

16 September 2022

MiScan

**Referred By:**

Dr Beshoy Farah

19 / 13 DIGITARIA DRIVE

GLEDSWOOD HILLS NSW 2557

**Ms Andre Vermeulen**

**DOB:** 12 July 1977

**UR:** JCG491Y

**Our Ref:** 3321315

**Service Date:** 16 September 2022

**Visit Description:** CT ABDOMEN

**CT ABDOMEN AND PELVIS**

**CLINICAL HISTORY:**

Exclude HCC or portal hypertension. Left abdominal pain.

**TECHNIQUE:**

Multiphase CT scan of the abdomen and pelvis with intravenous contrast.

**FINDINGS:**

There is no evidence of arterially enhancing liver lesions. No evidence of a washout lesion on portal venous and delayed phase imaging. The portal and hepatic veins are normally opacified. No biliary or pancreatic ductal dilatation. The portal vein measures up to 1.8 mm. The spleen is mildly enlarged measuring 12.7 x 7.8 cm in axial dimension.

The gallbladder, pancreas, adrenal glands and kidneys are unremarkable.

There are prominent subcentimetre mesenteric lymph nodes and fat stranding in the mesenteric root. No intra abdominal fluid collection. No enlarged intra-abdominal or pelvic lymph nodes.

There is mild bowel wall thickening in adjacent fat stranding involving the descending colon, sigmoid colon and rectum. There is apparent intramural fatty infiltration and featureless appearance of the descending colon. There are similar but less pronounced changes within the distal ileum.

The visualised lung bases are clear.

Lumbosacral transitional vertebrae with sacralisation of L5. No suspicious bony lesion.

**CONCLUSION:**

No discrete liver lesion detected. The portal vein and the spleen are mildly enlarged suggestive of portal hypertension.

Appearances of the large bowel and the mesenteric root very raised the possibility of inflammatory bowel disease.

**Reported by:**

Nicholas Chen