

**Chettinad Hospital and Research Institute
Department of Radio Diagnosis**

Special Investigations

Other investigations- Representative Reports



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. DURGA PRASAD Age/Sex: 37/M Date: 13.06.2023

Ref by: GM H.No: CSSH09000426245

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Linear STIR hyperintense tract measuring 2.0 cm is noted in the perianal region with suspicious external opening at 6'o clock position ~ 1.5 cm proximal to anal verge and the tract extends upwards right laterally in the intersphincteric plane and ends into the anal canal with an internal opening at 7'o clock position.

No deeper extension / collection seen.

Irregular T2/STIR high signal intensity noted in right gluteal region – suggestive of inflammatory changes.

Lower rectum appear normal in thickness and MR morphology. Levator ani appear normal. Suprlevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Linear STIR hyperintense tract with internal and external openings as described - ? intersphincteric fistula.
- Suggested follow up.

Typed by swetha


DR. V. SATHYANARAYANAN MD, RD.
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SRI RAM

Age/Sex: 23/M

Date: 30.07.2023

Ref by: GS

H.No: CARE093768573

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Internal opening noted at 1'o clock position, within 1 cm from anal verge.

A simple linear superficial sinus tract noted running anteroinferiorly, measuring ~ 3 cms in length and 0.3 cms in calibre.

External opening noted in left paramedian aspect of perineum.

Lower rectum appear normal in thickness and MR morphology. Supralelevator space appear normal.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Superficial perianal sinus as described.

Typed by swetha


PROF. DR. A. EINSTIEN, MD, RD,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SARAVANAN

Age/Sex: 58/M

Date: 27.05.2023

Ref by: GS-VI

H.No: CARE093607220

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Linear T2/STIR hyperintense intersphincteric tract measuring 1.5 -2 cm is seen in perianal region with external opening at 6'o clock position approximately 0.5 cm distal to the anal verge and internal opening at 6'o clock position approximately 2.8 cm proximal to the anal verge.

The fistulous tract divides into two from the level of anal verge and joins to form a signal tract at the level of internal opening.

Lower rectum appear normal in thickness and MR morphology. External sphincter appear normal.


No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Intersphincteric fistula with two tracts as described.

Typed By swetha


DR. K.S. RAMPRASATH, MBBS, DNB.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. MOHAN

Age/Sex: 60/M

Date: 28.04.2023

Ref by: GS

H.No: 093664696

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

A large perianal abscess approximately 3.1 x 4.7 x 5.2 cm (AP x TR x CC) noted at 5 to 7'o clock position in intersphincteric plane extending into bilateral ischio-rectal fossa.

Inflammatory changes noted along right levator ani.

Lower rectum appear normal in thickness and MR morphology.

No evidence of free fluid in the peritoneal cavity.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

➤ Perianal abscess as described.

- St. James University Hospital classification - Grade - II.

PROF.DR. R. ANAND, MD,RD,EDIR

Typed by: Sathya

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BED PRAKASH SHAW Age/Sex: 58 / M Date: 29.05.2023

Ref by: OP / GS – VI

H.No: CARE093456985

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS & IMPRESSION:

T2 hyperintense linear intersphincteric fistulus tract from coursing anteroposteriorly for a length of 3 cm with internal opening level of anorectal junction at 6'o clock position with external at 6'o to 7'o clock position.

Subcentrimetric submucosal collection measuring 7 x 4mm noted at the anorectal junction

Lower rectum appear normal in thickness and MR morphology. External sphincter appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION :

Intersphincteric fistulous tract at right para-median aspect of gluteal cleft with internal and external opening as mentioned -St James university classification type II

Typed by: Kalpana


DR. V. SATHYANARAYANAN, MD, RD.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. N. BHUVANESWARI Age/Sex: 68/F Date: 27.06.2023
Ref by: MGE H.No: CSSH09000381685

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

T2/STIR hyperintense tract measuring 5.5 cms in length noted in intersphincteric plane on left side with external opening at 5'o clock position approximately 1 cms distal to anal verge and internal opening at 3 to 4'o clock position approximately 4.5 cms proximal to anal verge with presence of surrounding inflammatory changes.

Lower rectum appear normal in thickness and MR morphology. External sphincter appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Simple intersphincteric fistula as described.
- St. James university classification – Grade I.


