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27/06/25

Midas Scan

Lab No : 012506260059
Mobile No : 9621241907
Regd. Date : 26-Jun-2025 16:26:13
Remark:

Service Requisition Slip (SRS)

Name : Mrs.KUSUM JAISWAL 49 Y 0 M 0 D / Female
Ref. Doctor: Dr.DEPARTMENT OF ONCOLOGY
Balance : 2620.00 Paid Amount : 500.00

CYTO PATHOLOGY

Cyto FNAC Aspirate USG Guided Charges FNAC Fluid

Others
Registration Charges.

Sample Collected By

FNAC from breast

man

Contact no. 7985324406

NAME- Mrs. KUSUM JAISWAL	AGE- 49Y
SEX- F	

REPORT

CECT abdomen

Abdomen:

There is evidence of heterogeneously enhancing solid cystic multiloculated abdomino-pelvic mass lesion arising from right adnexa with features as described:

- Size measuring approximately 13.7x20x22.2cms.
- Right ovary, is not separately visualised.
- It is abutting and displacing the adjacent bowel loops.
- Superiorly is reaching up to the level of L1 vertebra and abutting transverse colon with maintained fat planes.
- Anteriorly, it is abutting the rectus abdominis muscle with indistinct planes.
- Inferiorly, it is abutting the right lateral wall of the uterus.
- Mild fluid is seen in the right adnexa.

A similar suspicious solid cystic lesion is also noted in the left ovary measuring approximately 2.1x5.4x3.4cms.

Heterogeneously enhancing retroperitoneal mass is seen posterior to the right common iliac vessels and medial to right psoas muscle at the level of L5 vertebra suggestive of deposit. Multiple calcifications are seen within. It is likely infiltrating the psoas muscle with indistinct planes. It is displacing and pushing the vessels anteriorly with angle of contact approximately 180° with the common iliac artery. There is abrupt cut-off of the distal ureter with upstream, mild hydroureteronephrosis likely secondary to infiltration/compression. Right kidney is hypo enhancing as compared to the left.

Liver: Liver is normal in size, shape and density. Biliary radicals are not dilated. Portal vein is normal in caliber and enhancement. A small enhancing lesion is seen in segment seven of the liver. Benign, however a triple CT is advised for exact characterisation. Infrahepatic IVC is not separately visualized. Collapsed. Chronically thrombosed.

Gall Bladder: Not visualized (H/O surgery).

Pancreas: Normal in size, shape and density. Pancreatic duct is not dilated. No focal mass or calcification seen.

Spleen: It is normal in size, shape and density. No focal lesions. No collaterals at splenic hilum.

Kidney: Both kidneys are normal in shape and size with normal enhancement. No focal lesion is seen.

Urinary Bladder: Normal in contour. Lumen appears normal.

B/L adrenal glands are normal.

Visualized uterus appear normal.

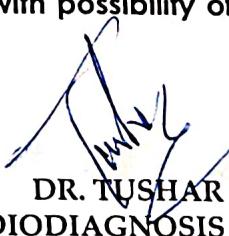
A defect of size~4.4cm is seen in right posterior lumber region with herniation of ascending colon through it.

Mild dextroscoliosis towards right.

IMPRESSION :

- **Heterogeneously enhancing solid cystic multiloculated abdomino-pelvic mass lesion as described suggestive of malignant ovarian neoplasm with possibility of mucinous etiology. (Adv : HPE correlation)**

Please correlate clinically



DR. TUSHAR
MD RADIODIAGNOSIS