| | |
|---|---|
| **Patient Name** : | **Gender** : Male |
| **Age** : 26 Y | **Date** : Nov 22, 2024 |
| **Referring Doctor** : | **Patient ID** : |

# CT PULMONARY ANGIOGRAPHY

## CLINICAL HISTORY

Compare with previous report, No problem now

## TECHNIQUE

Per PQRS, CT exam is performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to patient size, or use of iterative reconstruction techniques.
Serial axial images obtained. Sagittal reconstructed images obtained. Coronal reconstructed images obtained. Maximum intensity projections (MIPs) were performed. Exam is performed with intravenous contrast.

## FINDINGS

Pulmonary arteries:

**Main pulmonary artery measures 24.5 mm, right pulmonary artery measures 16.4 mm and left pulmonary artery measures 17.2 mm.**

**There is seen subtle eccentric hypodensity within the contrast column of the descending interlobar branch of the right pulmonary artery suggest possible partial residual thromboembolism.**

**Linear non-enhancing hypodensity noted at the terminal part of the left pulmonary artery extending into both ascending and descending interlobar branches suggest possible residual partial thromboembolism.**

Aorta: No acute findings. No aortic aneurysm. No evidence of aortic rupture or dissection.

Lungs: **Subtle subpleural fibrosis noted involving posterior segment of the right upper lobe, medial segment of the right middle lobe, lateral basal segment of the right lower lobe.** No infiltrate identified. No evidence of consolidation. No mass identified.

Pleural space: Right sided azygos lobe is noted. No significant effusion. No pneumothorax.
Heart: No acute findings. No significant pericardial effusion.
Bones/joints: No acute fracture. No dislocation.
Soft tissues: Unremarkable. No abscess or hematoma.
Lymph nodes: Unremarkable. No enlarged lymph nodes.

## IMPRESSION

**Possible partial residual thromboembolism in the right and left pulmonary arteries.**

***As compared to prior report dated 30 May 2024 near complete resolution is seen.***

## RECOMENDATION

Suggested clinical correlation.

| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Female |
| **Age** | : 56 Y | **Date** | : Sep 02, 2024 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT ANGIOGRAM OF THE BRAIN WITH IV CONTRAST

## CLINICAL HISTORY

SUDDEN HYPERTENSION 3 DAYS BACK FALL FROM STAIR UNCONSCIOUS 2-3 HRS ABNORMAL BEHEAIOUR 2-3 DAYS SEMI UNCONSCIOUS .

## TECHNIQUE

Serial axial images obtained. Sagittal reconstructed images obtained. Coronal reconstructed images obtained. Exam is performed without and with intravenous contrast.

## FINDINGS

**There is large intracerebral hematoma in left parieto-temporal region with surrounding hypodensity. It measures approx 37 x 29 mm. It is causing mass effect in form of compression of left lateral ventricle. Intraventricular extension of bleed seen with blood-CSF levels in occipital horns of bilateral lateral ventricles. Right sided mid line shift measuring 4.5 mm noted.**

**Subarachnoid hemorrhages are seen in left fronto-parieto-temporal lobes, cerebellar hemisphere and basal cisterns.**

**SDH seen along left frontal cerebral hemisphere, maximum thickness measuring approx 7.6 mm.**

No evidence of acute occlusion in the large caliber arteries.
Patent appearing bilateral intracranial ICAs, ACAs, MCAs and PCAs. Small and distal end arteries not well evaluated.
Positive flow is seen in bilateral carotid siphons and the imaged vertebral and basilar arteries.
Bones/joints: Unremarkable. No acute fracture.
Sinuses: The visualized paranasal sinuses are well aerated.

## IMPRESSION

**Large intracerebral hematoma in left parieto-temporal region with surrounding edema and compression of left lateral ventricle & intraventricular extension of bleed with right sided mid line shift.**

**Subarachnoid hemorrhages in left fronto-parieto-temporal lobes, cerebellar hemisphere and basal cisterns.**

**SDH along left frontal cerebral hemisphere.**

**Advice - DSA & MR venography to rule out possibility of venous hemorrhagic infarct.**

## RECOMENDATION

Suggested clinical correlation.

| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 30 Y | **Date** | : Jan 30, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

## CT PULMONARY ANGIOGRAPHY

### Protocol:

Multislice CT pulmonary angiography was performed.

### Clinical profile:

Road traffic accident 4 days back.
Complaints of breathlessness.

### Findings:

***Limitations in imaging due to moderate kyphoscoliosis of dorsal spine.***

**CT Pulmonary angiography findings:**

Main pulmonary trunk, bilateral main pulmonary arteries, visualized segmental branches appear well opacified.
Main pulmonary artery is normal in diameter and measures 24.8mm.
Right pulmonary artery is normal in diameter and measures 20.8mm.
Left pulmonary artery is normal in diameter and measures 20.7mm.
Main pulmonary artery to ascending aorta ratio = 24.8mm /25.5mm = 0.9 (within normal limits i.e., <1).

**CT Thorax findings:**

Volume loss is noted in right hemithorax due to severe kyphoscoliosis of dorsal spine with convexity towards right.
Mild right pleural effusion noted. Small fibrotic / atelectatic bands noted in right lower lobe.
Multifocal regions of groundglass opacities noted in bilateral upper lobes.
Multiple nodular opacities showing central cavitation noted in right upper lobe, largest of size 12 x 10mm. Most of these lesions show feeding vessel.
No significant mediastinal or hilar lymphadenopathy is noted.
The cardiac size is within the normal limits.

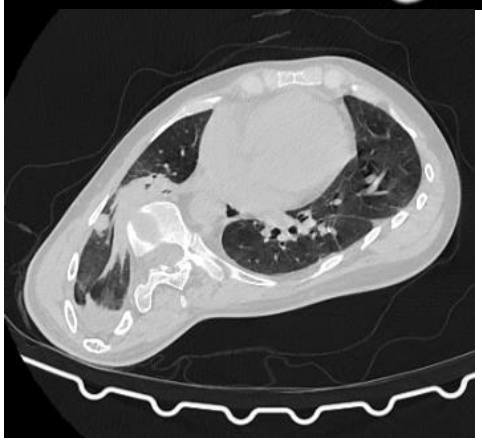
### IMPRESSION:

**Volume loss is noted in right hemithorax due to severe kyphoscoliosis of dorsal spine with convexity towards right.**

**Mild right pleural effusion noted. Small fibrotic / atelectatic bands noted in right lower lobe.**

**Multifocal regions of groundglass opacities noted in bilateral upper lobes: likely suggests non-specific pneumonitis.**

**Multiple nodular opacities showing central cavitation noted in right upper lobe, largest of size 12 x 10mm. Most of these lesions show feeding vessel. This is highly concerning for septic pulmonary emboli. Other differential can be infective necrotic lung nodules OR distal subsegmental pulmonary thromboembolism.**



| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 31 Y | **Date** | : Feb 20, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT ANGIOGRAPHY OF RIGHT LOWER EXTREMITY WITH & WITHOUT INTRAVENOUS CONTRAST

## CLINICAL HISTORY

CT ANGIO RT LEG H/O - CASE OF RTA 4 DAYS AGO, OLD SCAN REPORTS AVIALABLE PLS COMPARE WITH OLD REPORT

## TECHNIQUE

Axial computed tomographic angiography images of right lower extremity without and with intravenous contrast. This CT exam was performed using one or more of the following dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.
MIP reconstructed images were created and reviewed.

## FINDINGS

**VASCULATURE:**
Visualised abdominal aorta, right common iliac artery, right internal and external iliac arteries, common femoral artery, profunda femoris artery and right superficial femoral artery appear normal in course and calibre with normal opacification.