DR. K.S. RAMPRASATH, MBBS, DNB.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. JENNIFER
H.No: CARE093879973
Ref by: OP / OG

Age/Sex: 32 /F

Date: 10.11.2023

HYSTEOSALPINGOGRAM

Distal part of tube appears mildly dilated and serpingenous; however there is evidence and peritoneal spill noted.

Proximal part of right fallopian tube appears normal in calibre.

Uterine cavity appears normal in size, shape and contour.

Left fallopian tubes is visualised and appears normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- **Likely mild right hydrosalpinx.**

DR. C. BHAVYA SREE, MD, RD.,

Typed by Kalpana

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



Hospital & Research Institute

Chettinad Academy
of Research and Education
(Deemed to be University)

Chettinad Hospital and Research Institute

(A Unit of Chettinad Academy of Research and Education),
Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Miss. SUBHITHA

Age/Sex: 19 /F

Date: 28.07.2023

Ref by: GS-V

H. No: CARE093766653

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Simple intersphincteric fistula noted in the left side of perianal canal with internal opening at 5'O clock posterior approximately 4 cm from the anal verge and external opening at 5'o clock position approximately 2.5 cm postero inferior to the anal verge.

Superior half of the sphincter appears partially fibrosed in the form of T2/ STIR intermediate signal.

Lower rectum appear normal in thickness and MR morphology. Perirectal fat appear normal. Levator ani appear normal. Ischiorectal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Simple intersphincteric fistula in left side of anal canal as described.

Typed by daisy


DR. K.S. RAMPRASATH, MBBS, DNB.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BAKKIYA RAJ

Age/Sex: 35/M

Date: 25.02.2023

Ref by: OP

H.No: 588348

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

A relatively well-defined T2/STIR hyperintense foci measuring 1.8 x 1.3. x 2.6 cm is seen in midline at the level of sacral vertebra (S3-S4 level) in the subcutaneous plane.

Linear hyperintense sinus tract for a length of 1.2 cm is seen arising from the above mentioned lesion.

Underlying bones appears normal.

Linear intersphincteric fistulous tract is seen in right paramedian aspect of intergluteal cleft.

Internal opening is seen at 9'o clock position.

Tract courses antero-posteriorly for a length of 4.4 cm with external opening at 7'o clock position.

Lower rectum appear normal in thickness and MR morphology. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Suprlevator space appear normal. No evidence of perirectal / pericolic abscess. No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass. Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Pilonidal sinus at the level of S3-S4 vertebral level.
- Linear intersphincteric fistulous tract at right paramedian aspect of intergluteal cleft as described above - St. James University Hospital Classification - Grade - I

Typed by: Sathya


DR. V. SATHYA NARAYANAN, MD, RD,

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



Hospital & Research Institute

Chettinad Academy
of Research and Education
(Deemed to be University)

Chettinad Hospital and Research Institute

(A Unit of Chettinad Academy of Research and Education),
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TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. CHINNAMAL

Age/Sex: 26 /F

Date: 28.08.2023

Ref by: GM

H. No: CARE093118794

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Simple intersphincteric fistula noted in 6'o clock position measuring 4 cm in length with internal opening at 6 ' o' clock position approximately 2.5 cm proximal to the level of anal verge and external opening approximately 1 cm distal to level of anal verge at 6'o' clock position.

Lower rectum appear normal in thickness and MR morphology. External sphincter appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Simple intersphincteric fistula at 6'o' clock position as described.


DR. K.S. RAMPRASATH, MBBS, DNB.,

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM

Typed by daisy



Hospital & Research Institute

Chettinad Academy

of Research and Education
(Deemed to be University)

Chettinad Hospital and Research Institute

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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. VOOLLA PREM KUMAR Age/Sex: 22/M Date: 25.09.2023

Ref by: GS

H. No: CARE093633648

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS & IMPRESSION:

Inflammation is seen in 12'o clock position of intersphincteric plane and external sphincter approximately 1.5 cm from anal verge.

Inflammation measures ~ 11 x 10 x 9 mm.

No evidence of abscess / fistula formation noted.

T2 hypointense areas seen emerging into perineum at 10 and 2'o clock position - ? fibrosis relative to prior inflammation.

Lower rectum appear normal in thickness and MR morphology. Perirectal fat appear normal. Levator ani appear normal. Ischiorectal and ischioanal fossae appear normal.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.


