“A 60 years old female presenting with abdominal pain, weight loss and jaundice”.

DR. Md. Mehedi Hasan

Assistant Registrar

Department of Medicine

Kushtia Medical College Hospital

PARTICULARS OF THE PATIENT

- Name– Mrs. Shoroshoti
- Age– 60 years
- Gender –Female
- Address –Kushtia
- Religion –Hinduism
- Occupation–House wife
- Date of Admission—10-03-2026

PRESENTING COMPLAINTS

- Upper abdominal pain for 1 month
- Anorexia and weight loss for same duration
- Yellow coloration of eye and urine for 2 weeks.

History of present illness

The patient states that she was reasonably well 1month back, then she developed upper abdominal pain, which was localized ,mainly in right side, dull aching, mild to moderate in intensity, non radiating no significant aggravating factor

History of present illness cont…

relieves by analgesics and for last 1 week severity of pain is increasing day by day, not associated with vomiting. She added that she is suffering from anorexia and weight loss for same duration, not evidenced by weight measurement, evidenced by loosening of clothes, no history of polyuria, polydipsia or heat intolerance.

History of present illness cont…

She further added that she is suffering from yellow coloration of eye and urine for 2 weeks, not preceded by prodromal illness, no history of taking hepatotoxic drug or herbal medication but associated with itching for last 1 week, which is predominantly in the limbs, hampers her sleep, no history of skin lesion, and also associated with pale stool

History of present illness conti…

She has no history of blood transfusion , I/V drug abuse, surgical or dental procedure, extramarital sexual exposure, no history of vomiting of blood, per rectal bleeding, altered level of consciousness ,no history of lump or nodular swelling in any part of body. She has no history of cough, shortness of breath or contact with open case of TB patients. She is normotensive, non diabetic and her bowel bladder habit is normal

Past Medical History : No history of TB, Liver disease, malignancy or any other significant disease.

Drug & Treatment History: No history herbal medication, she took medicine from local pharmacy and consulted several physicians and gone through several investigations including costly radiological investigations, she can't mention their name.

Personal history: She is non-smoker,non-alcoholic, & has no history of other drug addiction, no history of extra marital sexual exposure

Family History: She is married , has her husband ,2 son ,2 daughter and there is no history of such type of illness among his family members.

Immunization history: She is vaccinated as per EPI schedule & against covid19.

Socioeconomic History: She is a house-wife. Lives in semi pacca house, drinks safe arsenic free water, uses sanitary latrine.

Menstrual history:

She is in menopause for last 10 years.

GENERAL EXAMINATION

- Well alert, cooperative
- Appearance – Ill looking
- Body built – Normal
- Nutrition – Below average
- Decubitus – On choice
- Anaemia – Mild
- Jaundice –Moderate
- Shiny nail – Present
- Scratch mark- Present in the legs

GENERAL EXAMINATION

- Cyanosis – Absent
- Clubbing – Absent
- Koilonychia – Absent
- Leukonychia – Absent
- Oedema – Absent
- Dehydration – Absent

GENERAL EXAMINATION

- Pulse – 80 bpm, regular
- Blood Pressure – 120 / 75 mmHg
- Respiratory Rate – 18 / min
- Temperature – Raised
- Thyroid Gland – Not enlarged

GENERAL EXAMINATION

- Lymph node: Not enlarged
- JVP – Not raised
- Stigmata of CLD – Absent
- Flapping Tremor – Absent
- KF Ring – Absent
- Bony Tenderness – Absent

ALIMENTARY SYSTEM EXAMINATION

Mouth and oral cavity : Normal

Per-abdominal examination :

Inspection :

- Abdomen is normal in shape, umbilicus is centrally placed and inverted.
- Flanks are not full.
- Hernial orifices are intact.
- No scar mark, visible peristalsis or engorged veins.

ALIMENTARY SYSTEM EXAMINATION

Palpation :

There is a globular shaped mass in right hypochondriac region , moves with respiration, mildly tender , firm to hard in consistency, irregular surface consistent with gall bladder

Liver –is palpable about 3 cm from right costal margin, in right mid clavicular line, margin illdefined , surface irregular, firm to hard in consistency, non tender, upper border of the liver dullness is in right 5^{th} ICS, antero liverspan is 16 cm.

ALIMENTARY SYSTEM EXAMINATION

- **Spleen– not palpable**
- **Kidneys --**Not ballotable.
- **Fluid thrill**: Absent.
- No palpable abdominal lymph node.
- **Hernial orifices –**Intact.

ALIMENTARY SYSTEM EXAMINATION

Percussion :

Shifting dullness – negative.

Auscultation :

Bowel sound is present.

EXAMINATION OF OTHER SYSTEMS

- Examination of other systems reveal no abnormalities.

Salient feature

Mrs.Shoroshoti , 60 years old married hindu female, non-diabetic ,normotensive non-alcoholic, hailing from Mirpur Kushtia , admitted to Kushtia Medical College Hospital with the complaints of upper abdominal pain for 1 month, which was localized ,mainly in right side, dull aching, mild to moderate in intensity, non radiating, no significant aggravating factor

Salient feature cont….

relieves by analgesics and for last 1 week severity of pain is increasing day by day, not associated with vomiting. She is also suffering from anorexia and weight loss for same duration, not evidenced by weight measurement, evidenced by loosening of clothes, no history of polyuria, polydipsia or heat intolerance

Salient feature

She is suffering from yellow coloration of eye and urine for 2 weeks, not preceded by prodromal illness, no history of taking hepatotoxic drug or herbal medication but associated with itching for last 1 week, which is predominantly in the limbs and also associated with pale stool

Salient feature

She has no history of blood transfusion , I/V drug abuse, surgical or dental procedure, extramarital sexual exposure, no history of vomiting of blood, per rectal bleeding, altered level of consciousness ,no history of lump or nodular swelling in any part of body. She has no history of contact with open case of TB patients. She is normotensive, non diabetic and her bowel bladder habit is normal

Salient feature

On general examination patient is ill looking, cachectic, mildly anaemic, moderately icteric, shiny nail and scratch mark present, no clubbing, cyanosis, koilonychia, leukonychia, no pedal oedema, no lymphadenopathy ,hemodynamically stable.

Salient feature

Systemic examination of alimentary system reveals globular shaped mass in right hypochondriac region , moves with respiration, mildly tender , firm to hard in consistency, irregular surface consistent with gall bladder and hepatomegaly; where margin illdefined , surface irregular, firm to hard in consistency, non tender.

Other system examination reveals no abnormality

Provisional diagnosis??

Provisional diagnosis

Carcinoma Gallbladder with liver metastasis and biliary encasement.