**Mild flattening of popliteal artery in popliteal fossa, likely due to compression from oedematous change. However, it shows preserved contrast opacification.**

**Tibioperoneal trunk, proximal and mid segments of posterior tibial artery and peroneal artery appear normal with normal post-contrast opacification. Gradual reduction in attenuation of contrast opacification noted in distal segments of posterior tibial artery and peroneal artery, likely secondary to slow flow.**

**Proximal segment of anterior tibial artery show contrast opacification. Rest of right ATA is not visualized.**

**Narrow caliber contrast opacification noted in dorsalis pedis artery.**

**LOWER EXTREMITY:**

**Postoperative status noted with orthopaedic fixation at proximal tibial shaft.**

**Comminuted fracture noted at proximal tibia involving bilateral tibial plateaus as well as intercondylar eminence of tibia.**

**Comminuted mildly displaced fracture noted at head and neck of fibula.**

**Mild lipohaemarthrosis noted.**

**Subcutaneous soft tissue oedema with fat stranding, fluid accumulation and minimal emphysema noted around knee joint, predominantly at its lateral aspect. Minimal subcutaneous oedema noted in rest of right leg.**

**Soft tissue as well as muscle oedema noted in right proximal leg.**

## IMPRESSION

- **Fractures as mentioned.**
- **Angiographic findings concerning for compartment syndrome (in appropriate clinical setting) with slow flow in distal segments of leg arteries.**
- **Proximal segment of anterior tibial artery show contrast opacification. Rest of right ATA is not visualized - ? slow flow, ?? thrombosis. USG evaluation is suggested.**

| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 40 Y | **Date** | : Nov 28, 2024 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT SCAN OF THE ABDOMEN WITH CONTRAST

## CLINICAL HISTORY

attached

## TECHNIQUE

The study was done by taking axial sections on a CT scanner from domes of diaphragm till pubic symphysis before & after administration of intravenous non-ionic contrast medium. No complications encountered.

## FINDINGS

**Liver:**

- **Liver is normal in shape, enlarged in size (measures ~16.8cms),and shows multiple well defined hypodense , peripherally enhancing lesions in both lobes of liver.**
- **Largest of these measures 82x69mm and is seen in segment VIII of right lobe.**
- **It shows focal discontinuity of its wall in subcapsular region with localised subcapsulalr collection measuring 78x22mm.**
- No evidence of IHBR dilatation is seen.
- Portal vein is normal in caliber. No evidence of any intraluminal filling defect.

**Gallbladder:**

- Gallbladder is adequately distended with intraluminal fluid density contents and shows no calculi or sludge.
- Wall is smooth in contour with normal thickness and attenuation.
- CBD is not dilated.
- No peri-cholecystic collection / fluid or fat stranding seen.

**Pancreas:**

- Pancreas is normal in size, shape, density and contrast enhancement.
- MPD is not dilated.
- Peripancreatic fat planes are preserved.
- No parenchymal lesion or intraductal calcifications seen.

**Spleen:**

- Spleen is normal in size and shows homogeneous contrast enhancement.
- No focal lesion in spleen is seen.

**Adrenals:**

- Both adrenal glands are defined and appear normal and show homogeneous contrast enhancement.

**Kidneys:**

- Both kidneys are normal in size, position, shape and cortical outline.
- No evidence of calculus or hydronephrosis.
- Both kidneys shows good uptake and excretion of contrast material into collecting system.
- Corticomedullary differentiation is maintained.
- Renal pelvis appears normal.
- Peri-nephric fat regions appear unremarkable bilaterally.

**Ureters:**

- Both ureters appear normal in course and calibre.
- No evidence of ureteric calculus / obstruction seen.

**Urinary Bladder:**

- Urinary bladder is adequately distended with smooth outline and appears normal.
- Lumen exhibits normal uniform opacification.
- Wall thickness of Urinary Bladder is normal.

**Gastrointestinal Tract:**

- Stomach is distended with normal gastric wall thickness and enhancement.
- C-loop of the duodenum is defined.
- Contrast filled small and large bowel loops appear normal in calibre.
- Appendix and surrounding soft tissue in right iliac fossa appears unremarkable.
- Ileocecal junction appears defined.
- Colon is predominantly faecal loaded and is unremarkable.
- Rectum appears normal in the scan. The peri-rectal fat planes are intact.

**Prostate and Seminal Vesicles:**

- Prostate is normal in shape, size and enhancement pattern.
- Prostatic Capsule is intact.
- Seminal vesicles and peri-prostatic region appears unremarkable.

**Miscellaneous:**

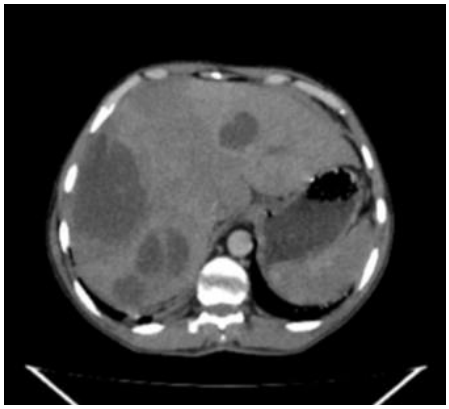
- **Mild free fluid seen in pelvis.**
- No significant mesenteric or retroperitoneal lymphadenopathy detected.
- Aorta its major branches, IVC and its tributaries are well opacified with contrast and appear normal.
- **Mild right pleural effusion with passive atelecatsis of underlying lung parenchyma.**
- Visualized skeletal structures appears unremarkable.

## IMPRESSION

- **Hepatomegaly with multiple liver lesions as described - s/o liver abscesses.**
- **Ruptured segment VIII liver abscess with subcapsular collection.**
- **Mild ascites.**

## RECOMMENDATION

Suggested clinical correlation.



| | |
|---|---|
| **Patient Name** : | **Gender** : Female |
| **Age** : 24 Y | **Date** : Sep 28, 2024 |
| **Referring Doctor** : | **Patient ID** : |

# CT SCAN OF THE PARANASAL SINUSES (PNS)

## CLINICAL HISTORY

H/O HEADACHE,COLD,COUGH (OFF&ON) SINCE 2-3 MONTHS NO INJURY

## TECHNIQUE

Axial sections of the paranasal sinuses were obtained without administration of intravenous contrast on a CT scanner.

## FINDINGS

**Mucosal thickening is noted involving the bilateral maxillary sinuses.**

**Mild deviation of bony nasal septum towards right sided is noted indenting the inferior turbinate.**

**Mild hypertrophy of bilateral inferior turbinates are noted**

Right **maxillary sinuses** and both **frontal sinuses** are normal.

Ethmoid / sphenoid sinuses appear normal.
Bilateral fronto-nasal recess appear unremarkable.
The nasolacrimal duct on either side is normal.
Bilateral maxillary ostia are normal.
The sinus lateralis on either side show no abnormality.
The lamina papyracea on either side is normal.
No bony erosion / destruction are seen.

## IMPRESSION

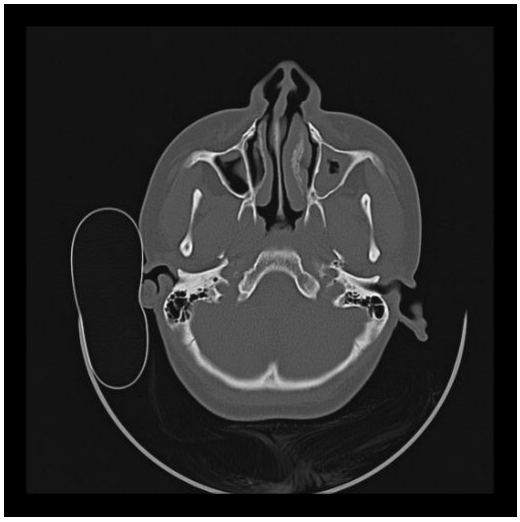
**Mucosal thickening involving the bilateral maxillary sinuses---S/o sinsuitis.**

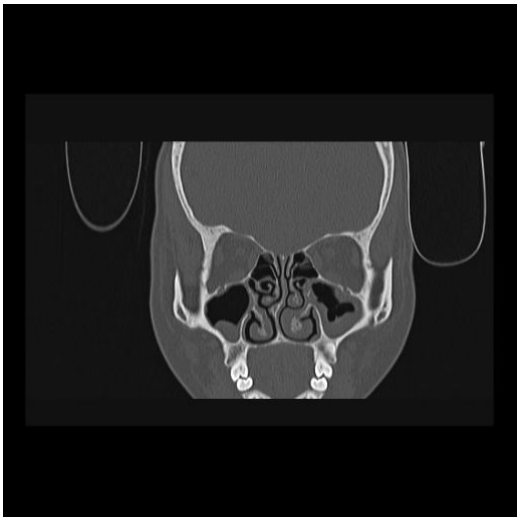
**Mild deviation of bony nasal septum towards right sided indenting the left inferior turbinate.**

**Mild hypertrophy of bilateral inferior turbinates**

## RECOMMENDATION

Suggested clinical correlation.





| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 50 Y | **Date** | : Dec 18, 2024 |
| **Referring Doctor** | : | **Patient ID** | : |

## CT SCAN OF NECK (PLAIN + CONTRAST)

**TECHNIQUE:** CT scan of neck was performed by taking axial sections.

### FINDINGS:

**An irregular proliferative and ulcerative soft tissue lesion is noted involving vocal cords on either side with maximum thickness measuring about 9-10 mm. Resultant irregular narrowing of laryngeal lumen noted. Bilateral arytenoid cartilage appear encased by soft tissue with patchy deossification.**

**There is involvement of anterior commissure. Superiorly, mild infiltration noted within supraglottis along anterior pharyngeal wall with involvement of bilateral aryepiglottic folds, more on left side. No evidence of involvement of epiglottis or bilateral pyriform fossa. No evidence of extralaryngeal infiltration.**

**ORAL CAVITY:**

Tongue and buccal spaces appear normal.
Bilateral parotid glands and bilateral submandibular glands appear normal.

