MODERATOR: Dr. Rahul S, Assistant professor, Dept. of radio-diagnosis
JJMMC DAVANGERE
PRESENTOR: Dr Nivedita, PG resident

Clinical history

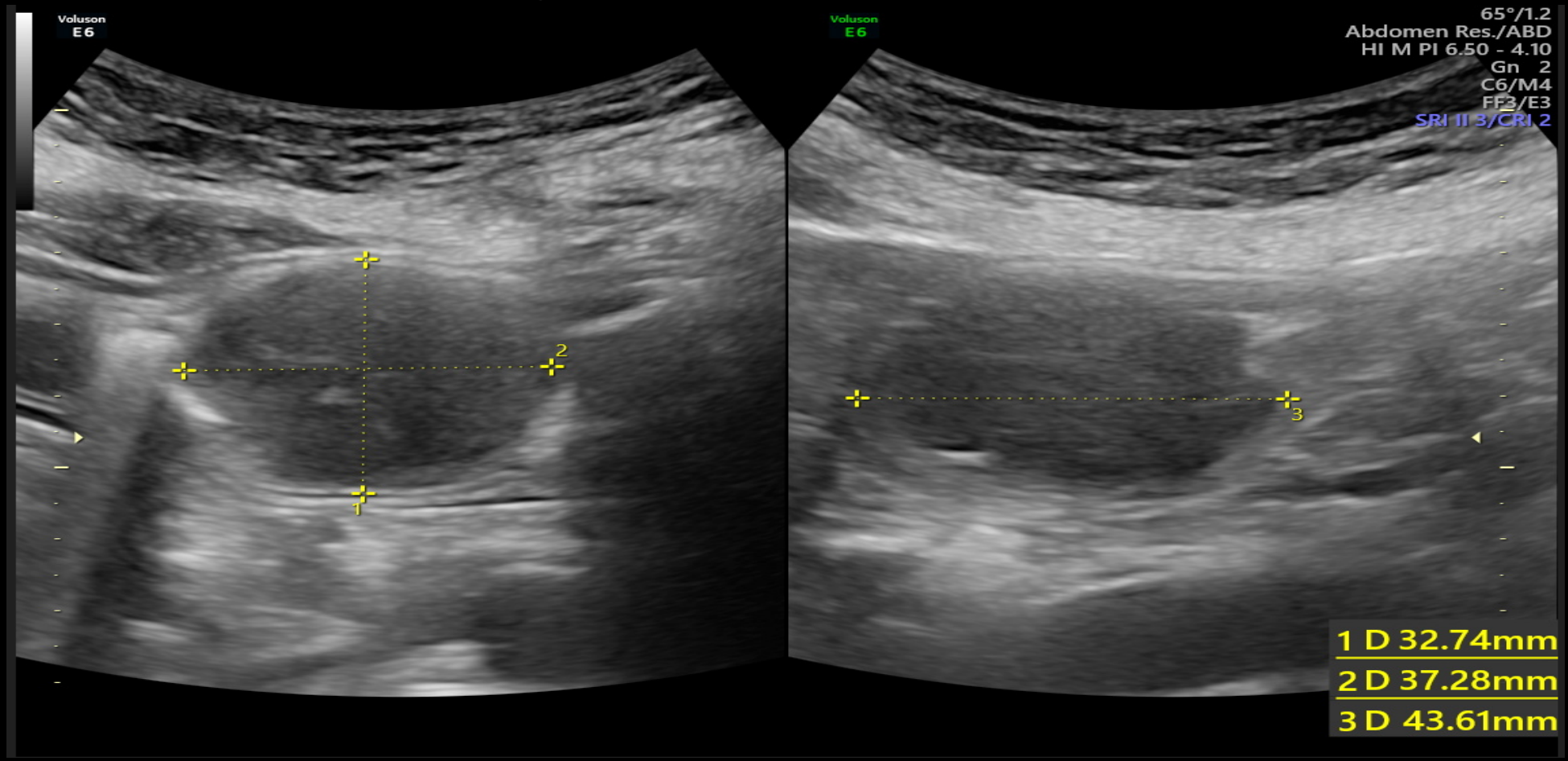
- A 45-year-old female came with complaints of;
- Pain abdomen since 15 days- Upper abdomen, dull aching, non-radiating type
- Vomiting since 15 days- Non-projectile, non-bilious, and non-blood stained
- No h/o abdominal distension
- No h/o loose stools, constipation, fever
- No h/o similar complaints in the past
- No h/o any other co-morbidities

