VIRMA RAWAT, 61 Yrs. / F **STUDY DATE: APRIL 30, 2025**

REF BY: Dr. MRIDUL MALHOTRA **HOSPITAL NO.: MH015391912**

WHOLE BODY F-18-Octreotide (NOTA NOC) PET NCCT SCAN

Whole body F-18 NOTANOC PET CT scan was performed from the vertex to mid thigh on a **Siemens Biograph Horizon time-of-flight PET CT system** without breath hold instruction following intravenous injection of ~ 3-5 mCi of F-18 NOTANOC through an IV line. Patient was asked to rest quietly for 60 +/- 15 minutes in a shielded room to allow tracer to accumulate in the body. High resolution CT scan was performed during this examination on a 16 slice MDCT with plain water as oral contrast and intravenous injection of non ionic contrast (1mg/Kg) followed by PET images. Additional breath hold CT was performed for evaluation of the lungs. The semiquantitative analysis of radiotracer uptake was performed by calculating SUV (Standardized uptake value) corrected for the administered dose and patient body weight. The creatinine level of the patient was 0.25 mg/dl. No adverse reaction was observed during the scan. **Intravenous contrast was not administered in view of history of contrast allergy.**

Patient is follow up case of NET terminal ileum with liver metastasis, post exploratory laparotomy with right hemicolectomy done on Dec 06, 2024. Post sandostatin LAR injections. NOTANOC PET CT scan is being done for treatment response evaluation. NOTANOC PET CT scan is compared with previous NOTANOC PET CT scan dated December 23, 2024.

The overall biodistribution of radiotracer is within normal physiological limits

Brain: *Age-related atrophic changes noted in brain parenchyma.* Rest of the brain parenchyma appears unremarkable with no abnormal radiotracer uptake.

Head & Neck: *Mildly radiotracer avid mild mucosal thickening noted in right maxillary sinus, likely inflammatory.*

Streak artefacts noted in the oral cavity due to dental implants.

The thyroid gland is unremarkable with normal homogenous attenuation on CT scan. No significant radiotracer avid cervical lymphadenopathy is seen.

Breast and Axilla: Bilateral breasts and axillae appear unremarkable.

Thorax: *Subpleural fibrotic changes noted in bilateral upper lobes. Fibroatelectatic bands noted in bilateral lower lobes.* Rest of the bilateral lung fields are clear. There is no evidence of any significant radiotracer avid parenchymal or pleural lesions.

No significant radiotracer avid mediastinal lymphadenopathy is seen.

Abdomen: *The liver is enlarged in size and measures 16.5 cm in maximum craniocaudal extent.* **Multiple (at least 6) radiotracer avid (SUVmax- 8.2, previous SUVmax - 6.2) hypodense lesions noted in both lobes of liver, the largest segment VII lesion measures ~ 1.3 x 1.3 cm in size (previously 1.3 x 0.9 cm).** No significant dilatation of IHBR is seen. Major

VIRMA RAWAT, 61 Yrs. / F **STUDY DATE: APRIL 30, 2025**

REF BY: Dr. MRIDUL MALHOTRA **HOSPITAL NO.: MH015391912**

hepatic vascular channels do not show any significant abnormality. The gall bladder is unremarkable (USG is the modality of choice to evaluate GB stones)

The spleen is unremarkable and demonstrates normal physiological radiotracer uptake. No focal lesion is seen. The pancreas and peripancreatic fat planes are unremarkable with no abnormal radiotracer uptake.

Both adrenal glands are unremarkable with no evidence of any abnormal radiotracer uptake. Bilateral kidneys are unremarkable with no evidence of any abnormal radiotracer uptake.

Post –right hemicolectomy status noted with multiple surgical staples noted in situ. **Mildly radiotracer avid (SUVmax- 1.8, previous SUVmax – 2.8) ill-defined thickening with few mesenteric lymph nodes are noted in the operated bed, the largest lymph node measures ~ 1.3 x 0.9 cm in size.**

The stomach and opacified rest of the small bowel and large bowel loops are unremarkable. No definite radiotracer avid mass is demonstrated.

Few persistent mildly radiotracer avid (SUVmax - 3.6) tiny subcentimetre sized periportal and peripancreatic lymph nodes noted likely inflammatory. No significant pelvic lymphadenopathy is seen. No significant loculated / free fluid is seen in the abdomen or pelvis.