**NASOPHARYNX:**

Walls of nasopharynx appear normal. No evidence of nodularity.
Parapharyngeal fat planes appear normal.
Fossa of Rosenmuller and nasopharyngeal opening of eustachian tube appear normal.

**OROPHARYNX & HYPOPHARYNX:**

Walls of oropharynx appear normal. No evidence of nodularity.
Parapharyngeal fat planes appear normal.
Base of tongue and vallecula appear normal.
Epiglottis appear normal. Bilateral pyriform sinuses appear normal.
Retropharyngeal region appears normal without any solid or cystic lesion.

**LARYNX:**

Rest of laryngeal cartilages appear normal.
Subglottic trachea appears normal.

**THYROID:**

Both lobes and isthmus of thyroid gland appear normal in size and attenuation. No evidence of any obvious focal lesion.

**VESSELS AND LYMPH NODES:**

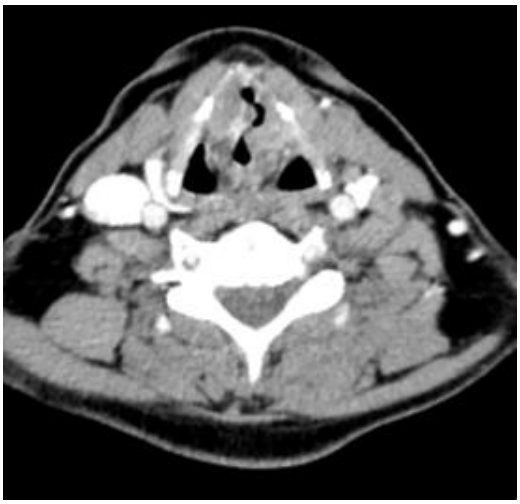
Bilateral major vessels of neck appear normal.
No evidence of any significant cervical lymphadenopathy noted.

**BONES:**

No evidence of any lytic / sclerotic lesion noted.
Mild degenerative changes noted in cervical spine.

**IMPRESSION:**

- **Findings are concerning for neoplastic lesion of bilateral vocal cords with mild supraglottic infiltration. Histopathological correlation is suggested.**
- **No significant cervical lymphadenopathy noted.**



| | |
|---|---|
| Patient Name :<br> | **Gender** : Male |
| **Age** : 30 Y | **Date** : Feb 17, 2025 |
| **Referring Doctor** : DR. | **Patient ID :** |

## CT Spine Lumbo Sacral Plain and contrast

**History**

**Technique**

Volume scan of L.S. Spine was made from the level L1 to the level of S2 with IV to intra thecal contrast. MPR & SSD / VR images were obtained.

**Observations**

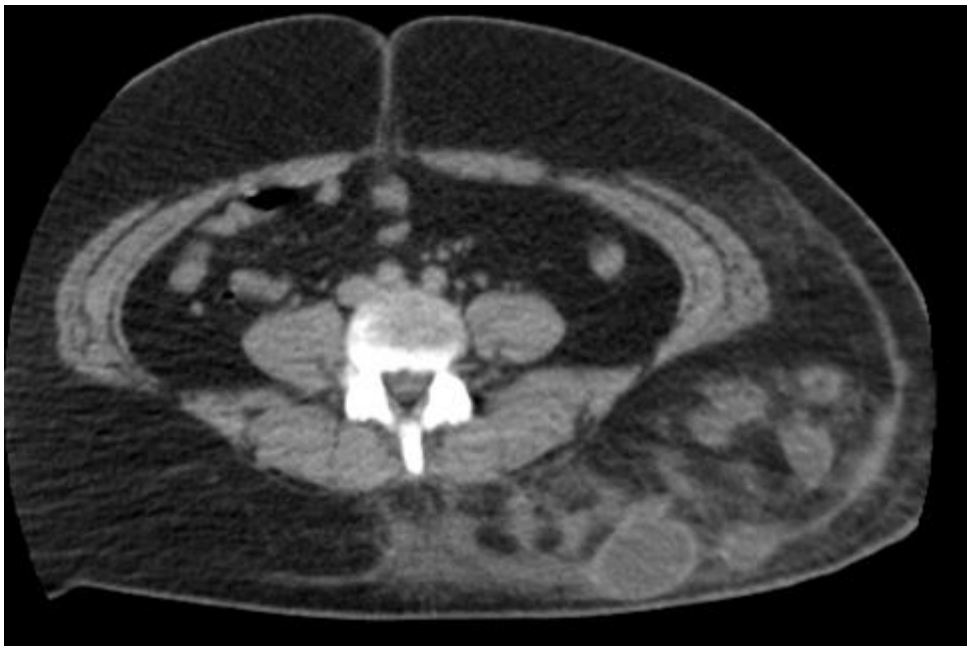
**Multiple peripherally enhancing variable sized collections with some of them showing air attenuation foci within with surrounding fat stranding are seen involving the subcutaneous tissue overlying the left gluteal region and the lower lumber and sacral region in the midline, some of them colllections are seen abbuting the left gluteal muscle and the posterior para spinal muscle however no extension to involved to this muscle in present study, suggestive of infectiology etiology.**

The vertebral bodies, pedicles, transverse process, laminae and spinous process appear normal.
No sclerotic or lytic lesion is seen.
The facet joints and neural foramina are within normal limits.
The lumbar canals shows normal dimensions from L1 to L5.
Both sacroiliac joints appear normal.

The rest of the paraspinal soft tissue does not show any abnormality.

**Impression**

**Multiple peripherally enhancing variable sized collections with some of them showing air attenuation foci within with surrounding fat stranding are seen involving the subcutaneous tissue overlying the left gluteal region and the lower lumber and sacral region in the midline, some of them colllections are seen abbuting the left gluteal muscle and the posterior para spinal muscle however no extension to involved to this muscle in present study, suggestive of infectiology etiology.**



| | |
|---|---|
| **Patient Name** : | **Gender** : Female |
| **Age** : 48 Y | **Date** : Oct 30, 2024 |
| **Referring Doctor** : | **Patient ID** : |

# CT SCAN OF THE WHOLE SPINE

## CLINICAL HISTORY

Injury severe pain in neck and back

## TECHNIQUE

Axial sections were taken for the whole spine without administration of intravenous contrast on a multi-slice spiral scanner.
Movement blur is seen
sub optimal study

## FINDINGS

*Anterior , posterior intervertebral , articular pillar , inter laminar and interspinous lines are continuous*
*No osseous fracture or articular dislocation or subluxation is seen*
*The curvature of cervicodorsolumbar spine is maintained.*
*The cervicodorso lumbar vertebral bodies, posterior arches are well aligned.*
*Diffuse osteoporosis seen*
*The vertebral bodies are well ossified, show normal trabecular pattern with no e/o focal lytic or sclerotic lesions. The margins are sharp.*
*Osteophytosis is seen along vertebral bodies margins.*
*The laminas, articular processes, spine of all lumbar vertebras are intact and have normal morphology.*
*The bony spinal canal is normal in course and caliber.*
*The fat planes along bony canal are intact.*
*The exiting, traversing and far lateral nerve root show normal fat planes with no obvious compression.*
*The pre and para vertebral soft tissue are unremarkable. Both iliopsoas and quadrates, paraspinal muscles show normal attenuation pattern.*

| *DISC LEVEL* | *HERNIATION* | *THECAL COMPRESSION* | *FORAMINAL COMPRESSION* | *NEURAL COMPRESSION* |
|---|---|---|---|---|
| *C2 -C3* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |
| *C3-C4* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |
| *C4-C5* | *SEEN* | *SEEN* | *NOT SEEN* | *NOT SEEN* |
| *C5-C6* | *SEEN* | *SEEN* | *NOT SEEN* | *NOT SEEN* |

| | | | | |
|---|---|---|---|---|
| *C6-C7* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |

| *DISC LEVEL* | *HERNIATION* | *LIGAMENT FLAVUM HPERTROPHY* | *FACET ARTHROPATHY* | *THECAL COMPRESSION* | *FORAMINAL COMPRESSION* | *NEURAL COMPRESSION* |
|---|---|---|---|---|---|---|
| *L1 - L2* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |
| *L2-L3* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |
| *L3-L4* | *NOT SEEN* | *SEEN* | *SEEN* | *NOT SEEN* | *NOT SEEN* | *NOT SEEN* |
| *L4-L5* | *SEEN* | *SEEN* | *SEEN* | *SEEN* | *NOT SEEN* | *NOT SEEN* |
| *L5-S1* | *SEEN* | *SEEN* | *SEEN* | *SEEN* | *NOT SEEN* | *NOT SEEN* |

