4 X 3.5 cm.
- No evidence of calculus/hydronephrosis.
- Perinephric spaces are normal.

#### PELVIS:

- Urinary bladder is well distended. NN e/o calculi/hydronephrosis.
- Prostate measures (Vol: 15.4 cc ) with normal attenuation

- Visualized large and small bowel loops appear unremarkable.
- Appendix is normal.
- No enlarged retroperitoneal /mesenteric lymphnodes.
- **No lytic/sclerotic lesions in visualized bones.**
- **Degenerative changes in lumbar spine with convexity to the left**
- Visualized soft tissues appear normal.

Patient Name : MR. P NARASIMHA REDDY  
Gender/Age : Male / 72 Years  
Referred By : DR A SREENATH (50943)

Patient Id/ Bil No. : 2211-0288  
Reg. Date : 11-11-2022  
Reported Date : 15-11-2022

Gross diffuse peritoneal nodularity noted in perihepatic space, greater and lesser sacs, bilateral lumbar regions, bilateral iliac fossa, Recto-vesical pouch, perisplenic region, paracolic gutters. Few scattered calcifications noted within. No omental fat stranding/probe tenderness.  
Moderate ascites with in-homogenous attenuation.

**IMPRESSION:**

- **Diffuse coarse omental and peritoneal nodularity in abdomen and pelvis as described- Peritoneal Ca/metastasis/ Pseudomyxoma/Tuberculosis has to be ruled out**
  - Advised FNAC of omental nodule and ascitic fluid analysis .
- **Gross ascites.**
- **Bilateral reduced renal dimensions- s/o mild parenchymal renal changes**
- **Lumbar spondylosis with scoliosis of the lumbar spine with convexity to left.**
  - Advised clinical / FNAC correlation.

**DR PRIYANKA  
RADIOLOGIST**