



Dr. Nitin Sewani

MBBS (GMC Nagpur)

DNB Radiology (Bombay Hospital)

Advanced 4D Sonography | Digital X-Ray | Color Doppler Clinic

30 Sep 2024

Pt. Name: - Mr. Gokul Khule (33 Years/M)

Ref. By: - Dr. Rahul Ghule (MBBS MS DNB)

ABDOMINAL & PELVIC SONOGRAPHY

Liver is small in size with coarse echopattern and irregular surface. No focal lesion seen in visualized extent. Hepatic veins & IVC are not dilated. Intrahepatic & extrahepatic portal vein appear unremarkable. IHBR are not dilated. Proximal CBD is unremarkable.

Gall Bladder is partially distended with normal wall thickness. No calculus in fundus or body region. No obvious gall bladder mass lesion seen.

Pancreatic head and body are normal in size & echo pattern. No focal lesion or peripancreatic inflammatory changes.

5. Liver is mildly enlarged measuring upto 142 mm. No obvious focal lesion in its visualized extent.

Right kidney measures 105 x 51 mm. It is normal in size, shape, and echotexture with maintained corticomedullary differentiation. No focal lesion seen. No echogenic renal calculus or hydronephrosis seen.

Left kidney measures 110 x 58 mm. It is normal in size, shape, and echotexture with maintained corticomedullary differentiation. No focal lesion seen. No echogenic renal calculus or hydronephrosis.

Urinary bladder is well distended with normal wall thickness. No calculus or mass lesion. Pre-void urine volume measures 179 cc and post-void residue is 10 cc after single-void.

Prostate is normal in size, shape & echogenicity.

Mild free fluid is seen in abdomen & pelvis

No obvious bowel wall thickening seen in visualized portion. No mesenteric lymphadenopathy. Retroperitoneal lymphadenopathy could not be assessed due to bowel gases.

Impressions:

- Small size liver with coarse echopattern and irregular surface, suggest cirrhotic changes. LFT correlation suggested.
- Mild splenomegaly (142 mm). Mild free fluid in abdomen.

Thanks for reference

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Patient ID:	PDMC.0000574963	Patient Name:	RAUT DWARKA ANANDRAO
Age:	55 Years	Sex:	F
Accession Number:	6594764	Modality:	CT, SR
Referring Physician:	DASGUPTA UNIT II S S	Study:	CT-Scan Abdomen Pelvis
Study Date:	02-Oct-2024		

C.T. Study of Abdomen & Pelvis (P + C)

Protocol: Plain & Contrast enhanced CT Study of Abdomen and pelvis done by taking 10 & 3 mm helical section from done of diaphragm to iliac crest.

C.T. Study of Abdomen & Pelvis reveals:

- Multiple ill defined heterogeneously enhancing lesions are noted in subhepatic, perihepatic region, left iliac and left lumbar region, pelvis and adnexal region in the mesentery, largest of size 8.2 x 5.7 x 8.7 cm in left ilio-lumbar region- likely peritoneal deposits - ? metastasis. The lesions are causing scalloping of anterior margin of liver.
- Peritoneal thickening is noted in form of omental caking.
- Multiple ill defined hypoenhancing isodense lesions with are noted scattered in bilateral lobes of liver largest measuring 7.4 x 5.6 x 7.1 cm in right lobe of liver in segment VI. No evidence of calcification within - s/o metastatic lesions.
- Suspicious mildly enhancing lesion is noted in left adnexa- s/o likely neoplastic etiology- ? left ovarian origin.
- Liver is enlarged in size (16.8 cm), normal in shape. No e/o any IHBR dilatation.
- Moderate free fluid is noted in abdomen and pelvis.
- Gall bladder is well distended.
- CBD appears normal in course and dimension
- Pancreas is normal. No evidence of any calcification or pancreatitis.
- Portal vein shows normal course & caliber.
- Spleen is normal in size (11.8 cm), shape, attenuation & enhancement pattern
- Bilateral adrenals appear normal.
- Both kidneys are normal in size (RK- 9.6 x 4.1 cm, LK- 11.1 x 5.3 cm) & density. Normal renal parenchymal enhancement and is seen. Pelvicalyceal system is normal.
- Bowel loops appear normal in caliber and enhancement.
- No e/o retroperitoneal lymphadenopathy.
- Visualized anterior abdominal musculature appears normal.
- Uterus appears normal. Ovaries not visualised.

OPINION:-Plain & Contrast C.T. Study of Abdomen & pelvis shows,

- Features suggestive of neoplastic etiology with multiple peritoneal and liver metastasis as described above-?
- left ovarian origin.
- Mild hepatomegaly.
- Moderate ascites.

Advice - CA 125 and HPE Correlation.

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