*SI JOINTS - SMOOTH ARTICULAR MARGINS, NO EROSION , NO SCLEROSIS , NO ABNORMAL SOFT TISSUE SEEN ON BOTH SIDE*

## IMPRESSION :

**DEGENERATIVE CHANGES IN CERVICAL,DORSAL,LUMBAR SPINE**

*Anterior , posterior intervertebral , articular pillar , inter laminar and interspinous lines are continuous.*
*No osseous fracture or articular dislocation or subluxation is seen.*

## RECOMMENDATION MRI spine

Suggested clinical correlation.

| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 25 Y | **Date** | : Nov 13, 2024 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT SCAN OF THE LEFT ELBOW JOINT

## CLINICAL HISTORY

LEFT ELBOW INJURY

## TECHNIQUE

Axial sections were taken for the left elbow joint without administration of intravenous contrast on a multi-slice spiral scanner.

## FINDINGS

**Displaced fractures is noted involving the head of radius with few surrounding bony fragments.**

**Dislocation of the elbow joint is noted with posterior dislocation of humerus and superior dislocation of ulna.**

**Diffused soft tissue swelling with subcutaneous emphysematous changes are noted.**

The study does not reveal any focal lesion in the visible humerus, radius and ulna region.
Rest of the bones under review including humerus, radius and ulna are normal in density and trabecular pattern.
No bony erosion or destruction is noted.
The myofascial planes and neurovascular bundles are normal.
No joint collection or effusion is noted.

## IMPRESSION

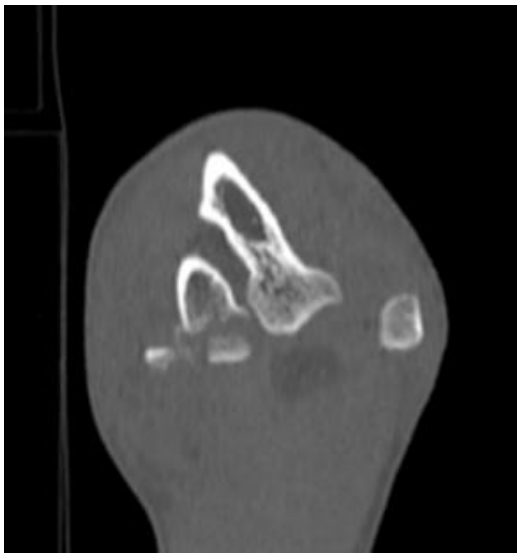
**Displaced fractures involving the head of radius with few surrounding bony fragments.**

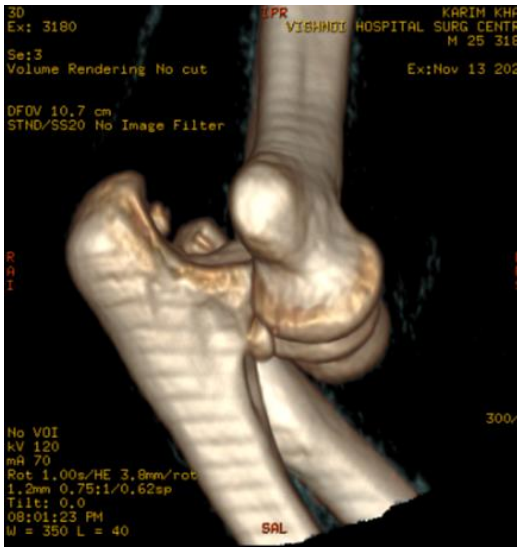
**Dislocation of the elbow joint with posterior dislocation of humerus and superior dislocation of ulna.**

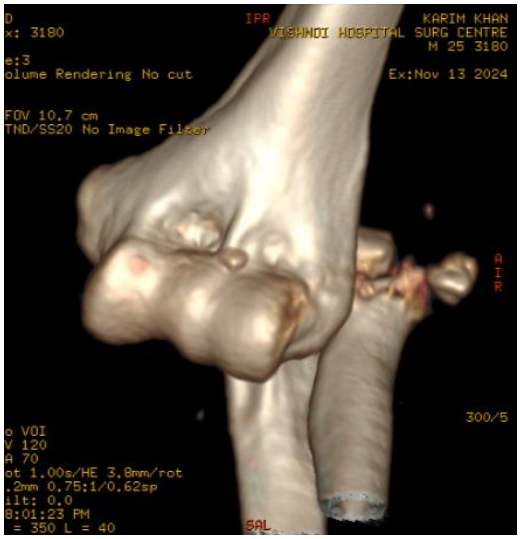
**Diffused soft tissue swelling with subcutaneous emphysematous changes.**

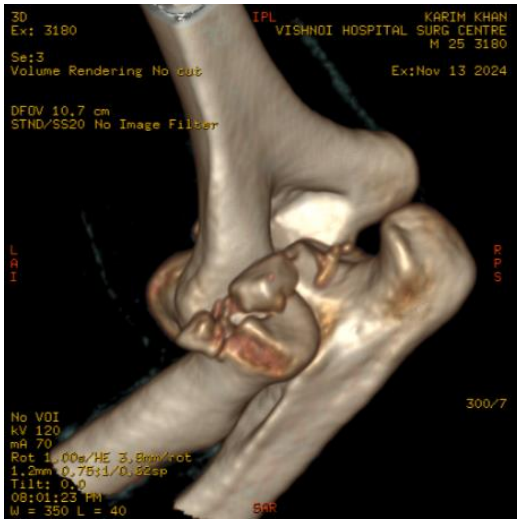
## RECOMMENDATION

Suggested clinical correlation.





| | |
|---|---|
| **Patient Name** : | **Gender** : Male |
| **Age** : 16 Y | **Date** : Dec 16, 2024 |
| **Referring Doctor** : | **Patient ID** : |

## CT SCAN OF THE LEFT KNEE JOINT (PLAIN AND 3D)

### CLINICAL HISTORY

History of fall 20 days back. Swelling over left knee joint.

### TECHNIQUE

Axial sections of the left knee were taken without administration of intravenous contrast on a multi-slice spiral scanner.

### FINDINGS

Moderate soft tissue swelling is noted around knee joint.
Moderate joint effusion noted distending suprapatellar bursa.
Fracture of medial articular surface of patella is noted. The fracture fragment measures approx. 2.7cm and is seen displaced on lateral aspect of lower shaft of femur.
Lateral dislocation of patella is noted.
Small soft tissue calcification / avulsion fracture noted at medial margin of medial tibial condyle.
Rest of the visualized osseous structures appear normal.
No loose bodies noted.

### IMPRESSION

1. **Moderate soft tissue swelling is noted around knee joint.**
2. **Moderate joint effusion noted distending suprapatellar bursa.**
3. **Fracture of medial articular surface of patella is noted. The fracture fragment measures approx. 2.7cm and is seen displaced on lateral aspect of lower shaft of femur.**
4. **Lateral dislocation of patella is noted.**
5. **Small soft tissue calcification / avulsion fracture noted at medial margin of medial tibial condyle.**

| | |
|---|---|
| **Patient Name** : | **Gender** : Male |
| **Age** : 21 Y | **Date** : Feb 24, 2025 |
| **Referring Doctor** : | **Patient ID** : |

# CT SCAN OF THE ABDOMEN WITH CONTRAST

## CLINICAL HISTORY

attached

## TECHNIQUE

The study was done by taking axial sections on a CT scanner from domes of diaphragm till pubic symphysis before & after administration of intravenous non-ionic contrast medium. No complications encountered.

