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Reg. No. : S-764	Printed On : 30-04-2019 - 04:16 P
Registration Date : 29-04-2019 / 05:47 PM	Age/Gender : 35Y / F
Patient : Ms NANCY DHUNNA	
Referred By : Dr Asim Iqbal	

MRI BOTH KIDNEYS WITHOUT CONTRAST

PROCEDURE : MRI of both kidneys was done on 1.5 Tesla using torso body coil. T1, resp. triggered T2 and Fat-suppressed T2 weighted axial imaging was done. T1 and T2 weighted coronal imaging was done. (CD containing MRI images given along with the films).

CLINICAL INFORMATION / HISTORY :- UTI and urosepsis.

PREVIOUS SCANS: None

OBSERVATIONS:-

Right kidney measures ~ 9.0x2.3 cm. It reveals irregular outline with thinning of renal parenchyma and loss of normal corticomedullary differentiation. There is focal relative sparing / compensatory hypertrophy of lower pole parenchyma. Few variable sized cortical cysts are seen, largest measuring ~ 1.5 cm. No hydronephrosis is seen. No focus of restricted diffusion is seen on diffusion-weighted imaging.

Left kidney is enlarged in size, measuring ~ 12.0x5.0 cm. It reveals mild lobulated outline with focal cortical scarring at mid pole. Multifocal ill marginated areas of restricted diffusion are seen in left kidney on diffusion-weighted imaging revealing intermediate to low signal on T2WI favouring pyelonephritis. Multiple variable sized foci of T2 prolongation showing restricted diffusion on diffusion-weighted imaging are seen at mid - lower pole favouring abscesses, largest measuring ~ 2.2x2.0 cm. No hydronephrosis is seen. No mass like lesion is seen.

No significant enlarged lymphnodes ar seen in visualised abdomen.

IMPRESSION- Features are in favour of chronic pyelonephritis of right kidney and acute on chronic changes of pyelonephritis with variable sized abscesses in left kidney. Clinico-lab. data correlation and follow up is suggested.

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-- End of Report --

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by

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If test results are alarming or unexpected, please contact centre immediately for possible remedial action.