

## RADIOLOGY REPORT

<b>Name</b> : Mr. NITIN WADHWA	<b>Centre Name</b> : Vatika Medicare - Gurgaon
<b>Age/Sex</b> : 40 Years /M	<b>Ref. Doctor</b> : MANISH PRAKASH
<b>Pat ID</b> : AB11000913	<b>Request Date</b> : 19-Jan-2016

**Reporting date:** 20.01.2016

### MRCP

#### PROCEDURE

MR Cholangiogram images were obtained using HASTE and 3D SPACE sequences on 3.0 Tesla MRI system. MPR were reconstructed in coronal plane. HASTE, TruFISP and FLASH 2D images were obtained in appropriate planes.

#### FINDINGS

There is evidence of well defined round HASTE/ HASTE fat sat filling defect measuring ~ 1.16 x 1.05 x 1.25 cm in terminal common bile duct suggestive of calculus with likely extrinsic compression of distal pancreatic duct and consequent mild dilatation of distal pancreatic duct. There is also evidence of dilatation of common bile duct proximal to the calculus, dilatation of common hepatic duct, right & left hepatic ducts, central and peripheral intrahepatic biliary radicals and cystic duct. There is evidence of small HASTE/ HASTE fat sat filling defect measuring ~ 5.8 mm x 4.6 mm in proximal cystic duct suggestive of cystic duct calculus.

Rest of the pancreatic duct shows normal course & calibre.

Gall bladder appears relatively small/ partially distended with no obvious wall thickening. There is no evidence of pericholecystic edema or collection.

Distal pancreatic body and tail appears mildly bulky measuring ~ 2.95 cm and 2.57 cm respectively with subtle hyperintensity on HASTE & HASTE fat sat images with mild peripancreatic fat standing, mild collection in lesser sac and mild thickening of left anterior pararenal fascia suggestive of acute pancreatitis.

Liver is otherwise borderline enlarged in size (with cranio-caudal span measuring ~ 15.83 cm), however normal in signal intensity. No obvious focal lesion seen.

Spleen is mildly enlarged in size (measures 13.69 cm), however normal in signal intensity.

Both kidneys are grossly unremarkable.

#### IMPRESSION: Findings are suggestive of:

- Calculus in terminal common bile duct suggestive of choledocholithiasis with likely extrinsic compression of distal pancreatic duct and consequent mild dilatation of distal pancreatic duct with dilatation of common bile duct proximal to the calculus, dilatation of common hepatic duct, right & left hepatic ducts, central and peripheral intrahepatic biliary radicals and cystic duct suggestive of obstructive biliopathy.
- Proximal cystic duct calculus.
- Mildly bulky distal pancreatic body and tail with subtle hyperintensity on HASTE & HASTE fat sat images with mild peripancreatic fat standing, mild collection in lesser sac and mild thickening of left anterior pararenal fascia suggestive of acute pancreatitis.
- Mild hepatosplenomegaly.

**Advise:** Clinical and lab (serum amylase lipase, LFT) correlation.

\*\*\* END OF REPORT \*\*\*

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NOT VALID FOR MEDICO-LEGAL PURPOSE

This is only radiological professional opinion & not a final diagnosis, X-ray, USG, CT/ MRI also has its limitations. Therefore, X-ray, USG, CT/MRI Report should be interpreted in correlation with clinical & pathological findings.

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