

Patient Name : MR. P NARASIMHA REDDY

Patient Id/ Bil No. : 2211-0288

Gender/Age : Male /72 Years

Reg. Date : 11-11-2022

Referred By : DR A SREENATH (50943)

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.

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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**