



SGPC'S GURU NANAK KHALSA COLLEGE OF ARTS SCIENCE & COMMERCE



## CHAAR SAHIBZADE MRI AND CT SCAN CENTRE

NAME	JAMILA KHATUN 59Y/F	REGISTRATION DATE TIME	-
AGE/GENDER	059Y / FEMALE	STUDY DATE TIME	17-OCT-2025 09:31
REGISTRATION ID	-	REPORT DATE TIME	17-OCT-2025 13:23
REF. BY	-	MODALITY	MR
PATIENT ID	13665	ACCN NO.	-

### MRI Abdomen

#### History:

Post hysterectomy and bilateral salpingo-oophorectomy status (for complex left ovarian cyst). Evaluation for metastasis.

#### Technique:

Multiplanar, multisequence MRI of the abdomen performed with diffusion-weighted and post-contrast imaging.

#### Findings:

##### Liver:

Few **T2 and STIR mildly hyperintense lesions** are noted in the **right lobe of liver**, involving **segments V and VIII**, the largest measuring **16 × 12 mm**.

These lesions demonstrate **restricted diffusion** and appear **hypointense on T1-weighted images**, suggestive of **metastatic deposits**.

No intrahepatic biliary radicle dilatation. Hepatic contour and size are maintained.

##### Gallbladder and Biliary Tree:

Gallbladder appears normal. No cholelithiasis or wall thickening. Common bile duct is normal in caliber.

##### Spleen, Pancreas, and Adrenals:

Spleen is normal in size and signal. Pancreas and both adrenal glands are unremarkable.

##### Kidneys and Retroperitoneum:

Both kidneys appear normal in size and cortical thickness. No hydronephrosis or focal lesion.

Few **pre-aortic, para-aortic, and mesenteric lymph nodes** are seen, showing **restricted diffusion** and **mild T2 hyperintensity**, the largest measuring **24 × 16 mm**, likely representing **metastatic lymphadenopathy**.

##### Bowel and Mesentery:

Visualized bowel loops are normal in caliber and mural signal. No bowel wall thickening, obstruction, free fluid, or peritoneal nodularity.

##### Pelvis:

Post hysterectomy and bilateral salpingo-oophorectomy status.

No residual or recurrent pelvic mass lesion, collection, or abnormal diffusion restriction.

##### Bones and Soft Tissues:

Visualized vertebrae and soft tissues show no focal enhancing lesion.

**Incidentally noted STIR hyperintense signal with suspicious tiny erosions** are seen in the **left iliac bone**,

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findings suspicious for metastatic involvement.

**STIR hyperintense paraspinal edema/signal** is noted in the **bilateral lower lumbar paraspinal muscles**; **MRI lumbar spine with sacroiliac joints with contrast** is suggested for further evaluation.

**Incidentally noted ill-defined STIR hyperintense edema** is seen in the **left perianal region at 4–6 o'clock position**, likely **inflammatory or infective**; **dedicated MRI pelvis or perianal region** is advised for further evaluation.

### Impression:

- **Multiple mildly T2/STIR hyperintense lesions in the right hepatic lobe (segments V and VIII) with diffusion restriction — suspicious for hepatic metastatic deposits.**
- **Prominent pre-aortic, para-aortic, and mesenteric lymph nodes with restricted diffusion — likely metastatic lymphadenopathy.**
- **Post hysterectomy and bilateral salpingo-oophorectomy status — no pelvic recurrence or mass lesion.**
- **Incidentally noted STIR hyperintense signal with suspicious erosions in the left iliac bone — likely early metastatic or inflammatory lesion - suggest MRI with contrast.**
- **STIR hyperintense paraspinal edema/signal in bilateral lower lumbar paraspinal muscles —; MRI lumbar spine with SI joints with contrast recommended.**
- **Ill-defined STIR hyperintense edema in the left perianal region (4–6 o'clock position) — suspicious for inflammatory/infective pathology; further evaluation advised.**

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17th Oct 2025

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