

Pushpan Imaging Centre

Patient Name : MS. SASANE SAVITA SIDDHESHWAR
Ref. By : Dr. KESKAR V R. MS

Age/Sex : 45 Yrs F
Date : 10-Jun-2024

MRI PELVIS - PLAIN AND CONTRAST

PROTOCOL:

Multiplanar imaging of the pelvis done on 1.5 Tesla machine was performed using T1 weighted spin echo, T2 weighted fast spin echo, T2* weighted gradient echo and fast STIR sequences.

OBSERVATIONS:

Uterus is bulky. It measures 11.6 x 9.1 x 10.2 cm. Ill-defined heterogeneously enhancing solid-cystic mass lesion noted involving endometrium measuring approximately 9.7 x 6.8 x 7.3 cm suggestive of possibility of neoplastic aetiology- to rule out possibility of endometrial carcinoma.

5.7 x 4.9 x 7.7 cm benign thin-walled cyst noted in left adnexa not separately seen from left ovary suggestive of benign left ovarian cyst.

Right ovary is normal in size. 14 mm size simple follicular cyst noted in right ovary.

Urinary bladder is normal.

No free fluid or pelvic lymphadenopathy is seen.

Obturator internus muscles and ischiorectal fossa are unremarkable.

The pararectal and pre sacral spaces do not show any feature of note.

CONCLUSION:-

- Uterus is bulky. It measures 11.6 x 9.1 x 10.2 cm. Ill-defined heterogeneously enhancing solid-cystic mass lesion noted involving endometrium measuring approximately 9.7 x 6.8 x 7.3 cm suggestive of possibility of neoplastic aetiology- to rule out possibility of endometrial carcinoma.*
- 5.7 x 4.9 x 7.7 cm benign thin-walled cyst noted in left adnexa not separately seen from left ovary suggestive of benign left ovarian cyst.*
- Right ovary is normal in size. 14 mm size simple follicular cyst noted in right ovary.*

Suggestion-histopathological correlation.

V.V. Lonikar
DR. VIKAS.R.LONIKAR.
DMRD, DNB (MUMBAI), FRCR (UK)
Consultant Radiologist.

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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Large HPR

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