On clinical examination

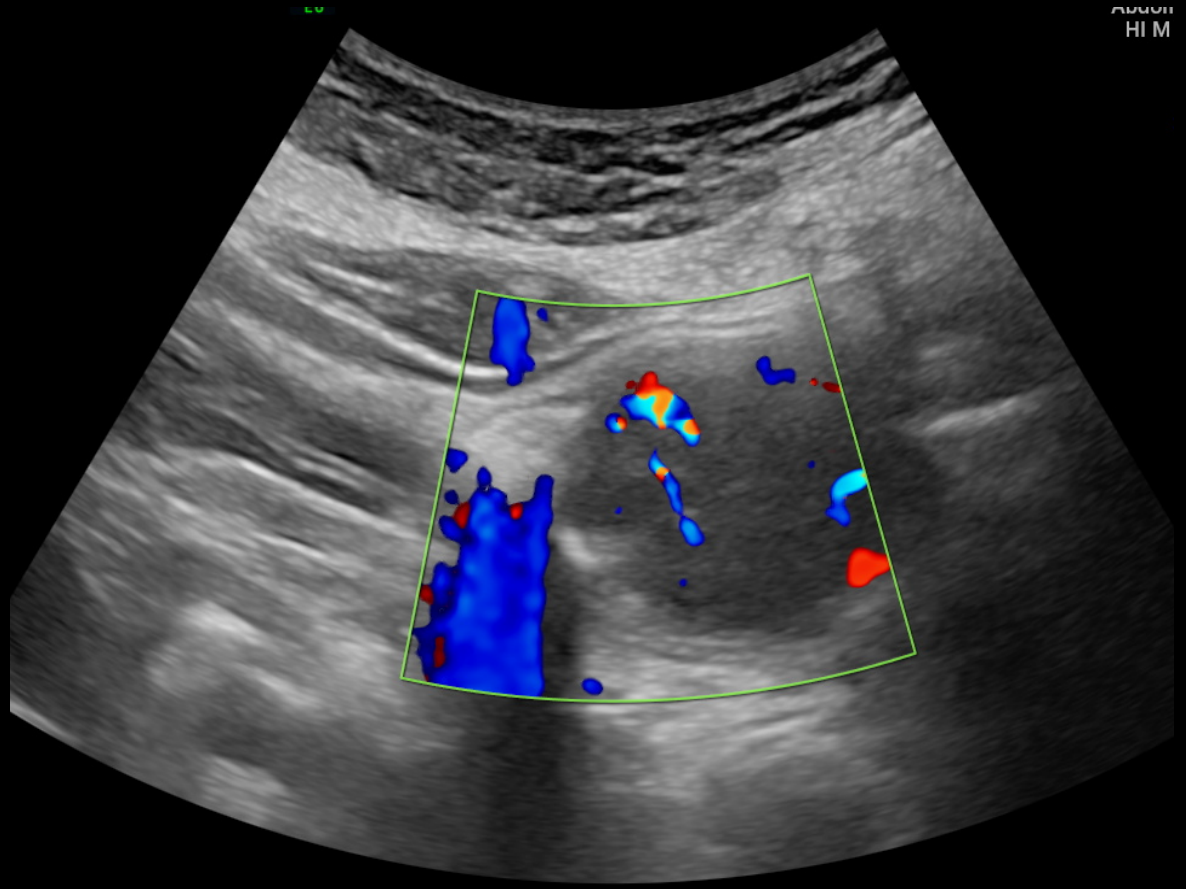
- Vitals: Stable
- Systemic examination: Normal
- Blood investigations: WNL

