

04/07/2024 10:17:56AM

## RADIOLOGY DEPARTMENT

Patient Name :

Patient Age :

Case Number : 3-24-19089

Ref. Physician : Amr Jean Mueh

Adm / Print Date : 03/07/2024 / 04/07/2024 10:17:56

Operator :

## Magnetic Resonance Imaging

### MRI OF THE ABDOMEN & PELVIS

Examination realised with OPTIMA 360 Master 1.5 T. Freewave 16 chanel reception. Parallel imaging (ASSET).

The following sequences were obtained:

Axial T2W/SSFSE, T2W/FS, FIESTA, DWIBS, dual FFE, coronal LAVA, T2W/SSFSE, sagittal T2W/FS.

Axial dynamic LAVA and static coronal LAVA, coronal T1W/FS. sequences were also obtained after IV injection of Gadolinium.

The liver is of normal size and shows 1.6 cm regular formation of low T1, high T2 signal at the level of segment V demonstrating no enhancement after IV contrast injection appearing in relation with biliary cyst. The remaining liver is of homogeneous signal intensity.

The pancreas and spleen show normal configuration.

Both kidneys are of normal size and signal intensity and show symmetrical nephrographic effect.

The urinary bladder is unremarkable.

The uterus is prominent (9.5 x 5.8 x 4.9 cm) and shows a focal area of myometrial thinning in the anterior aspect of its body appearing suggestive of post cesarean scar defect.

2.3 cm cyst is seen in the left ovary showing no gross enhancement after IV contrast injection.

The right ovary is unremarkable.

Minimal amount of fluid is seen in the cul-de-sac.

There is a 6 x 5.8 x 5 cm loculated formation of intermediate T1, intermediate to high T2 signal located in the posterior lower peri-rectal space and reaching the pre-coccygeal region superiorly. It demonstrated mild to moderate wall enhancement after IV contrast injection. These findings are unspecific.

tailgut cyst, abscess or teratoma or less likely mucinous adenocarcinoma may give similar appearance.

The visualized bones show no suspicious marrow lesion.

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2024/7/10