Differential Diagnosis

- Periampullary carcinoma with liver metastasis
- Lymphoma
- Hilar cholangiocarcinoma with liver metastasis

INVESTIGATIONS

COMPLETE BLOOD COUNT

Parameter	Value
Hemoglobin	10.20 gm/dl
ESR	109 mm in 1st hr
TC of WBC	10,000/cumm
Platelet	4’00,000/ cumm
Neutrophil	76%
Lymphocyte	16%
MCV	86.7 fl
MCH	30.1 pg
RDW-CV	15.2%

Liver function test

Parameter	Value
Bilirubin (total)	11.80mg/dl
S. Bilirubin (Direct)	9.68 mg/dl
SGPT	100u/L
ALP	515 U/L
PT	18 secs
Serum albumim	3.08 gm/dl

Viral markers

Parameter	Result
HBsAg	Negative
Anti-HCV	Negative

Other investigation

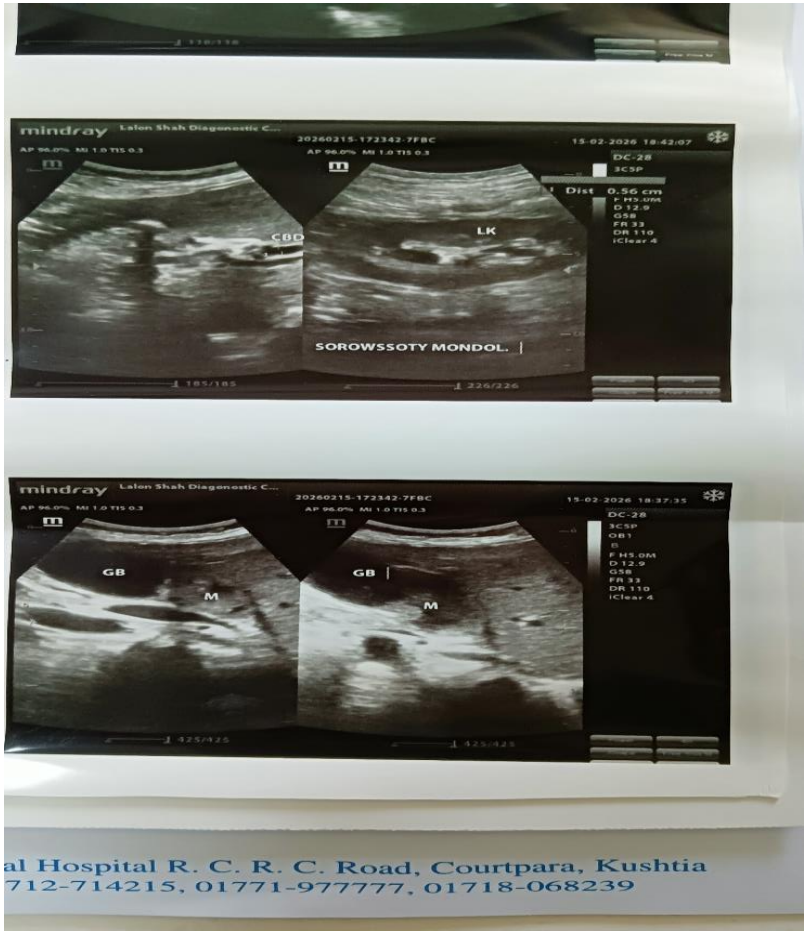
Parameter	Value
RBS	6.5mmol/L
S . Creatinine	0.85mg/dl
Urine R/E	Albumin : nil Sugar: nil RBC: Absent Pus cell: 02-03/HPF
S. Electrolytes	Na: 136mmol/L K: 4.1mmol/L

Tumor markers

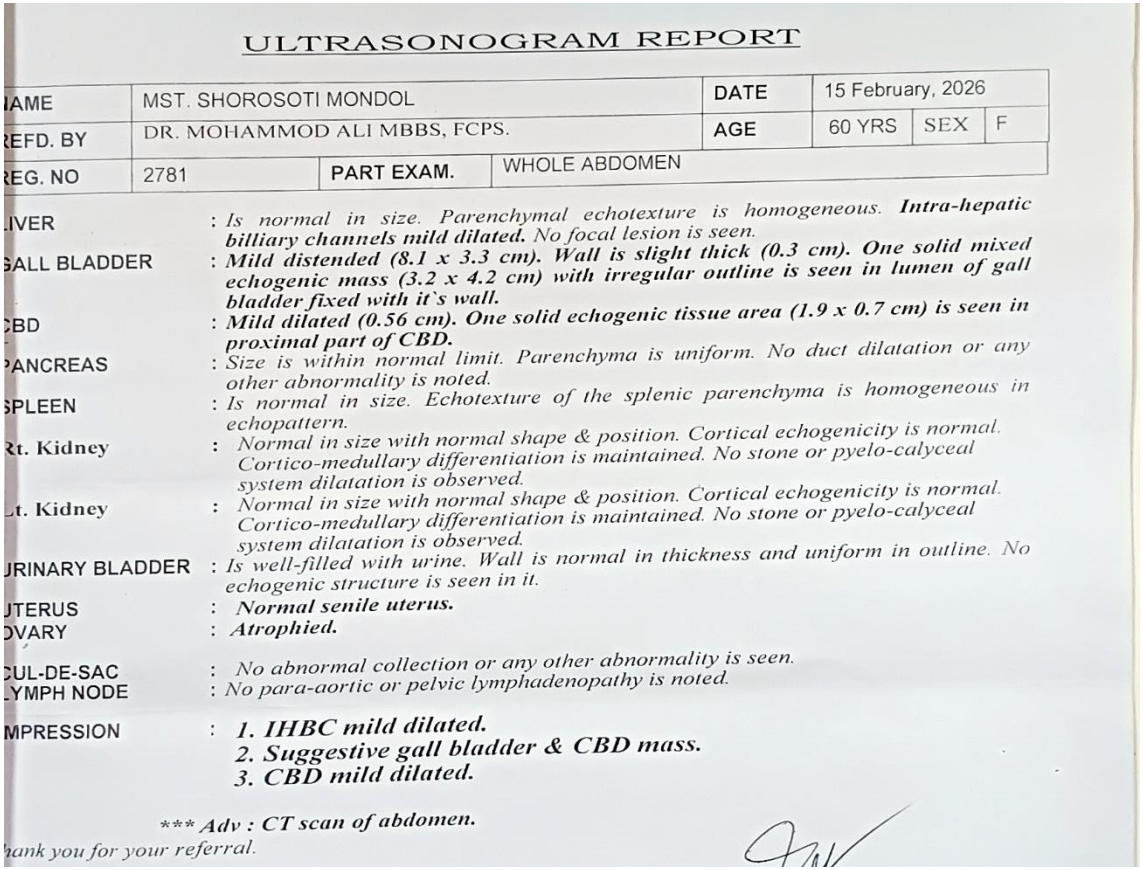
Parameter	Value
CA 19-9	541.00

USG of whole abdomen





USG of whole abdomen



ULTRASONOGRAM REPORT

NAME	MST. SHOROSOTI MONDOL			DATE	15 February, 2026	
REFD. BY	DR. MOHAMMOD ALI MBBS, FCPS.			AGE	60 YRS	SEX F
REG. NO	2781	PART EXAM.	WHOLE ABDOMEN			

LIVER	: *Is normal in size. Parenchymal echotexture is homogeneous.* ***Intra-hepatic billiary channels mild dilated.*** *No focal lesion is seen.*
GALL BLADDER	: ***Mild distended (8.1 x 3.3 cm). Wall is slight thick (0.3 cm). One solid mixed echogenic mass (3.2 x 4.2 cm) with irregular outline is seen in lumen of gall bladder fixed with it`s wall.***
CBD	: ***Mild dilated (0.56 cm). One solid echogenic tissue area (1.9 x 0.7 cm) is seen in proximal part of CBD.***
PANCREAS	: *Size is within normal limit. Parenchyma is uniform. No duct dilatation or any other abnormality is noted.*
SPLEEN	: *Is normal in size. Echotexture of the splenic parenchyma is homogeneous in echopattern.*
Rt. Kidney	: *Normal in size with normal shape & position. Cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No stone or pyelo-calyceal system dilatation is observed.*
Lt. Kidney	: *Normal in size with normal shape & position. Cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No stone or pyelo-calyceal system dilatation is observed.*
URINARY BLADDER	: *Is well-filled with urine. Wall is normal in thickness and uniform in outline. No echogenic structure is seen in it.*
UTERUS	: ***Normal senile uterus.***
OVARY	: ***Atrophied.***
CUL-DE-SAC	: *No abnormal collection or any other abnormality is seen.*
LYMPH NODE	: *No para-aortic or pelvic lymphadenopathy is noted.*
IMPRESSION	: ***1. IHBC mild dilated.*** ***2. Suggestive gall bladder & CBD mass.*** ***3. CBD mild dilated.***

*** ***Adv : CT scan of abdomen.***

Thank you for your referral.