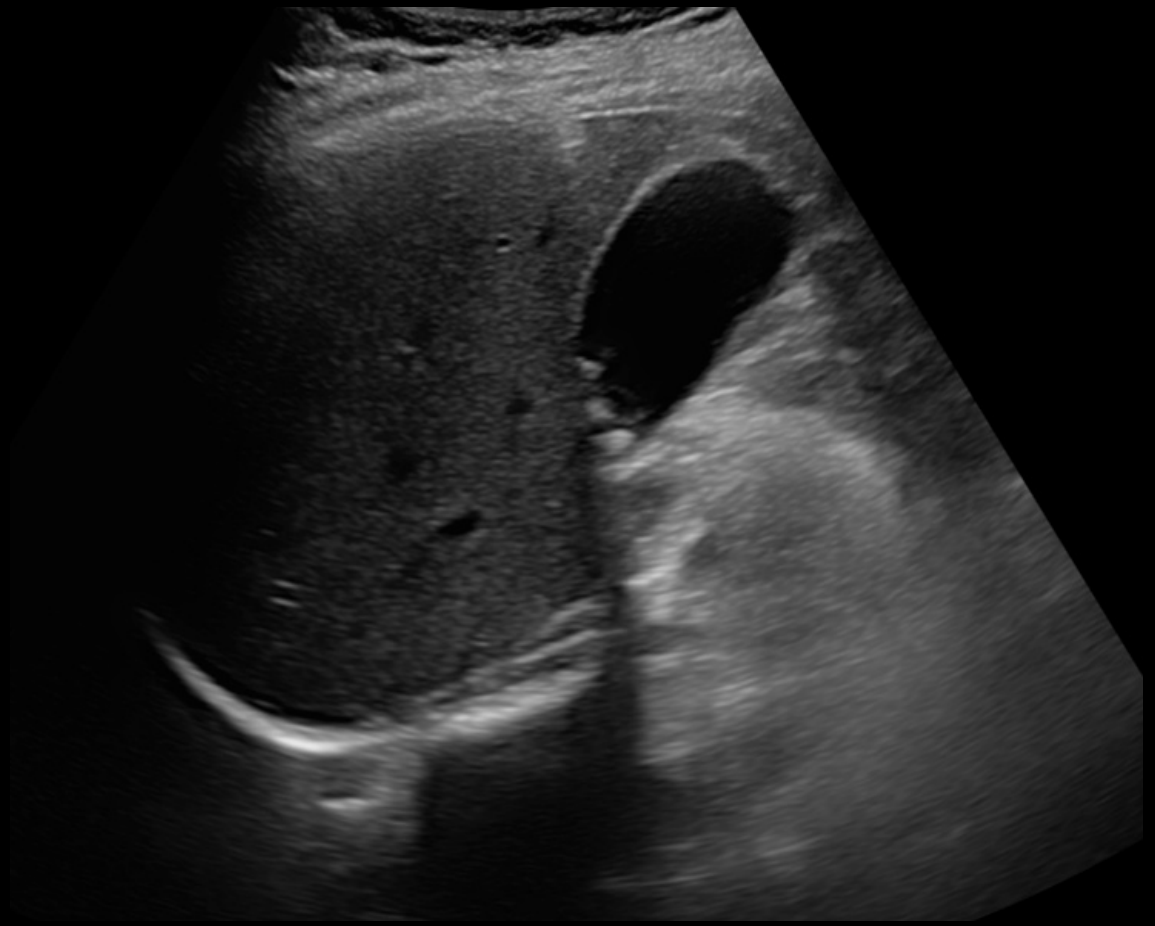
- Patient was suggested CECT abdomen for further evaluation

