



ST. JOHN'S MEDICAL COLLEGE HOSPITAL
Bengaluru 560034, Tel +91 80 22065000
DEPARTMENT OF RADIOLOGY



Patient ID	4869822	Patient Name	ANIRUDDHA CHAKRABARTI
Gender	Male	Age	48 years
Study Date Time	29-04-2023 09:37:45	Study Type	CT
Referring Physician	Dr Annie (Medical Oncology)	Reported Date Time	29-04-2023 09:42:17

CT CHEST, ABDOMEN AND PELVIS (PLAIN)

Clinical History Provided: Recently diagnosed CLL. To look for lymph nodal status in thorax and abdomen

Findings:

Chest:

- Few tiny calcified granuloma noted in the apical, anterior segments of the right upper lobe, posterior segment of right lower lobe and lateral/posterior segment of the left lower lobe
- Small nodular opacity noted at posterior segment of right upper lobe, superior and posterior segment of right lower lobe
- A small well defined round nodule measuring 5.6 mm is noted at posterior basal segment of right lower lobe
- The tracheo-bronchial tree is normal.
- Few mediastinal lymph nodes noted at paratracheal, para-aortic, prevascular and subcarinal region, largest in the pre-vascular space, just inferior to the level of the aortic arch measuring 12 mm in SAD. 5mm
- Pleural spaces are normal with no evidence of effusion, thickening, nodules or calcification.
- Cardia appears normal.
- There is no pericardial abnormality detected.
- Both hemidiaphragms are normal.
- Visualised esophagus appears normal.
- Bony thorax and chest wall are normal
- A small hypodense lesion is noted in the right thyroid gland along with calcification in the thyroid parenchyma - suggested USG correlation
- Multiple axillary nodes seen bilaterally.

Abdomen:

- Liver: Borderline enlarged in size (16.2 cm). Normal in attenuation with no focal or diffuse abnormality detected. A tiny calcified granuloma at segment IV of liver
- Intrahepatic biliary radicles are normal.



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- Gall bladder: well distended with no wall thickening or mass lesions. No radio-opaque calculi.
- CBD: normal.
- A small volume right peripyloric lymph node noted measuring 13x9mm with no evidence of calcification or signs of necrosis/inflammatory changes. Similar few other lymph nodes are noted along the length of the abdominal aorta, largest measuring 29x10mm on the left at the level of bifurcation
- Few tiny subcentrimetric lymph nodes are also noted at peripancreatic, right paracolic, mesenteric, perivesical and perirectal region.
- Multiple large nodes are noted along the iliac vessels (predominantly the external iliacs), bilaterally. The largest of these measure 3.2 x 2.0 cm and 4.3 x 2.0 cm on the right and left, respectively.
- Spleen: Enlarged in size (15.2 cm). Normal in and attenuation with no focal or diffuse abnormality detected.
- Pancreas: Normal in size and attenuation with no focal or diffuse abnormality detected. The pancreatic duct is not dilated.
- Adrenals: Normal in size.
- Kidneys: Both kidneys are normal in size, shape, position, axis and attenuation. There are no focal lesions, calculi or hydronephrosis. Minimal perinephric fat stranding noted bilaterally
- Bowel loops suboptimally assessed due inadequate distention, however appears normal. There is no obvious wall thickening or mass lesion.
- The ileo-caecal junction and appendix appear normal
- Bilateral inguinal lymph nodes noted, largest measuring on the left 28x13mm
- Urinary Bladder: Normal. There is no wall thickening, calculi or mass lesion.
- Bilateral testicular calcification noted
- There is no free fluid.
- Visualized bones are shows degenerative changes in the form of thoracic and lumbar osteophytes

Impression:

- Tiny calcified granulomas and few pulmonary nodules in both lungs as described.
- Hepatosplenomegaly
- Mediastinal, abdominal, axillary and inguinal lymphadenopathy
- Ancillary findings as described



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*** This Report has been Electronically Signed ***

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