

Miss Adhika Lodhi 14/4/F

B2653889

Clinical History. -

A Drain is placed in the
Gallbladder.



SARDAR PATEL HOSPITAL

पता: 41, मोतिया तालाब रोड, निचर जी.पी.ओ. रॉलय मार्केट भोपाल

DOA: 15/25

TOA: 3:37 PM

DOD:

IPD

WARD/BED ICU

IPD No. 330

MLC/NON MLC

INITIAL ASSESSMENT (DOCTOR)

Name of patient: Adika Lodhi Age 13x Sex f UHID SPH/330/25

Son/Daughter/Wife/Father of D/o Anxath Singh

Address: Poonakhedi, Poonakhedi Vidisha M.P. 464337

Married/Unmarried: No. of Children: Male Female

Sensitivity to Drug (allergy)

Addiction

Present Complaints:

Pain in abdomen : 2 month C
on & off fever & absence of menses 2-3 months.

History of Present Complaints:

Pt. admit to above mentioned
Complaint, having CP abdomen. revealed.
Peritoneal abscess, in pelvic cavity in b/w iliac
fossa & admit here for drainage of abscess to rule
out cause of abscess formation.

Past History:

Nil

Family History:

nil

Dr. Piyush Shrivastava
M.D. (Radiodiagnosis)

Name : Miss. Adhika Lodhi

Date : 26/04/2025

Ref. By : Dr. Rajeev Jain (MS-Surg)

Age / Sex : 14Yrs/F

CECT ABDOMEN (FEMALE)

➤ **Liver:**

- Liver is normal in shape, size, parenchymal density, attenuation and contrast enhancement.
- A small simple hepatic cyst is noted in the right lobe of the liver, measuring approximately 5 x 4 mm.
- No focal or diffuse liver lesion seen.
- No evidence of IHBR dilatation is seen.
- Portal vein is normal in caliber. No evidence of any intraluminal filling defect.

➤ **Gallbladder:**

- Gallbladder is adequately distended with intraluminal fluid density contents and shows no calculi or sludge.
- Wall is smooth in contour with normal thickness and attenuation.
- CBD is not dilated.
- No peri-cholecystic collection / fluid or fat stranding seen.

➤ **Pancreas:**

- Pancreas is normal in size, shape, density and contrast enhancement.
- MPD is not dilated.
- Peripancreatic fat planes are preserved.
- No parenchymal lesion or intraductal calcifications seen.

➤ **Spleen:**

- Spleen is normal in size and shows homogeneous contrast enhancement.
- No focal lesion in spleen is seen.

➤ **Adrenals:**

- Both adrenal glands are defined and appear normal and show homogeneous contrast enhancement.

➤ **Kidneys:**

- Both kidneys are normal in size, position, shape and cortical outline.
- No evidence of calculus or hydronephrosis.
- Both kidneys shows good uptake and excretion of contrast material into collecting system.
- Corticomedullary differentiation is maintained.
- Renal pelvis appears normal.
- Peri-nephric fat regions appear unremarkable bilaterally.

➤ **Ureters:**

- Both ureters appear normal in course and calibre.
- No evidence of ureteric calculus / obstruction seen.

Dr. Piyush Shrivastava

M.D. (Radiodiagnosis)

Urinary Bladder:
Urinary bladder is adequately distended with smooth outline and appears normal.

• Urinary bladder is adequately distended with smooth outline and appears normal.

• Lumen exhibits normal uniform opacification.

• Wall thickness of Urinary Bladder is normal.

Gastrointestinal Tract:

• Stomach is distended with normal gastric wall thickness and enhancement.

• **Large colon appears markedly fecal loaded, suggestive of constipation.**

• No signs of bowel obstruction, pneumatosis, or perforation are seen.

• Small bowel loops are normal in caliber and configuration.

• Rectum appears normal in the scan. The peri-rectal fat planes are intact.

Pelvis, uterus and Adnexa:

• A well-defined, thick-walled, loculated collection is seen in the pelvis along the midline,

measuring approximately 10.6 x 14.5 x 8.4 cm (AP x TR x CC).

• The collection extends cranially into the hypogastric, umbilical, and both iliac fossa regions.

• No evidence of communication with bowel loops.

• No air foci identified within the collection.

• No evidence of free intraperitoneal fluid.

• Multiple reactive mesenteric lymph nodes are noted, particularly in the epigastric and umbilical regions.

• Uterus and both ovaries appear normal in size, shape, and enhancement.

• No adnexal mass or free pelvic fluid is observed.

IMPRESSION

➤ Large, thick-walled, loculated pelvic collection extending into the hypogastric, umbilical, and bilateral iliac fossa regions suggestive of loculated intraperitoneal

abscess (approx volume of collection cumulatively measured = 906 cc).

➤ Multiple reactive mesenteric lymph nodes in epigastric and umbilical regions.

➤ Simple hepatic cyst in the right lobe of the liver (~5 x 4 mm), incidental finding.

➤ Fecal loading of the large colon suggestive of constipation.

➤ Normal appearance of uterus and ovaries.

➤ No evidence of bowel obstruction, or perforation.

➤ Remaining all intra-abdominal organs appear unremarkable.

Piyush

Signature
(Radiologist)

Interpreted by the clinician

This report is only a professional opinion and not the diagnosis. It should be clinically interpreted by the clinician.