



**WOODLANDS
HOSPITAL**

Legacy of Healing

DEPARTMENT OF RADIO DIAGNOSIS

Ref No : RC/25/002584
Req Dt : 12/07/25 09:24
Name : **Mr. SURENDRA KUMAR SETHIA**
Visit ID: OP/25/058129 (MR/25/011811)
Ref By : **Dr. DARIUS ANKLESARIA (SURG)**
Address : SIDDHA GALAXIA PH-1, AZURA-1006, 10TH FLOOR RAJARJAT MAIN ROAD, NEAR DEROZIO COLLAGE PO RAJARHAT

Gender : Male
Age : 58 Years
Order No. : IO/25/180965
Report Dt : 12/07/25
Test No : CT-1495

Test Report

CT SCAN LOWER ABDOMEN [PLAIN STUDY]

Plain CT scan Lower Abdomen done using dual source dual energy MDCT.

SCANOGRAM : Digital supine scanogram reveals distended gas filled stomach as well as colonic loops.

BOTH ADRENALS: They are normal in size, position, outline and density. No definite focal parenchymal lesion seen.

KIDNEYS & URETER:

Right Kidney:- Right kidney shows normal in shape, size, position and density. Renal outline is well preserved. Parenchymal thickness well preserved. Right renal hilum shows normal tubular structures with no hydronephrotic changes. Surrounding renal sinus fat density is well preserved. No cyst/solid mass/calculus noted within renal parenchyma. Perinephric / paranephric fat is normal in appearance and density. Renal fascia is not thickened. No obvious perinephric collection seen. Right ureter is not dilated (and also intravenous contrast not given) thus not fully traceable. Walls are not thickened. No significant periureteric soft tissue stranding noted.

Left Kidney:- Left kidney shows normal in shape, size, position and density. Renal outline is well preserved. Parenchymal thickness well preserved. Left renal hilum shows normal tubular structures with no hydronephrotic changes. Surrounding renal sinus fat density is well preserved. No cyst/solid mass/calculus noted within renal parenchyma. Perinephric/paranephric fat is normal in appearance and density. Renal fascia is not thickened. No obvious perinephric collection seen. Left ureter is not dilated (and also intravenous contrast not given) thus not fully traceable. Walls are not thickened. No significant periureteric soft tissue stranding noted.

RETROPERITONEUM: All retroperitoneal compartments are normal. Retroperitoneal great vessels [aorta / VC] not well evaluated as this is plain study only. No obvious enlarged retroperitoneal lymph

Prepared By: Pranab Halder

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node / mass seen. No obvious localised peripancreatic / lesser sac collection is noted. No free fluid is noted within peritoneal cavity/either pleural space.

BOWEL AND MESENTERY:

Small bowel loops [filled with fluid] grossly unremarkable—well distributed within abdomino-pelvic cavity. No luminal dilatation or air-fluid level seen.

Mesentery shows normal fat density with normal vascular striations. No soft tissue density SOL / cyst is visualised.

Ileo-caecal junction collapsed. Appendix pelvic in location —lumen seen collapsed. Pericaecal fat well preserved.

Colon is seen well distended with faecal matter and gas. No obvious colonic wall thickening/intraluminal mass lesion seen. Anorectal bowel seen mostly collapsed. Para-rectal and ischio-rectal fat spaces are normal in appearance and density. Perirectal fascia is not thickened.

PELVIS: The pelvic vessels not well evaluated as this is plain study only. No obvious enlarged iliac nodes seen. No free fluid is seen in pelvis. Pelvic musculature appears normal.

URINARY BLADDER: Partially distended —normal in capacity and contour. The bladder wall is normal. Bilateral vesico-ureteric junction appears unremarkable. No mass lesion is seen. The perivesical fat planes well preserved.

PROSTATE: Size, shape and contour appear normal. No definite focal lesion is detected in the parenchyma. Peri-prostatic fat planes well preserved. Bilateral seminal vesicles well distended.

ABDOMINAL PARIETES: There is large encysted collection [showing rim enhancement—area measures 140 mm. X 62 mm. X 49 mm. (approx.)] in lower abdominal[pelvic] wall [superficial to peritoneum] ,indenting urinary bladder as well as retropubic space [alongwith few surgical artefacts (? hernia mesh tackers)] —overlying superficial [subcutaneous] fat edematous with few residual air loculi as well as presence of midline parietal defect [post-operative] alongwith few paramedian surgical scars.

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BONES: Bones under review are normal with normal paravertebral as well as posterior paraspinal soft tissues.

IMPRESSION: CT Lower abdomen [Plain] shows:

- Large encysted collection [as described —likely reaccumulation] in lower abdominal [pelvic] wall [superficial to peritoneum], indenting urinary bladder as well as retropubic space [alongwith few surgical artefacts (? hernia mesh tackers)] —overlying superficial [subcutaneous] fat edematous with few residual air loculi as well as presence of midline parietal defect [post-operative] alongwith few paramedian surgical scars.

-Please correlate.

DR. SOUMITRO BHATTACHARYA
MBBS, MD (RADIOLOGY)
RADIOLOGIST
Regd No. 55881 WBMC

DR. VIRAL KUMAR PAREKH
DMRD, DNB (Radiodiagnosis)
RADIOLOGIST
Regd No. 45506 WBMC

DR. MADHUSHREE RAY NASKAR
MBBS, DMRD
RADIOLOGIST
Regd No. 57032 WBMC