

ANUSHKA MRI & CT SCAN CENTRE
(DIVISION OF SHRUTI MEDICAL INSTITUTE)

Dr. D. D. Shetty
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Patient Name:	Mr. Viraj Mhaske	Date:	26/7/24
Age/Sex:	3Yrs/M	PRN NO:	
Ref. By:	Dr. S. Kokane		

ABDOMEN SCAN

Plain and contrast CT sections of the abdomen have been obtained. Stomach, small and large bowel loops are visualised with oral mannitol mixed with water as negative contrast. Previous CT dated 14/6/24 is available for comparison.

Clinical history: k/c/o Bilateral Wilm's tumour, on chemotherapy.

Liver appears enlarged in size and measures 12.1cm in its maximum cranio-caudal extent. Intrahepatic biliary radicles appear normal. Portal vein and intrahepatic portal venous radicles appear normal.

Gall bladder is distended and appears normal. No evidence of radio dense calculus in gallbladder. No peri-cholecystic fluid collection / fat stranding is seen. Cystic duct and CBD appear normal.

Spleen appears normal. Small splenunculus is seen along its inferior pole measuring 11x7mm in size.

Pancreas appears normal. Pancreatic duct is not dilated. Peripancreatic fat appears normal. Both adrenal glands show homogeneous enhancement with no focal lesion is seen.

Previously seen heterogeneously enhancing, soft tissue density lesion arising from inferior pole of the right kidney appears significantly reduced in size on present imaging. It measures 3.6 x 2.6 x 3.2 cm (APx TRx SI). Small foci of soft calcification are seen within this lesion. Increased vascularity noted within the lesion on arterial phase suggestive of neovascularization appears reduced on present imaging. Previously seen mass effect on adjacent structures has significantly resolved on present imaging. The lesion shows heterogenous enhancement. It is abutting anterior and posterior renal fascia with no extension beyond them. Right renal vein and IVC show normal opacification. Mild adjacent perilesional fat stranding is seen. Rest of the renal parenchyma appears normal and shows good excretion of contrast.

Another lesion with similar imaging characteristics seen arising from superior pole of left kidney also appears reduced in size and it measures 2.1 x 2.1 x 2.4 cm (AP x ML x SI) in size. Left renal vein is well opacified and appears normal. Rest of the renal parenchyma of left kidney appears normal and shows good excretion of contrast.

Visualised bowel loops appear normal.
Mosaic attenuation is seen in right lung parenchyma.
Rest of the findings are unchanged as compared to previous imaging.

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Preliminary Report prepared by Dr.

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