



ULTRASOUND SCANNING REPORT OF WHOLE ABDOMEN

NAME OF PATIENT: - Mr. SAHIN ALAM

DATE:-26-Jun-23, 3:54 PM

REFD BY: Dr. AMARNATH GUPTA

M.B.B.S. M.S.

COMMENTS:-

LIVER: - NORMAL IN SIZE AND NORMAL IN ECHOTEXTURE
BILIARY RADICAL / I.H.D. ARE NORMAL
PORTAL VEIN IS NORMAL.
NO MASS OR S.O.L. IS SEEN AT PRESENT

GALL BLADDER: - NORMALLY DISTENDED

NO MASS CALCULI OR S.O.L. IS SEEN AT PRESENT
G.B. WALL IS NORMAL

C.B.D. : - DIA IS 3.1 MM., VISUALISED PART OF C.B.D. APPEARS NORMAL

PANCREAS: - NORMAL SONOGRAPHICALLY

SPLEEN: - NORMAL IN SIZE AND NORMAL IN ECHOTEXTURE

RT. KIDNEY: - A LARGE WELL DEFINED HETEROGENEOUS LESION IS NOTED IN RT. LUMBAR REGION WHICH IS TAKING SUBTLE VASCULARITY ON CDs. IT MEASURES 12.3 X 8.4 CM
HOWEVER RT. KIDNEY COULD NOT BE VISUALIZED SEPARATELY

LT. KIDNEY: - NORMAL IN SIZE AND NORMAL IN ECHOTEXTURE
PELVIC CALYCEAL SYSTEM IS NOT DILATED, C.M.D. IS INTACT
SIZE IS 9.2 CM. X 3.3 CM.

URINARY BLADDER: - NORMAL ECHOFREE AREA

PROSTATE: - NORMAL FOR AGE

REPORT:- U.S.G. OF WHOLE ABDOMEN APPEARS TO BE-

A LARGE WELL DEFINED HETEROGENEOUS LESION IS NOTED IN RT. LUMBAR REGION WHICH IS TAKING SUBTLE VASCULARITY ON CDs. HOWEVER RT. KIDNEY COULD NOT BE VISUALIZED SEPARATELY-S/O- MASS
D/D-NEPHROBLASTOMA

MAY BE SUGGESTED CECT WHOLE ABDOMEN & PLEASE CORRELATE CLINICALLY

A handwritten signature in blue ink, appearing to read "Dr. P.K. Beranwal".

Dr. P.K. Beranwal

M.D. (Radiodiagnosis) PMCH Patna
Senior Resident, GMCH, Bettiah

X-RAY : Whole Body X-Ray, X-Ray Fusion, Special Investigations, Barium Studies, IVP, HSG, Sinogram, Fistulogram, RGU, MCU Etc.

ULTRASOUND : Whole Body Ultrasound, Whole Body Colour Doppler, Obs-FWB, NT-NB Scan, Level II, Doppler, Small Parts HRUSG-craniun Orbit, Thyroid, Musculoskeletal, Joints, Scrotum, Local Area, Sonomammography, TVS, Ultrasound Guided Interventions OPG, Mammography



Patient Name:	SHAHIL ALAM	MR No:	F27/04
Age:	4 Years	Location:	Gayatri Scan Center
Gender:	M	Physician:	DR. MD
Image Count:	570	Date of Exam:	27-Jun-2023
Arrival Time:	27-Jun-2023 13:33	Date of Report:	27-Jun-2023 16:51

CT ABDOMEN & PELVIS (CONTRAST)

History: c/o-Abdominal pain.

Findings:

The Liver is normal in size and shows uniform attenuation and contrast enhancement pattern. No established diffuse pathology or focal lesions are seen.

The gallbladder is normal in size. Its wall thickness is normal. No calcified calculi are seen. There is no significant intra or extra hepatic biliary dilatation.

The pancreas is normal in size and density. No calcification, mass or peripancreatic fluid collection seen. The pancreatic duct is not dilated.

The spleen is normal in size and attenuation.

Both adrenals appear normal in size and shape.

Both the kidneys are normal in size and position. No calculi noted on either side.

There is a large 11.7 x 8.5 X 11.4 cm (CC x TR x AP) heterogeneously enhancing mass with cystic areas with its epicentre in the right kidney consistent with neoplastic etiology. The mass is partially compressing the pelvicalyceal system with mild upstream hydronephrosis and delayed contrast excretion of the right kidney.

The bowel loops are displaced to the left by the right renal mass. No evidence of bowel obstruction.

Normal appearances of the small bowel and its mesentery. No gross or obstructive large bowel pathology is seen.

The urinary bladder appears normal .