On preliminary USG

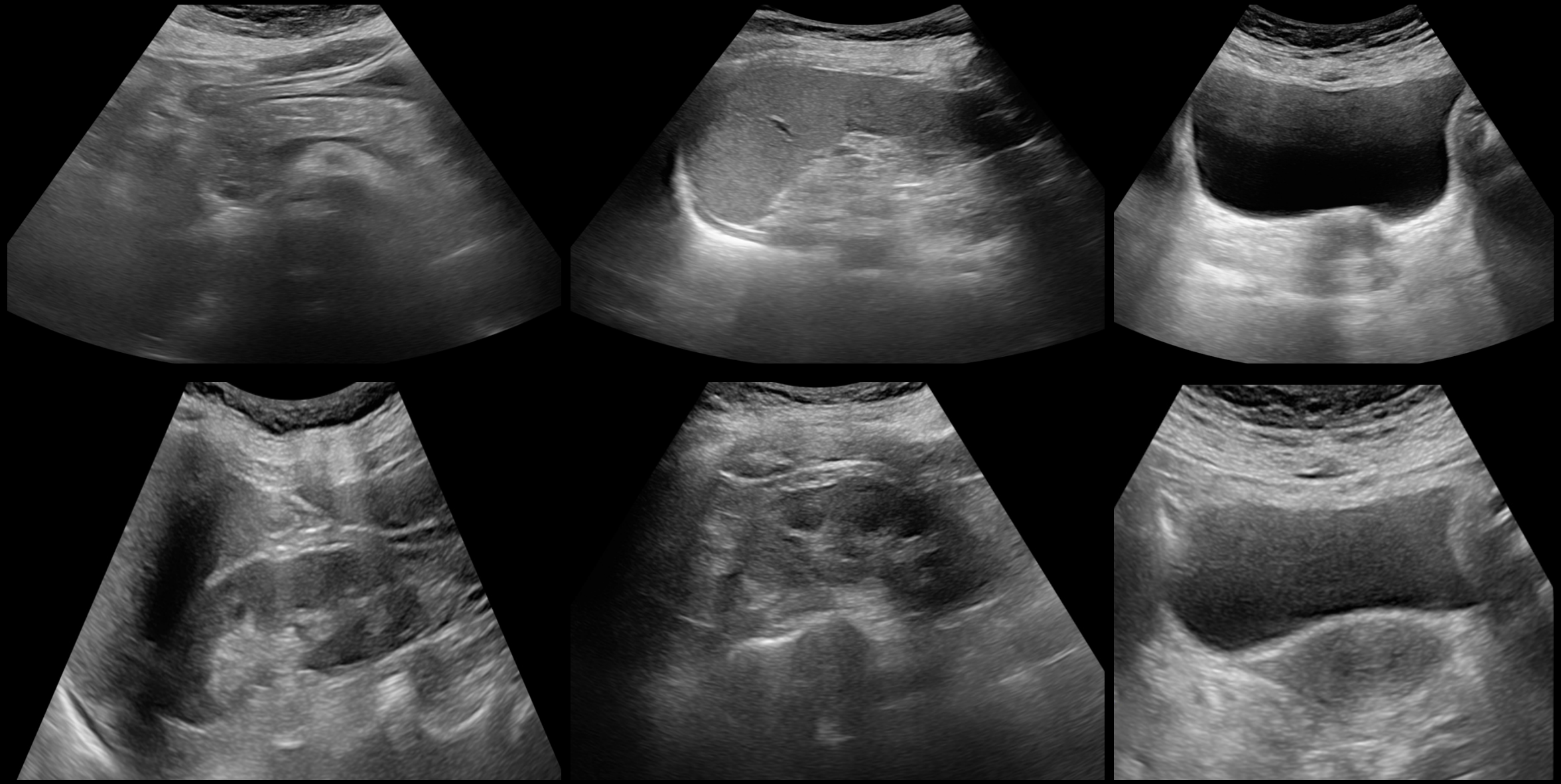


Well-defined homogenous hypoechoic solid oval lesion is noted in the left hypochondriac region, likely arising from the lumen of the stomach. The lesion measures 4.3x3.7x3.2cm..No e/o internal calcifications/cystic/necrotic areas noted within the lesion. However, there was no mass effect in the form of compression/ displacement of adjacent organs –spleen and pancreas.

