



Patient ID No. : 142403946  
Patient's Name : Domale Yogesh - 34 Year / Male  
Ref. By : Dr.Vidyadhar Kumbhar  
Sample Coll.Dt :  
Report.Dt: 13/05/2024 10:46:25AM Print.Dt: 13/05/2024 11:06:38AM



### **CT ABDOMEN & PELVIS**

MDCT scan of abdomen was performed after opacification of bowel loops with iodinated contrast from lung bases to symphysis pubis for both plain and contrast study.

#### **FINDINGS:**

**Liver shows mildly altered attenuation and enhancement pattern. No focal lesion is seen. Hepatic venous confluence appear normal. Portal vein is replaced by multiple collaterals, s/o cavernoma formation. No evidence of thrombosis.**

The gall bladder appears normal. The CBD is normal.

Pancreas shows normal configuration, attenuation and enhancement pattern. No focal mass is seen. The pancreatic duct is normal in caliber.

**Spleen is enlarged (17 cm) with dilated splenic vein and perisplenic collaterals. No focal or diffuse lesion seen.**

Both kidneys reveal homogenous attenuation and enhancement pattern with adequate excretion of contrast. **Moderate right hydronephrosis with hydroureter secondary to upper ureteric calculus of size 12 x 8 mm (1156 HU) around 5.7 cm distal to PUJ. Another calculus of size 11x6 mm (1025 HU) around 3.8 cm proximal to VUJ**

The urinary bladder shows smooth contour. No mass or calculus seen.

Prostate appears normal.

The visualized major abdominal vessels appear normal.

Visualised opacified stomach and intestinal loops appear normal.

Visualized vertebrae appear normal.

**DR SUYOG SOMKUWAR**

**RADIOLOGIST**

Print Date : 13/05/2024 11:06

\*\*\* (X-ray, ECG and Pathology Home visit services available) \*\*\*

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Unit of P. P. Diagnostics Pvt. Ltd.

## CT ABDOMEN & PELVIS

### IMPRESSION :-

- Liver shows mildly altered attenuation and enhancement pattern.
- Portal vein is replaced by multiple collaterals, s/o cavernoma formation.
- Splenomegaly with perisplenic collaterals.
- Features are in favour of chronic liver disease with portal hypertension.
- Moderate right hydronephrosis with hydroureter secondary to ureteric calculi.

Dr. Abhijit Pawar  
MBBS, DNB, DMRE

Dr. Suyog Somkuwar  
MD

--End Of Report--

DR SUYOG SOMKUWAR

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