



NABH ACCREDITED



MGM NEW BOMBAY HOSPITAL, VASHI

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RADIOLOGY DEPARTMENT

UHID	: MGM240017131	Receipt No.	: MGMWPR240095156
Patient Name	: MR. KIRAN BHAGWAN TAWARE	Report No	: MGMCT240003201
Age / Gender	: 56 Yrs 3 Mth / MALE	Receipt Date	: 21-10-2024 21:26:12
Referred By	: DR.PRASHANT ATHALE	Reported on	: 22-10-2024 16:58:30
Transcribed By	:	Ward / Bed	: SICU-011

CT ABDOMEN AND PELVIS (PLAIN and CONTRAST)

Clinical Profile: Perianal collection, s/p appendicectomy with drainage catheter in situ.

Findings:

Liver measures 19 cm, mildly enlarged with normal shape, attenuation and contrast enhancement. No e/o focal lesion or IHBRD.

Gall bladder is partially distended. Wall thickness appears normal. No evidence of obvious hyperdense calculus. No evidence of pericholecystic fat stranding or collection.

Common bile duct is normal in calibre.

Pancreas is normal in size, shape, attenuation and contrast enhancement. No evidence of focal lesion, intraparenchymal calcification or ductal dilatation.

Spleen is normal in size, shape, attenuation and contrast enhancement. No evidence of focal lesion.

Both the adrenal glands appear normal.

Both the kidneys are normal in size, shape, show prompt nephrogram and good excretion of contrast. No e/o hydroureter/ hydronephrosis / hyperdense calculus.

Urinary bladder is empty with Foley's in situ.

Pelvic organs appear unremarkable.

Nasogastric tube noted in situ.

Apparent mild oedematous wall thickening involving terminal ileum, cecum and ascending colon; likely reactionary. No e/o leak of oral contrast.

Rest of the bowel loops appear grossly unremarkable.

Mild peripherally enhancing fluid attenuation collection of maximum width 2.1 cm with air pockets within in RIF, extending superiorly along right paracolic gutter - anterior pararenal space into perihepatic-subcapsular space. Inferiorly it is seen to extend along the right lateral pelvic wall, abutting adjacent lateral wall of the urinary bladder. Medially it is seen to extend into the supravescical space. Drainage catheter noted in situ.

Mild fat stranding is noted in RIF.

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