PROF. DR. E.A. PARTHASARATHY, MD, RD.

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM

Typed By Swetha



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. RIGIL M

Age/Sex: 33/M

Date: 10.09.2023

Ref by: OP

H.No: CSSH09000425643

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

An intersphincteric fistulous tract of length approximately 1 cms noted with internal opening at 5'oc clock approximately 1.3 cm above the anal verge.

- The external opening is noted at 7'o clock position at the anal verge.

Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Intersphincteric fistulous tract as described.
 - St. James classification – Grade I fistula.

Typed by swetha


DR. G. LAVANYA, MD, RD.

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. RAMALINGAM

Age/Sex:73 /M

Date:08.09.2023

Ref by: GS -V

H.No: CARE090841135

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Intersphincteric fistulous tract measuring 5mm in thickness with internal opening noted at 7'o' clock position, approximately 3cm above the anal verge.

- It is seen to be extending inferiorly and opening externally at anal verge at 7'o' clock positions.
- There is horse shore shaped deviation of the tract into the left intersphincteric plane.

Lower rectum appear normal in thickness and MR morphology. External sphincter appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

Intersphincteric fistulous tract noted as described.

- ST. James classification – Grade II fistula.

typed by : daisy


DR. R. ANAND, MD, DD, ED, FR.,
DEPARTMENT OF RADIOLOGY,
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr.CHINNAMARI

Age/Sex: 38/M

Date:07.02.2024

Ref by:OP

H.No: CARE093712069

MRI - FISTULOGRAM

TECHNIQUES:

T1WSE - CORONAL T1WSE - STIR FIESTA - SAGITTAL T1WSE, T2 FATSAT -AXIAL

FINDINGS & IMPRESSION:

Tiny T2/STIR hyperintense lesion measuring 10mm noted at 6'o clock position at the level of anal verge.


- Possibly superficial perianal sinus disease.
- Suggested clinical correlation.

Lower rectum appear normal in thickness and MR morphology. External sphincter otherwise appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

Prostate appear normal.


DR. K.S. RAMPRASATH, MBBS, DNB.,

CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr.MAHESH KUMAR Age/Sex:25 /M Date: 30.03.2024
H.No: CARE094051251 Dept:GS VI

MRI - FISTULOGRAM

TECHNIQUES:

T1WSE - CORONAL T1WSE - STIR FIESTA - SAGITTAL T1WSE, T2 FATSAT -AXIAL

FINDINGS:

T2 hyperintense mucosal inflammation seen at 12-1'o clock position of anal canal approximately 2.5cms from anal verge.

The inflammation courses antero superiorly and ends blindly adjacent to prostate on left side.

No evidence of abscess formation noted.

Lower rectum appear normal in thickness and MR morphology. External splinter appear normal. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

Prostate appear normal.

IMPRESSION:

- Mucosal inflammation in anal canal with perianal sinus as described.

TYPED BY:Gtaya
Read by Dr pradeep


Dr.E.A.PARTHASARATHY MBBS MD
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. ANANTHI

Age/Sex: 51/F

Date:21.03.2024

Ref by:OP

H.No: CSSH09000344702

MRI - FISTULOGRAM

TECHNIQUES:

T1WSE - CORONAL T1WSE - STIR FIESTA - SAGITTAL T1WSE, T2 FATSAT -AXIAL

FINDINGS:

T2/STIR hyperintense lesion of size 16 x 8mm noted in superficial subcutaneous plane of right perianal region at 11'clock position ~ 8mm below anal verge.

There is evidence of diffusion restriction.

There is no obvious connection with anal canal.

There is minimal surrounding inflammation.

Lower rectum appear normal in thickness and MR morphology. External splinter appear normal. Perirectal fat appear normal. Levator ani appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

Prostate appear normal.

IMPRESSION:

- Subcutaneous lesion in right paramedian aspect in perianal region.
- Possibilities includes infected subcutaneous gland.


PROF. DR. A. EINSTIEN, MD, RD,

Typed by A. Malavizhi
Read by: Dr. Neelofar

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. MAHITEJESH

Age/Sex: 32/M

Date: 30.01.2023

Ref by: OP

H.No: 35595

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS & IMPRESSION:

Opening is seen in natal cleft in midline.