## FINDINGS

**The portal vein is grossly dilated measuring 20 mm in diameter. The main portal vein shows significant thrombosis of the lumen with nearly 70% thrombosis and patchy contrast uptake.**

**There is complete thrombosis of right and left branches of portal vein with no significant postcontrast uptake.**

**The thrombus is seen extending into the superior mesenteric vein with 30% thrombosis of the lumen of superior mesenteric vein**

**The splenic vein is dilated measuring around 15 mm in diameter and shows good contrast uptake with no obvious evidence of thrombosis. Multiple perisplenic collaterals noted**

**The spleen is dilated and measures 23 cm in the craniocaudal span suggestive of massive splenomegaly.**

**Small calcified granuloma measuring 9 mm in size is noted in segment 1 of liver**

**Liver:**

- Liver is normal in shape, size (measures ~_10_ cms in craniocaudal span), parenchymal density, attenuation and contrast enhancement.
- No focal or diffuse liver lesion seen.
- No evidence of IHBR dilatation is seen.

**Gallbladder:**

- Gallbladder is adequately distended with intraluminal fluid density contents and shows no calculi or sludge.
- Wall is smooth in contour with normal thickness and attenuation.
- CBD is not dilated.
- No peri-cholecystic collection / fluid or fat stranding seen.

**Pancreas:**

- Pancreas is normal in size, shape, density and contrast enhancement.
- MPD is not dilated.
- Peripancreatic fat planes are preserved.
- No parenchymal lesion or intraductal calcifications seen.

**Spleen:**

- Spleen shows homogeneous contrast enhancement.
- No focal lesion in spleen is seen.

**Adrenals:**

- Both adrenal glands are defined and appear normal and show homogeneous contrast enhancement.

**Kidneys:**

- Both kidneys are normal in size, position, shape and cortical outline.
- Right kidney measures ~_10.5_ cm, Left kidney measures ~_10.2_ cm in craniocaudal span.
- No evidence of calculus or hydronephrosis.
- Both kidneys shows good uptake and excretion of contrast material into collecting system.
- Corticomedullary differentiation is maintained.
- Renal pelvis appears normal.
- Peri-nephric fat regions appear unremarkable bilaterally.

**Ureters:**

- Both ureters appear normal in course and calibre.
- No evidence of ureteric calculus / obstruction seen.

**Urinary Bladder:**

- Urinary bladder is adequately distended with smooth outline and appears normal.
- Lumen exhibits normal uniform opacification.
- Wall thickness of Urinary Bladder is normal.

**Gastrointestinal Tract:**

- Stomach is distended with normal gastric wall thickness and enhancement.
- C-loop of the duodenum is defined.
- Contrast filled small and large bowel loops appear normal in calibre.
- Appendix and surrounding soft tissue in right iliac fossa appears unremarkable.
- Ileocecal junction appears defined.
- Colon is predominantly faecal loaded and is unremarkable.
- Rectum appears normal in the scan. The peri-rectal fat planes are intact.

**Prostate and Seminal Vesicles:**

- Prostate is normal in shape, size and enhancement pattern.
- Prostatic Capsule is intact.
- Seminal vesicles and peri-prostatic region appears unremarkable.

**Miscellaneous:**

- No evidence of free fluid in abdomen or pelvis.
- No significant mesenteric or retroperitoneal lymphadenopathy detected.
- Aorta its major branches, IVC and its tributaries are well opacified with contrast and appear normal.
- Bilateral lung bases appear normal. No pleural effusion is seen on either side.
- Visualized skeletal structures appears unremarkable.

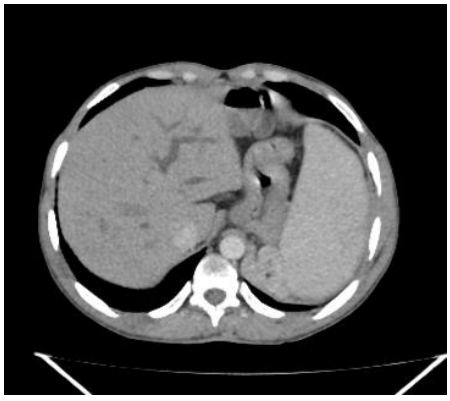
## IMPRESSION

- **The portal vein is grossly dilated measuring 20 mm in diameter. The main portal vein shows significant thrombosis of the lumen with nearly 70% thrombosis and patchy contrast uptake.**
- **There is complete thrombosis of right and left branches of portal vein with no significant postcontrast uptake.**
- **The thrombus is seen extending into the superior mesenteric vein with 30% thrombosis of the lumen of superior mesenteric vein**
- **The splenic vein is dilated measuring around 15 mm in diameter and shows good contrast uptake with no obvious evidence of thrombosis. Multiple perisplenic collaterals noted**
- **The spleen is dilated and measures 23 cm in the craniocaudal span suggestive of massive splenomegaly.**

**Findings are suggestive of extrahepatic portal vein thrombosis with changes of portal hypertension.**

## RECOMMENDATION

Suggested clinical correlation.



| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 55 Y | **Date** | : Jan 12, 2025 |
| **Referring Doctor** | : | **Patient ID** | : 76566_0111_8 |

## CECT ABDOMEN AND PELVIS

Helical MDCT study of abdomen done with IV contrast.

**FINDINGS**

**Mildly hyperdense mild ascites seen in the abdomen predominantly in the perisplenic region, subhepatic region and in the pelvis.**

**There is hyperdense ill-defined hematoma seen in the perisplenic region.**

**Multiple geographical areas of hypo to non-enhancement is seen involving the spleen predominantly in the superior pole likely extending from hilum up to the periphery likely areas of lacerations with devascularisation in upper pole of spleen.**

**There is focal arterial phase area of enhancement gradually increasing in size on portal and venous phases suspicious for intra parenchymal extravasation in the midportion of spleen.**

**A small discrete flash haemangioma is seen in segment VIII of right lobe of liver.**

**There is no dilatation of small or large bowel loops ruling out intestinal obstruction.**

**There is no free air in abdomen ruling out volume viscus perforation.**

Liver is normal in density and morphology. IHBR not dilated.
Splenoportal vein is normal.
GB distended shows normal lumen and wall. (Calculi better evaluated in USG)
CBD is normal.
Pancreas normal in size and density. No calculi or ductal dilatation.
Stomach, duodenum, small and large bowel are normal.
Bilateral kidneys are normal in size, shape. No calculus seen. Pelvicalyceal system is normal. Perinephric region is normal.
Visualized part of bilateral ureters are normal.
Adrenal appears normal.
The urinary bladder is well distended appear normal.
The prostate and seminal vesicles appear normal.
Aorta, IVC and para-aortic region are normal.
Visualized bones and abdominal wall are normal. A small right sided inguinal hernia seen.

**IMPRESSION**

**Mildly hyperdense mild ascites seen in the abdomen predominantly in the perisplenic region, subhepatic region and in the pelvis. Findings suspicious for hemoperitoneum.**

**There is hyperdense ill-defined hematoma seen in the perisplenic region extending in the left subdiaphragmatic region.**

**Multiple geographical areas of hypo to non-enhancement is seen involving the spleen predominantly in the superior pole likely extending from hilum up to the periphery likely areas of lacerations with devascularisation in upper pole of spleen. There is focal arterial phase area of enhancement gradually increasing in size on portal and venous phases suspicious for intra parenchymal extravasation in the midportion of spleen. AAST Grade V splenic injury.**

**A small discrete flash haemangioma is seen in segment VIII of right lobe of liver.**



| | |
|---|---|
| **Patient Name** : | **Gender** : Female |
| **Age** : 83 Y | **Date** : Jan 29, 2025 |
| **Referring Doctor** : | **Patient ID** : |

# CT CHEST (P+C)

## CLINICAL HISTORY

CT BRAIN P+C, AND HRCT THORAX P+C H/O - COUGH AND FEVER, X-RAY DONE 4/5 DAYS AGO NOT AVAILABLE, DM, STOOL NOT PASS PROPERLLYSPO2-88/90% WITH OXIGEN

## TECHNIQUE

The study was done by taking helical sections from lung apices to domes of diaphragm with administration of intravenous contrast medium on a CT scanner.

