



Bhopal imaging center

Add.: J.P. Nagar Near DIG banglow square, Bhopal (M.P.) Ph.: 0755-4901901 | Mob. 7000896200

Always Caring

Patient ID	8349	Age & Sex	43 Years & M
Patient Name	MR.ADIL	Study Date	20-May-2025
Referring Physician	DR.FARID ANSARI	Reported Date	20-May-2025

CECT ABDOMEN & PELVIS

PPROTOCOL:- Plain and post-contrast enhanced CT scan of Abdomen and Pelvis was performed after intravenous and oral administration of nonionic contrast medium using 5mm axial sections on CT scanner. No immediate contrast reaction is observed.

CLINICAL BRIEF:- F/u operated case of right renal tumor

OBSERVATIONS:-

Small calcified granuloma seen in right lobe of liver.

Well-defined heterogeneously enhancing hypodense lesion measuring approx. 56x51x61mm seen along the mid pole of right kidney showing internal heterogeneous enhancing soft tissue component with peripheral thick walled and few small calcific foci. Lesion also abutting mid lower cortex of right kidney – possibility of recurrent mitotic pathology. Advice:- Histopathological correlation.

Multiple subcentimetric portal, Peripancreatic, pre-paraortic, aortocaval and retrocaval, mesenteric lymphadenopathy.

Urinary bladder wall shows diffuse circumferential wall thickening ? cystitis.

Gall bladder is well distended with normal wall thickness. There is no e/o any radio-opaque calculi. No intra luminal mass is seen. No e/o pericholecystic fluid seen.

Portal vein and CBD appears normal.

Pancreas is seen in its entire length and is normal in size and configuration. No focal lesion, mass or pancreatitis seen.

The spleen is normal in size and shows homogenous parenchyma. No focal lesion, or mass seen.

Left kidney is normal in size, shape, location and show equal and prompt enhancement and good excretion of contrast medium. The pelvi-calyceal system and ureters are normal. No hydronephrosis or renal / perinephric pathology is noted. No renal or supra renal mass noted. The peri and para renal fat spaces are well maintained.

Both adrenal glands appear normal.

It If A Professional Opinion, Not Valid For Medico Legal Purpose.

DISCLAIMER

All Medical Investigatoin Including Ultrasonography Having Technical Limitations Because Of Various Factors Including Tissue Echogenicity Bowlgaseous Shadows. Fecal Matter, Fatty Tissue, Early Disease Process Many Other Factors May Not Allow All Anatomical Organs To Be Properly Analyzed. So Any Disease May Be Missed Even In Most Experienced Hands, So Correlate Clinically, Repeat In Case Of Disparity.



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Stomach, duodenum, jejunum and ileal loops appear normal.

Caecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum appears normal.

Aorta and IVC, pelvic vessels appear normal.

No e/o ascites is noted.

Prostate appear normal in size, shape.

The pelvic fat planes are well maintained and appear normal.

Appendix visualized appears normal.

IMPRESSION: -

- Small calcified granuloma in right lobe of liver.
- Well-defined heterogeneously enhancing hypodense lesion along the mid pole of right kidney showing internal heterogeneous enhancing soft tissue component with peripheral thick walled and few small calcific foci. Lesion also abutting mid lower cortex of right kidney – possibility of recurrent mitotic pathology. Advice:- Histopathological correlation.
- Multiple subcentimetric portal, Peripancreatic, pre-paraaortic, aortocaval and retrocaval, mesenteric lymphadenopathy.
- Urinary bladder wall shows diffuse circumferential wall thickening ? cystitis.

ADVICE: - Clinical correlation and follow up.

Dr. Anuj Jain

MBBS, DNB,

RMC No- 27793/13247

Consultant Radiologist

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