The urinary bladder is distended and is unremarkable. Perivesical fat planes are clear. The uterus and bilateral adnexa appear unremarkable.

Skeleton: *Mild degenerative changes noted in visualised spine.* Rest of the visualized bones are unremarkable with no evidence of any abnormal radiotracer uptake.

OPINION: In follow up case of NET terminal ileum with liver metastasis, post surgery, post sandostatin LAR injections; F-18 NOTANOC PET CT scan findings are suggestive of:

- **Post-right hemicolectomy status with few somatostatin-receptor expressing mesenteric lymph nodes in the operated bed, appear suspicious for being mitotic**
- **Multiple somatostatin-receptor expressing hypodense lesions in both lobes of liver likely metastatic**
- **No other somatostatin-receptor expressing visible mitotic lesion elsewhere in the regions of the body surveyed**
- **Suggested: Histopathological correlation**

As compared to the previous F-18 NOTANOC PET CT scan dated December 23, 2024;

- **Liver lesions show increase in size, number and radiotracer avidity**
- **Mesenteric lymph nodes also show increase in size and radiotracer avidity**

VIRMA RAWAT, 61 Yrs. / F **STUDY DATE: APRIL 30, 2025**

REF BY: Dr. MRIDUL MALHOTRA **HOSPITAL NO.: MH015391912**

Overall scan findings are suggestive of progressive disease.

Please correlate clinically.

***Dr. Ankur Pruthi** *DRM, DNB, FEBNM, FANMB*
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Dr. Kanchan Sharma *MBBS, DNB*
Registrar
Department of Nuclear Medicine

(Please carry report and CD on your next visit for comparison).

MAX Healthcare

Department of Nuclear Medicine

Patient Name: Ms. VIRMA RAWAT	**Location: MAX NOIDA**	
Age/Sex:60 /F	**IP No:**	**Admission Type:OP**
Max Id: MJHL.0549845	**Order Date: 28-May-2025**	
Ref.Doctor:Self	**Report date:29-May-2025 04:06:54 PM**	

Whole Body PET-CT Without Contrast

STUDY PROTOCOL

PET-CT images from vertex to mid-thigh were obtained 60min after iv injection of 185MBq of F-18 FDG on full ring dedicated Biograph mCT flow high resolution LSO (time of flight) HD PET-CT scanner. Corresponding whole body CT images were obtained for attenuation correction and anatomical localization. Fusion images of PET and CT were obtained and reported.

FINDINGS

Brain: No abnormal lesion/ abnormal FDG uptake noted in supratentorial compartment and posterior fossa of brain *(MRI is advisable in cases of suspected brain metastases as false negatives may occur in FDG PET due to high glucose metabolism of brain parenchyma).*

Head and neck: Normal physiological FDG distribution noted in visualized base of skull, salivary glands, nasopharynx, oropharynx, hypopharynx, larynx, adjacent neck region and thyroid.
Non FDG avid mucosal thickening in right maxillary sinus noted – sinusitis
Mildly increased FDG uptake in otherwise unremarkable lingual and bilateral palatine tonsils noted – infective/ inflammatory
Mildly FDG avid and non FDG avid subcentimetric bilateral cervical level IB, level II and level iII lymph nodes noted – likely benign

Thorax: Large airways, lungs, pleura, heart, great vessels and other mediastinal structures appear normal with no significant abnormal FDG uptake. Bilateral breast and axillae appear unremarkable. No pleural/ pericardial effusion noted.
Mildly FDG avid and non FDG avid subcentimetric pretracheal, aortopulmonary window, precarinal, subcarinal and bilateral hilar lymph nodes noted – likely benign

Abdomen and pelvis: Normal physiological FDG distribution noted in liver, spleen, gastrointestinal tract and genitourinary system. Bile ducts, gall bladder, stomach, spleen, adrenals, pancreas, kidneys, ureters, urinary bladder and bilateral adnexae appear normal. No ascites noted.
Liver measures 162 mm in craniocaudal dimension. Intrahepatic biliary radicles are not dilated. Portal vein branches and hepatic veins appear normal in calibre.
Non FDG avid few hypodense lesions in both lobes of liver, largest measuring 12 x 13 mm in segment VII of right lobe noted.
Evidence of right hemicolectomy with ileotransverse anastomosis noted. No abnormal enhancement/ FDG uptake in anastomotic site noted.
Non FDG avid mesenteric lymph nodes in post-operative bed, largest measuring 7 x 13 mm noted.

