



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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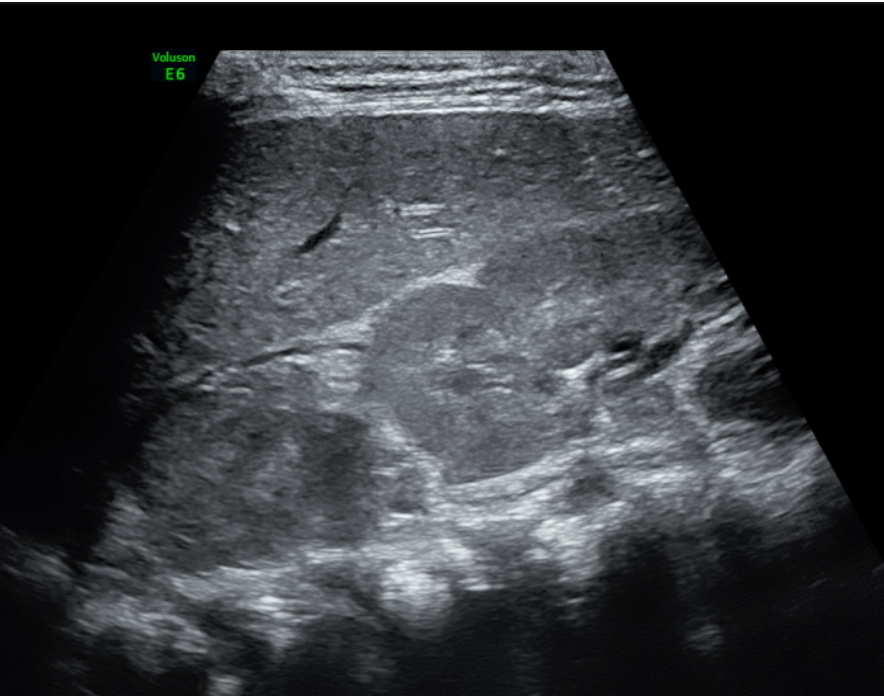
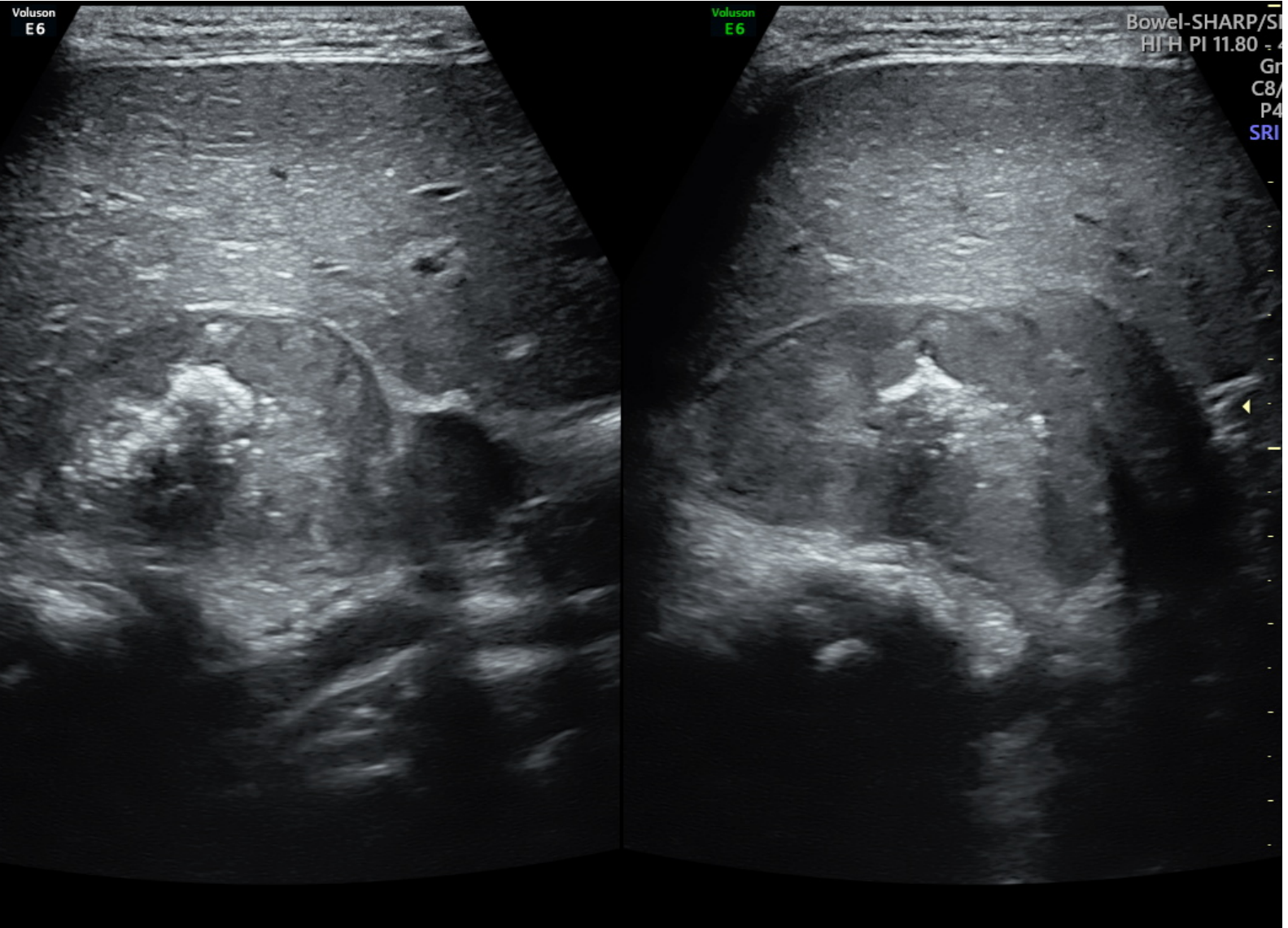
JJM MEDICAL COLLEGE, DAVANAGERE

