



PATIENT NAME: MR.SADANAND KOTHARE; 67 Y/M
REF'D BY: DR.PRADEEP ARORA

UPID No.: GVD17604408
DATE: 08/01/2024

MRI PERINEUM

W, T2W and STIR axial images; STIR sagittal images; along with thin T2W and STIR coronal oblique images of the m (and pelvis) were acquired without injecting i.v. contrast.

large approx. 6.1 x 5.4 x 5.5 cm (maximum AP x Tr x CC dimensions) loculated collection of altered fluid (with mildly lobulated margins; showing altered fluid with debris and septae within) is seen in the perineal and ischio-ai fat (lying along with posterior, bilateral postero-lateral and right lateral walls of anal canal; extending from the 9 o'clock to 10 O'clock positions, with a larger component of the lesion present on the right side) - inferior edge of collection is approx. 2.3 cm cranial to the anal pit. Edematous thickening of the anal canal wall is present.

Fluid filled tracts are seen extending from this lesion into the inter-sphincteric plane of the posterior anal canal wall at the 5-6 O'clock position (across an approx. 5.2 mm defect, at a level approx. 2.1 cm cranial to level of the anal verge) - altered fluid is seen tracking along the inter-sphincteric plane in the posterior and bilateral posterolateral anal canal walls, and communicating with the anal canal lumen across internal openings at approx. 6 O'clock position (at a level approx. 4.3 cm cranial to level of anal verge, width of this tract being approx. 3 mm) and at approx. 7 O'clock position (at a level approx. 6.7 cm cranial to level of anal verge, width of this tract being approx. 3.2 mm). Associated perilesional inflammatory edema is present.

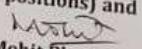
W mildly enlarged bilateral iliac and inguinal lymph nodes are present.

Small amount of fluid is seen in the pelvis.

No obvious focal lesion is seen in the visualized pelvic viscera.

No obvious pathology is seen in the visualized bones and joints; note is made of indentation upon the thecals ac by condylotic ridges in the visualized LS spine.

Conclusion: Findings are s/o a large horseshoe perianal abscess, along with fistulous tracts extending from the into the posterior anal canal wall (with internal openings at 6 O'clock and approx. 7 O'clock positions) and edematous inflammatory changes as described.


Dr. Mohit Bhargava
Consultant Radiologist

This report is a professional opinion only and not valid for medico-legal purpose.

DR. MAHASI MOON MD (RADIODIAGNOSIS)	DR. AMOL GULHANE DMRD, DNB	DR. AKANKSHA POKALE MD (RADIODIAGNOSIS)	DR. RADHIKA R. KSHIRSAGAR MD, DNB (RADIODIAGNOSIS)	DR. VIRAM TANKSALE MD, DNB
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ARORA HOSPITAL

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Wardha Road, Ramdaspeth, Nagpur (440012)

Phone No. 0712-2549440

Case File

Patient Registration No.: AH/...../2023

RA
(surgery)

: 25/1/2024

67 (yrs) Sex : M/F

Policy No, if any _____

Name of Patient:- Mr. Sudhakar Rathod

Address : Venadongri Hingna Road
Nagpur

Contact No. :- 7447327527

Age:- 67y Sex:- M Wt. 68.5kg

Date of Admission:- 25/01/2024 3:30 PM
Chunda

bid

1 tab. OD

1 sachet
OD

6 bid

ra 1 tab bid

1

1 gm powder
2 tab. with
bid.

Mr.

Diagnosis:- _____

Name of Procedure:- _____

Anesthesia:- _____

Date of Operation:- _____

Date of Discharge:- _____

Arora Hospital

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Dr. Pradeep K. Arora
General and Pediatric Surgeon
MS & DNB (Gen. Surg.)
MNAMS & DNB (Ped. Surg.)

DISCHARGE CARD

Date: 17.01.2024

Name of the Patient	:- Mr. Sadanand Kothare	Age:- 67yrs/M
Date of Admission	:- 10.01.2024	At :- 03:00 PM
Date of operation	:- 11.01.2024	Wt:- 67.4kg
Date of discharge	:- 17.01.2024	At :- 12:00 PM
Diagnosis	:- High Fistula in ano (Horse-shoe fistula)	
Operation	:- Fistulotomy	
Anesthesia	:- Regional	

Case Summary:-

The patient was admitted with the diagnosis of High Fistula in ano (Horse-shoe). The blood investigations on (06.01.2024) revealed- HB- 11.3 gm/dL, Platelet Count- 2.41 lac/cmm, Lymphocytes- 24%, HIV I&II- Non Reactive, HBsAg- Non Reactive. Perianal Ultrasonography (08.01.2024) shows- An irregular, thick-walled heterogeneously hypoechoic collection measuring approximately 7.3x3.5x4.8 cm is seen in the right perianal and perirectal region. Areas of liquefaction are seen within. There is loss of fat planes with the anorectum region at a distance of 2.7 cm from the anal verge. It is seen communicating with the anal canal and rectum from 6-9 O' clock position. No obvious external opening. MRI Perineum (08.01.2024) shows- Findings are s/o a large horseshoe perianal abscess, along with fistulous tracts extending from the lesion into the posterior anal canal wall (with internal openings at 6 O' clock and apprx. 7 O' clock positions) and associated inflammatory changes as described. The procedure of Fistulotomy was done under Regional anesthesia. There was a very thick walled fistulous tract from 4 to 10 o' clock position filled with sanguino-purulent material. The internal opening at 6 o' clock position could be located and opened up. There was no post-operative complications and the patient was discharged with the following advice.

Investigations available with the patient

Advised treatment:

1. Tab. Augemntin 625 mg 1 tab BID X 3 days.
2. Pentin 80 1 Tab OD X 3 days.
3. Dicka Relax 1 tab BID X 3 days.
4. Tab. Contramal SR 1 TAB BID X 3 days.
5. Tab. Fe Daily 1 tab OD X 3 days.
6. G9 protein Power 2 Tsf with milk BID X 3 days.
7. Beneflora S 1 Sachet BID X 3 days.
8. Diet as advised. Non spicy and non fried food.
9. Lox 5% (xylocaine) ointment locally before defecation. Review after 3 days.