Tract is seen extending superiorly and left laterally in subcutaneous plane of gluteal regions and is opening at two places (separately by 8 mm) in gluteal skin on left side.

Length of the tract is approximately 8 cm.

Inflammation is seen surrounding the pilonidal sinus tract.

No evidence of muscle / bone involvement.

Minimal inflammation is seen in ischioanal fossa on left side from 3-6'o clock position at the level of long rectum.

No evidence of abscess formation / perianal fistula.

Perirectal fat appear normal. Levator ani appear normal. Ischioanal fossae appear normal. Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

Urinary bladder appear normal in contour and wall thickness.

Typed by: Sathya


PROF. DR. E.A. PARTHASARATHY, MD, RD.
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SHANMUGAM

Age/Sex: 64/M

Date: 28.04.2023

Ref by: GS

H.No: 093665063

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Internal opening is probably at 6 to 7'o clock position just cephalad to anal verge.

A short linear superficial sinus tract is noted in right paramedian aspect of anal verge.

No associated abscess formation / deeper tract.

Inflammation noted in bilateral inguinal region without significant nodal enlargement.

Tiny utricle cyst noted in prostate.

Lower rectum appear normal in thickness and MR morphology. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Features suggestive of tiny superficial sinus tract as described above without abscess formation - for clinical correlation.

Typed by: Sathya


PROF. DR. A. EINSTIEN, MD, RD,

DEPARTMENT OF RADIOLOGY
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Hospital & Research Institute

Chettinad Academy
of Research and Education
(Deemed to be University)

Chettinad Hospital and Research Institute
(A Unit of Chettinad Academy of Research and Education),
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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SUMANRAJ

Age/Sex: 29/M

Date: 25.03.2023

Ref by: GS

H.No: 093625986

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

T2/STIR hyperintense fistulous tract is seen extending from an internal opening in 6'o clock position situated about 2.2 cm from the anal verge and extending for a length of 2.8 cm in the intersphincteric plane and opening extending in the right perianal cleft.

Lower rectum appear normal in thickness and MR morphology. Perirectal fat appear normal. Levator ani appear normal. Ischioanal and ischioanal fossae appear normal. Supralevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

➤ Above features suggestive of perianal fistulous tract.

(St. James University Classification - Grade I)

Typed by: Sathya


PROF. DR. R. ANAND, MD, RD, EDIR
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES

(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. PRABAKARAN

Age/Sex: 33/M

Date: 18.02.2023

Ref by: GS-IV

H. No: CARE093579757

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL

T1WSE - STIR

FIESTA - SAGITTAL

T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Perianal active fistula noted between 4 and 6'o clock position with intersphincteric extension of about 1 cm proximal to anal verge with external opening at 4/5'o clock position and internal opening at 5/6'o clock position.

Diffuse inflammatory changes noted at the medial most aspect of left gluteal region at the level of anal verge.

Lower rectum appear normal in thickness. Perirectal fat appear normal. Levator ani appear normal. Ischiorectal and ischioanal fossae appear normal. Supralelevator space appear normal.

No evidence of free fluid in the peritoneal cavity. No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Perianal fistula on left side as described.

Typed by: swetha


DR. K.S. RAMPRASATH, MBBS, DNB.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. JEBASTIN

Age/Sex: 58/M

Date: 14.01.2023

Ref by: OP

H.No: 2905362

MRI - FISTULOGRAM

Techniques:

T1WSE - CORONAL
T1WSE - STIR
FIESTA - SAGITTAL
T1WSE, T2 FATSAT - AXIAL

FINDINGS:

Linear active intersphincteric fistula noted in the perianal region with internal opening at 6'o clock position approximately 1 cm proximal to the anal verge and external opening at 7'o clock position in right perirectal cleft and at the level of anal verge.

Tiny T2/STIR hyperintense focus noted in the mucosal surface of 7'o clock position 1.5 cm proximal to the anal anal verge.

- For clinical correlation.

Diffuse inflammatory changes noted in right perirectal cleft.

Levator ani appear normal. Ischiorectal and ischioanal fossae appear normal.

Supralelevator space appear normal. No evidence of perirectal / pericolic abscess.

No evidence of peritoneal mass.

Urinary bladder appear normal in contour and wall thickness.

IMPRESSION:

- Simple intersphincteric fistula in the perianal region between 6 and 7'o clock position as described.