PRSENTER: Dr Jay, PG Resident

Clinical history

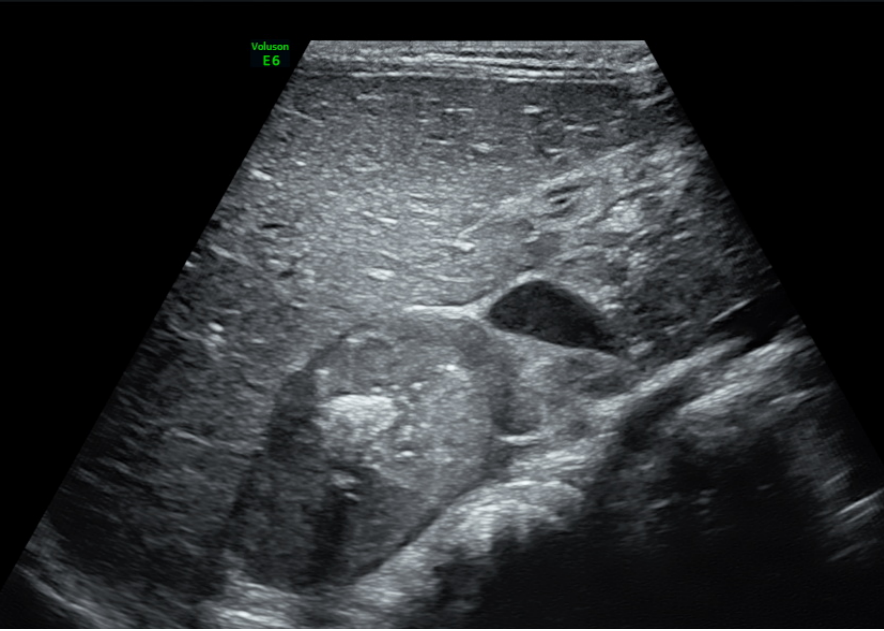
- A 4 year old male presented with c/o fever and pain abdomen since 1 month.
- Periorbital edema and right subconjunctival hemorrhage since 1 day.
- No h/o cough, loose stools, headache.
- TLC, RFT- WNL.
- Dengue, Widal- Negative





