Small cystic lesion of size 15 x 10 mm is noted at aortocaval location and along inferior aspect of D3 segment of duodenum.
Both kidneys are normal in orientation, size, shape & attenuation. No e/o calculi or pelvicalyceal system dilatation. Both kidneys show normal excretion of contrast. No evidence of perirenal collection. Perinephric fat and Gerota's fascia appears normal on both sides.
Retroperitoneum: Both ureters are normal in caliber and contour. Both Adrenals normal in dimensions. Aorta and IVC are normal in course and caliber.
The Urinary Bladder is well distended and appears normal in contour with normal wall thickness. No radio opaque calculus noted.
Pelvic evaluation shows normal appearances of uterus & ovaries. No adnexal lesion is seen.
Rest of small and large bowels appear normal. Appendix is normal.
No evidence of inguinal / obturator or femoral hernia.
Minimal ascites is noted. Visualized bony elements are normal.
Basal segments of both the lungs appear normal. No focal lesions noted. No e/o pleural effusion.

IMPRESSION:

Short segment enhancing circumferential wall thickening in mid portion of ascending colon with luminal narrowing at this site with significant dilatation of proximal ascending colon and ceacum. This would raise possibility of neoplastic/inflammatory etiology. Need further evaluation by colonoscopy and biopsy to rule out exact etiology.
Few mildly enlarged lymph nodes adjacent to above mentioned bowel wall thickening.
Dilatation of small bowel loops, predominantly ileal loops. Small bowel feces sign is noted in ileal loops.
Minimal ascites is noted.
Focal lobulated lesion in right lobe of liver with central calcification as mentioned most likely represent benign lesion as hemangioma. Another small focal lesion in left lobe of liver as mentioned ? Etiology.
Small cystic lesion at aortocaval location and along inferior aspect of D3 segment of duodenum appear benign in etiology.

Dr.Unmesh Bhosale

Patient ID	539	Age/Sex	26Y/F
Patient Name	MRS. MANGAL RATHOD	Date	09 - Feb - 2023
Referred By	DR. SACHIN PATIL		

CT ABDOMEN AND PELVIS - PLAIN & CONTRAST

TECHNIQUE:

- Preliminary AP scanogram of the abdominal region was made. Spiral scan was then performed from the level of dome of diaphragm till pubic symphysis. Serial contiguous sections with retrospective recon was obtained in arterial, venous and delayed phases after intravenous administration of non-ionic contrast (Iohexol 300 mg/ml). Later images were reviewed in axial, coronal and sagittal reconstructions

OBSERVATIONS:

Short segment enhancing circumferential wall thickening is noted in mid portion of ascending colon with maximum length of 43 mm. Maximum thickness of affected bowel segment measures 13 mm. Luminal narrowing is noted at this site with significant dilatation of proximal ascending colon and ceacum. Maximum diameter of ceacum measures 88 mm.

Few mildly enlarged adjacent lymph nodes are noted. Largest one measures 11 x 7 mm.

Dilatation of small bowel loops, predominantly ileal loops is noted with maximum diameter of 53 mm. Small bowel feces sign is noted in ileal loops.

Lobulated hypodense lesion is noted in segment VII and VII of right lobe of liver with central calcification. It measures 47 x 44 mm in size. Vessels are seen traversing through the lesion. It shows centripetal contrast enhancement. Another small focal lesion is noted in segment IV A of left lobe of liver of size 10 x 9 mm. It shows mild post contrast enhancement. Liver is normal in dimensions and shape and shows normal pre & post contrast attenuation pattern. Hepatic surface appears smooth with normal lobar proportions. Intrahepatic biliary radicles and vascular radicals are normal. Intra hepatic portion of IVC is normally oriented. Porta hepatis appears normal.

Gall bladder in subhepatic in location and shows normal distension and wall thickness. No intraluminal radio opaque calculus / growth. No pericholecystic collection. Common bile duct is apparently normal in caliber.

Spleen is normal in location, size, shape and attenuation. No focal lesion. Splenic hilum appears normal.

Pancreas is of the generally tapering type with lobulated margins. Dimension at head, neck, body and tail appears normal in size. Pre and post contrast attenuation pattern appears normal. No focal abnormality detected. No e/o ductal dilatation or calculi seen. No parenchymal calcification. Peripancreatic fat planes

Friday, March 03, 2023

NAME : MRS. RATHOD MANGAL
REF.BY : DR.S.S.BANSAL

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows mild fatty change.. No focal lesion is noted. No e/o IHBR dilatation is seen.
Portal vein and CBD appear normal in dimensions at porta hepatis.
Gall bladder is over distended. It measures 8.6 x 4 x 3.9cms. No obvious calculus is seen on present examination.
Spleen appears normal size, shape and echotexture. No focal lesion is noted.
Pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.
Excess bowel gas is present. No abnormal bowel wall thickening.
Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No echoreflective calculus, focal lesion, hydronephrosis or hydroureter noted on either side.
No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.
Urinary bladder is well distended and appears normal. No echoreflective calculus or soft tissue mass noted. Both U-V junctions appear normal.
Uterus is anteverted, normal in size. No focal lesion is noted. Endometrial cavity is central and empty. ET –6mm
Both ovaries appear normal in size and echotexture.
No solid or cystic adnexal mass is noted on either side.
There is minimal free fluid in the abdomen.

IMPRESSION **Study reveals,**
Liver-Mild fatty change.
Over distended gall bladder. No signs of cholecystitis.
Minimal free fluid in the abdomen.

Suggest : clinical correlation and follow up.
X- ray abdomen standing.

DR. AMOL MEHTA
MBBS, DMRE(Mumbai)
Consultant Radiologist
R.N. 91867

Sonography is an aid to diagnosis.
Report has to be corelated clinically.
All congenital anomalies cannot be detected on ultra sound.
Sex determination is banned and illegal.
Please bring all test report for follow up study.

Patient name - Mrs Date :
Mangal Rathod

Age - 78 yrs

Adv
Histopath.

→ Sample collected -

→ Excised specimen of Rt hemicolectomy.

Doctor's Signature

AADHAR HOSPITAL MULIT SPECIALITY & ICU

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Name :: Mangal Rathod. Indoor No. : 137/2023.

Date/Time	Clinical Notes	Treatment Plan
14/3/23 9:30am	S/B. Dr. Vrushali & Dr. Nikhil Tilhawan..	
	→ Case of Stricture Ascending colon.	
	→ Plan surgery c.m Resection & End to end anastomosis.	
		· R/ RBS/BP/200chanting
	→ C/O - Abd pain ++	
	· Unable to pass stool	→ NBM out
	· Abd fullness	Plan tomorrow
	· Lt'd appatite.	keep NBM as per OT Time
	· Weakness	→ Rest dall
		→ Need fitness
	→ O/E - P - 80/min	→ Orally soft diet
	BP - 130/80mmHg	→ IVF RL @ 20 NS 20 cc/hr Elderly
	T - Afeb	
	RR - 20/min	
	SPO2 - 98%	
	→ S/E - RS - CVS/PNS	