Typed by: Sathya


DR. K.S. RAM PRASATH, MBBS,DNB,

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MEENA VAISHNAVI
H. No: CARE093530716
Ref by: OG

Age/Sex: 30/F

Date: 06.01.2023

HYSTEROSALPINGOGRAM


Uterine cavity appears normal in size, shape and contour.

Distal aspect of bilateral fallopian tubes appear prominent. However on USG correlation no evidence of bilateral hydrosalpinx.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- **Normal appearance of uterine cavity and fallopian tubes.**
- **Free peritoneal spill of contrast noted on both sides.**


DR. K.S. RAMPRASATH, MBBS, DNB.,

DR. K.S. RAMPRASATH, DNB.,
SUPERVISOR
DEPARTMENT OF RADIOLOGY
REGISTRATION: 121344



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Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. Noorjahan
H.No: 538756
Ref by: OG

Age/Sex:34/F

Date: 12.01.2023

HYSTEOSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.


DR. G. RAJKUMAR, MD, RD

DR. G. RAJKUMAR, MDRD.
ASSISTANT PROFESSOR
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO: 91835



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Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District,

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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KAVITHA
H.No: CARE093529476
Ref by: OG

Age/Sex: 31/F

Date: 13.01.2023

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Right fallopian tube is visualised and appears normal.

Left fallopian tube is not opacified from the cornua.

Free peritoneal spill of contrast is noted on the right side.

IMPRESSION:

- **Left fallopian tube is not opacified from the cornua.**
- **Free peritoneal spill of contrast is noted on the right side.**

DR. K.S. RAMPRASATH, MBBS, DNB.,

DR. K.S. RAMPRASATH, DNB.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO:121344



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SATHYA

Age/Sex: 24/F

Date: 20.01.2023

H.No: 093545905

Ref by: OG

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.

DR. K.S. RAMPRASATH, MBBS, DNB.,

DR. K.S. RAMPRASATH, DNB.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CIRRI
REGD NO:121344



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. Geetha
H.No: 3542318
Ref by: OP

Age/Sex:29/F

Date: 21.01.2023

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Left fallopian tube appears prominent and opacified.

Right fallopian tube is visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

On USG, No evidence of hydrosalpinx.

IMPRESSION:

- **Free peritoneal spill of contrast noted on both sides.**


DR. K.S. RAM PRASATH, MBBS,DNB,

DR. K.S. RAMPRASATH, DNB,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO:121344



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(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. Indhumathi

Age/Sex:29/F

Date: 18.02.2023

H.No: 413337

Ref by: OP

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.


PROF.DR. A. EINSTIEN, MD,RD

DR. A.EINSTIEN, MD, RD
PROFESSOR
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO:76639



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. Priya
H.No: 093646176
Ref by: OG

Age/Sex:28/F

Date: 12.04.2023

HYSTEROSALPINGOGRAM

FINDINGS & IMPRESSION:

Uterine contour is obscured - probably antero / retroverted uterus.

Both fallopian tube appears opacified with no obvious spilling of contrast.

- Distal occlusion to be considered.

DR. V. SATHYA NARAYANAN, MD, RD

DR. V.S. SATHYANARAYANAN, MDRD.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO:122283



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. BOOMADEVI

Age/Sex: 35/F

Date: 11.04.2023

Ref by: GS

H.No: CARE092274148

T- TUBE CHOLANGIOGRAPHY

T- tube is seen in situ.

Biliary tree appears within normal limits.

No evidence of intra-luminal filling defect.

Contrast filling noted in duodenum.

Localized contrast extravasation noted in gall bladder fossa.

Prof DR. A. EINSTEIN, MD, RD

Typed by: Kalyani

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CHETTINAD HOSPITAL & RESEARCH INSTITUTE
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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. DEEPA
H.No: CARE093204992
Ref by: OG

Age/Sex: 30 /F

Date: 05.05.2023

HYSTEOSALPINGOGRAM

Left tube could not be demonstrated.

Right tube opacified.

No free peritoneal spill seen bilaterally.

Uterine cavity appears normal in size, shape and contour.

IMPRESSION:

- Normal appearance of uterine cavity.
- Left side cornual block.
- Right side distal tubal block.

DR. G. LAVANYA, MD, RD.

