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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Ms.SEETA	Visit No	: CHA250046993
Age/Gender	: 56 Y/F	Registration ON	: 17/Mar/2025 12:12PM
Lab No	: 10144288	Sample Collected ON	: 17/Mar/2025 12:12PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 06:45PM

CEMRI: FACE

IMAGING SEQUENCES (CEMR) AXIAL: T1 & TSE T2 Wis. SAGITTAL: T1 Wis. CORONAL: T1 & TSE T2 Wis. Post Contrast : T1 sagittal, axial & coronal

Moderate sized [approx. 26 (vertical) x 33 (A.P) x 19mm (Trans)] ill defined heterogeneously enhancing T2/TIRM hyperintense T1 hypointense soft tissue lesion is noted in left lateral border of anterior 2/3rd of tongue. Anterior part of posterior 3rd of tongue is also involved. The lesion is extending just proximal to the midline indenting the left genioglossus muscle. Lesion is involving intrinsic muscles of tongue and left hyoglossus muscle. Lesion is not extending upto the base of tongue. Inferiorly the lesion is abutting left sublingual gland. Rest of the extrinsic muscles are visualized normally.

Few subcentimeteric bilateral upper cervical lymph nodes are seen in level Ib and II regions, largest measuring approx 11x 7mm in left level II.

Retromolar region, oropharynx and na<mark>sopharynx are n</mark>ormally 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 valecullae and pyriform sinuses are symmetrical and showing normal MR morphology.

Carotid sheath contents are normally visualized bilaterally.

Bilateral submandibular & parotid glands are normally visualized.

Infratemporal fossae and pterygoid muscles are normally visualized.

IMPRESSION

• Ill defined heterogeneously enhancing soft tissue lesion in left lateral border of anterior 2/3rd tongue with features as described – neoplastic etiology. Adv: histopathological correlation.

Please correlate clinically.

DR. RAVENDRA SINGH MD

Typed by Ranjeet

