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Nuclear Medicine



23rd October 2003

Dr Judit Morvai
Suite 1 Birubi Chambers
Hawker Place
HAWKER ACT 2614

Re: Ms Kavitha SUNDARAJU - D.O.B.: 27/05/77 Ph: 62783829
4 Wardill Close Holt ACT 2615

Folio: 159853-1

ABDOMINAL ULTRASOUND

Clinical Notes

Abdominal mass.

Report

The gallbladder contains two polyps, the larger of the two being 6mm in diameter. There is no additional biliary abnormality seen. The liver, spleen, pancreas and both kidneys appear normal. No upper abdominal mass was seen. In particular there is no lymphadenopathy within the upper abdomen.

Thank you for referring this patient.

Dr. Barry Flynn FRACP DDU
BF/md/creader/sl
Calvary Clinic

COPY

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25th October 2003

Dr Judit Morvai
Suite 1 Birubi Chambers
Hawker Place
HAWKER ACT 2614

Re: Ms Kavitha SUNDARAJU - D.O.B.: 27/05/77 Ph: 62783829
4 Wardill Close Holt ACT 2615

Folio: 159853-1

GYNAECOLOGICAL ULTRASOUND

Clinical Notes

Abdominal mass.

Report

The uterus is enlarged having a maximal diameter of 14.2cm. Multiple fibroids are present throughout the whole uterus with little normal myometrium being demonstrated. The largest fibroid (although due to the number margins are difficult to discern) measures approximately 10cm and lies on the right. The endometrium could not clearly be seen.

The ovaries were not confidently identified but no adnexal mass or free fluid is seen.

Thank you for referring this patient.

Dr. Matthew Lee MBBS FRANZCR
ML/dc/scaitcheon
John James Memorial Hospital

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2nd January 2004

Dr Jakub Dreher
Suite 13, Calvary Clinic

BRUCE ACT 2617

Re: Ms Kavitha SUNDARAJU - D.O.B.: 27/05/77 Ph: 62783829
4 Wardill Close HOLT ACT 2615

Folio: 159853-1

HYSTEROSALPINGOGRAM

Clinical Notes

Large fibroid. ?Right ovarian cyst noted on CT scan of November 2003. Contemplating pregnancy.


Report

Note is made of the ultrasound and CT findings demonstrating a markedly enlarged uterus due to multiple fibroids.

I was unable to successfully cannulate the cervical os with the standard metal introducer. A plastic cannula was inserted without difficulty.

The uterine cavity is elongated and demonstrates a distorted outline consistent with the presence of the fibroids some of which appear to be submucosal in position. Only the isthmic portion of the right fallopian tube could be opacified. This is despite what was felt to be adequate distension of the uterine cavity. On the left both the isthmic, ampullary and infundibular portions of the fallopian tube have been opacified and appear normal. No definite spill of contrast into the peritoneal cavity however was seen.

Thank you for referring this patient.


Dr. Brendan Cranney FRANZCR
BC/md
Calvary Clinic