



- FOUR IMAGING SOLUTIONS Ltd.

Diagnostic and Interventional Radiologists

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Medical Centre:



CT REPORT

Name : **MFULA, SHULA HELEN**
Age : **63Y**
Sex : **F**

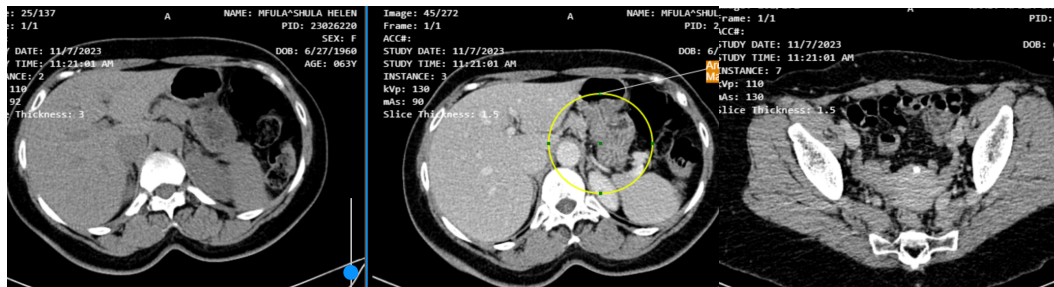
Patient ID : **23026220**
Procedure Date : **07/11/2023**
Report Date : **07/11/2023**

CT ABDOMEN PELVIS

INDICATION: 63-Year-old female C/O Constipation in last 2 months, even for more than a week sometimes.? Change bowel.

TECHNIQUE: 1.5mm-3mm axial and multiplanar pre-contrast, portal venous and delayed phase contrast-enhanced evaluation. Oral contrast was administered. Think limitations due to suboptimal bowel distention r, reducing diagnostic sensitivity, precluding adequate assessment.

COMPARISON: No prior imaging available for comparison.



FINDINGS:

GASTROINTESTINAL TRACT:

- Suboptimal gastric distention, precludes adequate assessment. Equivocal irregular appearance of the gastric fundus with indeterminate heterogeneous wall enhancement (key image to above). No definite gastric mass. Consider gastroscopy correlation
- Suboptimal small and large bowel distention, reducing diagnostic sensitivity.
- No definite focal colonic wall thickening or mass. No bowel obstruction.
- No pericolonic fat stranding, collection, or free air.

HEPATOBIILIARY SYSTEM:

- Liver: [No focal or diffuse liver lesion. No steatosis, hepatomegaly]
- Gallbladder: [No important gallbladder abnormality]
- Biliary Tree: No intra or extrahepatic bile duct dilatation. No choledocholithiasis.
- Pancreas: Focal or diffuse pancreatic lesion. Dilatation of the main pancreatic duct.

GENITOURINARY SYSTEM:

- Adrenals: No important abnormality.
- Kidneys / Ureters: No important abnormality.
- Urinary Bladder: No important abnormality.
- Reproductive Organs: Bulky lobulated uterus with calcific foci probable calcified leiomyoma.

LYMPHATIC SYSTEM: [No important abnormality of the spleen.] There is 13 mm round to oval splint ankle in the region of the splenic hilum (precontrast series image 12/137). No lymphadenopathy.

PERITONEUM, RETROPERITONEUM & MESENTERY: No ascites or pneumoperitoneum. No rim-enhancing lesions.

BONES / BODY WALL: No aggressive bone lesions or pathologic fractures.



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LOWER THORAX (lung bases, heart): [Airspace opacities, atelectasis, pulmonary nodule or mass.

IMPRESSION:

—No definite gastric mass. Equivocal irregular appearance of the gastric fundus with indeterminate heterogeneous wall enhancement. Consider gastroscopy correlation, to exclude a primary neoplasm.
—No definite focal colonic mass or bowel obstruction. If there is strong clinical suspicion for colonic primary neoplasm, consider fecal occult blood test (FOBT) +/- colonoscopy correlation as part of her workup

Dr. Chitani Mbewe

Diagnostic Radiologist -MBChB(UNZA), MMed(RadD)(Stell), FC Rad Diag(SA),

Caveat: This report was partially dictated using voice-recognition software. Please excuse any transcription errors.



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