

Patient Name : Ms.KIMMY KUMARI Visit No : CHA250038716  
Age/Gender : 31 Y/F Registration ON : 04/Mar/2025 09:44AM  
**Lab No : 10136011** Sample Collected ON : 04/Mar/2025 09:44AM  
Referred By : Dr.NORTHERN RAILWAY Sample Received ON :  
Refer Lab/Hosp : NORTHERN RAILWAY LKO Report Generated ON : 04/Mar/2025 07:30PM

## **MRI: PELVIS**

### **IMAGING SEQUENCES (NCMR)**

**AXIAL:** T1, T2 Wis. **CORONAL:** T1, T2 Wis. **SAGITTAL:** T1, T2 Wis.

Uterus is bulky in size. Large well defined mildly T2 hypointense lesion [approx. 11.8(vertical) x 10 (A.P) x 11.5cm (Trans)] is seen arising from right postero-lateral wall of mid & lower uterine body. The lesion is showing large exophytic component on right side and causing left lateral displacement of uterus. It is causing effacement & left antero-lateral displacement of endometrium. The lesion is abutting right external & internal iliac vessels, however no vascular encasement is seen. It is abutting & displacing adjacent bowel loops without evidence of invasion. Right ovary is displaced superiorly at umbilical region. Endometrial stripe is showing normal signal intensity pattern. No significant collection is detected within the uterine cavity. Rest of the uterine myometrium is normal signal intensity.

Cervix appears normal.

Both the ovaries are normal in size, outline and morphology. No adnexal mass is seen.

Urinary bladder is partially distended.

No free fluid is seen in peritoneal cavity.

No significant pelvic lymphadenopathy is noted.

Common iliac, external iliac and internal iliac vessels are showing normal flow void.

## **IMPRESSION**

**Large subserosal fibroid arising from right postero-lateral wall of mid & lower uterine body.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Typed by Ranjeet

\*\*\* End Of Report \*\*\*

