

**CT Scan Department**

Patient Name	test taimoor	Patient ID	ADC-100
Age	60/Y	Sex	Male
Date & Time	2023-09-02 08:25:50	Lab ID	ADC106033
Test Required	CE CT NECK+CHEST	Referred By	

CE CT NECK+CHEST Report

Technique: Imaging was performed with appropriately angled contiguous axial tomographic slices with coronal and sagittal reformats. Reporting was done from the images on CT workstation.

Findings:
Liver: It is normal in size and shape. Normal CT appearances of the **liver** are noted. No focal lesion is seen. No signs of intrahepatic biliary duct ectasia are present. Intrahepatic vascular channels are normal. Common bile duct is of normal caliber.

Gall bladder: appears normal morphologically. No radiopaque calculus is seen.

Pancreas: It is normal in size and shape. Homogeneous enhancement with contrast medium is seen. No intra-pancreatic or peri-pancreatic fluid collection is seen. Pancreatic duct is not dilated. Adjacent fat planes are normal.

Spleen: It is not enlarged and displays normal radio-texture. No focal lesion is seen.

Adrenals: These are normal in size and shape. No mass or cyst is seen.

Kidneys: **Right kidney** is normal in size, shape, position and texture. Normal excretion of the contrast is noted in right kidney. No focal lesion is seen. Right ureter is normal.

Left kidney is normal in size, shape, position and texture. Normal excretion of the contrast is noted in left kidney. No focal lesion is seen. Left ureter is normal.

Stomach, duodenum, jejunum and ileum are normal. Normal passage of contrast medium is seen. Ileocecal junction is normal.

Irregular circumferential thickening of walls of ascending colon is seen. Maximum wall thickness is approximately 4.1cm. The mass measures approximately 9.6 x 8.0cm (AP x TR). Length of thick walled ascending colon is approximately 11.0cm. This shows nonhomogeneous enhancement. Colonic lumen is narrowed. However, there is no evidence of small intestinal obstruction. There is infiltration of adjacent fat. Densities of pericolic fat and right anterior para renal fascia are increased. Rest of the visible part of colon is normal.

Multiple subcentimeter sized and enlarged lymph nodes are noted in the adjacent mesocolon.

Largest of these measures approximately 1.2cm along its short axis.

No ascites observed.

Visible parts of lungs are unremarkable.

INFERENCE:

• **Irregular circumferential thickening of walls of ascending colon. (Malignant growth). Stage T3N2M0**

• **Multiple subcentimeter sized and enlarged lymph nodes in the mesocolon along the ascending colon growth. (Metastatic)**

Date: 2 September 2023

Brig (Retd)

Muhammad Ashraf Farooq

MBBS, MCPS, DMRD, FCPS

Radiologist

THE INFERENCE IS BASED SOLELY ON RADIOGRAPHIC FEATURES & DOES NOT IMPLY THE FINAL DIAGNOSIS.

TO OPTIMIZE THE INFORMATION SUPPLIED BY CT: THE FINDINGS MUST BE INTERPRETED WITH REFERENCE TO OTHER DIAGNOSTIC PROCEDURES & THE CLINICAL FINDINGS

