

Patient Name	Ms Rekha Jain	Requested By	Dr Satinder Kaur
MRN	15050000150507	Procedure DateTime	2023-04-18 15:32:14
Age/Sex	66Y/Female	Hospital	NH-Dharamshila

Inv. No.1847

CECT WHOLE ABDOMEN

Technique : Non ionic contrast - 100 ml I.V. Oral contrast also given. Scans covering Abdomen from thoracic inlet to pubic symphysis made.

Clinical details : Post operative case of hysterectomy and BSO for prolapsed uterus.

Findings :

Liver is normal in size (~13 cm) and shows mildly diffuse fatty attenuation. Arterial & venous vascular pattern & the intrahepatic biliary system are normal.

Gall bladder is not visualised (post operative status).

Pancreas is normal in size & parenchymal density and enhancement of the head, neck body & tail. Pancreatic duct is normal in size and no calcifications are seen. Peripancreatic facial planes & vasculature are normal.

Spleen is normal in size and the splenic vein is patent & normal in caliber.

Both kidneys are normal in size, parenchymal density and enhancement of the cortex, medulla & excretory system. The renal vasculature & ureters show no abnormality.

No significant retroperitoneal or pelvic nodes seen.

Small and large bowel loops are normal.

Urinary bladder is normal in contents and perivesical tissue.

Uterus and ovaries are not visualised (post operative status).

Diffuse circumferential mild enhancing thickening of the vaginal vault noted, single wall thickness ~10 mm - Advise : HPE correlation / MRI pelvis for vaginal vault thickening.

No ascites seen.

Bone window images are normal.

Minimal peritoneal thickening is seen in the pelvis along the pouch of Douglas and peri-rectal region.

Visualised lower chest reveals thin atelectatic bands in the left lower lobe.

Impression :

- **Diffuse circumferential mild enhancing thickening of the vaginal vault (Advise : HPE correlation / MRI pelvis for vaginal vault thickening).**



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