GAYATRI CT SCAN CENTRE

(An Unit of Apollo Chennai Hospitals Teleradiology)

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No significant retroperitoneal, pelvic or mesenteric lymphadenopathy.

The major abdominal vasculature and the abdominal wall appear normal.

There is no free fluid in the peritoneal cavity.

No destructive bony pathology.

Impression:

1. A large 11.7 x 8.5 X 11.4 cm (CC x TR x AP) heterogeneously enhancing mass with cystic areas with its epicentre in the right kidney consistent with neoplastic etiology. Wilms tumour is a possibility.

2. The mass is partially compressing the pelvicalyceal system with mild upstream hydronephrosis and delayed contrast excretion of the right kidney.



Dr. Sonam Shah

Consultant Radiologist

REG NO: TSMC/FMR/14049

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Near Mitra Chowk, Bettiah (W. Champaran) Bihar

Contact No.: 06254-246246, Email: gayatritscan@gmail.com



NATIONAL MEDICAL COLLEGE TEACHING HOSPITAL

Birgunj-15, Parsa, Nepal

DEPARTMENT OF LABORATORY MEDICINE & PATHOLOGY



PATIENT NO : 2300055174

SAMPLE NO : 01004064

NAME : SAHIL

SAMPLE COLLECTED : 31/07/2023 19:07:40

AGE/GENDER : 4 Y / Male

SAMPLE RECEIVED : 31/07/2023 19:07:40

REFERRED BY : DR.BINOD KUMAR RAI

REPORT COMPLETED : 13/08/2023 11:53:14

IN PATIENT NO : 00056788

REPORT AUTHORISED : 13/08/2023 11:54:47

Page : 1/2

HISTOPATHOLOGY REPORT

HISTOPATHOLOGY NO: H239/80

SPECIMEN: Right Nephrectomy specimen

CLINICAL DIAGNOSIS: ?Wilm's Tumor

GROSS: Received specimen labelled as right kidney measuring 15 x 9 x 6 cm, with attached ureter measuring 12 cm in length and 0.6 cm in diameter. Externally, kidney is grey to pale white in color with an intact capsule was seen. On cut section, unicentric diffuse mass was identified grossly displacing the kidney measuring 13 cm in greatest diameter. Surface of mass was homogenous, solid, fleshy, tan to gray white in color and firm in consistency. Ureter was unremarkable grossly. Regional lymph node was not found or submitted. Largest slice of tumor was cut in multiple parallel sections and cut into a grid fashion along with ureter and perirenal fat was submitted. Tumor mass with kidney was submitted separately. Represented sample was submitted.

MICROSCOPIC DESCRIPTION: Sections examined shows a well circumscribed encapsulated tumor mass. Tumor cells are arranged predominantly in microcystic, myxoid, solid, cords, trabecular, sclerosing and palisading pattern. Tumor cells are separated by network of fine, arborizing vessels accompanied by a variable amount of spindle cell stroma, subdividing the tumor into nests or cords of regular size, usually about 8-10 cells in width giving chicken wire appearance. Individual tumor cells are of regular size with indistinct cell border with cytoplasmic clearing. Nuclei are of uniform size exhibiting round to oval shape with vesicular chromatin with inconspicuous nucleoli. Septal cells exhibiting spindle appearance nearer to the vascular septa are noted at focal areas. Occasional mitosis (3/10hpf) along with focal areas of necrosis are noted. Entrapment of renal tubules within a tumor foci are identified. Dilated vessels and hyalinized cell cords and sclerotic areas are seen at some areas. Section from renal cortex is unremarkable. Capsular vessel is invaded by tumor cells. Perineural invasion is not seen. Surgical resected margin of ureter, renal vessels and perinephric tissues are free of tumor cells. Lymph node was not submitted or found.

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DIAGNOSIS: Clear Cell Sarcoma of kidney, Right Kidney.

Procedure: Right Nephrectomy

Specimen laterality: Right

Histologic Type: Clear Cell Sarcoma of kidney

Tumor size: 13 cm in greatest dimension.

Tumor Focality: Unifocal

Nephrogenic rest: Not identified

Tumor extent: More than minimal extension into renal sinus soft tissue

Renal Vein Involvement by Viable Tumor: Not identified

Margin: All margins negative for viable tumor

Regional lymph node: Not found or submitted.

Pathological Staging: Stage II

ADVICE: IHC is advised for confirmatory diagnosis.

