

Name: SANTHINI C K
ID: SDC14687

Age: 049Years
Ref: DR RAMYA BINEESH (DGO
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Sex: F
Date: 14-Jul-2025

CE MRI PELVIS WITH ABDOMEN SCREENING

Technique : multiplanar images of the pelvis were taken. Limited evaluation of the upper abdomen.

Observation

Reference is made to previous MRI report dated January 2024.

Status post total hysterectomy and bilateral salpingo-oophorectomy.

The previously documented minimally non-enhancing T2 hyperintense thickening at the vaginal vault as well as adjacent parametrial region which is demonstrating any significant diffusion restriction or post-contrast enhancement is identified again. There is associated with tethering of the dome of bladder and adjacent bowel loops is noted again on the right side .

There is no evidence of residual or recurrent lesion is identified vaginal vault.

The right ovary shows a unilocular cyst within dependant T2 hypointense , T1 mildly hyperintense haemorrhagic component is noted again and presently measuring approximately 1.1 x 1.2 cm (previously 3.4 x 2.6 cm)

There is no evidence of significant pelvic lymphadenopathy

There is minimal fluid noted within the right side of the pouch of Douglas which has a maximum thickness of 1.2 cm.

Normal bladder.

Bones and muscles are unremarkable.

Screening of upper abdomen:

Liver is normal in span. No focal lesions.

Normal spleen,pancreas and bilateral adrenal glands

Right sided moderate hydronephrosis noted with renal pelvic AP diameter of 2.1 cm with abrupt transition in the upper ureter. Few cortical scarring noted in the inferior pole of the left kidney. Tiny subcentimetric cysts are noted in the interpolar region of both the kidneys.

No bowel loop dilations.

No retroperitoneal or mesenteric lymphadenopathy.

Lung bases are grossly normal.

IMPRESSION

Known case of carcinoma vagina status post TAH and left SO, with reference to previous MRI report dated January 2024, present study reveals

- **Persistent thickening of the vaginal vault with tethering of the urinary bladder and adjacent bowel loops towards right side, likely fibrosis.**
- **No evidence of enhancing or diffusion restricting residual/recurrent lesion.**
- **Interval reduction in the size of the right ovarian unilocular cyst.**
- **Minimal fluid in the right side of POD.**

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This is a voice-typed report, prone to some erroneous typing errors and grammatical mistakes with some words that may be misplaced or misspelt even after proofreading; kindly acknowledge the human error and if you find any, kindly contact us for correction.



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