USG of whole abdomen

Impression:

1. IHBC mildly dilated
2. Suggestive of GB and CBD mass
3. CBD mildly dilated

Chest Xray P/A view

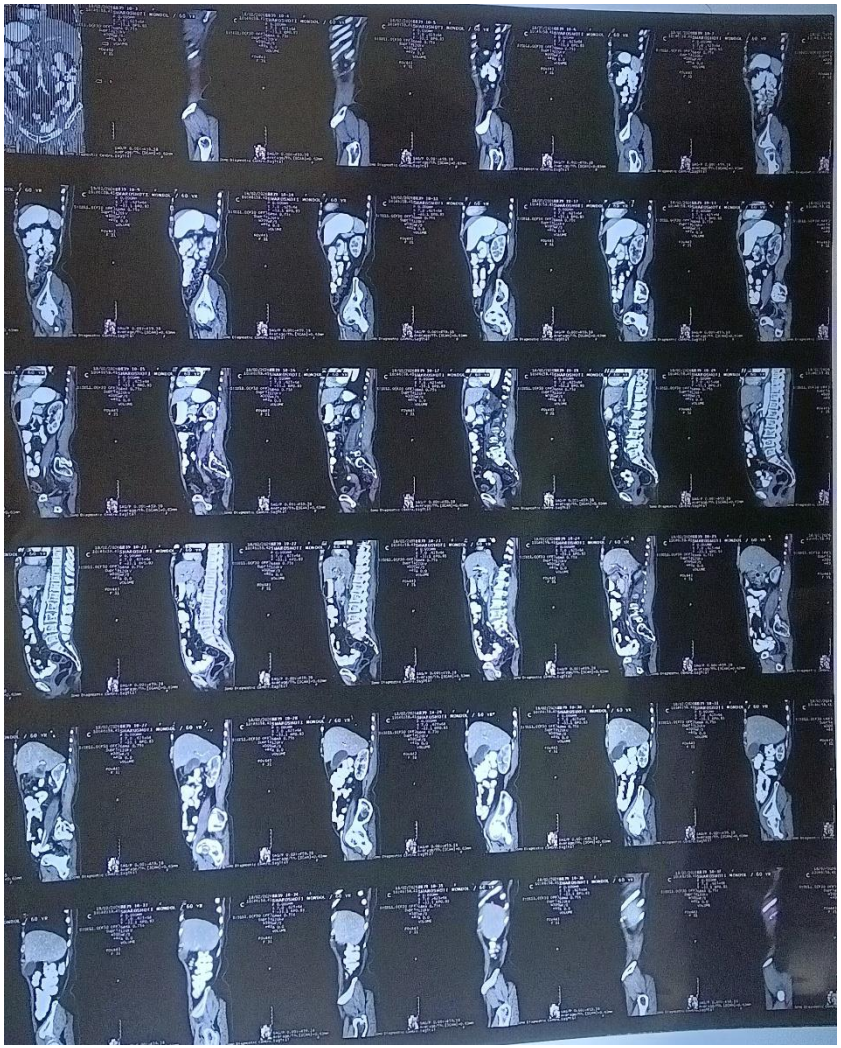


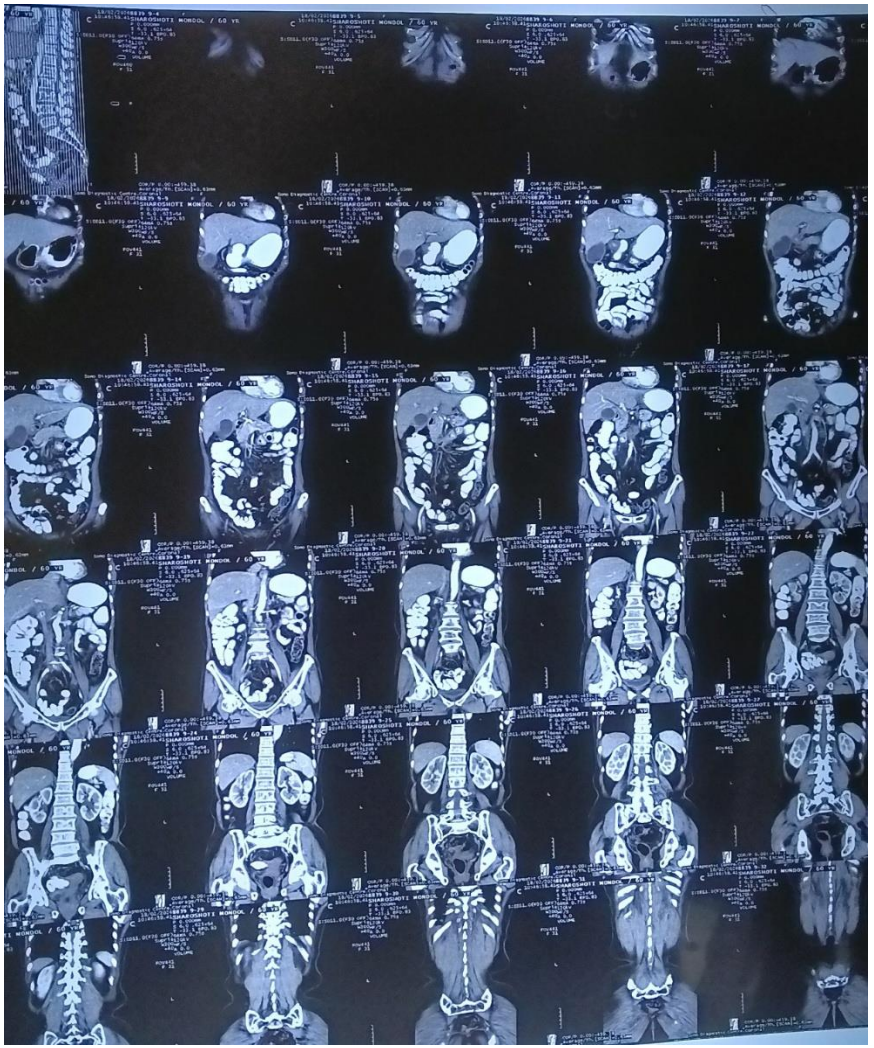
Chest Xray P/A view

- Impression-

Multiple reticulonodular shadows throughout the both lung field.