(For Interpretation by a registered Medical Practitioner only)

MAX Healthcare

Department of Nuclear Medicine

Patient Name: Ms. VIRMA RAWAT	**Location: MAX NOIDA**	
Age/Sex:60 /F	**IP No:**	**Admission Type:OP**
Max Id: MJHL.0549845	**Order Date: 28-May-2025**	
Ref.Doctor:Self	**Report date:29-May-2025 04:06:54 PM**	

Mildly FDG avid and non FDG avid subcentimetric peripancreatic, aortocaval, left paraaortic and bilateral iliac lymph nodes noted – likely benign
Non FDG avid intramural calcified nodule measuring 7 x 10 mm in left lateral uterine wall noted – benign

Musculo-skeletal system: *Non FDG avid dense sclerotic focus (>1000 HU) in D10 vertebral body noted – enostosis*
Old malunited fracture in surgical neck of left humerus noted.
Mildly FDG avid cystic lesion with sclerotic margins in glenoid process of left scapula noted – geode
No focal lesion/ abnormal FDG uptake noted in visualized bones and muscles.

IMPRESSION:
Non FDG avid few hypodense lesions in both lobes of liver – likely metastases
Non FDG avid mesenteric lymph nodes in post-operative bed – suspicious for metastases
Adv: SSTR scintigraphy/ histopathological correlation

Dr. Suhas Singla
M.D
Consultant
This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

VIRMA RAWAT, 61 YRS./F **STUDY DATE: DECEMBER 23, 2024**
REF BY: DR. ANADI PACHAURY **HOSPITAL NO.: MH015391912**

WHOLE BODY F-18-Octreotide (NOTA NOC) PET-WITH TRIPLE PHASE CECT SCAN

Whole body F-18 NOTANOC PET CT scan was performed from the vertex to mid thigh on a **Siemens Biograph Horizon time-of-flight PET CT system** without breath hold instruction following intravenous injection of ~ 3-5 mCi of F-18 NOTANOC through an IV line. Patient was asked to rest quietly for 60 +/- 15 minutes in a shielded room to allow tracer to accumulate in the body. High resolution CT scan was performed during this examination on a 16 slice MDCT with plain water as oral contrast and intravenous injection of non ionic contrast (1mg/Kg) followed by PET images. Additional breath hold CT was performed for evaluation of the lungs. The semiquantitative analysis of radiotracer uptake was performed by calculating SUV (Standardized uptake value) corrected for the administered dose and patient body weight. The creatinine level of the patient was 0.25 mg/dl. No adverse reaction was observed during the scan.

Patient is follow up case of NET terminal ileum with liver metastasis, post exploratory laparotomy with right hemicolectomy done on Dec 06, 20-24. PET CT scan is being done for restaging.

The overall biodistribution of radiotracer is within normal physiological limits

Brain: *Age related atrophic changes noted in brain parenchyma.* Rest of the brain parenchyma appears unremarkable with no abnormal radiotracer uptake.

Head & Neck: *Streak artefacts noted in the oral cavity due to dental implants.* The thyroid gland is unremarkable with normal homogenous attenuation on CT scan. No significant radiotracer avid cervical lymphadenopathy is seen.

Breast and Axilla: Bilateral breasts and axillae appear unremarkable.

Thorax: *Subpleural fibrotic changes noted in bilateral upper lobes. Fibroatelectatic bands noted in bilateral lower lobes.* Rest of the bilateral lung fields are clear. There is no evidence of any significant radiotracer avid parenchymal or pleural lesions.

No significant radiotracer avid mediastinal lymphadenopathy is seen.

Abdomen: *The liver is enlarged in size and measures 16.5 cm in maximum craniocaudal extent.* **Few radiotracer avid (SUVmax - 6.2) hypodense lesions noted in both lobes of liver, the largest segment VII lesion measures ~1.3 x 0.9 cm in size**. No significant dilatation of IHBR is seen. Major hepatic vascular channels do not show any significant abnormality. The gall bladder is unremarkable (USG is the modality of choice to evaluate GB stones)

The spleen is unremarkable and demonstrates normal physiological radiotracer uptake. No focal lesion is seen. The pancreas and peripancreatic fat planes are unremarkable with no abnormal radiotracer uptake.

Both adrenal glands are unremarkable with no evidence of any abnormal radiotracer uptake. Bilateral kidneys are unremarkable with no evidence of any abnormal radiotracer uptake.

