

Computed tomography

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Unlike USG, computed tomography (CT) is less affected by body habitus and is not operator dependent. It allows visualisation of the liver, bile ducts, gallbladder and pancreas. CT findings in acute cholecystitis include gallbladder distension, gallbladder wall thickening, subserosal oedema, pericholecystic fat stranding and pericholecystic fluid collection. It is particularly useful in detecting hepatic and pancreatic lesions and is the modality of choice in the staging of cancers of the liver, gallbladder, bile ducts and pancreas. It can identify the extent of the primary tumour, define the relationship of the tumour to other organs and blood vessels (Figure 71.10) and detect the presence of enlarged lymph nodes or metastatic disease. However, as only 75% of gallstones are identified by CT , it is not used as a screening modality for uncomplicated gallstones.

GALLBLADDER SMALL BOWEL -

Figure 71.10 Computed tomography showing hilar mass (arrow).

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