



ADVANCED

IMAGING & PATHOLOGY

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NAME:	MRS. REENA BHATIA	Age/Sex:	49Y/F
REF. BY:	DR. R. K. TRIPATHI, MS (surgery)	Date:	25.11.2023
INVESTIGATION:	MRI WHOLE ABDOMEN & PELVIS		

MRI of the abdomen was obtained with axial and coronal SSFSE, FIESTA, axial T1- & T2-weighted scans, thin fat saturated axial T1- & T2-weighted scans. Sagittal & coronal T2-weighted images were obtained and correlated with axial T1- & T2- and fat saturated T1- & T2-weighted images. High B-value diffusion-weighted images were obtained through the upper abdomen & pelvis.

Clinical profile : Right sided abdominal pain. Prior history of surgery for uterine ? fibroids. ? right ovarian mass

The urinary bladder does not show any focal abnormal wall thickening.

A large lobulated lesion in the right side of the abdomen within the peritoneal cavity measuring about 12.4 x 15.7 x 22.1 cm appearing hypointense on T1 and heterogenously hyperintense on T2 weighted images, This lesion is separate from the right ovary (3.1 x 1.6 x 2.4 cm) and left ovary (2.8 x 2 x 2.2 cm). No definite extension of the right ovarian vein to the lesion is seen.

Post operative absence of the uterus is seen.

The endocervix and the vagina show normal signal intensities and appear normal.

The liver does not show any focal lesion.

The gall bladder is well distended and does not show any intra-luminal filling defect.

The spleen, pancreas, adrenals and kidneys are within normal limits.

Free fluid is seen in the pelvis. No evidence of lymphadenopathy is seen in the abdomen or pelvis.

OPINION: - MR scan findings are suggestive of large peritoneal neoplastic lesion in right side of the abdomen, separate from the ovaries with mild free fluid in the pelvis. No definite extension of the right ovarian vein to the lesion is seen.

Differential diagnosis includes a mesenteric / peritoneal neoplasm or less likely a large right paraovarian neoplasm.

Please correlate clinically. Cytological / histopathological correlation is suggested.

DR. ANKUR AGRAWAL

MD, FRCR (LONDON)

CONSULTANT RADIOLOGIST

Thanks for the Reference

Kindly let us know the follow up of the Patient

All Test have Technical Limitations, Collaborative Clinicopathological Interpretation is indicated. In case of Disparity, Test should be Repeated Immediately. Reports are to be Interpreted by Qualified Medical Specialist. In case of any discrepancy due to machine error or typing error, please get it rectified immediately. * NOT VALID FOR MEDICO-LEGAL PURPOSE. IN CASE OF ANY DISPUTE THE JURISDICTION WILL BE AGRA CITY ONLY.