



MGM NEW BOMBAY HOSPITAL, VASHI

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JCI ACCREDITED

RADIOLOGY DEPARTMENT

UHID	: MGM240017131	Receipt No.	: MGMWPR240089060
Patient Name	: MR. KIRAN BHAGWAN TAWARE	Report No	: MGMUSG240009215
Age / Gender	: 56 Yrs 2 Mth / MALE	Receipt Date	: 05-10-2024 11:37:30
Referred By	: DR.PRASHANT ATHALE	Reported on	: 05-10-2024 15:22:19
Transcribed By	: Geetanjali.	Ward / Bed	: ECU-001

Visualised bowel loops are undilated.

Minimal non-tappable interbowel free fluid is also seen.

Retroperitoneum is obscured due to excessive bowel gases.

A note is made of small defect in the midline anterior abdominal wall at the level of umbilicus (measuring approximately 30 x 25 mm) with herniation of some intra-abdominal/omental fat through it on valsalva's Manoeuvre , likely suggestive of small umbilical hernia.

P. S. - Above findings do not exclude pathology related to bowel or appendix.

IMPRESSION:

Appendix is seen in the right iliac fossa , appears mildly dilated and shows mild diffuse wall thickening, suspicious of appendicitis. Mild diffuse inflammatory changes seen in the right iliac fossa, right paracolic gutter and adjacent suprapubic region with mild overlying probe tenderness. A thin rim of minimal subhepatic fluid seen along with minimal non-tappable interbowel free fluid. The extraluminal air specks in the right iliac fossa mentioned in the previous outside CT will not be appreciated on USG due to limitation of the modality. Suggested: Clinico-laboratory correlation and correlation with outside CT abdomen pelvis findings and repeat CECT abdomen pelvis, if clinically indicated .

Moderate hepatomegaly .

Epigastric probe tenderness also present.

A note is made of small umbilical hernia containing some intra-abdominal/omental fat.

DR.SHRUTI PARAB

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Consultant Radiologist & Sonologist

Report Print Date : 05/10/2024 15:22:30

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