Stadium Road.

P O Box 3500, Karachi-74800, Pakistan Telephone 92-21-4930051 Ext: 2021/2031/2051 Fax: 92-21-4934294, 4932095 email: radiology@aku.edu

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RADIOLOGY REPORT

M.R. #

DOB:28/12/1952 Sex: M

Name:

HUMAYUN, ASAF

Order Date: 20/07/2023 Location:

E2

464-97-38

Doctor:

M. Rizwan Khan

Clinical History Provided: No

Examination	Date Reported	Date Examined
CT -ABDOMEN & PELVIS WITH CONTRAST (6)	21/07/2023	20/07/2023

CLINICAL INDICATION: Suspected intra abdominal collection. Feeding jejunostomy also needs to be checked.

IMAGING TECHNIQUE:

Multiple axial sections were acquired from abdomen and pelvis after administration of oral and IV contrast. Sagittal and coronal reformats were also created.

No prior imaging is available for comparison

FINDINGS:

Status post Whipples procedure, evident by non-visualisation of pancreatic head with gastrojejunostomy, pancreaticojejunostomy and hepaticojejunostomy formation. Postsurgical changes are seen as evidenced by streak of free fluid in the perihepatic space, mesenteric congestion /fat stranding and specks of air within the peritoneal cavity Surgical drains are seen.

Stomach, rest of the small bowel and large bowel appear unremarkable There is interval placement of jejunostomy tube, which is seen in place No evidence of oral contrast extravasation, to suggest leak.

Geographic area of hypoattenuation is noted in the arterial phase, that is seen on portal venous and delayed phases, areas of representing perfusion defects.

Liver is normal in size with smooth margins.

No discrete intrahepatic focal lesion is identified.

Remaining part of common bile duct, right and left hepatic ducts show enhancement, likely

Portal vein and hepatic veins are completely opacified

No evidence of filling defect to suggest thrombus

Gall bladder is not visualised consistent with history of cholecystectomy

Visualised body and tail of pancreas appears grossly unremarkable

Spleen is normal in size and shows normal parenchymal echotexture.

Both kidneys are morphologically normal without any evidence of calculus or hydronephrosis.

Stomach, small bowel and large bowel are normal in caliber and wall thickness.

No abnormal bowel dilatation to suggest obstruction.

Note: This report has been electronically signed & verified by radiologist and does not require manual signature.

COMPUTER REPORT

Run on: Friday, September 1, 2023 - 18:25

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No suspicious bowel wall thickening noted

No abnormal thickening, nodularity or enhancement of the peritoneal lining

No significant abdominal or pelvic lymphadenopathy

Well distended urinary bladder with normal wall thickness.

No intravesical lesion or calculus is identified.

Prostate is enlarged, median lobe of the prostate is indenting into the base of urinary bladder. Prostatic calcifications are noted.

Atherosclerotic changes are seen in the aorta and its terminal branches.

Major abdominal vessels are well opacified.

Mild ascites is noted

On bone window setting, no focal lytic or sclerotic lesion is identified. Mild degenerative changes are seen.

On lung window setting, bilateral basal atelectasis is noted, more on right side

IMPRESSION:

- Status post Whipple's procedure with postsurgical changes. No definite enhancement is noted at
 the surgical bed to suggest residual disease, however followup is advised after resolution of
 postsurgical changes.
- Minimal free fluid in the site of surgery in perihepatic space with no discrete drainable collection.
- No evidence of obstruction or contrast extravasation to suggest leak.
- * Mild ascites

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RADIOLOGY REPORT

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404-07-38 DOM 28/12/1902 Sex M

Name

HUMAYUN ASAF Onder Date 20/07/2023

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M Riewan Khan

Clurical Businers Provided No.

Examination CT ABBROADS & PELVIS WITH CONTRAST - (0)

Date Reparted ECOSHOUS

Unite Examined 20/07/02/23

Dr. Sand Shirem Quresity

Date 21/07/2023

DR WASEEM AKHTAR MIRZA MIR RADIOLOGIST (PAGER # 8090)