

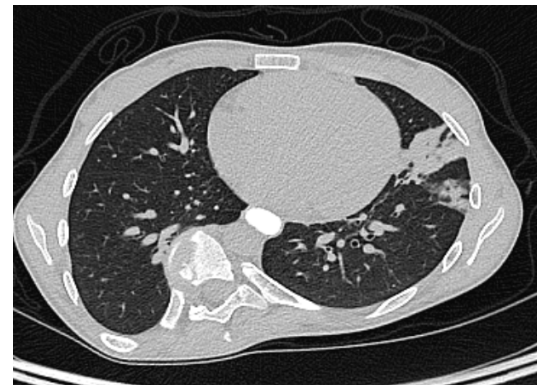
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256 Multislice post contrast CT scan of the chest, abdomen and pelvis with multiplanar reformatted images revealed:

I- Chest:

- Lingular subsegmental subpleural consolidative patches with associated atelectatic bands and surrounding parenchymal veiling.
- Bilateral scattered atelectatic bands.
- Tiny right lower lung lobe subpleural calcific nodule.
- No CT evidence of hilar or mediastinal lymph node enlargement.
- Minimal pericardial effusion is noted.
- No pleural collections seen.
- No gross cardiac abnormality.

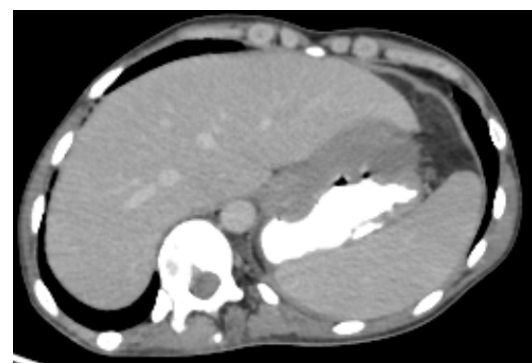


OPINION:

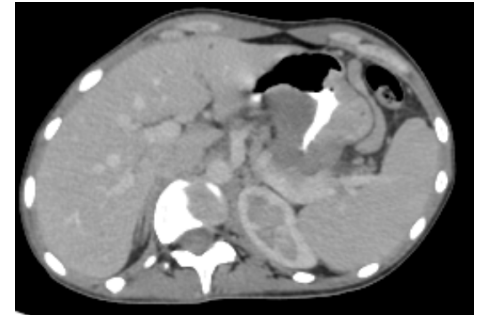
- **Lingular subsegmental subpleural consolidative patches with associated atelectatic bands and surrounding parenchymal veiling, likely inflammatory for clinical and laboratory correlation.**

II- Abdomen and pelvis:

- Diffuse gastric irregular circumferential mural thickening involving the gastric cardia, fundus and body, reaching about 3 cm in maximal thickness. Mild smudging of the perigastric fat planes with perigastric prominent lymphnodes are noted, the largest seen measuring about 8 x 6.5 mm.



- Average hepatic size showing homogenous parenchymal pattern. No biliary radicles dilatation. Tiny hypodense left hepatic lobe hypodense lesion, measuring about 4 mm, showing no post contrast enhancement, likely cyst.



- Normal CT appearance of the spleen, pancreas, suprarenal glands, aorta, IVC and other pelvic organs.
- Normal size and excretory capacity of both kidneys.
- No pelvic lymphadenopathy.
- Mild pelvic free fluid.

OPINION:

- **Diffuse gastric irregular circumferential mural thickening with associated mild smudging of the perigastric fat planes and regional lymphadenopathy as described, likely of neoplastic origin, for clinical, endoscopic and histopathological correlation.**
- **Mild pelvic ascites.**

Dr. Karim Magdy, MD