## FINDINGS

**Lungs & pleura:**

- **A large patchy area of consolidation showing air bronchogram within and mild surrounding ground glass opacities is seen in the right upper lobe. Subtle ground glass opacities are also seen in the right middle lobe.**
- **Minimal reactive bilateral (right>left) pleural effusion noted with passive subsegment atelectasis of underlying lung.**
- **Subsegmental collapse of lateral segment of right middle lobe noted.**
- **Few fibro-atelectatic bands are seen in the lingular segment of left upper lobe and basal segments of lower lobes.**
- Rest of the lung parenchyma appears unremarkable.

**Airway and Hilum:**

- Trachea, lobar bronchi, bronchus intermedius and segmental bronchi are normal.
- No intraluminal filling defects present.
- No dilated bronchi seen.

**Mediastinum:**

- Thoracic oesophagus and other mediastinal structures appears normal.
- No enlarged mediastinal adenopathy is observed.

**Heart and Major Vessels:**

- Heart outline and size appears normal.

**Others:**

- Visualized vertebrae, sternum and ribs appear normal.
- Soft tissues and muscles of chest wall are normal.

## IMPRESSION

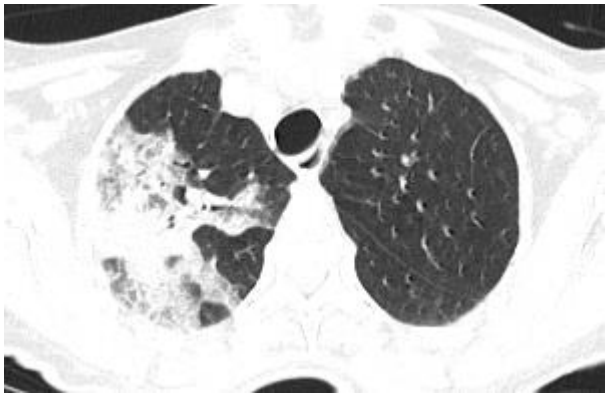
- **A large patchy area of consolidation showing air bronchogram within and mild surrounding ground glass opacities is seen in the right upper lobe. Subtle ground glass opacities are also seen in the right middle lobe.**

**These imaging findings are most likely suggestive of Active infective etiology.**

- **Minimal reactive bilateral (right>left) pleural effusion noted with passive subsegment atelectasis of underlying lung. Likely reactive.**
- **Subsegmental collapse of lateral segment of right middle lobe noted. Few fibro-atelectatic bands seen in the lingular segment of left upper lobe and basal segments of lower lobes. These imaging findings are most likely suggestive sequalae to old infective etiology.**

## RECOMMENDATION

Suggested clinico-lab correlation and follow up with imaging.



| | |
|---|---|
| **Patient Name** : | **Gender** : Male |
| **Age** : 19 Y | **Date** : Feb 10, 2025 |
| **Referring Doctor** : | **Patient ID** : |

# HRCT SCAN OF THE CHEST

## TECHNIQUE

**Compromised scan to motion artefacts.**

The study was done by taking helical sections from lung apices to domes of diaphragm without administration of intravenous contrast medium on a CT scanner.

## FINDINGS

**Lungs:**

- **Scattered tree-in-bud densities denoting small airway involvement noted in bilateral lungs.**
- **Cystic bronchiectasis with endobronchial hyperdense mucoid impaction and patchy areas of consolidation in anterior, superior & inferior lingular segments of left upper lobe and medial & lateral segments of right middle lobe with subsequent segmental collapse.**
- **Diffuse areas of cylindrical bronchiectasis in bilateral lungs.**
- **Diffuse areas of ground glass opacification in bilateral lungs.**
- The pleuro-parenchymal interfaces are smooth.
- No evidence of air trapping seen.

**Hilum:**

- Both hilar regions appear normal.
- No significant hilar lymphadenopathy is observed.

**Pleural Surfaces:**

- No pleural / fissural thickening seen in the sections evaluated.
- No evidence of pleural effusion present.

**Mediastinum:**

- Thoracic oesophagus and other mediastinal structures appears normal.
- No significant mediastinal adenopathy is observed.

**Heart and Major Vessels:**

- Heart outline and size appears normal.

**Others:**

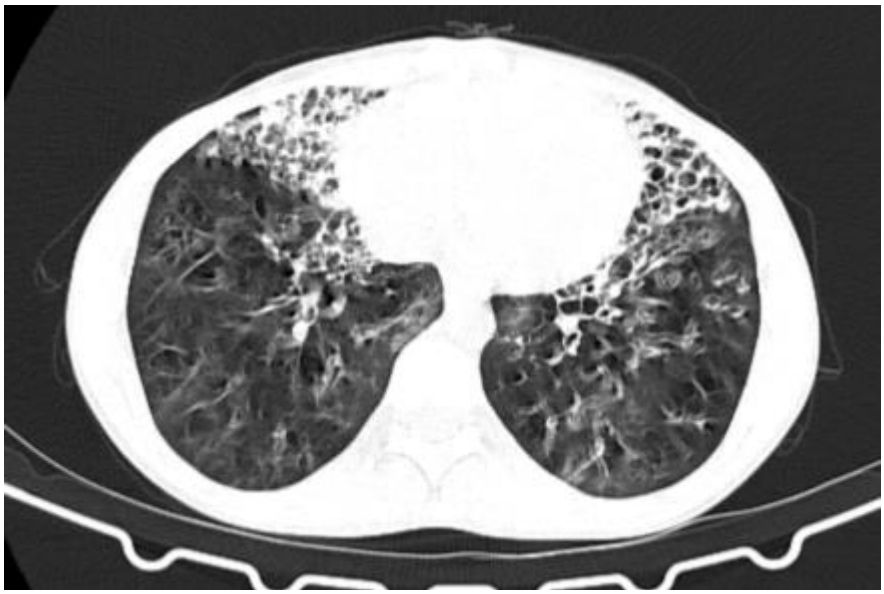
- Visualized vertebrae, sternum and ribs appear normal.
- Soft tissues and muscles of chest wall are normal.

## IMPRESSION

- **Diffuse tree in bud opacities noted in bilateral lungs.**
- **Cystic bronchiectasis with patchy areas of consolidation in anterior, superior & inferior lingular segments of left upper lobe and medial & lateral segments of right middle lobe.**
- **Diffuse areas of cylindrical bronchiectasis in bilateral lungs.**
- **Diffuse areas of ground glass opacification in bilateral lungs.**
- **Above features are suggestive of sequelae of old tubercular infection, likely** allergic bronchopulmonary aspergillosis**. Suggested further evaluation.**

## RECOMMENDATION

Suggested clinical correlation.



| | |
|---|---|
| **Patient Name** : | **Gender** : Female |
| **Age** : 60 Y | **Date** : Jan 28, 2025 |
| **Referring Doctor** : | **Patient ID** : |

# CT SCAN OF THE CHEST

## CLINICAL HISTORY

H/O- CHEST PAIN & BRETHLESS SINCE 15 DAYS G WEAKNESS FEVER

## TECHNIQUE

The study was done by taking helical sections from lung apices to domes of diaphragm without administration of intravenous contrast medium on a CT scanner.

## FINDINGS

**Lungs:**

**Area of consolidation is seen involving the apico-posterior segment of the right upper lobe and lingular segment of the left upper lobe.**

**Large area of consolidation is seen involving the left lower lobe.**

**Ground glass nodules coaliasing to from areas of consolidation involving the anterior segment of right upper lobe, apico-posterior segment of left upper lobe and superior segment of right lower lobe.**

- The pleuro-parenchymal interfaces are smooth.
- No evidence of air trapping seen.

**Airway and Hilum:**

- Trachea, lobar bronchi, bronchus intermedius and segmental bronchi are normal.
- No intraluminal filling defects present.
- No dilated bronchi seen.
- Both hilar regions appear normal.
- No significant hilar lymphadenopathy is observed.

**Pleural Surfaces:**

- **Mild to moderate fluid is seen involving the left pleural cavity and minimal in right pleural cavity.**

**Mediastinum:**

- Thoracic oesophagus and other mediastinal structures appears normal.
- No significant mediastinal adenopathy is observed.

**Heart and Major Vessels:**

- Heart outline and size appears normal.

**Others:**

- Visualized vertebrae, sternum and ribs appear normal.
- Soft tissues and muscles of chest wall are normal.

