



CIN NO.: U85100UP2020PTC128218

# SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS &amp; THERANOSTICS CENTER IN UTTAR PRADESH

NAME	KISMATUN	AGE/SEX	58Y/F	DATE	16.05.2025
UHID	SAN2510703	REF BY	AXIS HOSPITAL		

## CECT WHOLE ABDOMEN

### FINDINGS:

**Liver and Gall bladder** - There is evidence of a focal irregular heterogeneously enhancing thickening involving the distal body / fundus of gallbladder (max thickness 8 mm). The thickening is showing loss of fat planes with adjacent liver parenchyma with contiguous formation of an ill-defined heterogeneously enhancing mass lesion of size  $50 \times 40 \times 36$  mm infiltrating segment V. Multiple other rounds to oval shaped heterogeneously enhancing lesions are seen involving rest of the right lobe, largest one measuring  $22 \times 20$  mm. Primary biliary confluence is spared. Rest of the walls of gallbladder are regular & smooth. CBD is not dilated. (Note- Hypodense biliary calculus can't be seen on CT scan, MRI/USG are choice of modality).

Rest of the liver is normal in size. There is no intrahepatic biliary dilatation. No focal lesion is seen. Hepatic veins and portal vein are normal.

Few subcentimetric periportal and peripancreatic lymph nodes are seen, largest one measuring 7 mm in short axis.

**Pancreas** is normal in size. Margins are regular. Parenchyma shows normal and uniform density. Pancreatic duct is not dilated. No focal area of altered density or calcification is seen. Peripancreatic fat planes are preserved.

**Spleen** is mildly enlarged in size (13.7 cm). Margins are regular with uniform parenchymal density.

**Adrenals**: Both adrenals are normal in size, shape and enhancement.

**Kidneys**: Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal nephrographic density. No evidence of backpressure changes seen in the pelvicalyceal system.

Both ureters are seen in their entire extent displaying normal course and calibre.

**Urinary bladder** is well distended. Wall thickness is normal. Perivesical fat planes clear.

**Uterus & adnexa**: Uterus is normal in size and outline. It shows homogeneous attenuation. A fairly large irregularly marginated heterogeneously enhancing solid cystic mass lesion (measuring approx.  $83 \times 73 \times 61$  mm) is seen involving right adnexa. The lesion is closely abutting serosal surface of uterus, rectosigmoid and few small bowel loops, however no obvious infiltration is seen. Right ovary is not separately visualized. Left ovary is mildly bulky (36 x 16 mm).

**Bowel**: Rest of the bowel loops are normal. No abnormal wall thickening and enhancement seen. No mass identified. The mesentery and omentum are normal.

No other significant retroperitoneal or mesenteric lymphadenopathy is observed. Retroperitoneal major vessels are normally visualized.

No free fluid is seen in the peritoneal cavity.

**Visualized sections of thorax** show innumerable tiny nodular lesions, many of them showing central cavitatory changes in bilateral lung fields, measuring 3-4 mm in diameter.

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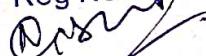
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IMPRESSION: -

- Focal irregular heterogeneously enhancing thickening involving the distal body / fundus of gallbladder showing loss of fat planes with adjacent liver parenchyma with contiguous formation of an ill-defined heterogeneously enhancing mass lesion infiltrating segment V—malignant neoplastic etiology (CA GB).
- Multiple other rounds to oval shaped heterogeneously enhancing lesions involving rest of the right lobe of liver—metastases.
- Few subcentimetric periportal and peripancreatic lymph nodes—suspicious.
- Fairly large irregularly marginated heterogeneously enhancing solid cystic mass lesion involving right adnexa closely abutting serosal surface of uterus, rectosigmoid and few small bowel loops—likely neoplastic etiology (? Metastatic Krukenberg's deposit / ??2<sup>nd</sup> primary – malignant ovarian neoplasm) ...*Adv. Biopsy correlation*.
- Mildly bulky left ovary.
- Innumerable tiny nodular lesions with central cavitatory changes in bilateral lung fields —? Metastatic.

*Please correlate clinically.*

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*Transcribed by Usaid Rizwan*

*Kindly note: Please intimate us for any mismatch of credentials / typing errors and send the report for updation within a week*

