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300 Barr Harbor Drive, Suite 280

West Conshohocken, PA 19428

Phone: 888.886.5238 Fax: 888.886.5221

Patient: DOE, JOHN

Exam Date: 06/05/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

CT OF THE ABDOMEN AND PELVIS WITH CONTRAST

CLINICAL HISTORY: ABDOMINAL PAIN.

TECHNIQUE: Multiple axial CT images were obtained through the abdomen and pelvis after administration of oral contrast material only.

COMMENTS:

There is evidence of diffuse hepatic hypoattenuation compatible with fatty infiltration. There is no intra or extrahepatic biliary ductal dilatation. The patient is status post cholecystectomy. The spleen is normal. The pancreas is of normal contour and attenuation characteristics. There is no evidence of adrenal mass.

Moderate sized fat containing supraumbilical hernia is present.

The kidneys are normal in size, shape and configuration. No renal or ureteral calculi are identified.

There is no hydroureter or hydronephrosis.

There is no evidence for appendicitis. Several fluid-filled loops of small bowel are present compatible with mild enteritis. There is no bowel wall thickening. No evidence for small or large bowel obstruction. There is no evidence of abdominal ascites or lymphadenopathy.

There is no evidence of intrinsic or extrinsic bladder mass. There is no pelvic ascites or lymphadenopathy.

The uterus and ovaries are grossly unremarkable.

Images of the lung bases show no evidence of pleural or parenchymal mass. There are no pleural effusions. Scarring is present in the right middle lobe and lingula as well as both lung bases.

The bony structures are free of lytic or blastic lesions. Multilevel degenerative changes are seen involving the thoracolumbar spine.

Scattered calcifications are seen involving the aorta and major branches compatible with atherosclerosis.



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IMPRESSION:

ABDOMEN:

1. Several fluid-filled loops of small bowel are present compatible with mild enteritis.
2. Fatty liver.
3. Status post cholecystectomy.
4. Fat containing umbilical hernia.

PELVIS:

1. No evidence of diverticulitis or acute inflammatory process in the pelvis.

Discussed with Dr. DAVID LIVESEY

-Electronically Signed by: RADIOLOGIST, ADMIN on

06/05/2010 2:31:33 PM