## IMPRESSION

**Area of consolidation is seen involving the apico-posterior segment of the right upper lobe and lingular segment of the left upper lobe.**

**Large area of consolidation is seen involving the left lower lobe.**

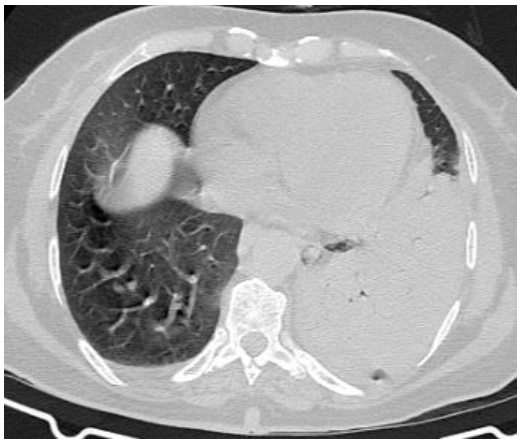
**Ground glass nodules coaliasing to from areas of consolidation involving the anterior segment of right upper lobe, apico-posterior segment of left upper lobe and superior segment of right lower lobe.**

**Mild to moderate fluid is seen involving the left pleural cavity and minimal in right pleural cavity.**

**F/S/O Infective etiology likely pneumonia.**

## RECOMMENDATION

Suggested clinical correlation.



| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Female |
| **Age** | : 35 Y | **Date** | : Feb 09, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT SCAN OF THE NECK WITH CONTRAST

## CLINICAL HISTORY

H/O- NECK PAIN & LT SIDE NECK REGION SWELING SINCE 1 MONTH

## TECHNIQUE

Axial sections of the neck were obtained before and after administration of intravenous contrast on a CT scanner.

## FINDINGS

- **An approx. 2.6 x 2.8 x 3.7 cm (AP x ML x SI) lobulated mildly enhancing lesion with non-enhancing areas within (likely suggestive of necrosis) is seen in the left side of neck, predominately in the left level II. Posteriorly, it is showing focal loss of fat planes with left sternocleidomastoid muscle. Anteriorly, it it abutting the left submandibular gland with no obvious intraglandular extension.**
- **Few subcm to cm size discrete non necrotic lymphnodes are seen in the cervical level IA, bilateral level Ib, II, left level V and bilateral V.**
- Both lobes of thyroid are normal in architecture, attenuation and enhancement. The isthmus is normal.
- The nasopharynx, oropharynx and hypopharynx appears normal.
- No pharyngeal wall thickening or intraluminal lesion noted. No evidence of diffuse or focal narrowing seen.
- Visualized part of hard palate, soft palate and uvula appears normal.
- Parapharyngeal, carotid, pterygoid and buccal spaces show normal appearances.
- The pre-glottic, glottic and subglottic spaces of larynx appear normal.
- Epiglottis, Valleculae, AE folds, pyriform sinuses appear normal.
- True and false vocal cords are normal in attenuation.
- Hyoid bone and laryngeal cartilages i.e. thyroid, cricoid and arytenoid appear normal.
- The sternocleidomastoid and digastric muscles on either side are normal.
- The longus colli on either side are normal.
- Both parotids and submandibular glands are normal.
- Cervical oesophagus and trachea appear normal.
- Bilateral styloid process are within normal limit.
- The visualized vertebrae are normal in density and trabecular pattern.

## IMPRESSION

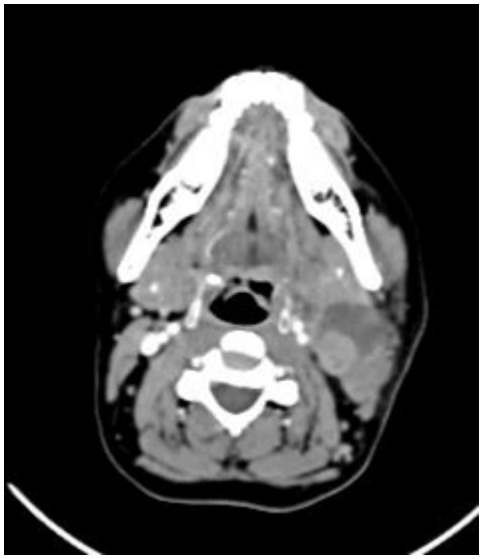
- **An approx. 2.6 x 2.8 x 3.7 cm lobulated mildly enhancing lesion with necrotic areas within seen in the left side of neck, predominately in the left level II with its relations as described above.**

***Findings are most likely suggestive of Infective etiology, such as enlarged partially necrotic lymph node. Another less likely possibility of neoplastic etiology needs to be ruled out. Suggest clinical and histopathology correlation.***

- **Few subcm to cm size discrete non necrotic lymphnodes in the cervical level IA, bilateral level Ib, II, left level V and bilateral V, *likely reactive.***

## RECOMMENDATION

Suggested clinical correlation.



| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 30 Y | **Date** | : Jan 02, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

# HRCT SCAN OF THE TEMPORAL BONES

## CLINICAL HISTORY

H/O- PUS DISCHRGE LT EAR ON/OFF SINCE 5-6 YRS LOSS OF HEARING LT EAR

## TECHNIQUE

Contiguous high resolution, thin axial and coronal sections were obtained through the temporal bone on CT scanner and images were reviewed in soft tissue and bone window settings.

## FINDINGS

**Ill defined soft tissue density area noted in between left scutum, ossicular chain and Prussak space extending to epitympanic recess, mesotympanum and hypotympanum causing subtle erosion of tympanic part of adjacent temporal bone and pyramidal eminence.Tympanic membrane appears retracted.**

**The adjacent mastoid bone and mastoid air cells are opacified with hypodense material with erosion and sclerosis of left mastoid air cells.**

The bony external canal is well capacious and normal in configuration on either side.
The bilateral ossicular chain and right middle ear structures are normal.
Epi, hypo, and mesotympanum are normal on right side.
The tegmen tympani are normal on either side.
Right mastoid air cells, mastoid antrum on right side appear normal.
No evidence of any soft tissue opacification noted on right side.
Both round window niche and oval window appear symmetrical.
The three semicircular canals, vestibule, cochlea bilaterally appear normal.
The cochlea is well-differentiated on either side with normal modiolus and interscalar septum.
The cochlear nuclear foramina/apertures on either side appear normal.
Bilateral vestibular aqueducts and cochlear aqueducts are symmetrical and normal in caliber.
Both internal auditory meatus are symmetrical. No evidence of any enlargement or focal mass noted.
Bilateral facial nerve canals are unremarkable.
The carotid canal and jugular bulb are normal on either side.
No osseous destruction or erosion is seen.
Visualized bones of base of skull and TM joints are normal. No evidence of fracture.

Both cerebellopontine cisterns are normal. No focal or mass lesion noted.

## IMPRESSION

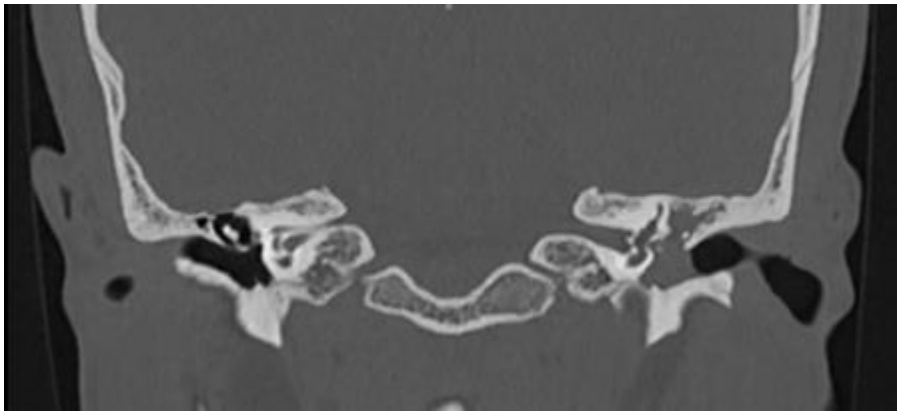
**Ill defined soft tissue density lesion in between left scutum, ossicular chain and Prussak space extending to epitympanic recess, mesotympanum and hypotympanum causing subtle erosion of tympanic part of adjacent temporal bone and pyramidal eminence.**

**The adjacent mastoid bone and mastoid air cells are opacified with hypodense material with erosion and sclerosis of left mastoid air cells.**

**These features are likely suggestive of left sided cholesteatoma with unsafe type of chronic suppurative otitis media.**

## RECOMMENDATION

Suggested clinical correlation.



| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 55 Y | **Date** | : Jan 22, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

# 3D-CT SCAN OF THE FACIAL BONES

## CLINICAL HISTORY

3D CT FACE PLAIN CASE OF RTA FACE INJURY LT SIDE. NEASAL BLEEDING, MOUTH BLEEDING, GIDDINESS

## TECHNIQUE

Axial sections of the face were obtained without administration of intravenous contrast on a CT scanner.