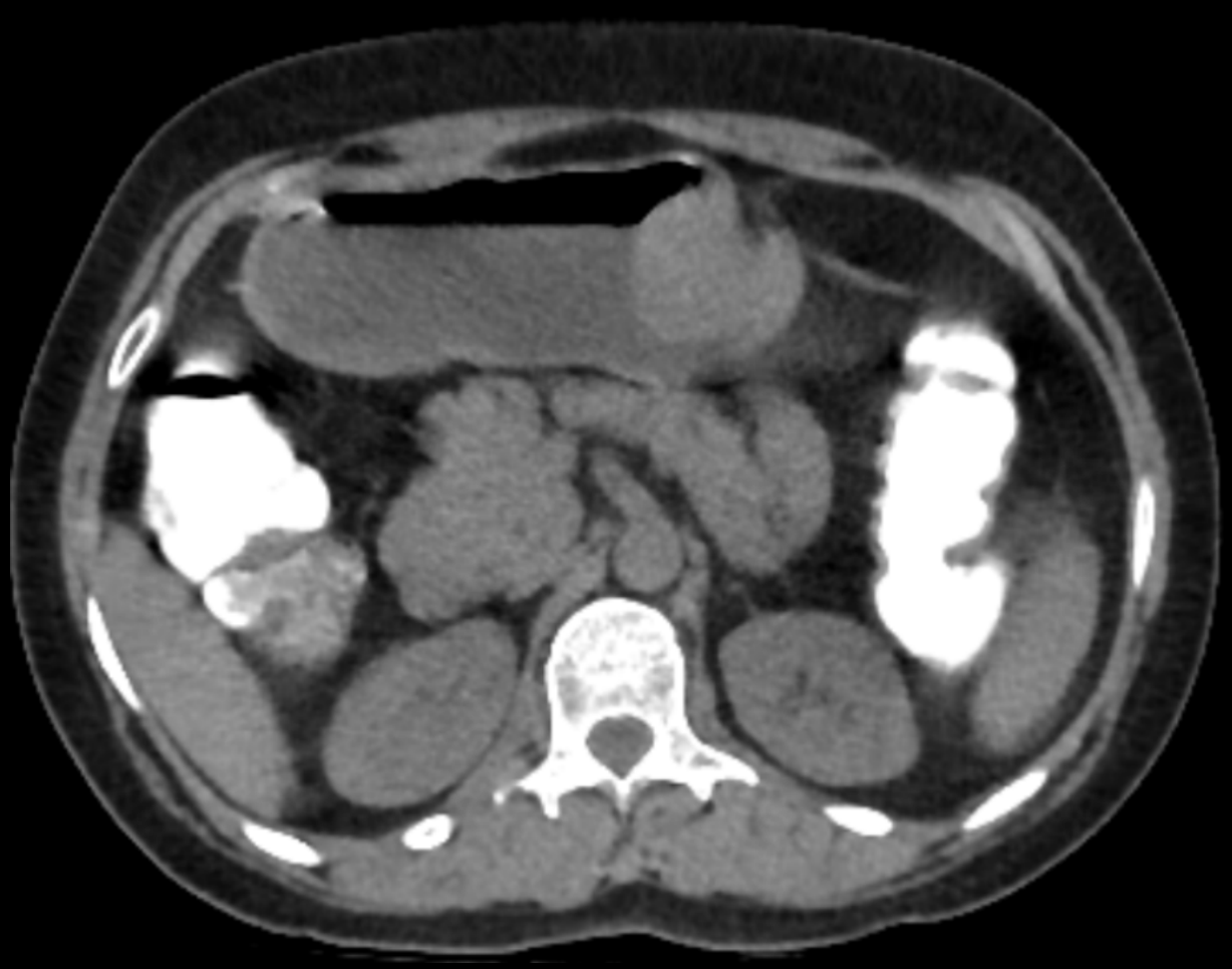


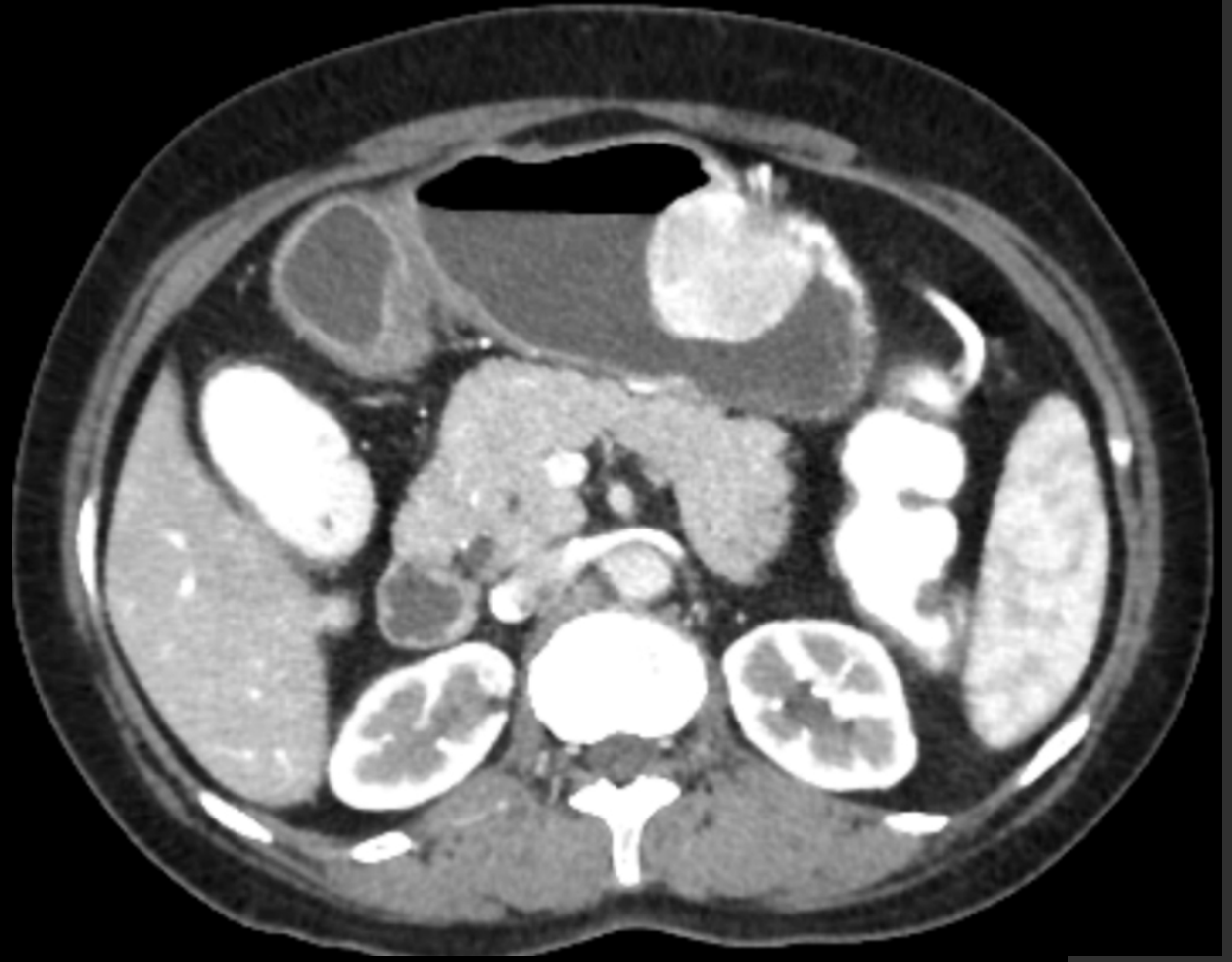


The lesion showed internal vascularity on colour doppler study.
Few hyperdense calculi showing posterior acoustic shodowing were noted within the lumen and neck of GB with largest measuring 4x3mm. There was no obvious GB wall thickening and no pericholecystic free fluid.

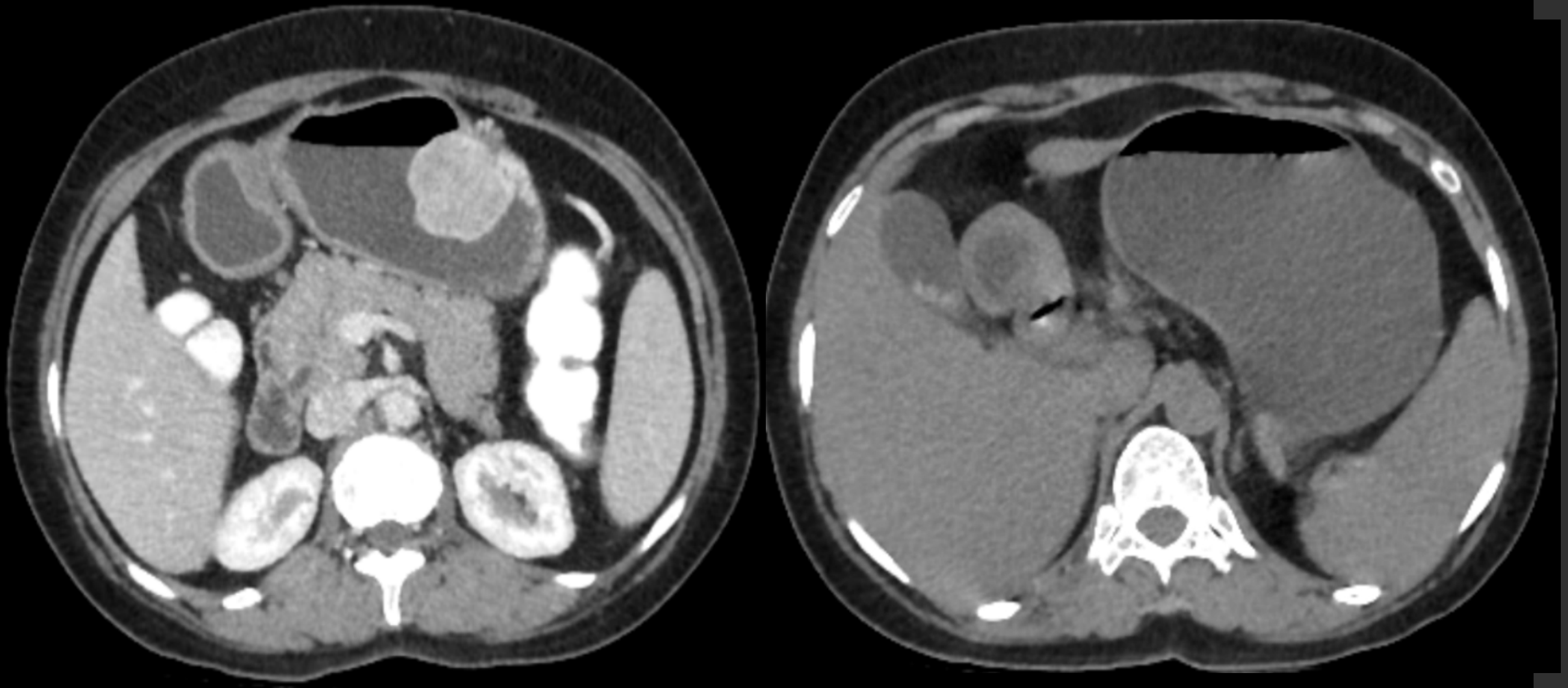


Rest of the visualised solid organs appear normal in size and echogenicity





A solitary well-defined homogenously isodense intraluminal polypoidal mass lesion arising from greater curvature of stomach. There is mild tethering /dimpling of the adjacent gastric wall. The lesion measures 4x3x3.2cm in max dimension. No e/o internal calcifications/ necrotic areas are noted within the lesion. The lesion shows intense homogenous enhancement on post contrast study on arterial phase. No perigastric/ adjacent organ invasion of the lesion. No e/o obvious enlarged perigastric lymph nodes noted



