

## Left renal mass

A 54 yrs Male came with c/o haematuria since 10 days  
K/C/O Hypothyroidism and HTN on Treatment

- Investigations:
  - CBC: Normal
  - S.creat: Normal
  - Urine RM: RBC-90 to 95/HPF  
Pus Cells - 10-15/HPF
  
- Xray KUB (06/05/2014): Soft radio-opacity in left hemipelvis
  
- USG ABD(06/05/2014): Small hypoechoic portion of size 47X34X40mm at mid part of left Kidney ADV CT scan
  
- CT ABD and pelvis with IVP(06/05/2014): Heterogenous Enhancing hypervascular mass lesion involving Left kidney upper pole S/O Renal cell Carcinoma.  
Normal functioning of both kidneys
  
- Surgical Plan :- Left Laparoscopic Radical Nephrectomy
  - Under G.A. lateral position was given. CO2 gas insufflations was done.
  - Then 12 mm port 6 cm lateral to the umbilicus on the Left side was put in mid clavicular line.
  - 2<sup>nd</sup> 12 mm port was put in mid clavicular line below costal margin.
  - 3<sup>rd</sup> 12 mm port was put midway between umbilicus and anterior superior iliac spine.
  - 4<sup>th</sup> 5 mm retraction port was put near anterior superior iliac spine.
  - Colon was mobilized medially.
  - Then dissection was done at the lower pole.

- There was a tumor (size about 45 cm) near the hylum of kidney but not at the dependent part of lower pole.
- Tumor was not separated from renal hylar vessels so decision for laparoscopic radical nephrectomy was taken.
- Renal artery and vein was clipped with hemolock clips.
- Whole kidney with adrenal gland with gerota fascia, perirenal fat was removed.
- Small phennenstiel incision was put suprapubically and specimen was removed.
- Drain was kept and wound was closed.

## CT SCAN:-

### IMPRESSION:-

- The CT findings of a heterogeneously enhancing hypervascular mass lesion involving left kidney upper pole lateral cortex suggest possibility of renal cell carcinoma most likely.
- No evident tumour thrombus in left renal vein or IVC.
- No evidence of liver metastases, lymphadenopathy or ascites.
- Normal functioning & normal excreting kidneys on either side.
- No calculus or hydronephrosis is seen on either side.
- Normal pelvi-ureteric & vasico-ureteric junction on left side.
- No evidence of radio-opaque ureteric or urinary bladder stone is seen.



## Sonography :-

### ULTRASONOGRAPHY OF ABDOMEN

**LIVER** :- Liver normal in size & echopattern. No liver cyst/abscess/ another focal mass lesion seen.  
Portal vein normal at porta. No collateral seen at porta.  
No dilatation of I.H.B.R.seen.No enlarged lymphnode seen.  
**GALL BLADDER** :- Gb partially distended appear normal.  
No e/o gb stone seen. Gb wall thickness normal.  
No pericholecystic oedema / effusion seen. CBD : 3mm. & no dilatation or calculus seen.

**PANCREAS** :- Pancreas normal in size & echopattern.  
No dilatation of main pancreatic duct seen. No peripancreatic fluid/oedema seen.  
No e/o pancreatitis seen.No pancreatic calcification/pseudocyst seen.  
Upper paraaortic region normal. No lymphadenopathy seen.  
No lymphadenopathy seen at pelvic vessels.  
**SPLEEN** :- Spleen normal in size & echopattern.  
Splenic vein normal at hilar region & no collateral seen at hilar region.  
No splenic cyst/abscess/focal mass lesion seen.

**RIGHT KIDNEY** :- Right kidney normal in size, shape, position & outline.  
No e/o caliceal dilatation or calculus seen. No pyelonephritic changes seen.  
Renal cortical thickness normal. C-M differentiation maintained.

**LEFT KIDNEY** :- Left kid. normal in size, shape, position.  
SMALL HYPOECHOIC PORTION OF SIZE ABOUT: 47 x34x40MM  
SEEN AT MID PART REGION-- COULDBE ? RENAL MASS LESION  
?? CORTICAL HUMP== CT SCAN HELPFUL..  
Minimal splitting of calyceal system seen..  
No acute pyelonephritic changes seen.. Renal cortical thickness normal.

**U.BLADDER** :- U.bladder partially full appear normal.  
No bl.stone/mass/diverticulum seen.No calculus seen at vuj.  
**PROSTATE** :- Prostate normal in size & echopattern. No prostatic abscess/ nodularity seen.

**SCAN BY 6-12 MHZ SOFT TISSUE LINEAR PROBE** :-  
No fluid collection/lump/abscess seen in r.i.f., No evident focal lesion seen in rif.  
Both psoas appear normal.Both suprarenal region normal.  
No abnormal dilated small bowel loops seen.  
No free fluid seen in peritoneal cavity.

### Digital radiograph of k.u.b. / abdomen

Soft radio opacity seen in pelvis on left side  
-- p/o ? calculus..

Gas filled bowel loops seen at renal region.

Partial sacralisation of L5 seen.  
Lumber vertebrae shows changes of spondylosis..  
No fracture seen.  
Pelvic bone appear normal.

Specimen:-

