

miss Adhika Lodhi 1441F

B2653889

Clinical History -

A Drain is placed in the
Gallbladder.



SARDAR PATEL HOSPITAL

पता: 41, मांतिया तालाब रोड, नियर जी.पी.ओ. रॉल्यू मार्केट भोपाल

DOA: 1/5/25

TOA: 3:37 PM.

DOD:

IPD

WARD/BED ICU.

IPD No. 330

MLC/NON MLC

INITIAL ASSESSMENT (DOCTOR)

Name of patient: Adika Lodhi Age 13Y Sex F UHID SPH/330/25

Son/Daughter/Wife/Father of D10 Amrath Singh

Address: Poonakheri, Poonakheri 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 few C absence of vomit. 2-3 month.

History of Present Complaints: Pt. admit C above mentioned

complaint, having. C.P. abdomen. revealed.

Peritoneal abscess, in pelvic cavity in b/w illiac

fora & admit here for stranguled of access to recte

out cause of abscess formation.

Past History: Nil

Family History: Nil

Name : Miss. Adhika Lodhi

Date M.D. (Radiodiagnosis)
: 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.

Gortal 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.

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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: 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)

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

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