

PIN	: 205421	Accession No.	: 232020051
Patient Name	: Mr. BHARAT NATH	Report Date	: 21/07/2023
Age / Gender	: 49 Y Male	Report Time	: 04:53 p.m.
Ref Dr. Name	: Dr. H Deka	Category Name	: CT

CT THORAX & ABDOMEN (CONTRAST)

Continuous axial helical sections of thorax and whole abdomen were taken from the apices to the level of pubic symphysis followed by multiplaner reconstructions.

Findings: Follow-up case of Ca stomach – Post chemotherapy

Present study reveals residual circumferential growth in the antropyloric region of stomach extending into the lesser curvature and anterior fundus. No extension is seen into the duodenum, GE junction and fundus. The growth is abutting the left lobe of liver with no obvious infiltration. It is closely abutting the body of the pancreas with ill-defined interface – high probability of parenchymal infiltration. No infiltration of the adjacent small and large bowel, spleen, crus of the hemidiaphragm, gall bladder and adrenal gland is seen. Foci of calcifications are seen within the thickened gastric wall. Maximum thickness measures 18 mm.

Tiny to small nodes are seen in the right and left side of the cardia, supra and infrapyloric stations, left gastric station, common hepatic station and splenic hilum, largest node measures 8 mm in SAD. No significantly enlarged node is seen in along the greater curvature, celiac axis, root of the mesentery, transverse mesocolon, paraaortic and paracaval locations. No significantly enlarged mediastinal, hilar and supraclavicular fossae node is seen.

No hypo / hypervasculär hepatic SOL or ascites is seen.

No soft tissue pulmonary nodule is seen. Patchy ground glass opacities posterior segment of the right upper lobe – likely to be pneumonic.

Trachea and major bronchi are normal in caliber. No intraluminal filling defect is seen. No obvious pleural or pericardial effusion is seen.

Esophagus reveals no mass lesion.

Liver is normal in size with normal outline and attenuation. No definite focal lesion is seen. Hepatic veins and IVC are patent. Portal vein at confluence including its proximal right and left main branches are normal. IHBRs are not dilated.

Gall bladder is contracted. No evidence of any hyperdense calculus is seen. No pericholecystic collection is seen.

CBD is normal in caliber. No obvious mass is seen in the distal part.

ARYA
WELLNESS CENTRE
The healthcare managers

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Pancreas is normal in size, shape and attenuation. MPD is not dilated. No peripancreatic fluid or collection is seen.

Spleen is normal in size, outline and attenuation. No focal lesion is seen.

Adrenal glands are normal in size and attenuation.

Bilateral kidneys are normal in size, position and attenuation and show normal CMD. No calculus or hydronephrosis is noted. No focal lesion is seen.

Ureters are normal in course and caliber. No calculus is seen.

Urinary bladder is distended with normal wall thickness. No intraluminal calculus is seen.

Prostate is normal in size and attenuation. Seminal vesicles appear normal. No focal lesion is seen.

Bones appear grossly unremarkable.

IMPRESSION:

Follow-up case of Ca stomach – Post chemotherapy, present study reveals –

- RESIDUAL CIRCUMFERNENTIAL GROWTH IN THE STOMACH WITH POSSIBLE PANCREATIC INFILTRATION AND PROMINENT PERIGASTRIC NODES AS DESCRIBED
- NO PULMONARY NODULE OR HEPATIC SOL
- NO SIGNIFICANTLY ENLARGED MEDIASTINAL OR RETROPERITONEAL NODE

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