

CT of Abdomen and Pelvis

Client Patient Id		Scan Number	Case 2
Scanris Patient Id	Case 2	Date	August 1, 2005
Report of	CT-Scan of the Abdomen & Pelvis	Client Name	

History	Known C/O TB Meningitis. On AKT since 5 months. C/O abdominal pain, fever with vomiting and loose motions since 3-4 days.
IV and Oral Contrast	Oral and IV contrast administered.
Comparison Studies	None provided.

Findings:

LUNG BASES:	The visualized lung bases are unremarkable.
LOWER CHEST/SOFT TISSUES:	The visualized lower chest and soft tissues are unremarkable.
LIVER:	There is diffuse fatty infiltration of the liver with mild hepatomegaly. There is no dilatation of the intrahepatic biliary radicles. The intrahepatic venous pattern is normal.
GALL BLADDER:	The gallbladder is well distended. Multiple calcified gall stones are noted. There is no thickening of the gall bladder wall. There is no pericholecystic fluid collection noted.
SPLEEN:	There is mild splenomegaly. Multiple perisplenic and perirenal collateral venous channels are noted.
PANCREAS:	The visualized pancreas is normal.
KIDNEYS:	Both kidneys are normal.
ADRENALS:	The adrenal glands appear normal.
RETROPERITONEAL NODES:	No abnormally enlarged nodes seen.
BONES:	The visualized bones are unremarkable.
PELVIC NODES:	No abnormally enlarged nodes seen.
ABDOMINAL /PELVIC MASSES:	There are thick-walled small bowel loops in the right iliac fossa, in the ileocecal region. There is streaking of the mesenteric fat in the right iliac fossa. Interloop adhesion is noted in some places. The cecum is well-distended without significant wall thickening. No obvious collection or calcified lesion is noted in the right iliac fossa. There is distention of the proximal small bowel loops.
UTERUS AND OVARIES:	Not Applicable.
PROSTATE:	The prostate is unremarkable.
URINARY BLADDER:	The urinary bladder shows normal wall thickness.
FREE FLUID:	There is no free fluid in the abdomen or pelvis.
<u>OTHER</u>	

Impression	<ol style="list-style-type: none"><li data-bbox="511 212 1490 426">1. Thick-walled small bowel loops in the right iliac fossa in the ileocecal region, with streaking of the mesentric fat in the right iliac fossa as described is most likely due to an acute inflammatory pathology with a probably sealed perforation of a small bowel loop. Resultant mild obstruction of the proximal small bowel loops is noted.<li data-bbox="511 468 1386 499">2. Diffuse fatty infiltration of the liver with mild hepatomegaly.<li data-bbox="511 541 753 573">3. Cholelithiasis.<li data-bbox="511 615 1474 688">4. Mild splenomegaly with perisplenic collateral venous channels may suggest portal hypertension.
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