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#### 12 MILESTONE

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#### ACCREDITED



ESLA MRI | PET-CT SCAN | PSMA-PET | DOTATOC PET | 40 SONOGRAPHY | DIGITAL X-RAY

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

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

#### MRI PERINEUM

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

A large approx. 6.1 x 5.4 x 5.5 cm (maximum AP x Tr x CC dimensions) loculated collection of altered fluid (with irregularly lobulated margins; showing altered fluid with debris and septae within) is seen in the perineal and ischioanal fat (lying along with posterior, bilateral postero-lateral and right lateral walls of anal canal; extending from the 6 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.

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

A 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 thecal sac by degenerative spondylotic ridges in the visualized L5 spine.

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

*Dr. Mohit Bhargava*  
Dr. Mohit Bhargava  
Consultant Radiologist

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

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For Document is Not for Evidence of Medical Purpose



RA  
urgery)

# ARORA HOSPITAL

First Floor Shriwardhan Complex, Near Big Bazaar  
Wardha Road, Ramdaspeth, Nagpur (440012)  
Phone No. 0712-2549440

## Case File

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

Policy No, if any

Name of Patient:- Mr. Sadnand Kalthare

Address :- Vanadongri Hingna Road  
Nagpur

Contact No. :- 7447327527

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

Date of Admission:- 25/01/2024 3.30 PM  
Khurda

Diagnosis:-

Name of Procedure:-

Anesthesia:-

Date of Operation:-

Date of Discharge:-

: 25/1/2024

67 (yrs) Sex: M/F

bid

1 tab. d

1 sachet  
d

b bid

ra 1 tab bid

T

ken powder  
2 kg w-h  
bid.

fr



## Arora Hospital

Shriwardhan Complex, 1st floor,  
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Ph. 2466060 (Hospital), 8669689919

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

### DISCHARGE CARD

Date: 17.01.2024




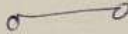


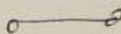
Name of the Patient	:- Mr. Sadanand Kothare		Age:- 67yrs/M
Date of Admission	:- 10.01.2024	At :- 03:00 PM	Wt:- 67.4kg
Date of operation	:- 11.01.2024		
Date of discharge	:- 17.01.2024	At :- 12:00 PM	
Diagnosis	:- High Fistula in ano (Horse-shoe fistula)		
Operation	:- Fistulotomy		
Anesthesia	:- Regional		

#### 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 fistul 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. Augmentin 625 mg 1 tab BID X 3 days. 
2. Pentin 80 1 Tab OD X 3 days. 
3. Dicky 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.