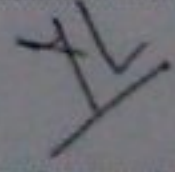


**IMPRESSION:**

- Multiple prominent celiac axis, porta hepatis and retroperitoneal lymph nodes – of unclear etiology. Correlate clinically.
- Minimal left-sided pleural thickening with basal atelectasis.

* This is a digitally signed valid document		Signature	Date / Time
Digitally validated and reported by	Dr. Tanuj Gupta DMRD, DNB Consultant Radiologist		14-11-2015 13:12:00
Transcribed by	Mr. Mazhar Rabbani	-	-

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Patient Name	: ALOK KHARE	Requested By	: DR. SHASHIDHARA GOSIKERE MATTA
MRN	: 59029	Procedure Date	: 14-11-2015 11:47
Age/Sex	: 43Y/M	Hospital	: NH-WHITEFIELD

**CONTRAST CT – ABDOMEN AND PELVIS**

**CLINICAL DETAILS:** Health check, occasional bloating.

**TECHNIQUE:** Axial sections were obtained from the diaphragm down to the symphysis pubis with oral contrast, and these were repeated with intravenous contrast.

**FINDINGS:**

The liver is normal sized and shows no area of altered attenuation or abnormal enhancement. There is no intra/extra hepatic biliary dilatation. The common bile duct and the ampulla of Vater appear normal sized.

The gallbladder is normal sized with smooth walls. No radiodense calculus is seen in it.

The pancreas shows a normal size, configuration and tissue density. No significant ductal dilatation / calcification is seen. Peripancreatic fat planes are preserved.

The spleen is normal in size and parenchymal attenuation. The portal vein and superior mesenteric vessels appear normal with no suggestion of filling defect within.

The gastro-oesophageal junction is normal. The intestines show normal configuration. No bowel wall thickening/dilatation seen. The appendix is within normal limits.

The suprarenal glands show normal size and configuration of their limbs.

Both kidneys are normal sized, with homogeneous cortical density. No calculus or hydronephrosis is seen. On administration of IV contrast, both kidneys show normal cortical enhancement. A 4 mm right renal cortical cyst is seen. The ureters are not dilated. The urinary bladder shows a smooth contour. No intravesical mass or calculus is seen.

The prostate is not enlarged. Periprostic fat planes are preserved.

The rectal and pararectal tissue planes are normal.

The aorta and inferior vena cava are normal. Mesenteric fat appears normal. Multiple prominent celiac axis, porta hepatis and retroperitoneal lymph nodes are noted, largest measuring 27 x 13 mm. No necrosis or calcification is seen.

There is no free or loculated peritoneal fluid collection.

The osseous structures are unremarkable.

Minimal left-sided pleural thickening is seen with basal atelectasis.



# Narayana Multispeciality Hospital

Whitefield Main road, Bangalore. 080-71112555

## Department of Gastroenterology

Patient ID : 10080000059029  
Patient Name : MR.ALOK, KHARE  
Age/Gender : 43Yrs, Male

Visit Date : 10-11-2015  
Referred by : Dr.SHASHIDHARA G MATTA  
Endoscopist : Dr.P.RUPESH KALYAN

### UGI ENDOSCOPY

**INDICATION** : S/P aortic valve replacement on oral anticoagulation with dyspeptic symptoms. For assessment.

**MEDICATION** : Lidocaine spray

**ANAESTHETIST** : Nil

**FINDINGS** :

**Oesophagus** : Normal mucosa seen. Z-line is at 34 cms & diaphragmatic pinch is at 36 cms.

**Stomach** : Normal mucosa is seen in fundus, body and antrum. Pylorus appeared normal.

**Duodenum** : Normal mucosa is seen in D1 & D2.

**Biopsy** : Nil

**IMPRESSION** : Normal mucosal study upto D2.

**Comments/Advice** : To manage as non-ulcer dyspepsia. To follow up with Dr. Shashidhara Matta

GE Junction



Fundus in retroflexed view



Antrum & pylorus



D2



Vocal cords



Rupesh Kalyan

Dr.P.RUPESH KALYAN

MD, DM, Consultant Medical Gastroenterologist.



Patient Name : Mr. Alok Khare  
Age : 43 years  
Clinical Detail : Health check up.

MRN: 10080000059029  
Sex : Male  
Date : 31.10.2015

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gallbladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size and contour.

Evidence of an oval shaped discrete peripancreatic lymph node measuring approximately 2.1 x 1.1 cm with preserved central fatty hilum – likely reactive node.

Spleen measures 8.7 cm, normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 9.3 cm in length & 3.2 cm in width), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 11.0 cm in length & 4.4 cm in width), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

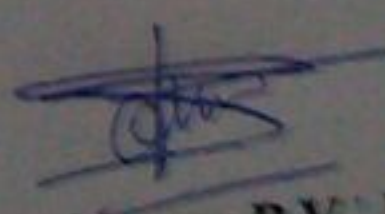
Prostate is normal in size, measuring 2.9 x 4.2 x 3.0 cm (volume = 20.2 cc). Dense calcifications noted in the left half of the gland.

Fluid - There is no ascites or pleural effusion.

**IMPRESSION:**

- Solitary reactive peripancreatic node.
- No other obvious abnormality detected.

Recommended clinical correlation.

  
**Dr. Satishkumar P.V., DNB**  
Consultant Radiologist



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Patient Name : ALOK KHARE  
MRN : 59029  
Age/Sex : 43 YRS/M

Requested By : -  
Procedure Date : 31-10-2015 08:43  
Hospital : NH-WHITEFIELD

**CHEST RADIOGRAPH (PA VIEW)**

**CLINICAL DETAILS:** For health checkup.

**FINDINGS:**

*Patient is rotated.*

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits. 8-shaped radio-opacity is seen in midline of cardiac shadow, likely representing cardiac prosthesis.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- Midline sternotomy wires are noted.
- Both the diaphragmatic domes appear normal.

**IMPRESSION:**

- Radio-opacity in midline of cardiac shadow, *likely representing aortic and mitral prosthetic cardiac valves. Correlate clinically.*
- No other significant abnormality detected.

* This is a digitally signed valid document		Signature	Date / Time
Digitally validated and reported by	Dr. Chithra N MD Junior Consultant Radiologist	<i>N. Chithra</i>	31-10-2015 10:35:00
Transcribed by	Mr. Mazhar Rabbani		

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