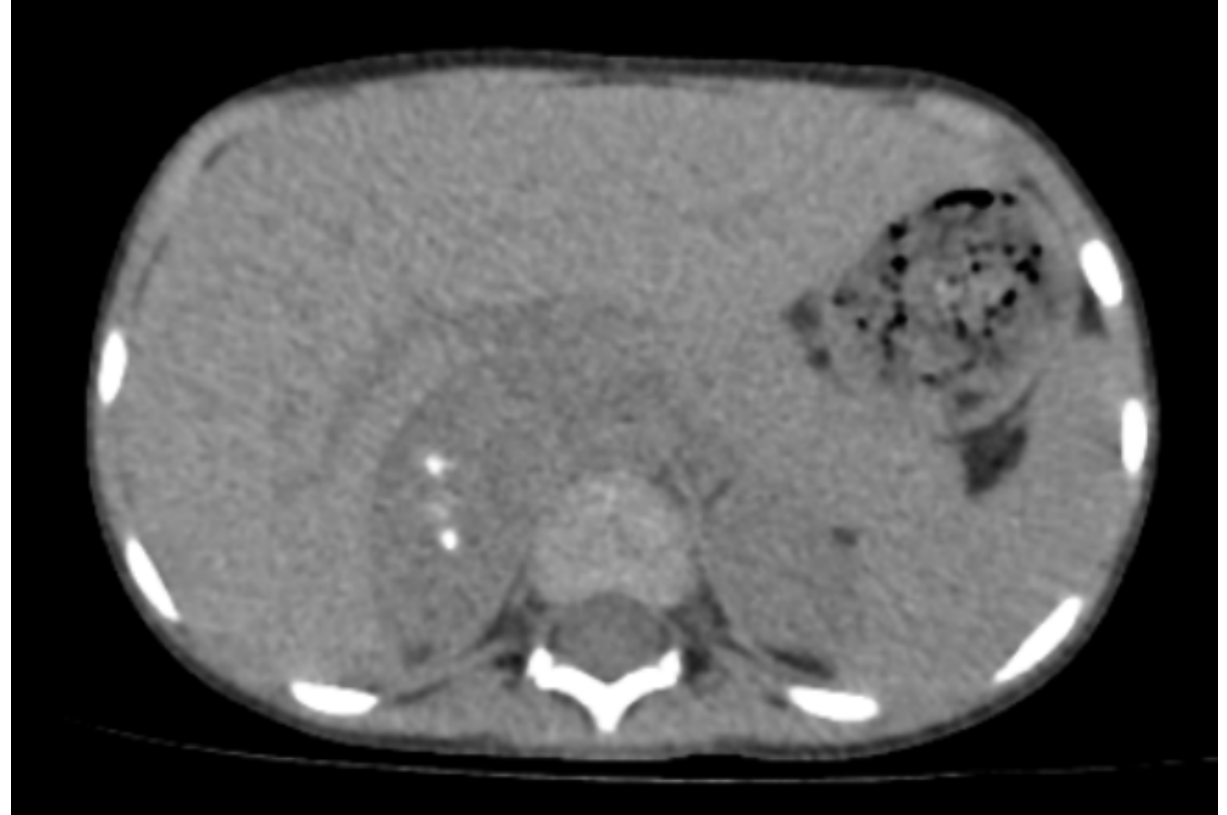
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