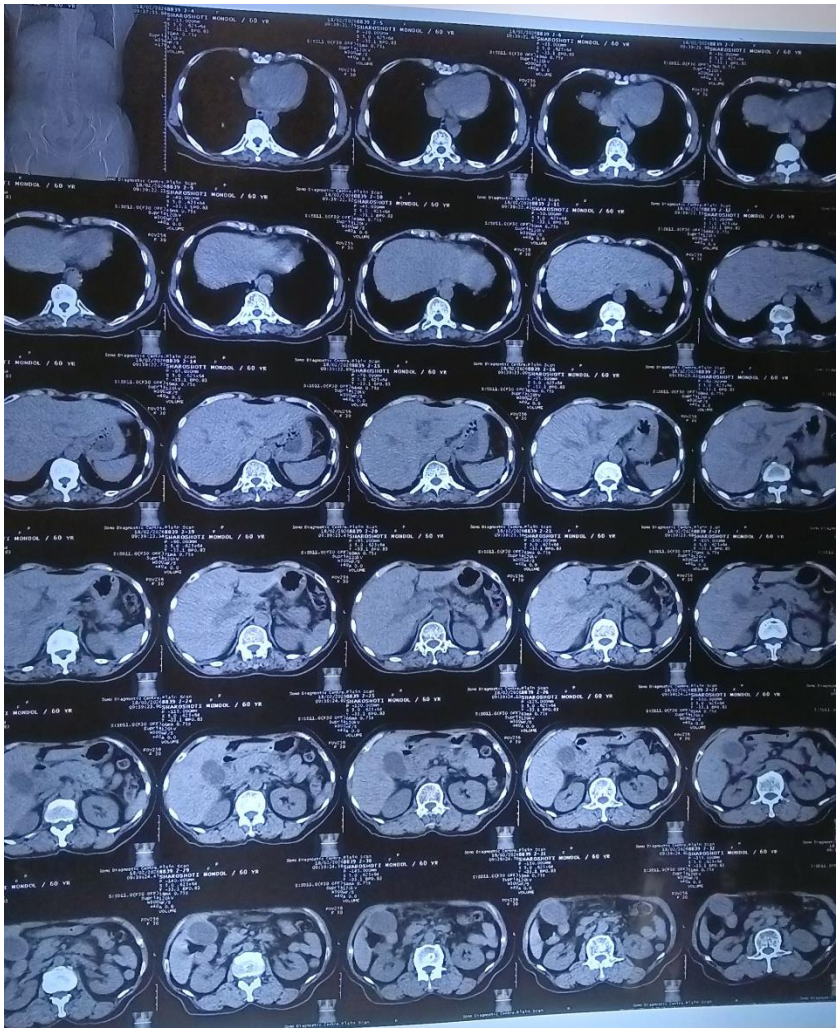
CT scan of whole abdomen with contrast



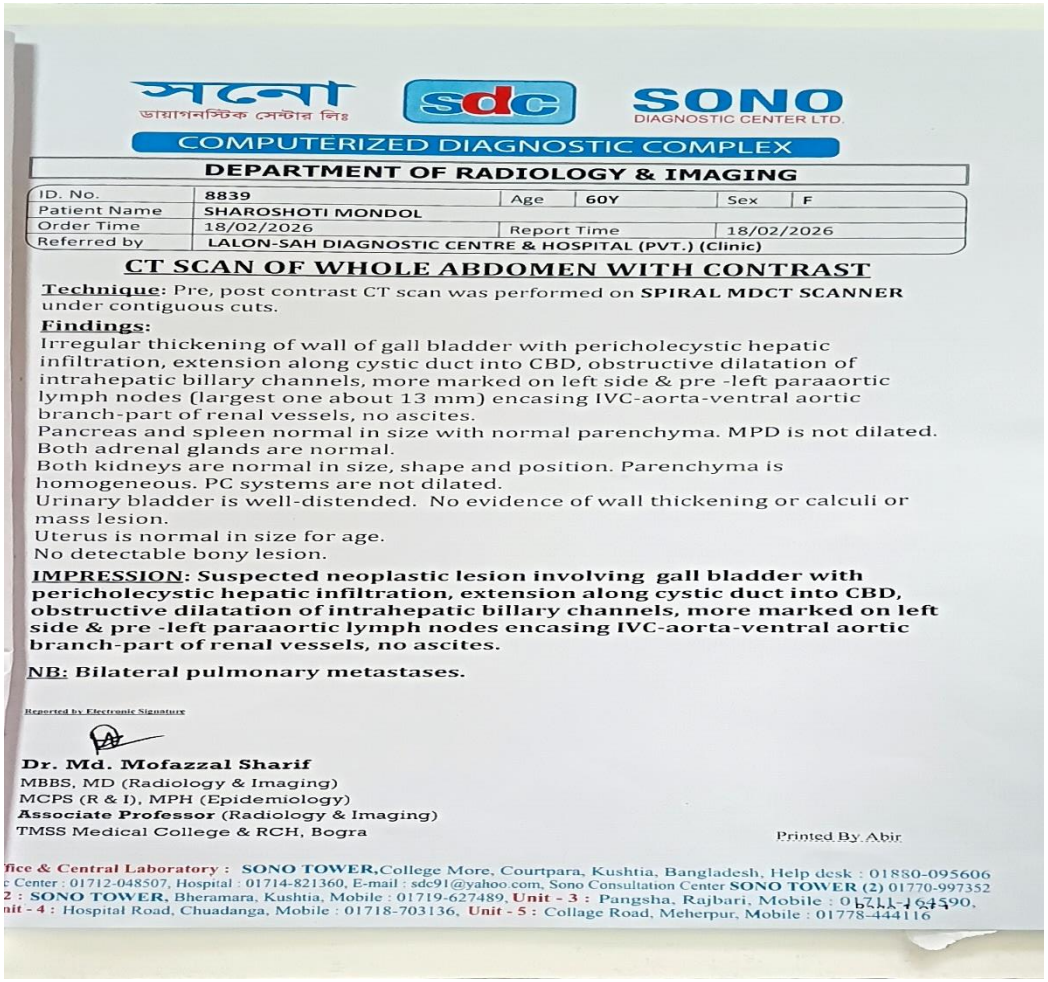


CT scan of whole abdomen with contrast





CT scan of whole abdomen with contrast



সনো
ডায়াগনস্টিক সেন্টার লিঃ

sdc

SONO
DIAGNOSTIC CENTER LTD.

COMPUTERIZED DIAGNOSTIC COMPLEX

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	8839	Age	60Y	Sex	F
Patient Name	SHAROSHOTI MONDOL				
Order Time	18/02/2026	Report Time		18/02/2026	
Referred by	LALON-SAH DIAGNOSTIC CENTRE & HOSPITAL (PVT.) (Clinic)				

CT SCAN OF WHOLE ABDOMEN WITH CONTRAST

Technique: Pre, post contrast CT scan was performed on **SPIRAL MDCT SCANNER** under contiguous cuts.

Findings:

Irregular thickening of wall of gall bladder with pericholecystic hepatic infiltration, extension along cystic duct into CBD, obstructive dilatation of intrahepatic billary channels, more marked on left side & pre -left paraaortic lymph nodes (largest one about 13 mm) encasing IVC-aorta-ventral aortic branch-part of renal vessels, no ascites.
Pancreas and spleen normal in size with normal parenchyma. MPD is not dilated.
Both adrenal glands are normal.
Both kidneys are normal in size, shape and position. Parenchyma is homogeneous. PC systems are not dilated.
Urinary bladder is well-distended. No evidence of wall thickening or calculi or mass lesion.
Uterus is normal in size for age.
No detectable bony lesion.

