

DEPARTMENT OF RADIOLOGY & IMAGING

LIAQUAT UNIVERSITY HOSPITAL

	HYDERABAD / JAMS	HORO
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DIAGNOSTIC & RESEARCH LABORATORY

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Ref By: SELF

Branch: Main Branch

Ward/Unit:

Collection Time: 14-DEC-20 ·12:55:15 Reporting Time 15-DEC-20 12:11:06

Cytology

Cyto#

20-2797

SPECIMEN

FNAC RIGHT SIDE OF NECK

MICROSCOPIC EXAMINATION

Smears show sheets and clusters of benign follicular epithelial cells against haemorrhagic background. No malignant cells are seen.

COMMENTS

RIGHT SIDE OF NECK:

Benign Thyroid Lesion, Thy II, Bethesda 2.

Prof. Dr. Farzana Memon

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Radionuclide Thyroid Studies

Name:

Mr. Muhammad Rafique

41 Years

Reg. No.

PRN-4859-20

Date of study:

15-12-20

Ref. By:

LUH, OPD



Clinical Details:

Scintigraphic evaluation of thyroid gland.

Protocol:

Thyroid scintigraphy was acquired with Tc-99m Pertechnetate. Tc-99m Pertechnetate (150 MBq) was injected I/V and static anterior neck view was acquired under the LFOV gamma camera, fifteen minutes following the radiotracer injection.

Scan Description:

Scintigraphy reveals thyroid gland at its normal position. The gland appears enlarged in size & shape. Left lobe appears normal in size with variable tracer uptake. Right lobe appears enlarged in size & shows variable radiotracer uptake throughout the lobe with predominant photon deficient. Background activity is normal.

Conclusion:

Multinodular goitre with predominant cold nodule involving the right lobe of thyroid gland.

Adice:

- Ultrasonography.
- FNAC/Excision biopsy.

Dr. Syed Shahid Iqbal (Director) Dr. Badar-ul-din Memon

Dr. Sadif Hûssain Nohario M.B.,B.S., DMRT., M.S. (Nuclear Medicine) Consultant Nuclear Medicine Physician

Scanned with CamScanner



NAME:	M. Rafique
REF BY:	Ali Akhtar sb
CT#	93481
AGE:	40 Years
DATED:	14-12-2020

- □ Real Open MŘI
- C.T Scan (Multi Slice) with 3D Images (First time in Hyderabad)
- □ Digital X-Ray
- □ Digital Pathology Laboratory
- □ EEG & Ultrasound
- □ 24 Hours Services
- □ STAND BY GENERATOR

C.T OF THE FACE & NECK WITH CONTRAST

CT SCAN PROTOCOL:

Multiple enhance axial scan were acquired with contrast administration. In addition, coronal, sagital reformation was also carried out.

FINDINGS:

Right lobe of thyroid gland appears enlarged in size approximately measuring about 4.0x4.0cm. There evidence of irregular hypodense lesion approximately measuring about 3.0x2.8cm within the right lobe. It shows no significant enhancement on post contrast image. Posteriorly it is abutting the neck vessel with indistinct fat planes. Furthermore there is an enhancing nodule approximately measuring about 2.5x2.0cm just above the right lobe of the thyroid gland in the midline. Posteriorly it is abutting the right lamina of the thyroid cartilage without definite evidence of its erosion. It shows washout of the contrast on delayed images.

Nasopharynx and hypopharynx appear normal.

The floor of the mouth appears normal.

The parapharyngeal space appears normal.

There is no evidence of mass in the supra-glottic, glottic or infra-glottic region.

The laryngeal and cricoid cartilages are normal.

Mucosal thickening is seen in both maxillary sinuses, suggestive of sinusitis.

Hypertrophy of both inferior nasal turbinates noted.

CONCLUSION

Above described findings could raises the possibility of a neoplastic mass of the thyroid gland with metastatic lymphadenopathy. Histopathological correlation is strongly advised for the confirmation.

Dr. A. Ahmed Qureshi MBBS, FCPS

Consultant Radiologist

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