Post –right hemicolectomy status noted with multiple surgical staples noted in situ. Mild radiotracer avid (SUVmax – 2.8) soft tissue thickening noted at postoperative bed and anterior abdominal wall in midline likely postoperative changes. Non radiotracer avid mesenteric stranding noted at post operated bed. **No radiotracer avid lesion noted at postoperated bed.**

The stomach and opacified rest of the small bowel and large bowel loops are unremarkable. No definite radiotracer avid mass is demonstrated.

The urinary bladder is distended and is unremarkable. Perivesical fat planes are clear. The uterus and bilateral adnexa appear unremarkable.

Few mildly radiotracer avid (SUVmax - 3.6) tiny subcentimetre sized periportal and peripancreatic lymph nodes noted likely inflammatory. No significant pelvic lymphadenopathy is seen. No significant loculated / free fluid is seen in the abdomen or pelvis.

Skeleton*: Mild degenerative changes noted in visualised spine*. Rest of the visualized bones are unremarkable with no evidence of any abnormal radiotracer uptake.

OPINION: In follow up case of NET terminal ileum with liver metastasis, post surgery; F-18 NOTANOC PET CT scan findings are suggestive of:

- **Post-right hemicolectomy status with no residual/ recurrent radiotracer avid disease at postoperated bed.**
- **somatostatin-receptor expressing hypodense lesions in both lobes of liver likely metastatic.**
- **No other somatostatin-receptor expressing visible mitotic lesion elsewhere in the regions of the body surveyed**
- **Suggested: Histopathological correlation**

Please correlate clinically.

Dr. Ankur Pruthi *DRM, DNB, FEBNM, FANMB*
Sr. Consultant & Head,
Department of Nuclear Medicine

***Dr. Kanchan Sharma** *MBBS, DNB*
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(Please carry report and CD on your next visit for comparison).

BIOPSY NO: H-7556/24

CLINICAL DETAILS:
? Small Bowel Malignancy with Subacute Intestinal Obstruction
EXPLORATORY LAPAROTOMY + ILEAL TUMOR RESECTION DONE
CECT ABDOMEN S/O A MITOTIC PATHOLOGY - ? CARCINOMA ? MALIGNANT CARCINOID.

NATURE OF SPECIMEN: Right hemicolectomy

GROSS MORPHOLOGY: Received specimen of right hemicolectomy measuring 36 cms in length. Externally no perforation identified. Grossly a stricture identified that lies 22 cms from proximal resected margin & 14.0 cms from distal resected margin. Cut section through the stricture shows a grey white tumor measuring 2x1.3x1.0 cms. Adjacent mucosa is edematous.
No other growth / polyp identified grossly. Sections A-G. Part processed.
A : Proximal resected end
B : Distal resected end
C-G : Random sections tumor
H-A16: Random sections lymphnodes
A17: Appendix
A18: Random section ileal mucosa
A19: Random section colonic mucosa

MICROSCOPIC DESCRIPTION:

Procedure: Right Hemicolectomy

Tumor site: Ileum

Tumor size: 2x1.3x1.0 cm

Histologic type: Neuroendocrine tumor

Histologic grade: Well differentiated, Grade 2 (Ki67: 4%); Refer to IHC work up report

Tumor Extension: Invades through muscularis propria into subserosal tissue without penetration of overlying serosa

Margins: Uninvolved by tumor and High grade dysplasia

Treatment effect: No known presurgical therapy

Lymphovascular invasion: Present

Perineural invasion: Present

Tumor deposits: Present , size less than 2.0 cm .

Number of tumor buds(per hotspot field): 0
Tumor Bud score - Low

Regional lymph nodes: (13/38) lymph nodes show metastases.
Extranodal extension (ENE) identified
Largest metastatic deposit: 4x3 mm.

IMPRESSION: Right Hemicolectomy:
- Well differentiated Neuroendocrine tumor, Grade 2, Ileum
- Pathologic stage classification (pTNM, AJCC 8th Edition): pT3 pN2
- (13/38) lymph nodes show metastases.
- Resection margins are free of tumor .

Correlate with IHC work up .