Performed By

Dr. Anjana KC
PG RESIDENT
NMC NO.17051

Approved By

Dr. Brijesh Shrestha
Consultant Pathologist
MBBS, MD NMC NO.15805

*** End of Report ***

The diagnosis / opinion is based on the tissue / smear submitted for evaluation, may or may not represent entire lesion. A correlation with clinical, radiological and other laboratory parameter is recommended before any therapeutic intervention. The report cannot be used in any form for any legal purpose. 1. Slides/ blocks can be issued only on advice of the referring consultant after a minimum of 48 hrs of request. 2. Gross specimen will be retained only for a period of 2 months after the date of reporting.

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NATIONAL MEDICAL COLLEGE TEACHING HOSPITAL

Birgunj-15, Parsa, Nepal

DEPARTMENT OF PAEDIATRIC SURGERY

DATE : 2023/08/09

Discharge Summary

Specialization: Paediatric Surgery

Hospital No : 23001 5174

Inpatient No : 09055788

Patient Name : SAHIL

Age / Gender : 4 YEARS / MALE

Address : Bihar

Admission Date : 30/07/2023

Consultant : Dr.

DR. BUNOD KUMAR RAI

Discharge Date : 09/08/2023

Case : Surgery Male Ward / B Block - 3rd Floor

Final Diagnosis : S/P- RIGHT SIDED NEPHRECTOMY FOR ?? WILM'S TUMOUR

Case History & Hospital Course : C/C- RIGHT HYPOCHONDRIAL SWELLING X 3MONTH

HOPD- ACCORDING TO INFORMANT (MOTHER), PATIENT WAS APPARENTLY WELL 3 MONTH BACK WHEN HE DEVELOPED SWELLING OVER RIGHT HYPOCHONDRIUM WHICH WAS PROGRESSIVELY INCREASING IN SIZE DAY BY DAY, NOT MOBILE, HARD IN CONSISTENSY.

NO H/O - PAIN, FEVER, COUGH, BURNING MICTURATION, DIFFICULTY IN PASSING URINE

NO ANY SIGNIFICANT HISTORY IN PAST.

PERSONAL H/O- MIXED DIET WITH NORMAL BOWEL AND BLADDER HABIT.

O/E:

GC: CONSCIOUS, ALERT, WELL ORIENTED TO TPP
PICCKLED: NIL

S/E

: RESPI: B/L CLEAR, NVBS, NO ADDED SOUNDS

CVS: S1S2M0

CNS: GROSSLY INTACT

P/A: FLAT ABDOMEN WITH MASS PRESENT OVER THE RIGHT HYPOCHONDRIUM
SOFT, NT, NON-MOBILE, HARD IN CONSISTENCY.RIGHT

Investigations

Test_Name 02/08/2023 07:03:11 31/07/2023 06:12:38 30/07/2023 15:06:05
SODIUM (NA+) 130 133
POTASSIUM (K+) 4.50 5.20
HAEMOGLOBIN (Hb) 12.4 14.0
SERUM CREATININE 0.40
BLOOD SUGAR RANDOM 112
BLOOD UREA 26
CREATINE KINASE(CK-Nac) 125
RBC COUNT 4.91
PLATELET COUNT 219000
PACKED CELL VOLUME(PCV) 35
MCV 70
TOTAL LEUCOCYTE COUNT(TLC) 12080
MCHC 41
MCH 29
ABO BLOOD GROUPING AB
Polymorphs 50
Lymphocytes 32
Monocytes 3
Eosinophils 15
Basophils 0
HIV(1 & 2)ANTIBODY Non-Reactive

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HCV ANTIBODY Non-Reactive
HBSAg Non-Reactive
RDW-CV 14
RDW-SD 43
PDW 11.2
Rh Typing Positive

Operation Note

RIGHT NEPHRECTOMY DONE UNDER GA ON DATE 2080/04/15

OT FINDINGS-

SIZE - 5X11CM CONTAINING MASS, KIDNEY WITH ADRENAL GLAND
WEIGHT - 1KG

Treatment Given in Hospital

INJ. NONE
INJ. METRON
INJ. PCM
INJ. TRAMADOL
INJ. ONDEM
INJ. MIKA-N
INJ. ACILOC
IVF ISOLYTE - P

STABLE

Treatment at Discharge
[
1)SYP.CEFIXIME (50MG/5ML) 6ML PO BD X 5 DAYS
2)SYP.RANIPED(75MG/5ML) 2ML PO OD X 5DAYS
3)SYP.FLEXON 8ML PO X SOS
]

Advice on Discharge
TAKE MEDICATION ON TIME
FOLLOW UP AFTER 1 WEEK WITH REPORT

Prepared by

Approved by

Dr. Nasar Ahamed

PC RESIDENT
NMC Regd. No

DR.BINOD KUMAR RAI

Doctor
NMC Regd. No 8002

*Dr. Nasar Ahamed
for Dr. Binod Kumar Rai
J.*