

**Department of Radiology**

**Run Date:** 26/11/2022 0:23:06

**MR Number** : MR/22/014447  
**Patient Name** : Mr Arshad Hossain  
**Referred By** : Bharat Gupta

**Patient Number** : OP/22/078775  
**Age** : 54 Y 9 M  
**Sex** : Male

**Test Order No** : SO/22/904867  
**Lab Name** : CT SCAN

**Reported on** : 25/11/2022 13:47:22

**CT UPPER ABDOMEN**

**REMARKS**

Procedure performed on: 22.11.2022

Remark: HCC, post TACE.

CECT Upper Abdomen

Liver is normal in size, outline and attenuation. IHBRs are not dilated.

There is a 14.9 x 12.2 cm centrally necrotic mass in the right lobe of liver. Peripheral areas of arterial phase nodular enhancement showing washout on delayed phase are there - viable tumor.

There are areas of air fluid levels within the mass.

Hyperdense foci are there within the mass - post TACE changes.

Portal vein and its branches appear normal. Hepatic veins are displaced by the mass but show normal contrast opacification.

GB ---normal. Bile ducts ---normal.

Pancreas ---normal. Spleen ---normal. Both kidneys ---normal. Ureters ---normal. Adrenals ---normal.

No ascites. No retroperitoneal lymphadenopathy.

Bowel loops appear normal.

Bony structures appear normal. Abdominal wall appears normal.

Visualized sections of the thorax appear normal.

**Impression:**

Compared to pre TACE imaging 12/02/2022

" Necrotic mass in right lobe of liver showing residual areas of tumor at the periphery - significant decrease in the tumoral component (LR-TR viable).

" Areas of air fluid levels in the mass - suggest fluid cytology correlation to rule out infective etiology.

**Authorised By**

Dr. Jeevitesh Khoda

"This report is electronically generated"

**-: End of Report :-**