LEO DIAGNOSTICS AGRA

LEO DIAGNOSTICS

PT. NAME: VIRMA RAWAT
REFF BY : DR. BHUWANESH SHARMA

AGE: 61 Y/F
DATE: 04.12.2024

CECT WHOLE ABDOMEN

NON-ENHANCED & CONTRAST ENHANCED (ORAL + I/V NON IONIC) HELICAL SECTIONS OF 5 mm. THICKNESS WERE TAKEN FROM DOMES OF DIAPHRAGM TILL PUBIC SYMPHYSIS. ADDITIONAL 2D CORONAL RECONSTRUCTIONS HAVE BEEN MADE.

THE ILEAL LOOPS ARE DILATED IN THE ABDOMEN AND PELVIS AND MEASURE UPTO 35 MMS IN DIAMETER. THE ORAL CONTRAST HAS OUTLINED ONLY THE PROXIMAL ILEAL LOOPS.
AN ENHANCING INTRALUMINAL SESSILE POLYPOIDAL LESION IS SEEN WITHIN THE PRETERMINAL ILEUM, MEASURING 15 X 15 MMS WITH MILD CIRCUMFERENTIAL WALL THICKENING AT THIS LEVEL RESULTING IN MODERATE LUMINAL NARROWING AND PERSISTENT PROXIMAL DILATATION. THERE IS MILD EDEMATOUS CIRCUMFERENTIAL WALL THICKENING OF THE TERMINAL ILEUM, CECUM AND ASCENDING COLON, MEASURING UPTO 10 MMS WITH RELATIVELY COLLAPSED LUMEN.
THERE IS MILD THICKENING OF THE MESENTERIC FOLDS IN RIGHT LOWER LUMBAR REGION WITH FEW HOMOGENEOUSLY ENHANCING MESENTERIC NODES, MEASURING UPTO 18 X 14 MMS.

THERE IS MINIMAL TO MILD PELVIC ASCITES.

LIVER IS NORMAL IN SIZE AND ENHANCES HOMOGENEOUSLY. **3 RIM ENHANCING HYPODENSE LESIONS ARE SEEN IN SUPERIOR PART OF SEGMENT IV, MEASURING 10 X 10 MMS, ANOTHER LESION IN SEGMENT VII MEASURING 13 X 11 MMS AND IN SEGMENT V MEASURING 9 X 9 MMS.** INTRA HEPATIC BILIARY RADICLES ARE NOT DILATED. PORTAL VEIN SHOWS NORMAL ENHANCEMENT.

GALL BLADDER IS WELL DISTENDED AND APPEARS SMOOTH IN OUTLINE. WALL THICKNESS IS NORMAL. THERE IS NO EVIDENCE OF ANY HYPERDENSE CALCULUS / SOFT TISSUE DENSITY LESION SEEN WITHIN IT. *(ULTRASOUND IS THE SCANNING MODALITY OF CHOICE TO RULE OUT GALL STONES).*
CBD APPEARS NORMAL IN COURSE & CALIBRE.

SPLEEN IS NORMAL IN SIZE AND ATTENUATION. NO EVIDENCE OF FOCAL SOL IS NOTED.

PANCREAS IS NORMAL IN SIZE, SHAPE AND ENHANCEMENT CHARACTERISTICS. NO OBVIOUS PATHOLOGY IS SEEN. THE MAIN PANCREATIC DUCT IS NOT DILATED.

BOTH KIDNEYS ARE NORMAL IN SIZE, SHAPE, POSITION AND ENHANCEMENT PATTERN. NO EVIDENCE OF FOCAL SOL, HYDRONEPHROSIS OR RADIO OPAQUE CALCULUS IS SEEN.
BOTH ADRENALS ARE NORMAL IN SIZE AND ATTENUATION.

STOMACH IS WELL DISTENDED WITH CONTRAST AND APPEARS NORMAL IN SIZE & WALL THICKNESS. THE JEJUNAL LOOPS ARE OUTLINED BY CONTRAST AND ARE NORMAL IN COURSE & CALIBRE.

URINARY BLADDER IS WELL DISTENDED. WALL THICKNESS IS NORMAL. NO CALCULUS IS NOTED.
UTERUS IS UNREMARKABLE FOR AGE. NO ADNEXAL MASS LESION IS NOTED.

AORTA, IVC, CELIAC, SPLENIC & MESENTERIC VESSELS SHOW NORMAL ENHANCEMENT.
NO SIGNIFICANT RETROPERITONEAL LYMPHADENOPATHY IS NOTED.

ABDOMINAL WALL MUSCULATURE AND FAT PLANES APPEAR NORMAL. PELVIC MUSCULATURE AND VASCULATURE APPEARS NORMAL. THERE IS NO PELVIC LYMPHADENOPATHY.

