

Patient Name	: Mr.DEEN BANDHU	Visit No	: CHA250046102
Age/Gender	: 65 Y/M	Registration ON	: 16/Mar/2025 07:51AM
Lab No	: 10143397	Sample Collected ON	: 16/Mar/2025 07:51AM
Referred By	: Dr.AHMAD IQBAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 03:19PM

MRI: FACE & NECK

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis. **SAGITTAL:** T1 Wis. **CORONAL:** T1 & TSE T2 Wis.

Moderate sized ill defined T2/TIRM hyperintense T1 hypointense lesion of size 26 (AP) x 19 (TR) x 16 mm (CC) is seen involving posterior part of left upper alveolus (at 1st to 3rd molar region). The lesion is causing erosions of involved segment of maxilla. Laterally it is involving adjacent part of superior gingivo buccal sulcus. Medially the lesion is abutting left lateral aspect of hard palate. Posteriorly the lesion is focally abutting left medial pterygoid muscle, however no obvious evidence of infiltration is seen. Interface with ipsilateral masseter & lateral pterygoid muscles is maintained.

Few subcentimetric bilateral upper cervical lymphnodes are seen in level Ib & II, largest measuring approx. 13 X 6 mm in left level II.

A tiny cystic lesion measuring approx. 8.8 x 7.6 mm is seen in left lower alveolus at 2nd premolar region - ? reticular (periapical) cyst.

Base of tongue, retromolar region, oropharynx and nasopharynx are normally visualized.

Prevertebral muscles are normal in morphology and thickness. Parapharyngeal spaces are bilaterally symmetrical showing normal intensity and outline.

Epiglottis and ary-epiglottic folds are normally visualized. Bilateral vaeullae and pyriform sinuses are symmetrical and showing normal MR morphology.

Carotid sheath contents are normally visualized bilaterally.

Bilateral submandibular and parotid glands are normally visualized.

Infratemporal fossae and pterygoid muscles are normally visualized.

IMPRESSION

- **Moderate sized ill defined lesion involving posterior part of left upper alveolus with features as described – likely neoplastic.**

ADV : Contrast study & histopathological correlation.

Please correlate clinically.

DR. RAVENDRA SINGH
MD

(Transcribed by Rachna)



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*** End Of Report ***

