PRECISION IMAGING POINT

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Timing : From 10am till 8 pm (Monday to Saturday), Sunday – 11am till 2pm

Name : Mrs. LEELABAI THAKRE	Date: 29-Feb-24
Ref by: Dr. Shobha Dharaskar mam	Age: 70 Years/ Female

USG ABDOMEN & PELVIS

Liver is normal in size and echotexture. No obvious focal lesion is noted.
Portal vein is normal in caliber and shows normal hepatopetal flow. CBD is not dilated. No evidence of any dilated intra or extra hepatic biliary radicals.
Gall bladder is minimally distended. No obvious calculus seen.
Pancreas appears normal in echopattern. No significant focal lesion/ calcification is seen. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.
Spleen is normal in size. No focal lesion is seen. Splenic vein appears normal.

Right kidney - 8.5 x 4.3 cm, **Left kidney** - 8.6 x 3.6 cm.
Both kidneys are normal in size, position & echotexture. The CMD is maintained bilaterally.
No evidence of hydronephrosis. No renal calculi noted. No focal lesion seen.

Urinary bladder is partially distended. **No significant wall thickening or calculus is seen.**
Uterus is enlarged in size.
A ill-defined heterogenous mass lesion of approximate size 4.7 x 4 cm with internal vascularity is noted involving cervix. Hypoechoic collection of approximate volume 325 cc is noted in endometrial cavity with moving echoes within it, likely hematometra. No obvious invasion into adjacent organs noted.
Findings are likely suggestive of malignant neoplastic etiology – likely cervical carcinoma with hematometra.
No obvious adnexal mass lesion seen.

Visualized bowel loops are normal in caliber and peristalsis. No wall thickening or focal lesion seen. No significant lymphadenopathy is seen.
Minimal inter-bowel free fluid is seen in bilateral iliac fossa.

Impression:

- **Ill-defined heterogenous neoplastic mass lesion involving cervix - likely cervical carcinoma with hematometra as described above.**

Advice: Further imaging with MRI pelvis or CECT abdomen pelvis and histopathology correlation.

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Services Available :
High Resolution 2D/3D/4D Sonography, Color Doppler, Digital X-ray and X-ray procedures.

HI-TECH
Diagnostic Centre
1.5 TESLA MRI & 32 SLICE CT SCAN

PATIENT'S NAME	: LILABAI THAKRE 70Y/F	DATE	: 02-Mar-2024
AGE & SEX	: 70 Years / F	UHID	: 24030208
REFERED BY	: DR N BRAMHANKAR	TIME	: 5:41:27 PM

MRI PELVIS WITH CONTRAST

TECHNIQUE: Multiplanar MR imaging of the pelvis was performed using T1, T2 weighted & STIR sequences on 1.5 Tesla MR scanner. 7 ml IV gadolinium contrast was given. No contrast reaction noted.

OBSERVATIONS AND IMPRESSION:

The study reveals circumferential wall thickening involving cervix and lower uterine segment. It appears iso intense on T1 WI, slightly hyperintense on T2 / STIR WI and shows mild heterogenous post contrast enhancement. It measures 5.9 x 2.9 x 2.7 cm. There is irregularity of outer serosal surface of cervix with mild parametrial fat stranding not extending upto lateral pelvic bone. The lesion is bulging into vaginal fornix. Anteriorly fat planes with posterior wall of urinary bladder are effaced with no intraluminal invasion. Posteriorly fat planes with rectum are maintained. The lesion causes cervical canal stenosis with hematometra, volume 250 to 300 cc.

- ***Above described lesion is suggestive of neoplastic etiology of uterine cervix with extensions as described above – Figo stage II B (needs histopathological correlation).***

The uterus is bulky, measures 11.7 x 7.2 x 12.0 cm.

Rest of the vagina appear normal.

The ovaries appear atrophic.

Urinary bladder is partially distended with normal wall thickness. No obvious intra-luminal calculus or mass lesion noted.

There is no significant free fluid or lymphadenopathy in pelvis.

The visualized bowel appears unremarkable. Bilateral iliac vessels show normal course, caliber and usual flow void.

Visualised pelvic bones reveal normal marrow signal intensity with intact cortices.