Wadia Hospitals
ESTD. 1929

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai 400 012 | Tel - 022-24197273

NABH ACCREDITED

DEPARTMENT OF RADIOLOGY & IMAGING

NAME: Ishika Mukeshkumar Saksena	**AGE/SEX: 2Y/Female**
OPD NO: UMR250039767	**IPD NO: BIP250016274**
REF BY: XV	**DONE BY: Dr. Nikshita Jain**
UNIT: Dr. Shilpa Kulkarni	**DATE / TIME: 29.01.2026 12:22 PM**

ULTRASOUND OF THE ABDOMEN AND HEPATOPORTAL DOPPLER

CLINICAL HISTORY: C/o abdominal distention under evaluation.

COMPARISON STUDY: nil

FINDINGS:

LIVER: Normal in size and echotexture. No focal lesion is seen in the liver.
-Portal vein shows normal hepatopetal flow. Main portal vein diameter is 7mm, with velocity is 28cm/sec and shows respiratory variation.
-No e/o portosystemic collaterals.
- IVC, hepatic veins, and cavo-atrial junction shows normal color flow with maintained patency and waveform.

GB & BILIARY SYSTEM: Normal. No gallstone is seen. No significant wall thickening. No peri-cholecystic fluid. No dilatation of the biliary tree.

SPLEEN: Normal in size (7cm) and shows normal echotexture. Few ill-defined subtle solid hypoechoic lesions are seen in the upper pole of spleen. Largest measures ~5mm.

- Splenic vein shows normal color flow at hilum and measures 3mm. Ill-defined perivascular hypoechoic soft tissue is seen at the splenic hilum.
- Retropancreatic splenic vein is visualized and measures 4mm in diameter.
- Superior mesenteric vein just proximal to confluence measures 4mm.

PANCREAS: Normal size and echotexture.

KIDNEYS: Normal in size and echotexture. No hydronephrosis or hydroureter. The right kidney measures 5.1x2.8cm and the left kidney measures 5.7x2.5 cm.

OTHERS:
-Moderate to gross ascites with internal debris. No internal sepatations. Site marked for tapping in RIF (minimum depth from skin:0.6cm ; maximum depth:3.5cm)
-No omental thickening/ mesenteric lymphadenopathy. No definite bowel wall thickening.
-Gross pericardial effusion is seen. Maximum width at apex is 3.3cm.
-Mild left pleural effusion.
-No right pleural effusion.

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URINARY BLADDER: The bladder is partially distended and shows mobile debris within. No significant wall thickening.

IMPRESSION:

1. Moderate ascites with debris within. Site marked for tapping.
2. Gross pericardial effusion. 2D Echo is recommended for further evaluation, due to suspicious pericardial thickening.
3. Mild left pleural effusion.
4. Ill-defined splenic lesions, and perivascular splenic hilar soft tissue. This needs work up to rule out possible inflammatory/vasculitic pathology.
5. Normal portal vein and hepatoportal Doppler.

Dr. Nikshita Jain
2012/05/1402
(MD, Fellowship Ped.Rad)

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly

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NAME : ISHIKA MUKESHKUMAR SAKSENA	AGE/ SEX : 2 YRS / FEMALE
OPD NO. : UMR250039767	IP NO.: BIP250016274
REF BY: DR. SHILPA KULKARNI	DATE: 07/02/2026

MR LYMPHANGIOGRAPHY
MDCT SCAN OF CHEST AND ABDOMEN (Contrast)

Technique:

- Non contrast MR lymphangiography was performed using heavily T2-weighted imaging, including a 3D MRCP sequence and axial STIR images. Multiplanar reformations and MIP images were generated from the 3D dataset. Additional spine screening with Sag STIR.
- Plain CT Chest and post-contrast MDCT scan of chest and Abdomen was performed after intravenous iodinated contrast on advanced multi-slice CT scanner.

Clinical Profile: Recurrent pericardial effusion, sanguineous output

Observations:

Thorax:

- Large volume pericardial effusion is present, measuring 20 mm in maximum depth. Drainage catheter in-situ. The pericardium is mildly thick and smoothly enhancing.
- There is diffuse lymphatic abnormality with dilatation of the thoracic duct and adjacent lymphatic channels in the posterior mediastinum, seen as tubular T2 hyperintense structures on MR lymphangiography and corresponding low-attenuation, non-enhancing channels on CT. Right lymphatic duct is also dilated. The mediastinal fat is completely obliterated.
- Extensive thickening is seen in both lungs along the peri-bronchovascular interstitium, interlobular septa and along the sub pleural surface, indicating involvement of the pulmonary lymphatics.
- Trace pleural effusions are seen bilaterally.
- The mediastinal fat is completely obliterated by non-enhancing fluid signal.
- No focal pulmonary mass, no lobar consolidation. No cavitation.
- There are multiple prominent pre-vascular lymph nodes in the superior mediastinum and in the axillary region.
- Trachea and main stem bronchi are patent. Tip of the right jugular venous line is in the right atrium.

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NAME : ISHIKA MUKESHKUMAR SAKSENA	AGE/ SEX : 2 YRS / FEMALE
OPD NO. : UMR250039767	IP NO.: BIP250016274
REF BY: DR. SHILPA KULKARNI	DATE: 07/02/2026

Abdomen:

- Moderate to large volume ascites (avg 10 HU) is present.
- Ill-defined non-enhancing fluid density (25-30 HU) is seen in the upper abdomen- retrocrural region, retroperitoneum (around the pancreas and peri-aortic region), in the lesser sac, insinuating between the mesenteric leaflets, suggestive of lymphangiectasia. Hypodensity is noted to extend along the peri-portal region.
- The spleen measures 7cm and shows multiple T2 hyperintense lesions on MR with corresponding hypodense, non-enhancing lesions on CT (largest 14 x 8mm), consistent with splenic lymphatic malformations.
- No focal hepatic or pancreatic parenchymal lesion is seen.
- Hyperdense sludge is noted in the gall bladder.
- The kidneys, and adrenal glands appear unremarkable. Small bowel loops are collapsed and large bowel is fecal loaded, limiting optimum evaluation.
- Multiple small non-necrotic mesenteric lymph nodes are seen largest 5-6mm in short axis diameter.

