



# DELTA HEART CENTRE PRIVATE LIMITED

CIN NO. U85110PB1991PTC011822

70-K, Sarabha Nagar, Ludhiana-141 001. (PB)

☎ 2458060, 2461752 Fax : 0161-2461952

E-mail : jsgill887@msn.com

Patient Name	RAVINDER PAL SINGH	Age/Sex	29 YRS/MALE
Patient ID	0001070	Date	25 October, 2019
Contrast Used	OMNIPAQUE		
Any reaction	NIL		

## 128 SLICE CECT CHEST AND CECT WHOLE ABDOMEN (ENTEROGRAPHY)

*Chest & Whole Abdomen was imaged on 128-slice CT scanner from the domes of the diaphragm to the pelvic outlet, using mannitol as oral, water as rectal contrast & non-ionic (omnipaque) IV contrast media.*

### CHEST

Mild left pleural effusion seen.

The lung parenchyma shows normal morphology. No evidence of nodular or mass lesion is seen. No evidence of interstitial thickening is seen.

Trachea and main stem bronchi are normal.

The mediastinal fat planes and margins are unremarkable.

No evidence of enlarged lymph nodes is seen in the mediastinum and hilar region.

The mediastinal vascular structures are unremarkable.

No significant mediastinal lymphadenopathy seen.

No evidence of pleural thickening is seen.

Cardiac shadow is normal in size without any evidence of pericardial effusion.

The bony components of the chest wall are normal.

### ABDOMEN

#### LIVER

Is normal in size and outline. Small hypodense area of perfusion defect with focal fatty infiltration seen in segment IVB – insignificant. Intrahepatic biliary radicles are not dilated. The PV and CBD are normal.

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- 128 Slice MDCT ● 1.5 Tesla MRI with 3T Applications ● CT Coronary Angiography
  - Fibro Scan ● Ultrasound ● Colour Doppler ● Digital X-Ray ● Echocardiography

OWING TO TECHNICAL LIMITATIONS OF THE PROCEDURE, THERE MAY BE FALSE POSITION OR FALSE NEGATIVE INTERPRETATION IN SMALL FRACTION OF CASES. SO BEFORE TREATMENT OR ANY INTERVENTION, PLEASE CORRELATE THE ABOVE OBSERVATION/ OPION WITH THE REPORTS OF OTHER INVESTIGATIONS AND YOUR CLINICAL DIAGNOSIS. AS THE ABOVE OBSERVATIONS ARE SUPPLEMENT, NOT THE SUBSTITUTE OF CLINICAL ASSESSMENT.

**THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSE.**



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## GALL-BLADDER

Is normal in size and distensibility. The wall thickness is normal. No evidence of pericholecystic collection is seen.

## PANCREAS

Is normal in size and outline. MPD is not dilated. No evidence of necrosis or calcification is seen.

## SPLEEN

Is normal in size and attenuation. No focal lesion is seen.

## RIGHT KIDNEY

Is normal in size, position and attenuation. The pelvi-calyceal system is compact. No evidence of hydronephrosis or calculus is seen. No focal lesion is seen. Prompt excretion of contrast is seen.

## LEFT KIDNEY

Is normal in size, position and attenuation. The pelvi-calyceal system is compact. No evidence of hydronephrosis or calculus is seen. No focal lesion is seen. Prompt excretion of contrast is seen.

## ADRENALS

Both are normal in size, shape and morphology. No focal lesion is seen.

## URINARY BLADDER

Is seen in partially distended state. No focal lesion is seen.

## PROSTATE

Is normal in size, outline and attenuation. No focal lesion is seen.

## BILATERAL SEMINAL VESICLES

Are normal in size and are symmetrical. No focal lesion is seen.

Small and large bowel loops are unremarkable.

No evidence of retroperitoneal lymphadenopathy is seen.

Moderate ascites seen.

Omental stranding & thickening seen in upper abdomen (maximum thickness 38 mm).

Minimal smooth enhancing peritoneal thickening seen predominantly in pelvis.

Mild diffuse mesenteric stranding and thickening also seen.

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## OPINION

➤ MODERATE ASCITES WITH OMENTAL, MESENTERIC AND PERITONEAL THICKENING. IMAGING FINDINGS FAVOUR POSSIBILITY OF TUBERCULAR PERITONITIS > NON-SPECIFIC INFECTIVE PERITONITIS OR PERITONEAL CARCINOMATOSIS.

*INCREASE IN ASCITES ON INTERVAL SCAN AS COMPARED TO CT DATED 13/09/2019*

**ADVISED: CLINICAL / RELEVANT LAB PARAMETERS CORRELATION & FURTHER EVALUATION**

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Managing Director

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Patient Name	RAVINDERPAL SINGH	Age/Sex	29 YRS/MALE
D.O.B	24/07/1990	Date	25 October, 2019

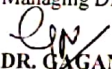
### USG FIBROSCAN

*The average liver stiffness measurements correspond to normal liver parenchyma (Stage F0). Average hepatic stiffness measurements are 5.1 Kpa. The highest value is 6.3 Kpa. No evidence of fibrosis seen on present scan.*

#### OPINION

➤ IN VIEW OF THESE FINDINGS CLINICAL & LFT CORRELATION IS ADVISED.

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