VISUALISED SPINE REVEALS MILD DEGENERATIVE CHANGES.
VISUALISED BASAL LUNGS DO NOT REVEAL ANY FOCAL PARENCHYMAL LESION.

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LEO DIAGNOSTICS

IMPRESSION:-

CT SCAN FINDINGS REVEAL AN ENHANCING INTRALUMINAL SESSILE POLYPOIDAL LESION WITHIN THE PRETERMINAL ILEUM, MEASURING 15 X 15 MMS WITH MILD CIRCUMFERENTIAL WALL THICKENING AT THIS LEVEL RESULTING IN MODERATE LUMINAL NARROWING AND PERSISTENT PROXIMAL ILEAL DILATATION, SUGGESTIVE OF A MITOTIC PATHOLOGY ? CARCINOMA ? MALIGNANT CARCINOID. THERE IS MILD THICKENING OF THE ADJACENT MESENTERIC FOLDS IN RIGHT LOWER LUMBAR REGION WITH FEW HOMOGENEOUSLY ENHANCING MESENTERIC NODES, MEASURING UPTO 18 X 14 MMS.

THERE IS MINIMAL TO MILD PELVIC ASCITES.

3 RIM ENHANCING HYPODENSE LESIONS ARE SEEN IN SUPERIOR PART OF SEGMENT IV, MEASURING 10 X 10 MMS, ANOTHER LESION IN SEGMENT VII MEASURING 13 X 11 MMS AND IN SEGMENT V MEASURING 9 X 9 MMS, SUGGESTIVE OF METASTASES.

ADV: CLINICO-PATHOLOGICAL CORRELATION AND EXCISIONAL BIOPSY.

DR. A. K. ARORA
(M.D., RADIODIAGNOSIS)

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DR. SHAILENDRA DIAGNOSTIC CENTRE

(A Centre for Comprehensive Radiology)

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PT. NAME: BIRMA DEVI AGE: 50Y/F

REFF.BY: DR. D.P. SHARMA M.D DATE: 04.12.2024

U.S.G. WHOLE ABDOMEN

LIVER: - is mildly enlarged in size and is normal in echotexture. **Few small echogenic lesions are seen in right lobe of liver, largest measuring 17 X 11 mms in size, likely hemangiomas.** I.H.B.R. appears normal. Portal vein is normal.

GALL-BLADDER: - is well distended. No evidence of calculus is noted. **There is mild edematous gall bladder wall thickening. Mild amount of echogenic sludge is seen in gall bladder lumen.** CBD is normal in course & calibre.

SPLEEN: - is normal in size & echotexture. No evidence of focal SOL is noted.

PANCREAS: - is normal in size & echotexture. Main Pancreatic duct is not dilated.

BOTH KIDNEYS: - are normal in size, shape, position & echotexture. No evidence of calculus or hydronephrosis is noted. Cortico-medullary differentiation is well maintained.

There is mild free fluid is seen in the peritoneal cavity

Multiple fluid and gaseous distended bowel loops are seen in peritoneal cavity, showing vigorous to and fro peristalsis. The dilated bowel loops measures 3.5 cms in size.

URINARY BLADDER: - is empty.

IMPRESSION:-

ULTRASOUND FINDINGS REVEAL

- BORDERLINE HEPATOMEGALY
- CHANGES OF INTESTINAL OBSTRUCTION WITH MILD FREE FLUID IN PERITONEAL CAVITY

ADV:– CLINICO–PATHOLOGICAL CORRELATION

DR. SHAILENDRA JAIN
(M.D.)

DR. SHAILENDRA DIAGNOSTIC CENTRE

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PT. NAME: BIRMA DEVI AGE: 50Y/F

REFF.BY: DR. D.P. SHARMA M.D DATE: 04.12.2024

X-RAY ABDOMEN (AP ERECT)

MULTIPLE SIGNIFICANT AIR-FLUID LEVELS ARE SEEN.

MULTIPLE GAS DISTENDED BOWEL LOOPS ARE SEEN.

NO FREE GAS IS SEEN UNDER BOTH DOMES OF DIAPHRAGM.

IMPRESSION: -CHANGES OF INTESTINAL OBSTRUCTION

KINDLY CORRELATE CLINICALLY

DR. SHAILENDRA JAIN
(M.D)