The lesion showed homogenous hyperehancement on venous phase. No perigastric invasion of the lesion was noted.
No enhancing lymph nodes were noted in perigastric region. The visualised vessels showed normal contrast filling –No e/o thrombosis

Impression

- A solitary well-defined homogenously hyperenhancing intraluminal polypoidal mass lesion arising from greater curvature of stomach with adjacent gastric wall thickening and tethering as described.

<u>DD's to be considered</u>

1. Carcinoid tumour
2. Gastric GIST

- Cholelithiasis with no features of acute cholecystitis.

BAPUJI HOSPITAL

(UNIT OF JJM MEDICAL COLLEGE) DAVANGERE-577004

Patient ID	: 25008312	**Visit Date**	: 09-01-2025
Patient Name	: RAMADEVI	**Referred by**	: DR CGH C UNIT
Age/Gender	: 45Yrs, Female	**Endoscopist**	: DR PRAKASH M G

UGI ENDOSCOPY

Indication : C/O Dysphagia, Retrosternal burning sensation and vomiting

Premedication : XYLOCAINE 10% SPRAY

Esophagus : Normal

OG Junction : 40CMS

Stomach :

Fundus : Small Polyp seen

Body : Prominent Sub Mucosal vessels seen, Large Pedunculated Polyp with surface Ulceration seen

Antrum : Normal

Pylorus : Normal

Duodenum :

D1 : Normal

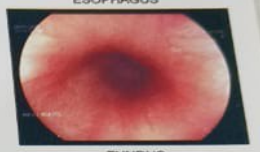
D2 : Normal

Biopsy : As the lesion appeared vascular limited biopsies were taken

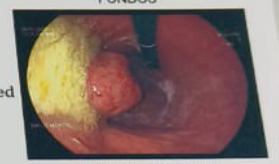
Impression : GIST - Body of Stomach, Atro[illegible]stritis