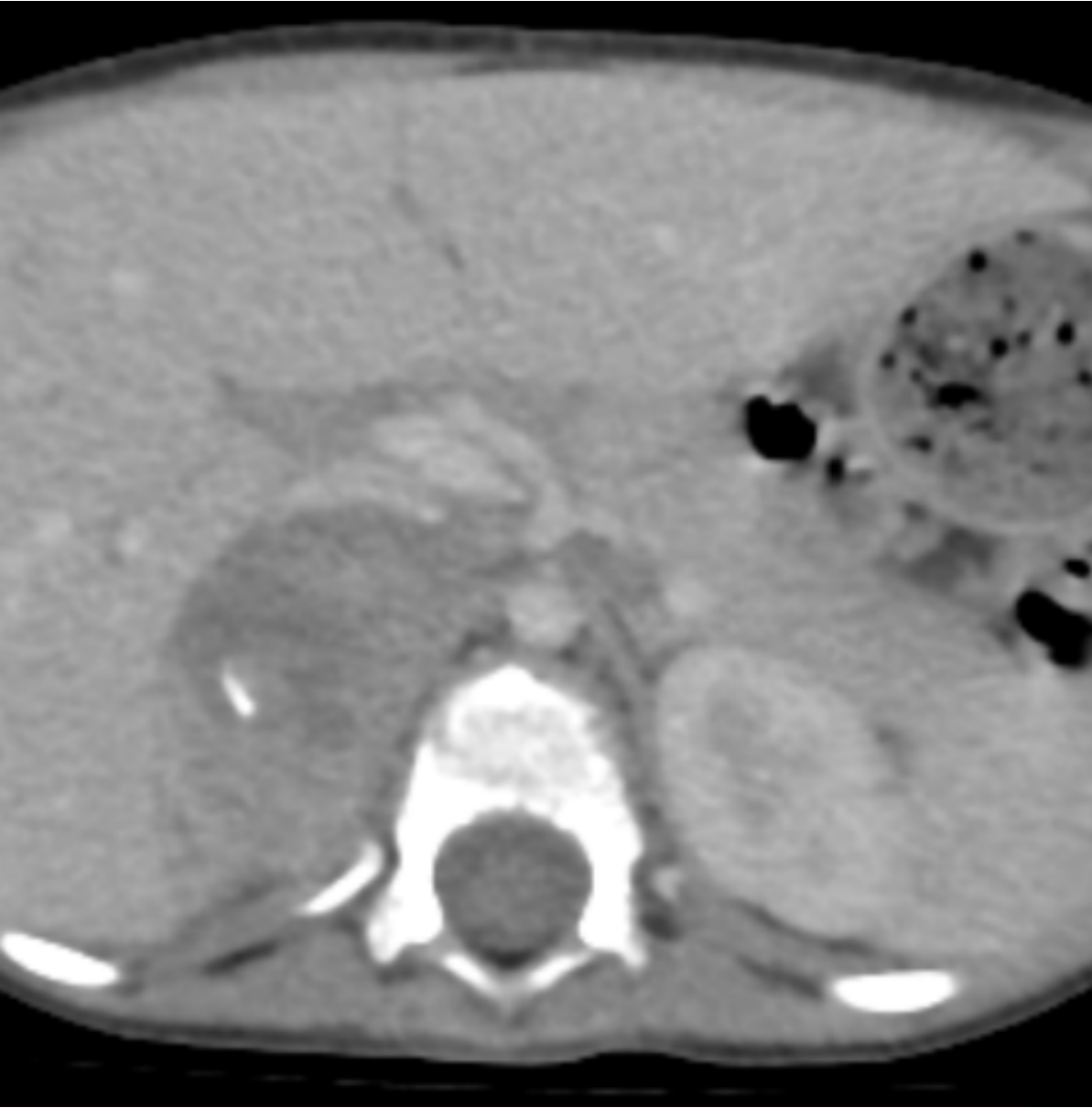
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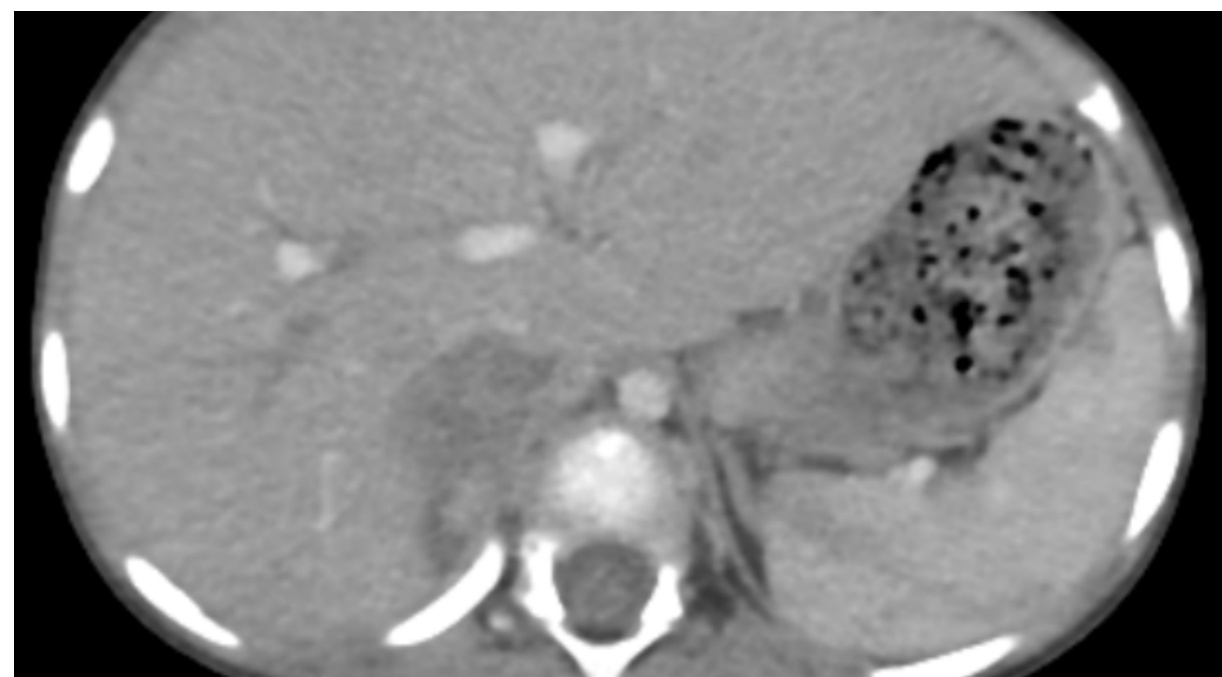
