

Name	T KALA BHASHINI	Order	PTGOC2600478892
Age / Sex	56 years / Female	Test Registered	04-Sep-25 / 09:01 AM
Contact	9505465199	Test Accepted	04-Sep-25 / 12:15 PM
Collection Centre	INTGHYD95289	Test Reported	04-Sep-25 / 03:11 PM
Referral Doctor	G VENU	Report Status	Final

CT - Whole Abdomen with IV Contrast (Contrast Charges Extra)

DEPARTMENT OF RADIOLOGY AND IMAGING



TECHNIQUE:

CT scan of whole abdomen plain and IV & oral contrast study was performed on 128 slice CT scanner.

FINDINGS:

LIVER is enlarged in size (170 mm), shape and reduced attenuation. No intra hepatic biliary duct dilatation. No focal lesions noted. Hepatic and portal veins appear normal.

GALL BLADDER is partially distended.

SPLEEN is normal in size (108 mm), shape and attenuation. No focal lesions noted.

PANCREAS is normal in size, shape and attenuation. No focal lesions noted. No calculi / ductal dilatation noted. Peripancreatic fat planes appear normal.

Both suprarenal regions appear normal.

BOTH KIDNEYS are normal in size and shape. Cortical thickness and attenuation appear normal. No calculi / hydronephrosis noted in both kidneys. Both ureters appear normal in caliber and course.

Simple cortical cysts measuring ~ 20 x 16 mm and 12 x 10 mm noted in upper and lower pole of left kidney respectively.

Right Kidney Measures: 97 x 40 mm

Left Kidney Measures: 98 x 43 mm

URINARY BLADDER is well distended, normal in contours and density. No calculi / significant filling defects noted. Wall thickness appears normal.

UTERUS and BOTH OVARIES are normal for age.

Cervix measuring 3.3 cms.

Aorta and IVC are normal. No paraaortic / paracaval adenopathy.

No free fluid in the peritoneal cavity.

Stomach and bowel loops appear normal.

IMPRESSION :

* **Hepatomegaly with fatty liver.**

* **Left simple renal cortical cyst.**

- Suggest clinical correlation and follow up.

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Disclaimer: *CT scan of "Abdomen or Pelvis plain" study has its limitations and cannot differentiate unopacified bowel loops from organs like uterus & ovaries in female patients. These studies also have limitations in identifying renal parenchymal changes, gallbladder polyps, radiolucent calculi, inflamed appendix.*

Therefore, for better evaluation of the above mentioned organ pathologies, correlation with other imaging modalities like ultrasound, MRI, contrast CT scan along with clinical and laboratory correlation is advised.



DR CHEPYALA SHIRISHA
Consultant Radiologist
Regd no:
TSMC/FMR/04462

END OF THE REPORT

Vaccines at MedPlus: One shot today, Smile away



Vaccine	Who should take it?	You should know	If already immunized
Diphtheria Toxoid	For all except if contraindicated	Mortality rate for untreated diphtheria can be as high as 10% to 20%	Age grp: 18 to 64yrs Booster: Once every 10yrs till the age of 65yrs
HPV	For all except if contraindicated (both male and female)	HPV can lead to cancer (cervical cancer being the most common)	No booster needed
Influenza	For all (especially for individuals at high risk)	Pneumonia is one of the common complications of influenza	Annual dose
Tetanus	For all except if contraindicated	Mortality rate for unvaccinated or poorly vaccinated population is 30%	Booster dose once every 10yrs
Typhoid	For all except if contraindicated	Mortality rate for untreated typhoid fever is 10% to 30%	Booster dose once every 3yrs
Varicella	For all who are not immune	10% of individuals with Varicella experience secondary bacterial infections	Recommended only if titers are inadequate
Zoster	For all > 50yrs or individuals at high risk		No booster needed
Pneumococcal (PCV15, PCV20, PPSV23)	For all > 65yrs or individuals at high risk		No booster needed
Anti-Rabies	Individuals at high-risk (like Vet physician and pet owners) or post-exposure		2 doses at Day 0 and Day 3 with no immunoglobulin when exposed
Hepatitis A	Individuals at high risk		No booster needed
Hepatitis B	Individuals at risk	Hepatitis B virus is a leading cause of liver cancer globally	Recommended only if titers are inadequate
Measles	Individuals at high risk		Single dose (recommended only if titers are inadequate)
Meningococcal (Grp A, C, Y, W)	Individuals at high risk		Booster dose once every 5yrs

Feedback and Result Queries

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RECOMMENDED LIFESTYLE-DISEASES ASSESSMENT TESTS

Dr. Venkat Nageshwar Goud

MBBS, DMRD

HOD - Radiology & Chief Radiologist



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ESSENTIAL INSIGHT INTO YOUR BODY COMPOSITION

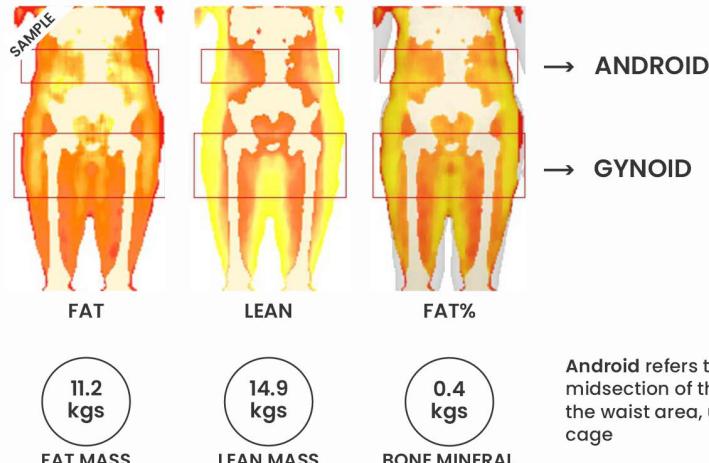
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Android refers to the midsection of the torso, in the waist area, under the rib cage

Gynoid refers to the lower torso, in the hip area, down to the top of the thighs

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