



Name	KALAVATI AKHANDE	Patient ID	SIDH24150004439
Accession No	HH24150044428	Age/Gender	40Y / Female
Referred By	Dr.SOMYA RAGHUVANSHI	Date	28-May-2024

### CT SCAN WHOLE ABDOMEN (Plain Study)

Multilobulated large cystic lesion of size approx. 164 x 121 x 141mm seen in right side of pelvic fossa and 281 x 161 x 116mm is seen in left side of pelvic fossa extending upward crossing umbilical level reaching upto hypochondrium abutting anterior abdominal wall, producing mass effect over adjacent abdominal viscera, adenexae not separately visualized showing homogeneous internal debris and fat-fluid level and calcification. Rest of the fat planes are grossly spared. – dermoid.

Mild free fluid seen in peritoneal cavity – ascites.

Few pre-paraaortic, aortocaval, retrocaval, mesenteric, iliac, inguinal and obturator lymphnodes are seen, largest measuring approx. 9mm size.

Omental fat stranding with peritoneal thickening seen in pelvic fossa.

Fecal matter loaded dilated large bowel loops.

Liver parenchyma appears normal. No focal or diffuse mass lesion is seen.

Gall bladder and intrahepatic biliary radicles appear normal. No evident calcified gallstones are seen.

Pancreas appears normal.

Spleen does not reveal any abnormality.

Both kidneys & suprarenal glands appear normal.

Urinary bladder appears normal.

Iliopsoas and bony pelvis appear normal.

#### IMPRESSION: CT findings are suggestive of:

- Multilobulated large cystic lesion of size approx. 164 x 121 x 141mm seen in right side of pelvic fossa and 281 x 161 x 116mm is seen in left side of pelvic fossa extending upward crossing umbilical level reaching upto hypochondrium abutting anterior abdominal wall, producing mass effect over adjacent abdominal viscera,



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- Fecal matter loaded dilated large bowel loops.

Note – This is plain study. Done to rule out calculus / calcification. Organ needs contrast both IV / oral.

*This report is not valid for any medico legal purpose. This report is prepared on the basis of digital DICOM images transmitted via internet without identification of patient, not on the films or plates provided to the patient.*



**DR. NARENDRA GUPTA  
MBBS, MD RADIODIAGNOSIS  
RMC NO-23115**

**DISCLAIMER:** - It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately\*.

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Name	KALAVATI AKHANDE	Patient ID	SIDH24150004439
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Referred By	Dr.SOMYA RAGHUVANSHI	Date	28-May-2024

### CT SCAN THORAX (Plain Study)

No active infective patch seen in present study.

Both lungs are normally aerated and are applied to the chest wall on all sides.

No evidence of any consolidation, mass, reticulation or fibrosis is seen on either side.

The mediastinum is centered and of normal width. There is no evidence of masses in the anterior, central or posterior compartment.

The hilar region on each side is unremarkable, and the main bronchi appear normal.

No evident pleural/ pericardial effusion is seen.

No evident mediastinal lymphadenopathy is seen.

The thoracic skeleton and thoracic soft tissues show no abnormalities.

IMPRESSION: CT findings are suggestive of:

- No evidence of interstitial or parenchymal lung disease is seen.

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