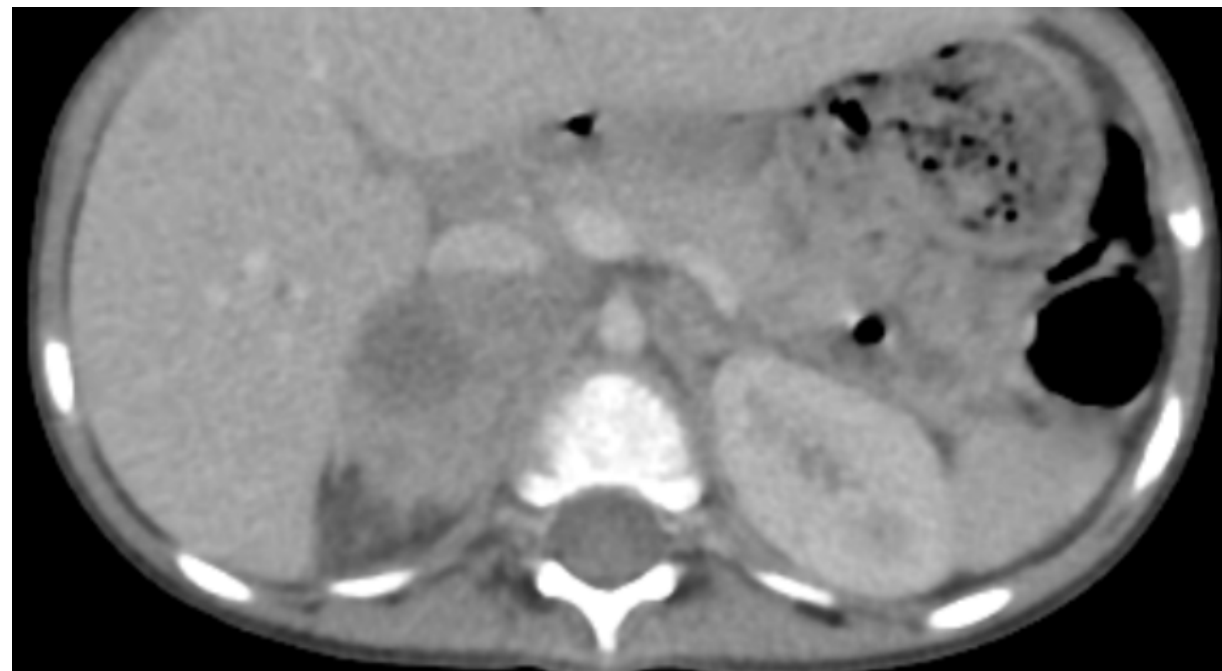
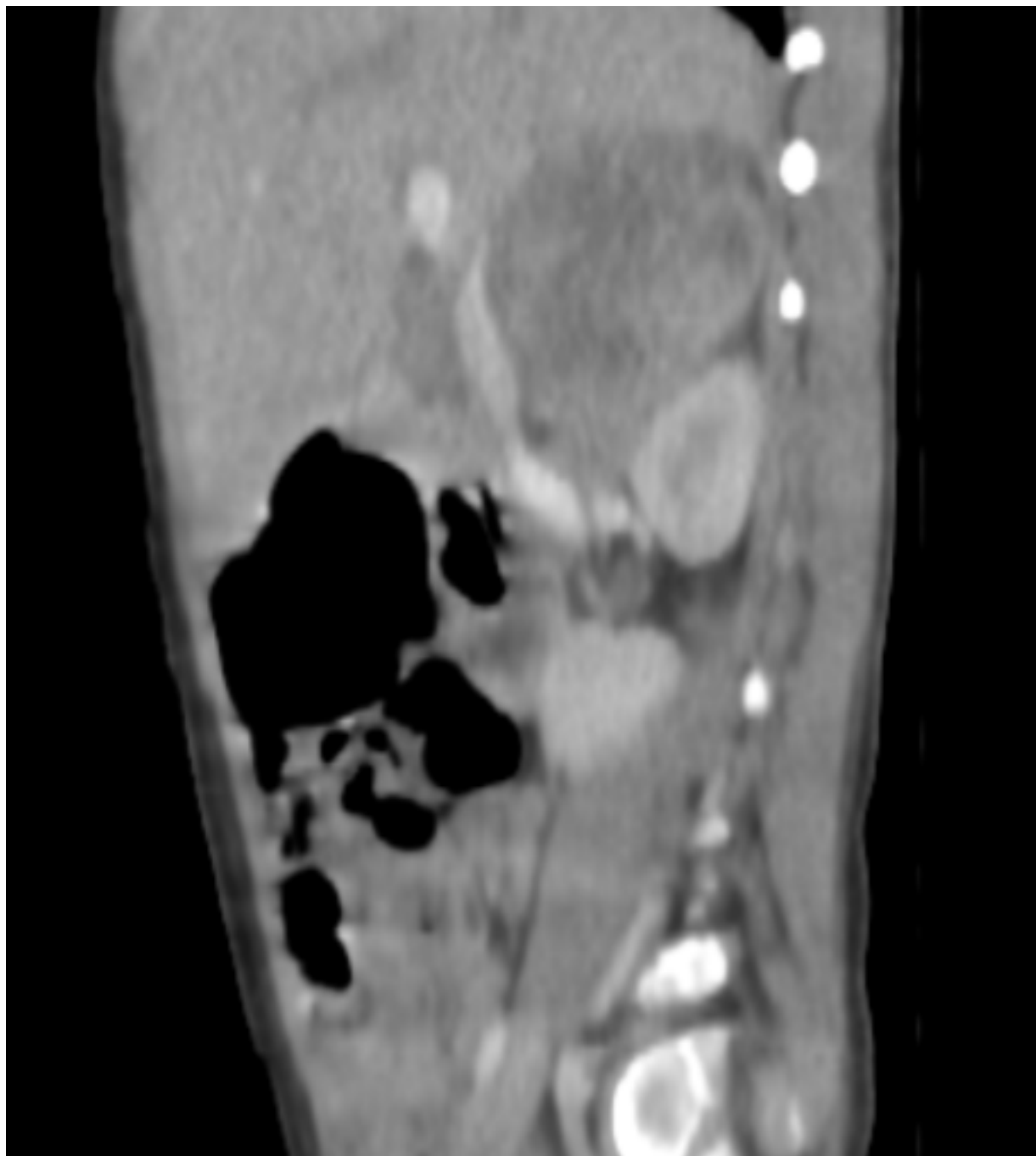