IMPRESSION: Suspected neoplastic lesion involving gall bladder with pericholecystic hepatic infiltration, extension along cystic duct into CBD, obstructive dilatation of intrahepatic billary channels, more marked on left side & pre -left paraaortic lymph nodes encasing IVC-aorta-ventral aortic branch-part of renal vessels, no ascites.

NB: Bilateral pulmonary metastases.

Reported by Electronic Signature

Dr. Md. Mofazzal Sharif
MBBS, MD (Radiology & Imaging)
MCPS (R & I), MPH (Epidemiology)
Associate Professor (Radiology & Imaging)
TMSS Medical College & RCH, Bogra

Printed By Abir

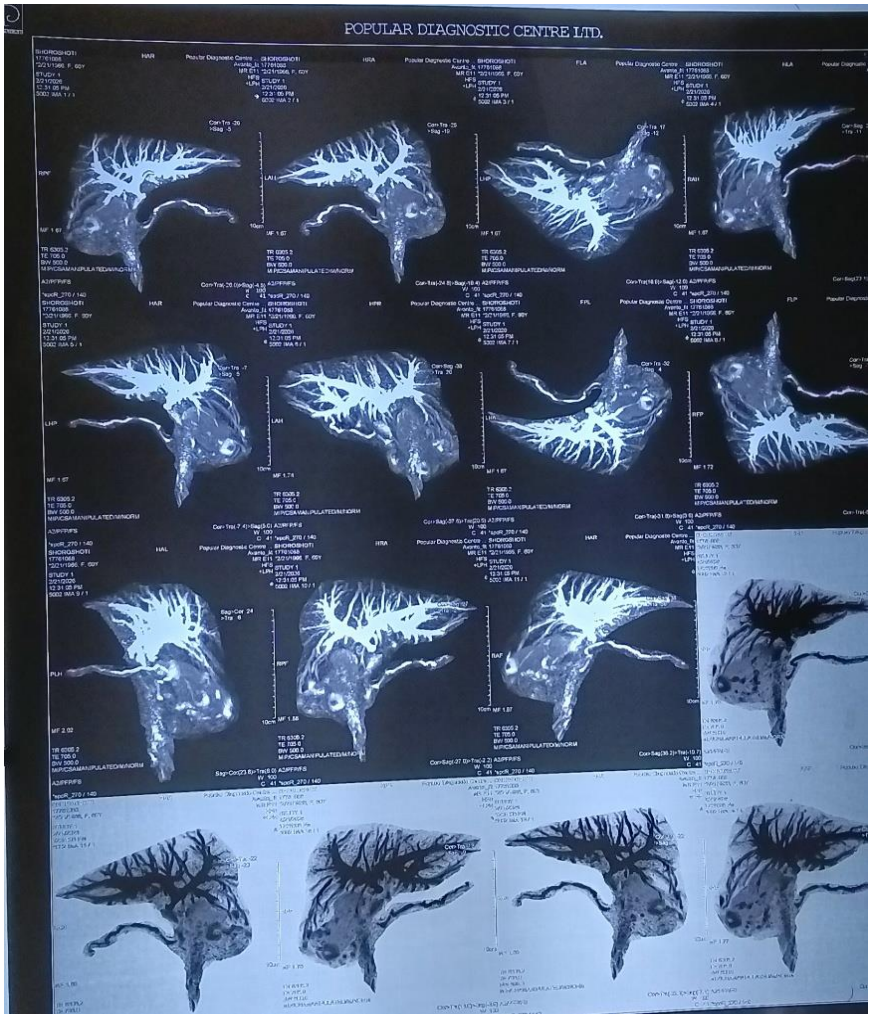
ffice & Central Laboratory : SONO TOWER, College More, Courtpara, Kushtia, Bangladesh, Help desk : 01880-095606
Center : 01712-048507, Hospital : 01714-821360, E-mail : sdc91@yahoo.com, Sono Consultation Center SONO TOWER (2) 01770-997352
2 : SONO TOWER, Bheramara, Kushtia, Mobile : 01719-627489, Unit - 3 : Pangsha, Rajbari, Mobile : 01711-164590,
nit - 4 : Hospital Road, Chuadanga, Mobile : 01718-703136, Unit - 5 : Collage Road, Meherpur, Mobile : 01778-444116

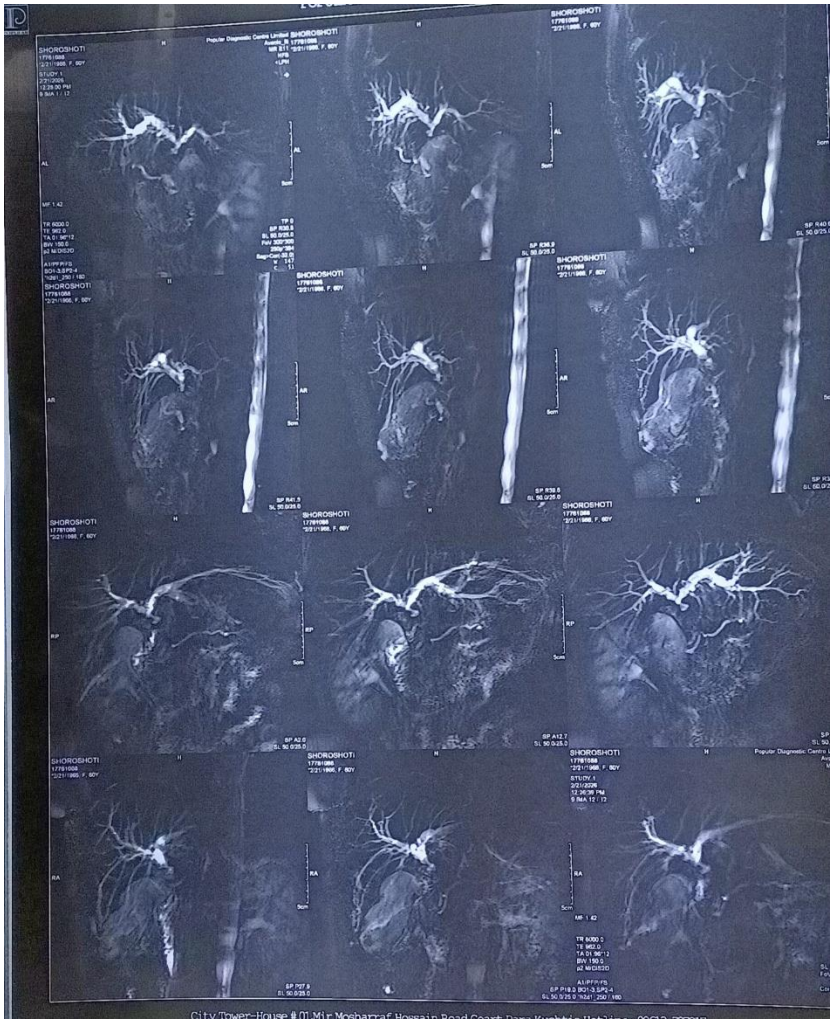
CT scan of whole abdomen with contrast

Impression:

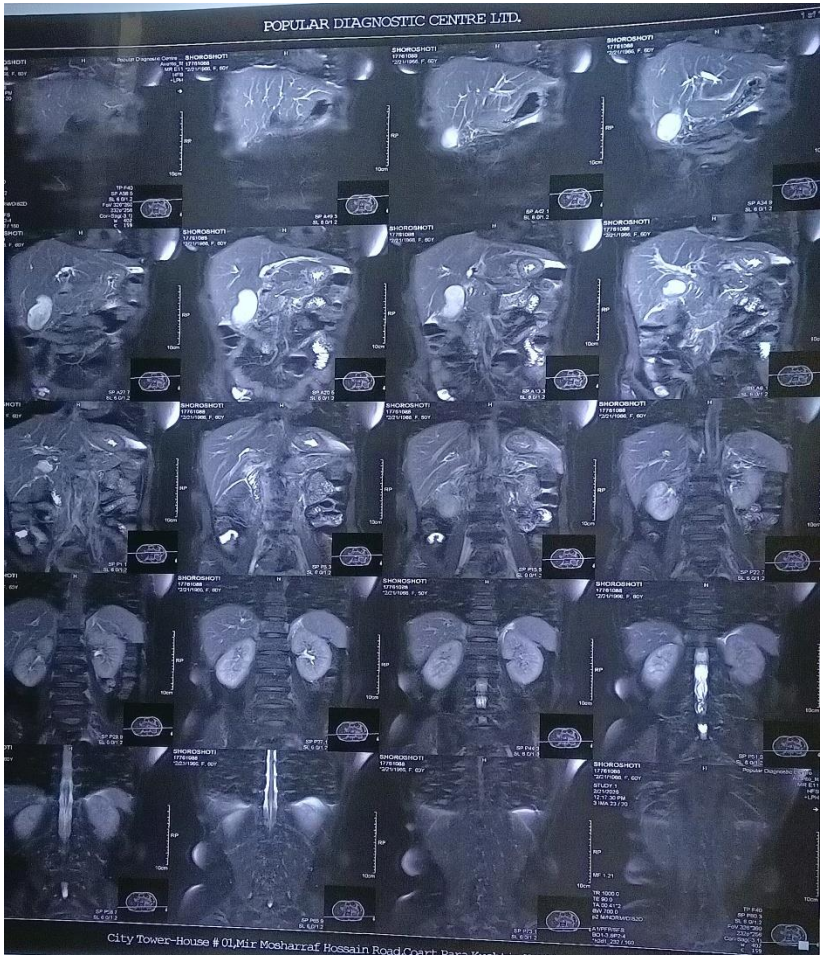
1. Suspected neoplastic lesion involving gall bladder with pericholecystic hepatic infiltration, extension along cystic duct into CBD, obstructive dilatation of intrahepatic billary channels, more marked on left side and pre-left paraaortic lymph nodes encasing IVC-aorta-ventral aortic branch-part of renal vessels, no ascites.