Skeletal System:

- Multilevel vertebral involvement is noted, with multiple thoracic and lower cervical vertebral bodies demonstrating STIR hyperintensities on MR and ill-defined lucencies on CT. Vertebral body heights are preserved, no cortical destruction or associated intraspinal soft tissue.
- Small ill-defined lucent lesion is also noted in the right sacral ala.

Impression:

Imaging findings are consistent with a complex multisystem lymphatic anomaly involving the thorax, abdomen and skeletal system.

Differential considerations include generalized lymphatic anomaly (GLA) and kaposiform lymphangiomatosis (KLA). Although both have similar imaging manifestations, the presence of consumptive coagulopathy would favour KLA.

DR. HEENA RAJANI (M.D)
Consultant Pediatric Radiologist
2025/06/06188

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NAME: Ishika Mukeshkumar Saksena	**AGE/SEX: 2Y/Female**
OPD NO: UMR250039767	**IPD/ BILL NO: BIP250016274**
REF BY: Medical Cardiac Ward	**DONE BY: Dr. Santosh Mairal (SR)**
UNIT: Dr. Jain Shreepal A	**DATE: 10.02.2026 2:21 PM**

Clinical Notes: Kaposiform lymphangiomatosis

USG OF ABDOMEN

Sonography of abdomen was done with micro convex and high frequency linear transducer.
Overlying dressing limiting optimal visualization.

LIVER:
The visalized liver is normal in size (10.5 cm), shape, contour and echotexture.
No focal/local diffuse lesion noted in the visualized liver. Portal and biliary radicals appear normal.

GALL BLADDER:
Gall bladder shows multiple grain sized calculi seen layered in the neck and mid body region
Gallbladder wall is normal in thickness.

PANCREAS:
The pancreas is obscured.

KIDNEYS:
The kidneys are normal in size, shape & echotexture.
Cortical thickness is normal. No evidence of calculus or hydronephrosis.
Corticomedullary differentiation is maintained.
Right kidney measures 5.5 x 2.7 cm. Left kidney measures 5.7 x 3.0 cm.

SPLEEN:
The spleen is normal in size (6.3 cm), shape and contour.
Ill-defined subtle areas of altered echogenicity noted along the superior pole of spleen.

URINARY BLADDER:
The urinary bladder is well distended with smooth walls.

BOWEL:
Fecal loading of small bowel loops seen. Normal peristalsis noted.
Mild to moderate ascites noted.
Left sided pleural effusion noted.

P.T.O

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COUNSELING FORM

NAME: Ishika

IP NO:

WD NO:

PATIENT DETAILS:

BJWHC DdAIN SHREEPAL A
Miss.ISHIKA MUKESHKUMAR SAKSENA
JMR250039767 2Y(s) 7M(s)
BIP250016274 3D(s)/F

DATE: 4/2/26 **TIME:** **DONE BY:** Dr S J Sw

~~Pericardio~~ Pericardiocentesis done yesterday showed chylous drain. IV Octreotide will be started today, diet reference for fat free diet.

DOCTOR'S SIGNATURE **PATIENT/PATIENT'S RELATIVE SIGNATURE**

DATE: 9/2 **TIME:** **DONE BY:** Dr SJ Sw

Pt. started on Prednisolone, SO used than day before yesterday. Will be started on Sirolimus after Urine R/m.

DOCTOR'S SIGNATURE **PATIENT/PATIENT'S RELATIVE SIGNATURE**

DATE: 10/2 **TIME:** **DONE BY:** Dr. SJ Sw

Pt. static, today spoken to a specialist at TATA hospital IR - for any intervention (if required). USG abdomen today

DOCTOR'S SIGNATURE **PATIENT/PATIENT'S RELATIVE SIGNATURE**

BJWHC/IPD/DR/01/051

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: 11/2 TIME : DONE BY : Dr. [illegible]

Pt planned to be shifted to isolation / BMT. B/L lower limbs have swelling, repeat radio call & USG LL will be done today. Long term prognosis explained.

[signature] 5057 [signature]

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: 13/2 TIME : DONE BY : Dr. [illegible]

Pt again having pericardial effusion, having hypoalbuminemia & having abd distension & B/L LL edema. Rpt. Total proteins & Albumin today. Will be considered for IPCU call

[signature] [signature]

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Wadia Hospitals

COUNSELING FORM

PATIENT DETAILS :

NAME : Ishika

IP NO:

WD NO:

BJWHC DdAIN SHREEPAL A
Miss.ISHIKA MUKESHKUMAR SAKSENA
JMR250039767 2Y(s) 7M(s)
BIP250016274 3D(s)/F

DATE: 08/2/26 TIME : 10:00AM DONE BY : Dr. SJSh

MRI has shown issue c lymphatics it is very rare, have taken opinion from Hematologist will start Prednisolone

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: 11/2/26 TIME : DONE BY : Dr. SJSh

Pt. planned for lymphangiogram today. Procedure explained to the parents.

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: 14/2/26 TIME : DONE BY : Dr. SJ sri

S. albumin has rised from previously. Will be planned

SD - ICCU transfer today.

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE

DATE: TIME : DONE BY :

DOCTOR'S SIGNATURE PATIENT/PATIENT'S RELATIVE SIGNATURE