

DEPARTMENT OF RADIOLOGY
PNS SHIFA KARACHI

NAME: SABIF HUMAYUN

O.NO

RANK: V/ADM

AGE: 89

YRS

PH:

REG. 5977

WARD

DATE 5-6

2023

CECT CHEST, ABDOMEN AND PELVIS

Clin. History: Fever with vomiting and abdominal pain

Technique: 5 mm contiguous slices are taken from apex of lungs to pubic symphysis. IV contrast is given.

Findings:

- A small sub pleural based calcified nodule is noted in right upper lobe
- No mediastinal mass or lymphadenopathy is detected. Mediastinum is normal in position.
- No chest wall or pleural-based lesion or mass is detected.
- No pleural effusion is seen
- Sub segmental basal interlobular septal thickening is noted in posterior basal segments of bilateral lower lobes-----likely gravity dependant
- Liver is normal in size. CBD is dilated till its intrapancreatic portion (caliber 1.8 cm) , showing abrupt cut off with dilatation of intra hepatic biliary channels.
- Pancreatic duct is prominent , measuring 4 mm in its caliber.
- Spleen, spleen and adrenals are normal morphologically. No mass is noted.
- Both kidneys excrete contrast and normal morphologically. No solid / cystic mass is seen on either side
- No ascites is seen
- Cecal lumen non dilated large bowel is noted
- Urinary bladder shows normal wall thickness. No mass is seen in the lumen
- Perirectal fat planes are normal
- Uterus and adnexa appear normal.

DISCUSSION:

- Dilated CBD (1.8 cm) with dilatation of intra hepatic biliary channels and abrupt cut off at its distal end
- ERCP evaluation is advised to evaluate peri ampullary region for possibility of any stricture / occult mass

SIGNATURE

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