



QUANTUM DIAGNOSIS

CENTRE FOR DIAGNOSTIC & INTERVENTIONAL RADIOLOGY

96 Slice CT Scan - NCCT, HRCT, CECT, Triple Phase, CT Angiography, CT Urography | PCD | PTBD | PIGTAIL ICD
2D, 3D & 4D Ultrasound | Color Doppler | Digital X-Ray | EEG | ECHO | ECG | BERA | Pathology | PFT | Barium - Swallow, BMFT, Enema

Name :- Devki Devi
Pt's ID :- 63
Refd By :- Nectar Hospital

Age/Sex :- 75Yrs/F
Date :- 06/05/24

Thanks for referral.

CT SCAN REPORT OF WHOLE ABDOMEN (ORAL AND IV CONTRAST)

The study reveals:-

There is gross ascites with some peritoneal thickening and multiple lobular omental thickening / deposit in left periumbilical region. Pelvic region also show bilateral adnexal lobular enhancing areas (Rt 32 x 28 x 30 mm & Lt 36 x 30 x 27 mm).

Liver is normal in size and contour with normal attenuation and enhancement pattern.

No focal lesion is seen. IHBR are not dilated. No abnormality is seen at portahepatis.

Portal vein shows normal calibre and enhancement.

GB and CBD are normal and no abnormal enhancing lesion is seen within.

Spleen is normal in shape, size, attenuation & enhancement. Pancreas show normal size with smooth outline, no calcification or focal SOL is seen.

Both adrenals are normal in shape, size, attenuation & enhancement.

Both kidneys are smaller showing scarring and parenchymal thinning with normal cortico-medullary phase and excretion.

Urinary Bladder is normal in outline & distension. Lumen appears clear. Wall thickness is normal.

Uterus and ovaries are normal for the age No pelvic pathology is seen.

No definite abdominal adenopathy is seen.

Major abdominal vessels appear normal in course and calibre.

Stomach, Duodenum, small bowel and large bowel show normal wall thickness and are not dilated.

Visualized spine show L1, L4 & L5 variable collapse and spine show degenerative changes.

IMPRESSION :-

Gross ascites with some peritoneal thickening and multiple lobular omental thickening / deposit in left periumbilical region -- highly suspicious of metastatic deposit. Pelvic region also show bilateral adnexal lobular enhancing areas (Rt 32 x 28 x 30 mm & Lt 36 x 30 x 27 mm) ?Bilateral ovarian deposit. Suggested ascitic fluid study and follow up. Smaller kidneys showing scarring and parenchymal thinning with normal cortico-medullary phase and excretion.

Dr. Hari Kishore Rai.
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Consultant Radiologist

Radiologist

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OPINION MUST BE CORRELATED WITH CLINICAL & OTHER INVESTIGATIONS FOR DIAGNOSIS