Remarks : Consider Endoscopic/ Surgical Polypectomy

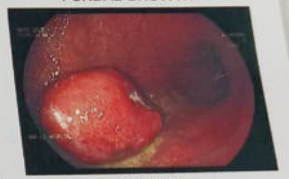
ESOPHAGUS



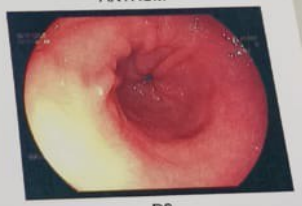
FUNDUS



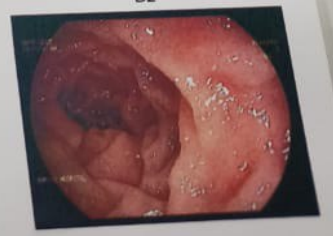
FUNDAL GROWTH



ANTRUM



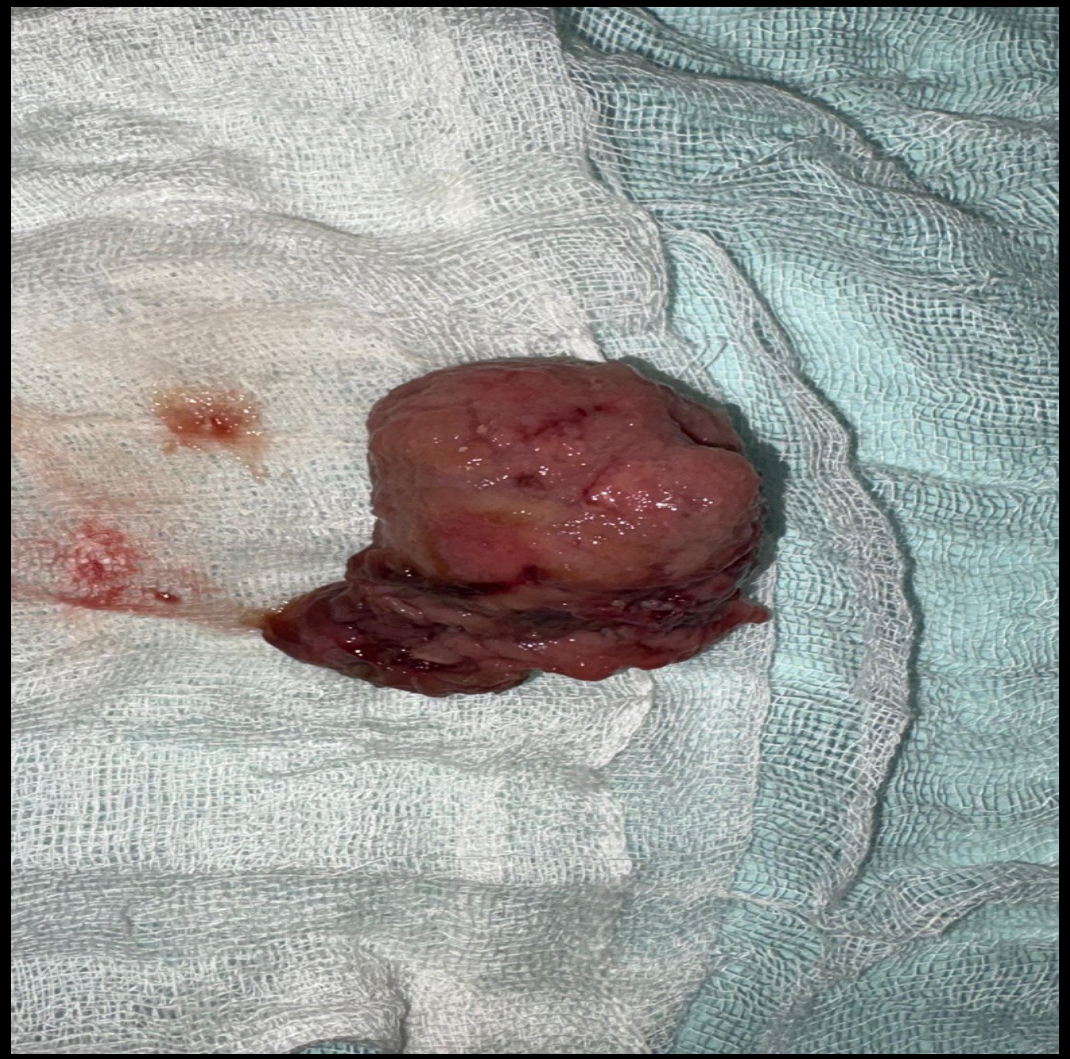
D2



DR PRAKASH M G

SURGICAL GASTROENTEROLOGY

Follow up



JJM MEDICAL COLLEGE, DAVANGERE

DEPARTMENT OF PATHOLOGY

LABORATORY REPORT

Booking No: **L-78954**
Patient Name: **MRS. RAMADEVI**
Sample No: **S-25/1126**
Consultant Name : **DR. PRAKASH M G**
Ref Hospital : **BAPUJI HOSPITAL**

Booking Date.: **05-02-2025 09:33 AM**
Age/Sex: **45Y/F**
Observed Date: **13-02-2025 07:11 PM**
Hospital Registration No : **253395**
Specimen : **TISSUE**

Collection Date & Time : **2025-02-05 09:32:59.91**

GROSSING:

Received two containers.
Container 1 labelled as Gall Bladder.
Received a cholecystectomy specimen measuring 6.5x2.5cm. External surface- grey white. Cut surface- green velvety mucosa noted. Multiple grey black crushable stones retrieved.
Container 2 labelled as GIST mass.
Received a soft tissue mass attached focally to gastric mucosa. The mass measuring 5.5x3.5x3 cm. External surface- grey white to grey brown. Cut surface- fleshy, uniform grey white to grey brown. Attached gastric mucosa. Focal rugal folds made out, appears congested.

MICROSCOPIC:

Section studied from (A,B,C) Gall Bladder shows focal mucosal ulceration. Muscular layer shows chronic inflammatory infiltrates. Serosa shows congested blood vessels.
Section studied from polypoid mass sent in container (2) shows a neoplastic lesion in the submucosal location infiltrating into the overlying gastric mucosa and the underlying muscularis propria. The neoplasm is composed of tumor cells arranged in organoid nests and trabeculae. These cells are monomorphic and have scant to moderate amount of esosinophilic cytoplasm, round, regular nuclei with stippled chromatin. Occasional mitotic figures of 1-2/10hpf seen. The overlying mucosa focally shows glandular architectural distortion. No necrosis noted in section studied.

IMPRESSION:

Container 1: Gall Bladder- Features are suggestive of Chronic Calculous Cholecystitis.
Container 2: Gastric Mass- Features are suggestive of Well Differentiated Neuroendocrine Tumor (Grade I).

Advice:

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**** End of Report ****

DR. SOUMYA B M
Associate Professor

DR. CHANDRASEKHAR H R
Professor

THANK YOU