DR. G. LAVANYA, MDRD.
ASSISTANT PROFESSOR,
DEPARTMENT OF RADIOLOGY,
CHRI
REGD NO:110165



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KEERTHANA
H. No: CARE093338128
Ref by: OG

Age/Sex: 26/F

Date: 28.07.2023

HYSTEROSALPINGOGRAM

FINDINGS & IMPRESSION:

Contrast opacification not seen in the vicinity of right fallopian tube – could represent right cornual block.

Normal contrast opacification seen in endometrial cavity, left fallopian tube with peritoneal spill.

Uterine cavity appears normal in size, shape and contour.

Free peritoneal spill of contrast is noted on both sides.

DR. V. SATHYANARAYANAN, MD, RD.

DR. V.SATHYANARAYANAN, MDRD.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHRI
RESID 28/07/23



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(AERB. LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MALA
H.No: CARE093573276
Ref by: OG

Age/Sex: 28/F

Date: 02.03.2023

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

USG shows:

ET – 9.3 mm.

Isoechoic lesion measuring 11.2 x 4 mm noted arising from fundal aspect of endometrium.

Uterus measures 5.3 x 4.6 x 3.5 cm (TVS).

Right ovary measures 5.8 x 3.5 cm.

Cyst of size 4.1 x 3.7 cm noted in right ovary.

Left ovary measures 2.2 x 1.8 cm.

Mild free fluid noted in pouch of doulgas.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.

On USG correlation:

- Right simple ovarian cyst.
- Endometrial polyp.


DR. K.S. RAMPRASATH, MBBS, DNB.,

DR. K.S. RAMPRASATH, DNB.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHN
REGD NO:121344



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. PRAVEENA
H.No: CARE093559179
Ref by: OG

Age/Sex: 30/F

Date: 03.02.2023

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.

DR. K.S. RAMPRASATH, MBBS, DNB.,

DR. K.S. RAMPRASATH, DNB.,
SENIOR RESIDENT
DEPARTMENT OF RADIOLOGY
CHRI
REGD NO:121344



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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MOFI Age/Sex: 29 /F Date: 06.08.2023
H.No: CSSH09000423179
Ref by: OP

HYSTEOSALPINGOGRAM


Uterine cavity appears normal in size, shape and contour.

Left fallopian tube is visualized with suspicious peritubal contrast opacification

Right tube no evidence of opacification/ peritoneal spill.

IMPRESSION:

- Normal appearance of uterine cavity.
- Likely Right Cornual block
- Likely Left tubal block.


DR. C. BHAVYA SREE, MD, RD.,

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MARTINA
H.No: 093209302
Ref by: OP

Age/Sex:32/F

Date: 21.02.2023

HYSTEROSALPINGOGRAM

FINDINGS & IMPRESSION:

K/C/O Left Salphingectomy:

Left peritoneal spill is not visualized.

Uterine cavity appears normal in size, shape and contour.

Right fallopian tube is visualised and appear normal.

Peritoneal spill of contrast is noted on right side.

PROF.DR. E.A. PARTHASARATHY, MD, RD.

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CHETTINAD HOSPITAL & RESEARCH INSTITUTE
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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MUMTHA
H. No: CSSH09000411452
Ref by: OG

Age/Sex: 31/F

Date: 10.02.2023

HYSTEOSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.

DR. K.S. RAMPRASATH, MBBS, DNB.,

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. ANUPRIYA
H. No: CARE093163937
Ref by: OG

Age/Sex: 26/F

Date: 28.01.2023

HYSTEROSALPINGOGRAM


Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.


DR. K.S. RAMPRASATH, MBBS, DNB.,
DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MAHALAKSHMI
H.No: CARE091153844
Ref by: OG

Age/Sex: 22/F

Date: 25.01.2023

HYSTEROSALPINGOGRAM

Uterine cavity appears normal in size, shape and contour.

Both the fallopian tubes are visualised and appear normal.

Free peritoneal spill of contrast is noted on both sides.

IMPRESSION:

- Normal appearance of uterine cavity and fallopian tubes.
- Free peritoneal spill of contrast noted on both sides.

PROF. DR. EINSTEIN, MD, RD.

DEPARTMENT OF RADIOLOGY
CHETTINAD HOSPITAL & RESEARCH INSTITUTE
KELAMBAKKAM