



DEPARTMENT OF RADIOLOGY

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UNIT:	-	REG.#	-	WARD:	-	DATE:	21.11	2023

CECT SCAN ABDOMEN AND PELVIS

Clinical history: K/C Ca Head of pancreas. STATUS: Post whipple procedure (May, 2023)

Technique: 5mm contiguous slices are taken from dome of diaphragm to pubic symphysis.
Oral and IV contrast is given.

Findings:

- Mild mesenteric fluid collection and mesenteric fat stranding seen along mesenteric vessels. A large segment of large bowel thickening and luminal narrowing is seen involving ascending colon, hepatic flexure and proximal 2/3 rd of transverse colon beyond which large bowel appears mildly distended and fecal filled. No proximal dilatation of small bowel loops seen.
- Pancreatic stent seen, extending from tail of pancreas till small bowel lumen. Mild fluid collection with surrounding inflammatory changes in sub hepatic region/ at site of surgery. Anastomotic sites i.e. gastric antrum, proximal jejunum are thick walled and pancreatic body is inflamed likely representing post-surgical inflammatory changes. These changes show mild reduction as compared to last CECT abdomen pelvis of 17.08.2023.
- Sub cm mesenteric and retroperitoneal lymph nodes with intact fatty hila.
- Minimal bilateral pleural effusion is seen.
- Liver is normal in size shows homogenous parenchyma with smooth outline. Normal intra-and extra hepatic biliary channels identified. CBD, portal vein is normal in caliber. Adrenals are normal morphologically. No mass is noted. Both kidneys appear normal morphologically. It reveals normal contrast excretion. No solid / cystic mass is seen on either side. Urinary bladder shows normal wall thickness. No mass is seen in the lumen.
- Spleen is mildly enlarged in size, splenic index 639 cm³ and contour reveals normal enhancement.
- Perirethral prostatic calcifications are seen. A cystic area with calcification seen along posterior aspect of prostate, measures 1.6x1.1 cm. enlarged prostate seen, with approx. volume 32 gms.
- ✓ Atelactatic bands are seen in posterior basal segments of bilateral lower lobes. Atherosclerotic changes of aorta are seen.

IMPRESSION:

K/C Ca Head of pancreas. STATUS: Post whipple procedure (May, 2023)-Follow up scan

- Current scan show mild fluid collection with surrounding inflammatory changes in sub hepatic region/ at site of surgery. Anastomotic sites/gut loops are thick walled and inflamed likely representing post-surgical inflammatory sequale (mild reduction as compared to last CECT abdomen pelvis of 17.08.2023)
- Mild mesenteric fluid collection and mesenteric fat stranding seen along mesenteric vessels. A large segment of large bowel thickening and luminal narrowing is seen involving ascending colon, hepatic flexure and proximal 2/3 rd of transverse colon beyond which large bowel appears mildly distended and fecal filled. No proximal dilatation of small bowel loops seen. These findings were not present in previous CECT abdomen pelvis of 17.08.2023. Possible differential diagnosis would include colitis (ischemic/ infective or inflammatory).
- Mild splenomegaly
- Thickening of bowel loop along pancreatico jejunostomy site with minimal free fluid. possibility of recurrent disease could not be ruled out

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