

PATIENT: MR. PANCHANAN	AGE: 62 Y/M
REF DOCTOR: RUDRAKSHA HOSPITAL	DATE: 08/05/2024

TRIPLE PHASE CT ABDOMEN WITH CONTRAST

TECHNIQUE: A plain and post contrast (oral + I.V. only) CT study of the abdomen has been performed from epigastrium to pubic symphysis with 5mm direct axial sections with coronal and sagittal reformations. Scan was taken at arterial phase, portal phase and venous phase after the I.V injection of contrast.

IMAGING FINDINGS:

- Partially distended GB with few (3) cholelithiasis.
- Liver~15.3cm. A large lobulated lesion (9.4X4.1CM) showing persistent peripheral enhancement without significant washout noted centered in segments 4,5 & 6 of liver. Loss of fat planes with fundus and body of GB. Main portal vein (segment~18mm) appears compressed by periportal lymph nodes. Right branch of portal vein is attenuated with circumferential area of contact . Laterally there is loss of fat planes associated with short segment thickening of distal part of stomach. The gastric thickening shows mucosal enhancement with submucosal edema suggesting edematous reactive thickening. Left lobar IHBRD with non delineation of CBD (? infiltrated) at periportal region. Rest of the distal CBD appears normal . > 180 degree area of contact with CHA.
- Multiple variable sized lesions of similar morphology in both lobes -s/o hepatic metastases.
- Multiple enlarged lymph nodes noted in peripancreatic, periportal , para-aortic and paracaval region, largest measuring approx 11.8mm in SAD.
- Spleen is normal in size shape, attenuation and enhancement pattern
- Pancreas is normal in size and CT attenuation. No obvious focal pathology is seen. No obvious parenchymal calcification is noted. Pancreatic duct appears normal.
- Both adrenals appear normal.
- Both kidneys are normal in size, shape and CT attenuation with normal cortical enhancement. Pelvic-calyceal system appears normal. No obvious hydronephrosis is seen. Both ureters are normal in caliber. Right lower pole renal cyst seen.
- Urinary bladder appears normal. Prostate appears normal.
- Rest Visualized bowel loops show normal CT morphology.No evidence of ascites noted.
- Bony cage shows age related degenerative changes. Diffuse vascular calcifications also seen
- Visualised lung fields show multiple lungs nodules with cavitations within s/o metastases.

IMPRESSION: - CECT ABDOMEN (TRIPLE PHASE) REVEALS :

- Partially distended GB with few (3) cholelithiasis & A large lobulated lesion showing persistent peripheral peripheral enhancement without significant washout centered in segments 4,5 & 6 of liver, showing Loss of fat planes with fundus and body of GB. Left lobar IHBRD with non delineation of CBD (? infiltrated) at periportal region. Regional enlarged metastatic lymph nodes also seen.
- f/s/o malignant neoplastic etiology (arising from GB> cholangiocarcinoma)
- Multiple hepatic metastases.
- Pulmonary metastases.

Advice: Clinical correlation & HPE correlation.

DR ARUNIMA SURESH
MD DNB RADIODIAGNOSIS