



VIKAS DIAGNOSTICS

(A UNIT OF ONCOLIFE AND IMAGING PVT. LTD.)

- 1.5 Tesla M.R.I.
- MR Spectroscopy/MRCP
- 4D Colour USG./Doppler
- Fetal Echo
- DEXA (BMD)
- E.E.G./ECG
- 128 Slice Spiral C.T.
- 360° Open M.R.I.
- Digital X-Rays
- Digital O.P.G.
- Pathology
- Whole Body Angiography

111/75 & 82, Ashok Nagar (Near Shanti Niketan Sweet House), Kanpur

Ph. : 0512- 2540938 • Mob. : 9935861112, 9935861113, 7753861112, 9415042672, 7753861113

Patient Name	: Ashwin Anand	September 2, 2022
Ref. By Dr. Name	: Dr. O.P.Gautam (Dr. Rakesh Tripathi)	Age / Sex 02Y. / M
Investigation	: CT whole abdomen with appendicular protocol (On -256 Slice CT).	

OBSERVATION

- Evidence of ~5.0mm sized appendicolith with mildly prominent appendix at right iliac fossa, retrocaecal in position however no significant attendant fat streaking or collection.
- No sizeable mesenteric lymphnodes.
- No free air in abdominal cavity.
- Mild hepatomegaly No focal lesion. IHBR not dilated. Portal vein is normal in course and caliber.
- Gall Bladder Normal in distension and wall thickness. No hyperdense focus on CT.
- CBD normal caliber throughout its extent.
- Pancreas is normal in size, shape and attenuation. No evidence of any sizeable mass lesion. No pancreatic calcification. Main Pancreatic duct not dilated.
- Spleen is normal in size, shape & attenuation. No evidence of any foetal lesion. Splenic vein at hilum is normal caliber.
- No sizeable retroperitoneal/periportal lymphadenopathy. Visualised segment of aorta & IVC unremarkable.
- Bilateral adrenals are normal in size, shape & attenuation.
- Fecal matter loaded colon+
- Both kidneys are normal in size, shape, position and attenuation. No calculus or hydroureteronephrosis on either side. No mass lesion on either side.
- Urinary bladder normal in size, shape & distention. No sizeable calculus or mass lesion.
- Prostate normal in size, shape & attenuation.
- No ascitis. No pleural effusion on either side.
- Visualized lung fields are unremarkable.

*Please correlate clinically
Kindly Note*

Adv!- ebc.

❖ CT is not the modality of choice to rule out G.B. or CBD calculus in most of the cases, needs USG correlation.

❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

① The report is to help Doctor / Clinician for better patient management. This is not valid for Medico Legal Purpose.

② Discrepancies due to technical or typing errors should be reported for the correction within Seven days, no compensation liability stands.

Dr. Vikas Gupta

M.D. (Radiodiagnosis)

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Ex. Sr. Resident (Radiodiagnosis)

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Patient Name : Ashwin Anand	September 23, 2022
Ref. By Dr. Name : Dr. Rakesh Tripathi	Age / Sex YR. / M
Investigation : Ultra Sound Whole Abdomen	

Report contd.

Urinary Bladder *Normal in size, shape & distention.
No evidence of any calculus or mass lesion*

*Pelvic organs normal for age
No pleural effusion on either side.*

*Mildly dilated appendix with diameter ~5.0mm and length ~24.2mm with ~6.3mm size appendicolith inside however no peri appendicular collection at present.
No attendant ileus.*

IMPRESSION: *USG findings are suggestive of –*

- *Mild hepatomegaly. No focal lesion/IHBR dilatation.*
- *Mildly dilated appendix with diameter ~5.0mm and length ~24.2mm with ~6.3mm size appendicolith inside however no peri appendicular collection at present.*
- *No attendant ileus.*
- *No ascitis/RP lymphadenopathy.*

Please correlate clinically

Kindly Note

- ❖ *Ultrasound is not the modality of choice to rule out subtle bowel lesions.*
- ❖ *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*
- ❖ *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.*

The report and films are not valid for medico – legal purpose.

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