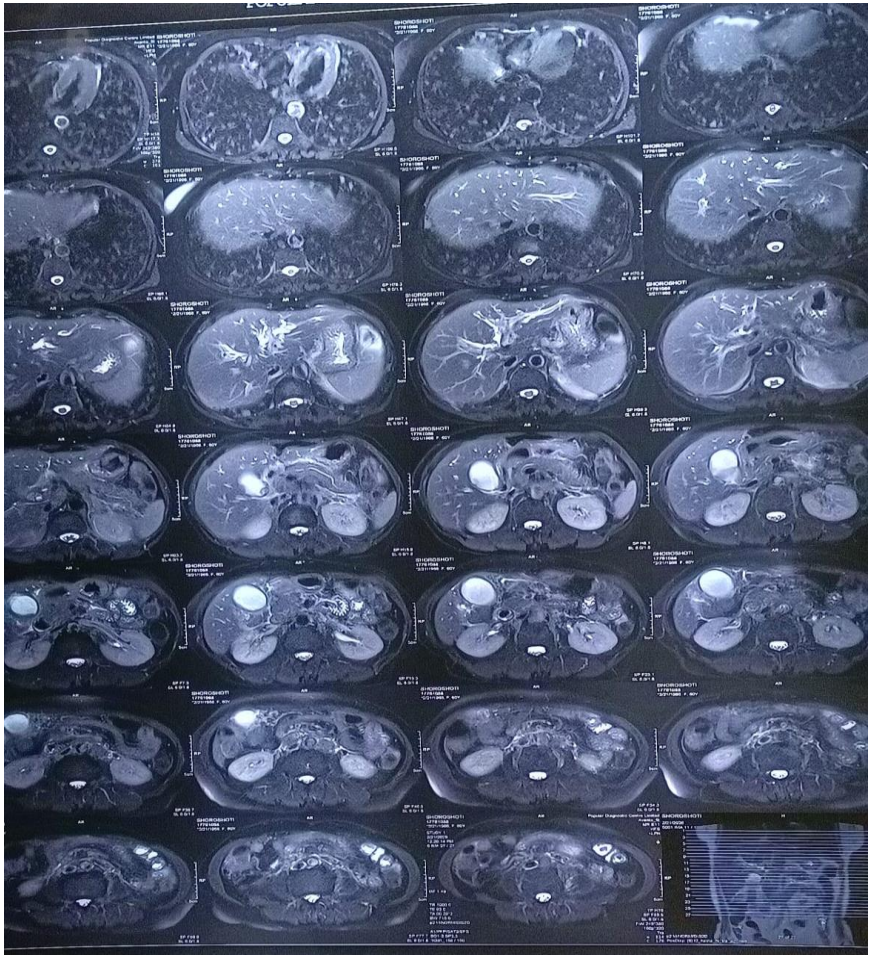
MRCP



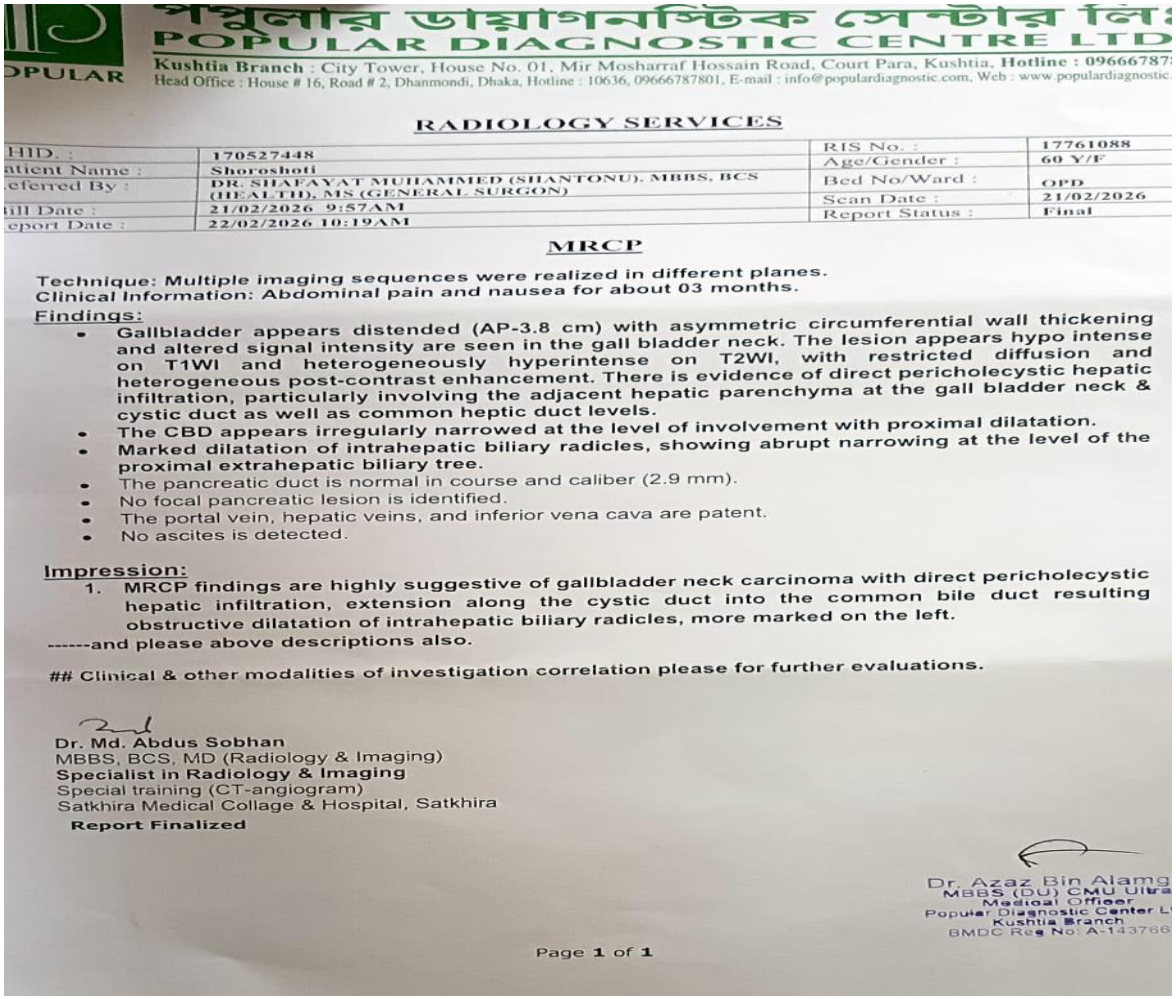


MRCP


POPULAR DIAGNOSTIC CENTRE LTD.
City Tower-House # 01,Mir Mosharraf Hossain Road,Court



MRCP



পপুলার ডায়াগনস্টিক সেন্টার লিঃ
POPULAR DIAGNOSTIC CENTRE LTD

POPULAR

Kushtia Branch : City Tower, House No. 01, Mir Mosharraf Hossain Road, Court Para, Kushtia, Hotline : 09666787
Head Office : House # 16, Road # 2, Dhanmondi, Dhaka, Hotline : 10636, 09666787801, E-mail : info@popculardiagnostic.com, Web : www.popculardiagnostic.

RADIOLOGY SERVICES

HID. :	170527448	RIS No. :	17761088
atient Name :	Shoroshoti	Age/Gender :	60 Y/F
eferred By :	DR. SHAFAYAT MUHAMMED (SHANTONU), MBBS, BCS (HEALTH), MS (GENERAL SURGON)	Bed No/Ward :	OPD
ill Date :	21/02/2026 9:57AM	Scan Date :	21/02/2026
eport Date :	22/02/2026 10:19AM	Report Status :	Final

MRCP

Technique: Multiple imaging sequences were realized in different planes.
Clinical Information: Abdominal pain and nausea for about 03 months.

Findings:

- **Gallbladder appears distended (AP-3.8 cm) with asymmetric circumferential wall thickening and altered signal intensity are seen in the gall bladder neck. The lesion appears hypo intense on T1WI and heterogeneously hyperintense on T2WI, with restricted diffusion and heterogeneous post-contrast enhancement. There is evidence of direct pericholecystic hepatic infiltration, particularly involving the adjacent hepatic parenchyma at the gall bladder neck & cystic duct as well as common heptic duct levels.**
- **The CBD appears irregularly narrowed at the level of involvement with proximal dilatation.**
- **Marked dilatation of intrahepatic biliary radicles, showing abrupt narrowing at the level of the proximal extrahepatic biliary tree.**
- The pancreatic duct is normal in course and caliber (2.9 mm).
- No focal pancreatic lesion is identified.
- The portal vein, hepatic veins, and inferior vena cava are patent.
- No ascites is detected.

Impression:

1. **MRCP findings are highly suggestive of gallbladder neck carcinoma with direct pericholecystic hepatic infiltration, extension along the cystic duct into the common bile duct resulting obstructive dilatation of intrahepatic biliary radicles, more marked on the left.**

------and please above descriptions also.

Clinical & other modalities of investigation correlation please for further evaluations.

Dr. Md. Abdus Sobhan
MBBS, BCS, MD (Radiology & Imaging)
Specialist in Radiology & Imaging
Special training (CT-angiogram)
Satkhira Medical Collage & Hospital, Satkhira
Report Finalized

Dr. Azaz Bin Alamg
MBBS (DU) CMU Ultra
Medical Officer
Popular Diagnostic Center L
Kushtia Branch
BMDC Reg No: A-143766

MRCP

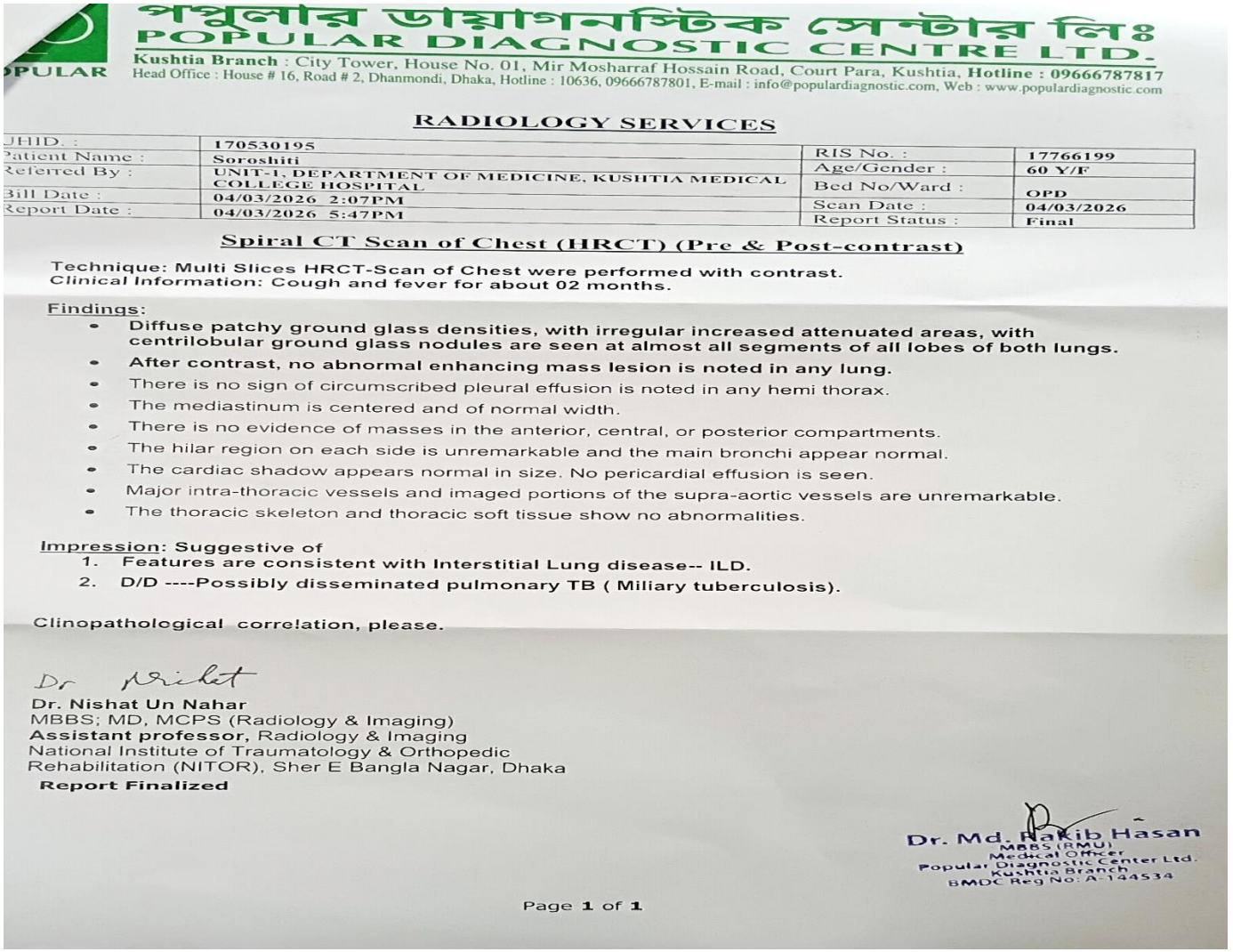
Impression:

