

राजा श्रीराम मैमोरियल
श्री कृष्णा हॉस्पिटल
(मार्ग स्पेशिलिटी हॉस्पिटल)
Reg. No.JANJ0141/HOS.

(037)

ग्रीरब पथ, चाम्पा 495671
निला : जांजगीर, चाम्पा (U.P.)
Email : shrikrishna.hospital1980@gmail.com
Appointment - 07819350005
9343788773

Pt Name - molilal Rewangan
Age - 22 m.
A ? sub fit but in and out
Ady Emergency 16/04/
- Ad 661814
Small Blotches
From 13/5/24.

SHRI BALAJI 4th GENERATION MRI & DIAGNOSTIC CENTER

NEAR AKASH HOTEL, BY PASS ROAD KUWABHATTA, KORBA - 495677
Phone No.: 07750 - 296666, Mob.: 7580826666

NAME : MR. MOTI LAL DEWANGAN
AGE/SEX : 42 Y/ M
REF. BY : DR. AMRITA SONI
DATE : 08.05.2024

MRI PELVIS (PLAIN) + PERI-ANAL FISTULOGRAM

PROTOCOL:-

Multi-planar images taken in T_1 , T_2 , STIR weighted sequences.

REPORT:-

- There is a small irregular linear T_2 / STIR hyperintense fistulous tract, measuring $3.0(CC) \times 0.2(AP) \times 0.2(TR)$ cm, noted originating from 6 O clock position of posterior wall of distal anal canal, below the level of dentate line, about 1.2 cm from the anal verge. The tract is crossing internal and external sphincters and traversing postero-inferilry, reaching 6 o clock position of skin of posterior perianal region, about 3 cm postero-inferior to external anal verge.
- Above f/s/o Grade III perianal fistula, i.e trans-sphincteric fistula, according to St James University Hospital classification.
- Circumferential thickening of walls of distal rectum and proximal anal canal seen with maximum wall thickness of 7 mm, s/o inflammatory ano-proctitis.
- Bilateral ischio-rectal fossa appear normal.
- Bilateral obturator internus muscle and levator ani muscles appear normal.
- The distended urinary bladder appears normal and has normal wall thickness.
- The seminal vesicles are of normal size.
- The angle between the bladder and seminal vesicle is clear and normal on each side.
- The prostate shows normal size, signal Intensity and configuration.
- The vessels of the lesser pelvis are normal in their course and caliber.

IMPRESSION:-

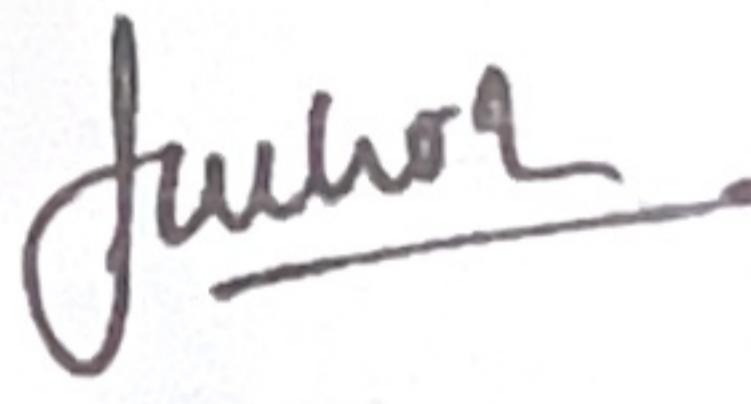
- A small irregular linear perianal fistulous tract, measuring $3.0(CC) \times 0.2(AP) \times 0.2(TR)$ cm, noted originating from 6 O clock position of posterior wall of distal anal canal, below the level of dentate line, about 1.2 cm from the anal verge.

SHRI BALAJI 4th GENERATION HIRI & DIAGNOSTIC CENTER

NEAR AKASH HOTEL, BY PASS ROAD KUWABHATTA, KORBA - 495677
Phone No.: 07759 - 296666, Mob.: 7580826666

- The fistulous tract is crossing internal and external sphincters and traversing postero-inferilry, reaching 6 o clock position of skin of posterior perianal region, about 3 cm postero-inferior to external anal verge.
- Above f/s/o Grade III perianal fistula, i.e trans-sphincteric fistula, according to St James University Hospital classification.
- Circumferential thickening of walls of distal rectum and proximal anal canal seen with maximum wall thickness of 7 mm, s/o inflammatory ano-proctitis.

Advice – Proctoscopy + biopsy correlation of ano-rectal thickening



DR SACHIN T.R.
MD, RADIODIAGNOSIS
CONSULTANT RADIOLOGIST & SONOLOGIST