USG abdomen findings:

- Evidence of relatively well defined solitary mass lesion which is seen superior to the right kidney, and posterior to liver.
- Right adrenal gland was not separately visualised from the lesion.
- The lesion is heterogeneously hypoechoic with multiple internal echogenic punctate and dense calcific foci.
- Fat planes with the right kidney, liver and right renal vein is maintained.
- Rest of the abdomen is unremarkable.



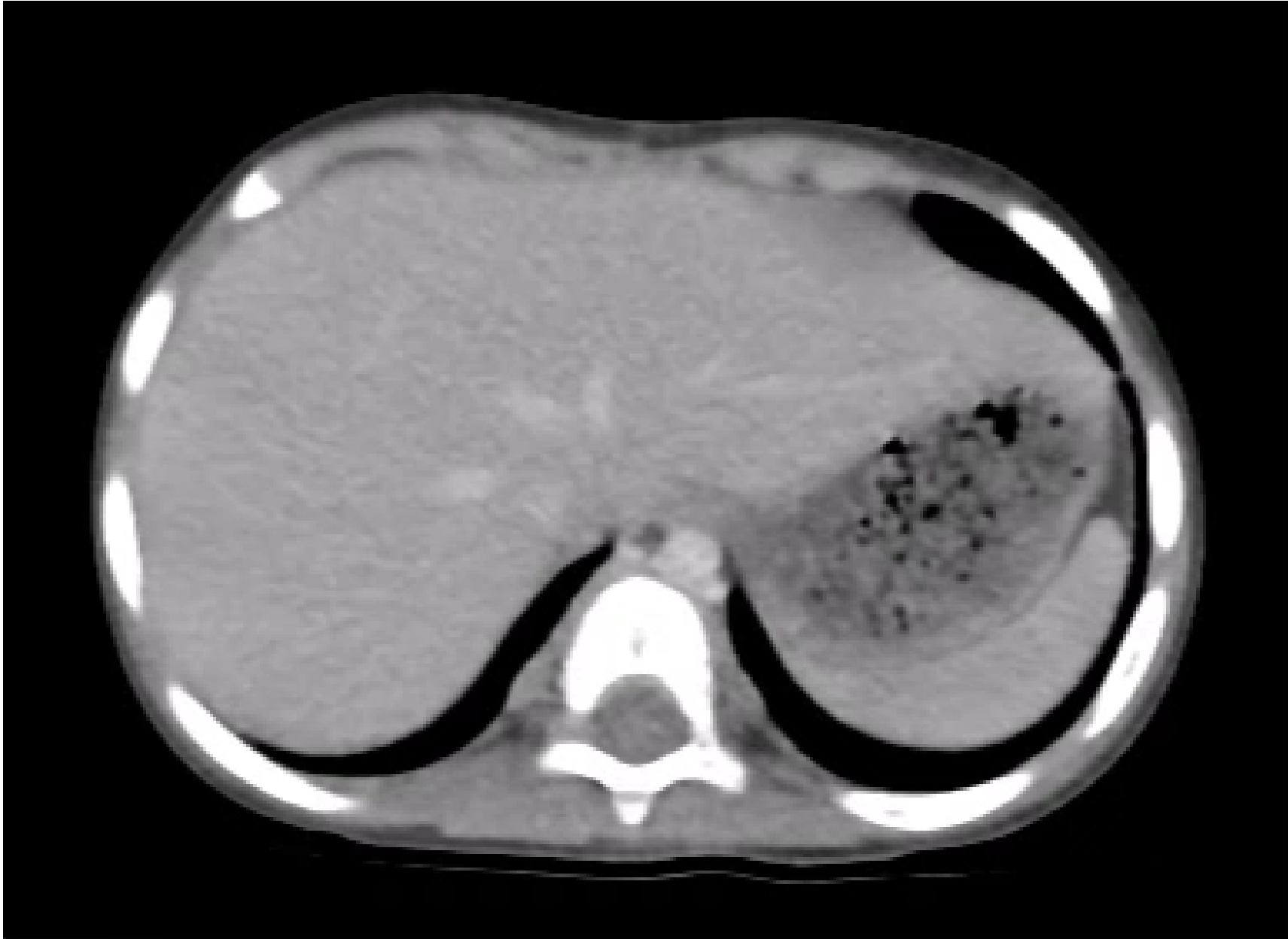


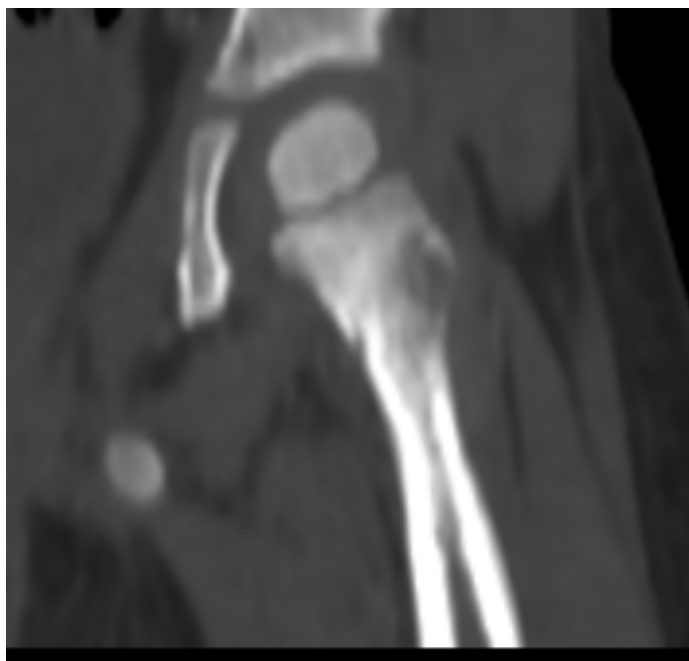
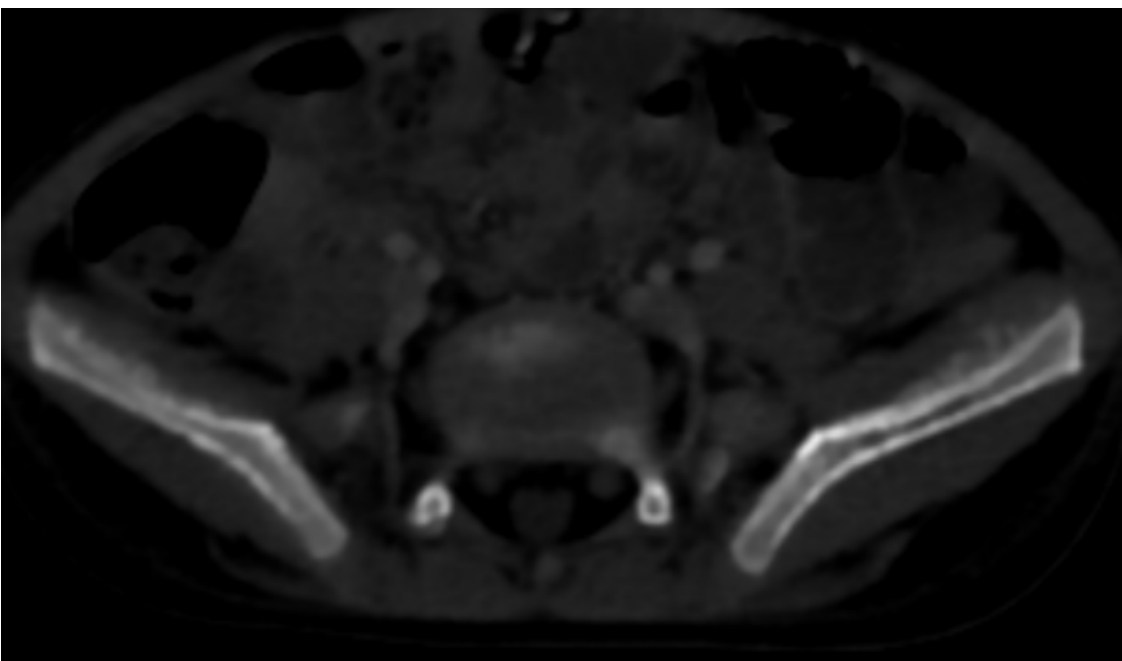
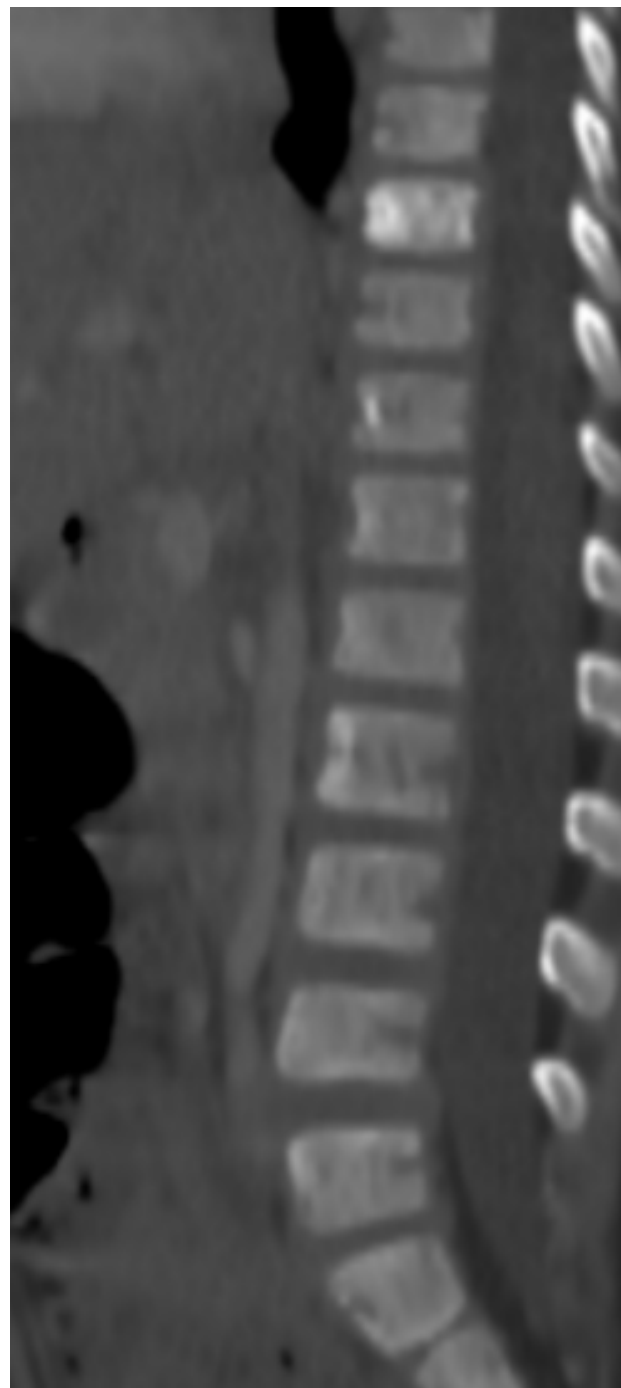
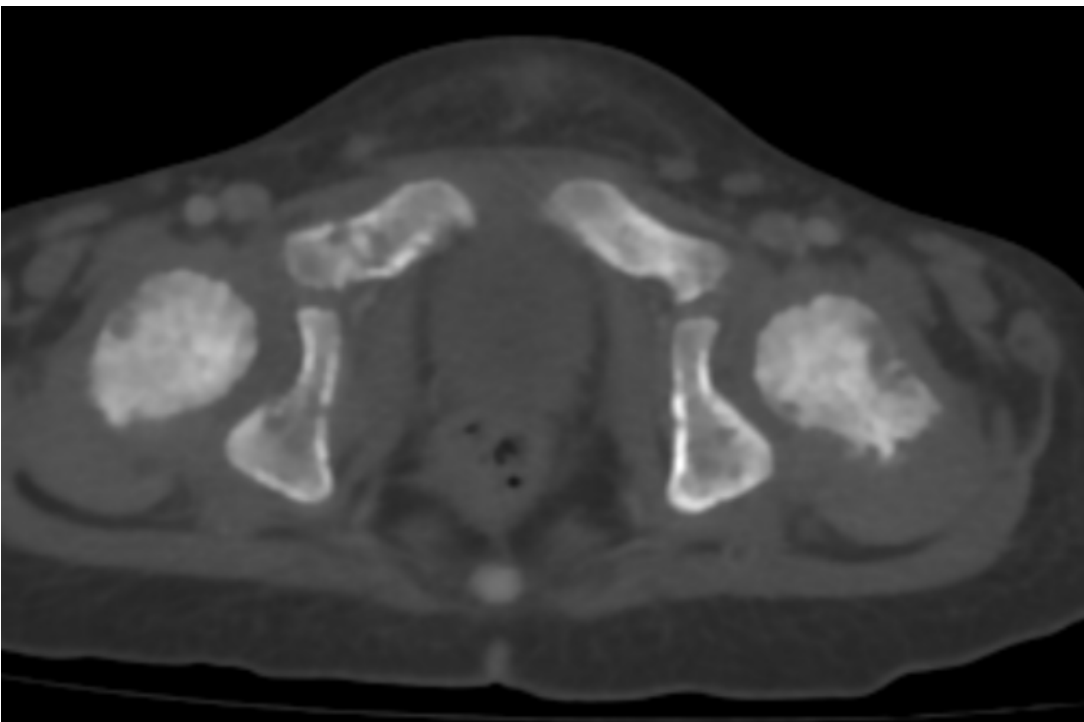