1.MRCP findings are highly suggestive of gallbladder neck carcinoma with direct pericholecystic hepatic infiltration , extention along the cystic duct into the common bile duct resulting obstructive dilatation of intrahepatic biliary radicles more marked on the left

HRCT of chest



HRCT of chest



পপুলার ডায়াগনস্টিক সেন্টার লিঃ
POPULAR DIAGNOSTIC CENTRE LTD.

POPULAR

Kushtia Branch : City Tower, House No. 01, Mir Mosharraf Hossain Road, Court Para, Kushtia, Hotline : 09666787817
Head Office : House # 16, Road # 2, Dhanmondi, Dhaka, Hotline : 10636, 09666787801, E-mail : info@populardiagnostic.com, Web : www.populardiagnostic.com

RADIOLOGY SERVICES

UHID. :	170530195	RIS No. :	17766199
Patient Name :	Soroshiti	Age/Gender :	60 Y/F
Referred By :	UNIT-1, DEPARTMENT OF MEDICINE, KUSHTIA MEDICAL COLLEGE HOSPITAL	Bed No/Ward :	OPD
Bill Date :	04/03/2026 2:07PM	Scan Date :	04/03/2026
Report Date :	04/03/2026 5:47PM	Report Status :	Final

Spiral CT Scan of Chest (HRCT) (Pre & Post-contrast)

Technique: Multi Slices HRCT-Scan of Chest were performed with contrast.
Clinical Information: Cough and fever for about 02 months.

Findings:

- Diffuse patchy ground glass densities, with irregular increased attenuated areas, with centrilobular ground glass nodules are seen at almost all segments of all lobes of both lungs.
- After contrast, no abnormal enhancing mass lesion is noted in any lung.
- There is no sign of circumscribed pleural effusion is noted in any hemi thorax.
- The mediastinum is centered and of normal width.
- There is no evidence of masses in the anterior, central, or posterior compartments.
- The hilar region on each side is unremarkable and the main bronchi appear normal.
- The cardiac shadow appears normal in size. No pericardial effusion is seen.
- Major intra-thoracic vessels and imaged portions of the supra-aortic vessels are unremarkable.
- The thoracic skeleton and thoracic soft tissue show no abnormalities.

Impression: Suggestive of

1. Features are consistent with Interstitial Lung disease-- ILD.
2. D/D ----Possibly disseminated pulmonary TB (Miliary tuberculosis).

Clinopathological correlation, please.

Dr Nishat

Dr. Nishat Un Nahar
MBBS; MD, MCPS (Radiology & Imaging)
Assistant professor, Radiology & Imaging
National Institute of Traumatology & Orthopedic Rehabilitation (NITOR), Sher E Bangla Nagar, Dhaka

Report Finalized

Dr. Md. Rakib Hasan
MBBS (BMU)
Medical Officer
Popular Diagnostic Center Ltd.
Kushtia Branch
BMDC Reg No: A-144534

Page 1 of 1

HRCT of chest

Impression:

1. Features are consistent with interstitial lung disease
2. D/D: Possibly Disseminated Pulmonary TB(Miliary TB)

Final diagnosis

Carcinoma of Gallbladder with biliary encasement, liver metastasis, lymph node metastasis, encasement of IVC with

Lymphangitis carcinomatosis

D/D: Miliary Tuberculosis

Diffuse parenchymal lung disease

Lung metastasis

TNM & AJCC/UICC staging system for GB carcinoma

TNM Stage	Criteria
Tx	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1a	Tumor invades lamina propria
T1b	Tumor invades muscularis propria
T2	Tumor invades perimuscular connective tissue without extension beyond serosa or into liver
T3	Tumor perforates the serosa AND/OR Tumor directly invades the liver AND/OR Tumor invades one other adjacent organ(stomach, duodenum ,colon,pancreas, omentum , extrahepatic bile ducts)
T4	Tumor invades the portal vein or hepatic artery OR Tumor invades _> 2 extrahepatic organs or sctructures

TNM & AJCC/UICC staging system for GB carcinoma

TNM Stage	Criteria
Nx	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastases
N1	Lymph node metastases along the cystic duct , bile duct , hepatic artery, Aand/or portal vein
N2	Metastases to periaortic, superior mesenteric artery and or celiac arter lymph nodes
M0	No distant metastases
M1	distant metastases

TNM & AJCC/UICC staging system for GB carcinoma

AJCC/UICC stage	Tumor	Node	
0	Tis	N0	M0
I	T1	N0	M0
II	T2	N0	M0
III A	T3	N0	M0
III B	T1-3	N!1	M0
IV A	T4	N0-1	M0
IV B	Any T Any T	N2 Any N	M0 M1

Treatment

Surgery is the only potential curative therapeutic option for GB carcinoma. Only 15% to 47% of the patients are candidates for surgical resection at the time of diagnosis.

Contraindication to resection include: ***multiple hepatic or distal metastases***, **gross vascular invasion or encasement of major vessels, malignant ascites and poor functional status**

Treatment

The goal of surgical treatment is an R0 resection ,defined as negative margins and nodal dissection one level past microscopically involved lymph nodes. R0 resection has been shown to correlate with survival with significant 5-year survival rates.

Surgical procedures with curative intent include:

(1) Simple cholecystectomy

Treatment

Surgical procedures with curative intent include

(2) extended or radical cholecystectomy with additional resection greater than 2cm of GB bed plus lymphadenectomy of the hepatoduodenal ligament behind the 2nd part of the duodenum, head of the pancreas and celiac axis,(3) extended cholecystectomy with hepatic ,segmental or lobar resection, (4)extended cholecystectomy with extensive para aortic lymph node resection, (5) extended cholecystectomy with bile duct resection or pancreaticoduodenectomy.

Treatment

The standard of care for the patients with unresectable GB carcinoma is chemotherapy with -

1. Gemcitabine with cisplatin
2. Gemcitabine with (oxaliplatin ,5-fluorouracil, capecitabine)
3. Targated agents are cetuximab, erlotinib, bevacizumab

Note: In general GB carcinoma is considered radioresistant

Staging and 5-year survival rates

Staging: TNM based staging system correlates with survival.

Reported 5-year survival rates for the patients

Stage	5-year Survival Rates
Stage 0	80%
Stage I	50%
Stage II	28%
Stage III A	8%
Stage III B	7%
Stage IV A	4%
Stage IV B	2%


Thank
you!