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Visit No.	: 021803120040	UID No.	: 239708
Patient Name	: <b>Mr. MICHAL SIEMASZKO</b>	Reg. Date	: 12/Mar/2018 11:54 AM
Age/Sex	: <b>39.1 YRS / Male</b>	Report Date	: 13/Mar/2018 01:14PM
Referred By	: Dr. PRAKASH KUMAR KHUTE	Print Date	: 13/Mar/2018 01:14 PM

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## **MR & CT UROGRAPHY**

MR imaging was performed on an advanced 3.0 Tesla, 32 channel digital broad-band MR system using a dedicated multi-channel phased-array surface coil with axial and coronal SSFSE, FIESTA, axial T1- & T2-weighted scans, thin fat saturated axial T1- & T2-weighted scans. 3D heavily T2-weighted images were also obtained and reconstructed on a dedicated workstation for MR urography. Sagittal T2 FS CUBE images were also obtained through the pelvis.

The CT Urography examination was conducted on a **128 slice / second multidetector CT (MDCT) scanner**. Serial axial sections were obtained after IV injection of non-ionic contrast (70ml of Omnipaque 350mg/ml) and data was acquired in early and delayed phases. Multiplanar reformations (MPR) and maximum intensity projections (MIP) were also done. No immediate contrast reaction was observed.

*Clinical profile: Penetrating trauma to left upper thigh/pelvis followed by dysesthesia.*

Both kidneys are normal in position, size and contour with normal contrast excretion. No evidence of any focal renal parenchymal lesion is seen on right side. No evidence of any renal calculus or hydronephrosis is seen on either side. The bilateral perinephric spaces appear normal. No restricted diffusion is seen within the kidneys.

The right kidney measures 5.1 x 5.6 x 10.8cm and the left kidney measures 5.6 x 6.1 x 10.6cm.

Bilateral ureters are normal in calibre. No ureteric calculus is seen on either side.

The urinary bladder is normal in distensibility and wall thickness. No evidence of any intraluminal calculus or mass is seen.

The seminal vesicles and prostate are unremarkable.

There is no evidence of free fluid or significant abdominal lymphadenopathy.

Parts of the liver, gall bladder, spleen, pancreas and adrenals are unremarkable. The visualized bowel loops do not show any obvious abnormality. The ileocaecal junction and appendix appear normal.

*Incidental note is made of a non-enhancing lobulated upper retroperitoneal soft tissue lesion, between the IVC and right adrenal extending posterior to the pancreas with fatty density in the midline and left lateral aspect of the lesion. It shows hypodensity in the soft tissue component on the CT (25-26 HU) without significant enhancement and a tiny speck of calcification. The MR images reveal T2-hyperintensity within the lesion without restricted diffusion.*

• Defence Colony • Gurugram • Hauz Khas Enclave • Sir Ganga Ram Hospital • Fortis Ft. Lt. Rajan Dhall Hospital  
• PSRI Hospital • BLK Super Speciality Hospital • Sports Injury Centre, Safdarjung Hospital • Bali Nagar • Dehradun

• Advanced 3T- 32 Channel Digital MRI • 128 Slice Multi - Detector CT • CT Coronary Angiography • Fibrosan for Liver • Cone Beam Dental CT / OPG / Cephalogram  
• 4D Ultrasound with Doppler • Dual Energy 1000mA True Digital X-Ray • Full Field Digital Mammography with CAD • DEXA Bone Densitometry  
• 4D-Echo, Stress Echo, TMT, ECG, Holter & PFT • MRI / CT / US Guided Biopsy



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### OPINION:

- MR scan findings are suggestive of no significant abnormality in the kidneys, ureters and urinary bladder. No evidence of calculus disease, hydronephrosis or renal mass is seen.
- Incidental note is made of a non-enhancing upper retroperitoneal mass with soft tissue and fatty signal within without restricted diffusion. A differential diagnosis of lymphangioma was considered.

Please correlate clinically.

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DMC No.: 20623