CECT abdomen findings:

- Non contrast CT abdomen in coronal and axial plane shows relatively well defined soft tissue mass lesion right suprarenal region. Few internal foci of calcifications are noted.
- Lesion shows heterogenous post contrast enhancement with few non-enhancing areas (Pre-contrast HU: 35, Post contrast HU: 70)
- The lesion is seen abutting and pushing the left renal vein anteriorly, pushing the IVC anteriorly and insinuating between aorta and IVC.
- However, no signs of vascular invasion is noted.
- Left adrenal gland is normal.

Cine clip of CECT abdomen in venous phase showing the findings as described.

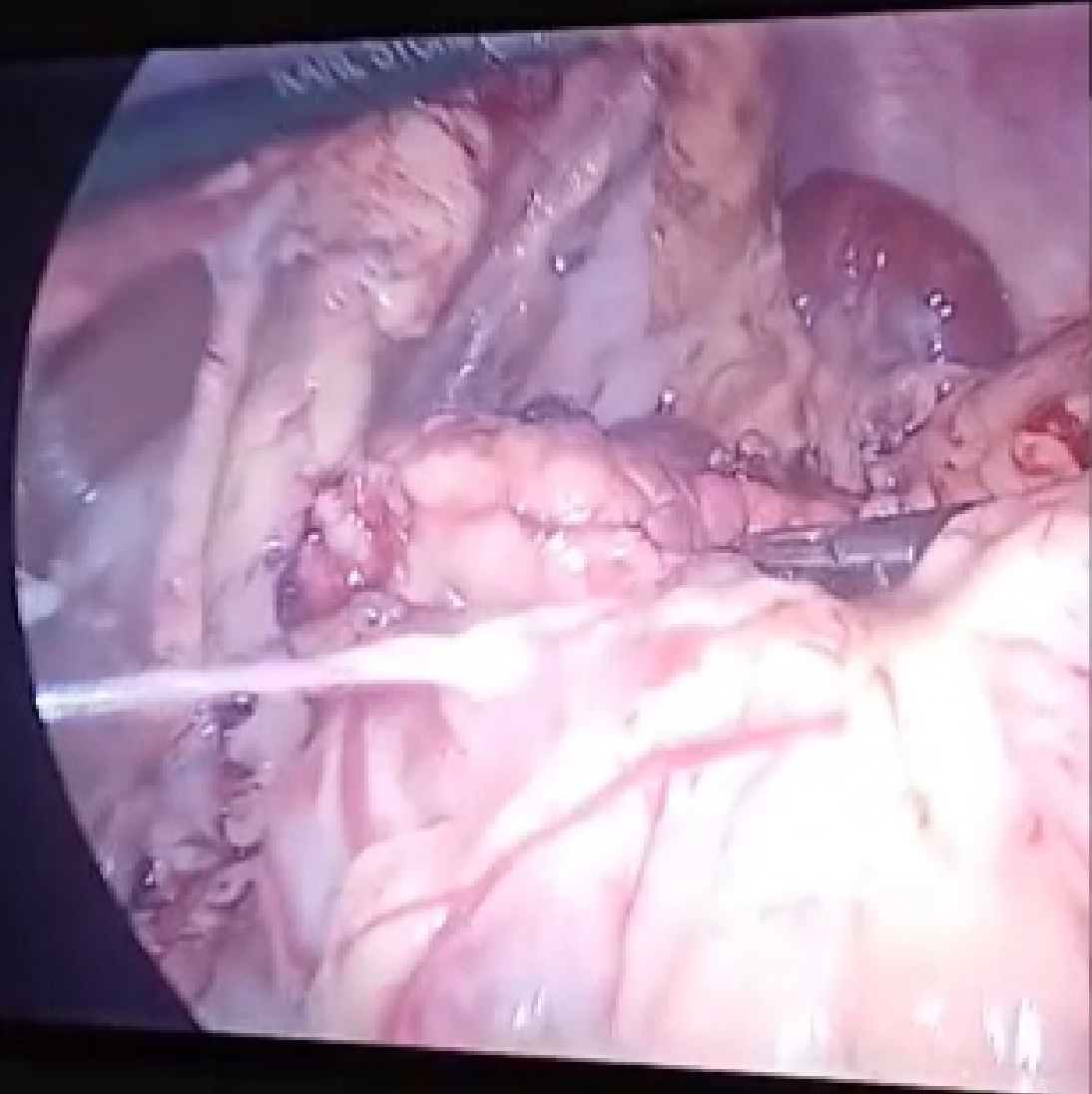




- Screening of the skeletal system show multiple small lytic lesion are noted in pelvis, superior pubic ramus, femoral head and neck, posterior elements of L3.
 - Sclerotic lesion is noted in D9 vertebra.
- s/o metastatic deposits.

IMPRESSION

- Solitary well defined heterogeneously enhancing mass lesion arising from right adrenal gland with internal necrotic areas and calcifications, **s/o Neuroblastoma.**
- Multiple lytic and few sclerotic areas in pelvic bone, femur, thoracolumbar spine- likely **bony metastases.**



Thank you