



NAME	MR GOKULITKAR	AGE	35 Years
REF BY	DR. ARJUN KALE SIR	GENDER	MALE
DATE	22/03/2024	PATIENT ID	BIC/162/2022-2023/8748

USG ABDOMEN AND PELVIS

LIVER

Size- normal
Shape- normal
Surface- no obvious surface irregularity noted at present.
Parenchyma- homogenous and normal.
Focal lesion- nil
Segmental anatomy- maintained.
Porta hepatis- appear normal.
Vascularity- hepatic veins and portal vein appear normal. No obvious portal vein thrombosis seen at present.
IHBR & CBD- CBD appears normal. No IHBR dilatation seen at present.
Gall bladder appears well distended and normal. No obvious periGB collection seen at present.

Spleen appears normal in size and echo.
Pancreas appears normal in size and echo.
Retroperitoneum, aorta is visualized normal.

KIDNEYS

RK : 10.6 cm x 4.8 cm.
LK : 10.8 cm x 5.0 cm.
Size- normal
Position- normal
Mobility- shows normal movement with respiration
Contour- maintained.
Renal capsule- normal.
Parenchymal echo - normal.
Central echo complex- renal sinus appears normal.
Medullary pyramids appear normal.
Adjacent structures- renal pelvis, renal artery and vein, perirenal space appears normal on both sides.
No evidence of renal vein thrombosis noted on either side.
No hydronephrosis/calculus seen on either side at present.
Both ureters are not dilated and not seen.
Bilateral ureteric jet appears normal.

BLADDER EVALUATION

Bladder Wall-

Thickness - normal 3.0 mm
Trabeculations- not seen
Focal masses - no obvious focal lesion seen at present.
Diverticula- no obvious diverticulum seen at present.
Bladder Base
ureteric orifices & intramural ureter- normal.
ureterocele- not present/not seen
bladder neck- normal, no obvious stricture or focal dilatation seen
base elevation- absent

Bladder Volume

prevoid- 189 cc

post void - 11 cc (Insignificant).

PROSTATE

Prostate is normal in size, shape and echotexture. No focal lesion is seen.

GI TRACT

O-G junction appears normal.

Stomach- appears distended and filled gas and food particles.

Duodenum- second part of duodenum appears fluid filled and gas distended.

Jejunum- appear normal.

Ileal loops- appear fluid filled and show normal peristalsis.

Terminal ileal loops appear normal. No obvious wall thickening noted at present.

COLON

ICJ, caecum, Ascending colon, transverse colon shows gaseous distention.

Distal descending colon shows minimal wall thickening(nonsignificant)

No ascites/free fluid noted within peritoneal cavity.

Bilateral inguinal hernial sited appear normal.

No obvious herniation of bowel loops or omentum seen on either side even on coughing.

SMA, SMV relation appears normal.

AT SITE OF PAIN-

Appendix appears dilated, inflamed, edematous, turgid.

Appendix measures 12-13 mm in caliber.

Peri appendicular mesentery appears bright and inflamed.

Appendix is seen running posteriorly downwards.

Adjacent ICJ, caecum and terminal ilium appear minimally thickened and edematous

Significant Probe tenderness is noted over this region.

Minimal free fluid is seen adjacent to it.

IMPRESSION:-

- LIVER, SPLEEN AND KIDNEYS APPEAR NORMAL AT PRESENT SCAN.
- DILATED, INFLAMMED, TURGID APPENDIX WITH PROBE TENDERNESS IN RIGHT ILIAC FOSSA. PERIAPPENDICULAR MESENTERY APPEARS BRIGHT. ADJACENT ICJ, CAECUM AND TERMINAL ILIUM APPEAR MINIMALLY THICKENED AND EDEMATOUS.

THESE FINDINGS ARE LIKELY TO SUGGEST ACUTE APPENDICITIS.

ADVISE- HAEMOGRAM AND CECT CORRELATION.

Please correlate Clinicopathologically.

Thanks for referring patient)

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