## FINDINGS

- **Comminuted and displaced fracture of anterior, posterior and medial walls of both maxillary sinus noted with associated hemo-sinus and extensive overlying soft tissue swelling**
- **Comminuted and displaced fracture of both pterygoid plates noted with extensive surrounding soft tissue swelling and hematoma formation**
- **Comminuted and displaced fracture of bony nasal septum noted with extensive hematoma formation in the nasal cavity and air foci within**
- **Comminuted and displaced fracture of both nasal bones noted with extensive overlying soft tissue swelling and hematoma formation**
- **Comminuted and displaced fracture of anterior bony walls of both ethmoid sinus noted with hemo-sinus**
- **Fracture of right lamina papyracea noted with pneumo orbit**
- **Fracture of lateral wall of left orbit noted with pneumo orbit**
- **Fracture of lateral wall of right orbit noted with pneumo orbit**
- **Fracture of roof of right orbit noted**
- **Fracture of floor of right orbit noted**
- **Pan hemo-sinus noted**
- **Extensive soft tissue swelling noted around the face and skull with multiple air foci and emphysema within**
- **Fracture of posterior wall of the pituitary fossa noted**
- **Fracture of anterior wall of frontal sinus noted**
- **Extensive soft tissue swelling in the perimandibular region with extensive subcutaneous emphysema**
- **Changes of cervical spondylosis in the form of reduced intervertebral disc spaces at C4-C5, C5-C6 and C6-C7 levels with extensive anterior osteophyte formation**
- **There is straightening of normal cervical lordosis suggestive of cervical sprain**

**Calvarium:**

- Both zygomatic arches appear normal without any fracture.

**Mandible:**

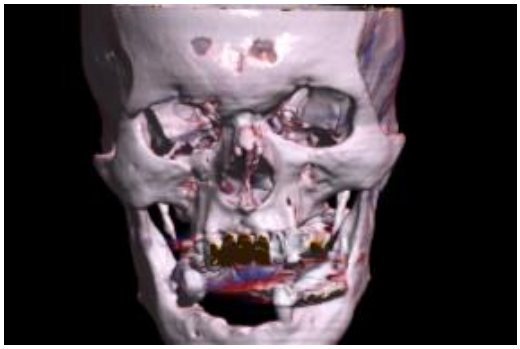
- Body, angle and symphysis menti of mandible appear normal.
- Alveolar process appear unremarkable.
- Both coronoid and condylar processes of mandible appear normal in attenuation.
- Temporomandibular articulation appears normal. No evidence of dislocation.

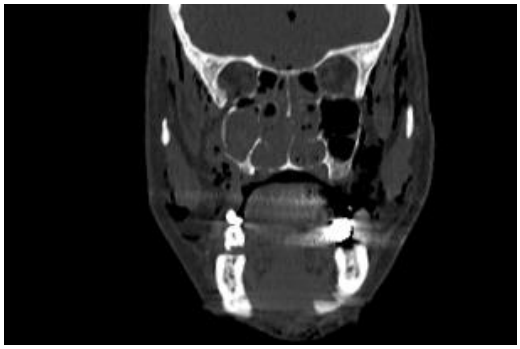
## IMPRESSION

**Multiple fractures with associated soft tissue swelling as described above**

## RECOMMENDATION

Suggested clinical correlation.





| | | | |
|---|---|---|---|
| **Patient Name** | : | **Gender** | : Male |
| **Age** | : 65 Y | **Date** | : Feb 09, 2025 |
| **Referring Doctor** | : | **Patient ID** | : |

# CT SCAN OF THE BRAIN

## TECHNIQUE

Axial sections of the brain were obtained from the base of skull to the vertex without administration of intravenous contrast on a CT scanner.

## FINDINGS

**Supratentorial:**

- **Blood density collection of approximate size 3.9 x 3.5 cm, with surrounding hypodensity, in left thalamus, involving left corona radiata, extending to bilateral lateral, third and fourth ventricles and bilateral foramun of Luschkae, causing compression of body of left lateral ventricle and third ventricle with rightward shift of midline structures by 11.1 mm.**
- **Dilatation of bilateral lateral, third and fourth ventricles noted with periventricular seepage.**
- **Patchy hypodensities in bilateral periventricular white matter and bilateral centrum semiovale.**
- **Chronic lacunar infarcts in left ganglio-capsular region.**
- **Diffuse mild bilateral cerebral edema noted.**
- Right basal ganglia and right thalamus are normal.
- No extra-axial collections seen.

**Posterior Fossa:**

- CSF density cystic lesion of approximate size 4.7 x 3.1 cm noted in posterior cranial fossa causing scalloping of occipital bone, suggestive of **arachnoid cyst.**
- Cerebellum and brainstem are normal in attenuation pattern.
- Cerebellar folia are normal.
- No focal SOL seen.
- Basal cisterns and CP angle cisterns are normal.

**Bone, Scalp and Sinuses:**

- Bony calvarium is normal. No evidence of fracture or SOL is seen.
- Visualized part of orbits is unremarkable.
- Overlying scalp is normal.
- Visualized paranasal sinuses : Bilateral ethmoid and left maxillary **sinusitis**.

## IMPRESSION

- **Intraparenchymal haemorrhage with surrounding hypodensity, in left thalamus, involving left corona radiata, extending to bilateral lateral, third and fourth ventricles and bilateral foramun of Luschkae, causing**

**compression of body of left lateral ventricle and third ventricle with rightward subfalcine herniation.**

- **Mild communicating hydrocephalus with periventricular seepage.**
- **Small vessel ischemic changes.**
- **Chronic lacunar infarcts in left ganglio-capsular region.**
- **Diffuse mild bilateral cerebral edema noted.**

## RECOMMENDATION

Suggested clinical correlation.

| | |
|---|---|
| **Patient Name** : | **Gender** : Female |
| **Age** : 26 Y | **Date** : Feb 21, 2025 |
| **Referring Doctor** : | **Patient ID** : |

# CT SCAN OF BRAIN

## CLINICAL HISTORY

H/O: RTA ,HEAD INJURY NOW CONTINUSLY VOMITING SINCE TODAY NOW

## TECHNIQUE:

Axial sections of the brain were obtained from base of skull to vertex on a CT scanner.

## FINDINGS:

**Supratentorial:**

**Thin strip of acute subdural haemorrhage noted along falx with maximum thickness measuring about 3.4 mm.**

**Thin sliver of acute subdural haemorrhage also noted along left anterior temporal lobe.**

**Multiple small haemorrhagic parenchymal contusions with perilesional oedema noted in left fronto-temporal lobe and right basifrontal and parasagittal frontal lobes.**

**Minimal subarachnoid haemorrhage noted along bilateral frontal medial cortical sulci, right frontal and left fronto-temporal cortical sulci.**

**Minimal pneumocephalus noted in parasellar region.**

Rest of both cerebral hemispheres appear normal in architecture and attenuation. Grey white matter differentiation is maintained.
No shift of midline structures seen.
Both lateral ventricles and the 3rd ventricle are normal. Ventricular system is not dilated.
CSF spaces, sulci and fissures are maintained.
Basal ganglia and thalami are normal.

**Posterior Fossa:**

Cerebellum and brainstem are normal in attenuation pattern. No focal SOL seen.
Fourth ventricle is central and normal in shape.
Basal cisterns and CP angle cisterns are normal.

**Bone, Scalp and Sinuses:**

**Linear undisplaced fracture noted at occipital bone on right side with overlying scalp soft tissue injury and swelling.**

**Line fracture noted at walls of sphenoid sinus with resultant sphenoid haemosinus.**

**Minimal mucosal thickening noted in bilateral frontal, bilateral ethmoid and bilateral maxillary sinuses.**

## IMPRESSION:

- **Thin strip of acute subdural haemorrhage along falx and left anterior temporal lobe.**
- **Bilateral haemorrhagic parenchymal contusions with perilesional oedema as mentioned.**
- **Minimal subarachnoid haemorrhage along bilateral cerebral hemispheres as mentioned.**
- **Minimal pneumocephalus and parasellar region.**
- **Fractures as mentioned.**