



RADSSQUARE

Trust | Service | Excellence

Magnetic Resonance Imaging (MRI)
Multislice CT Scan | CT Angiography
Ultrasound (USG) | Color Doppler
Guided Interventional Procedures
Digital X-Ray | Portable X-Ray
Echocardiography | ECG
Digital Mammography
OPG | CBCT

UID	RS23147	Date	09/07/2025
Pt. Name	DASHRATHBHAI A PATEL	Age	70 yrs.
Ref. by	DR. CHANDRAKANT GOHIL - SHALEEN HOSPITAL	Gender	MALE

CT KUB (PLAIN)

Stomach and duodenum appear normal. Small and large bowel loops appear normal. The sigmoid colon and rectum appear normal.
The appendix is visualized and appears normal. The I-C junction appears normal.

No e/o abdominal / pelvic lymphadenopathy is noted.

No e/o free or loculated fluid is noted in abdomen and pelvis.

Atherosclerotic changes are seen involving the aorta.

Degenerative changes are seen involving the visualised spine. Visualized bones otherwise appear normal.

Mild cardiomegaly seen.

Subsegmental atelectasis seen involving lateral segment of right middle lobe and posterior basal segment of left lower lobe. Subpleural fibrotic bands are seen in posterior basal segments of bilateral lower lobes.

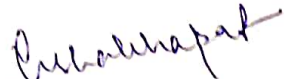
IMPRESSION:

- Smaller sized left kidney (measures 76 x 35 mm) with mild cortical thinning.
 - A 13 x 13 x 10 mm sized calculus of average attenuation +450 HU to +500 HU in the upper pole calyx.
 - A 13 x 12 x 8 mm sized calculus of average attenuation +390 HU to +450 HU in the lower pole calyx.
 - A 3 x 3 x 2 mm sized calculus of average attenuation +360 HU to +400 HU in the lower pole calyx.
 - A 15 x 12 x 8 mm sized calculus of average attenuation +590 HU to + 650 HU is seen in left proximal ureter just distal to left pelvi-ureteric junction. No obvious hydronephrosis or hydroureter seen.
- Non-obstructing right renal concretion in middle group of calyces.
- Bilateral mild perinephric fat stranding and cortical renal scarring. *Advice serum RFT and Urine R/M correlation to rule out possibility of early renal parenchyma disease and/or Urinary tract infection.*
- Mild splenomegaly with peri-splenic collaterals. Elongation of left lobe of liver. *Advice USG abdomen, S.LFT correlation and close follow up.*
- Well defined hypodense lesion (7 x 6 mm) of fat attenuation involving left adrenal gland, *suggestive of adrenal myelolipoma.*

Dr. Tapan Patel
Radiologist

Dr. Jitendra Parmar
Radiologist

Dr. Slesha Bhalja
Radiologist


Dr. Vishakha Patel
Radiologist

