



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 WITHOUT CONTRAST

CLINICAL HISTORY: RLQ pain.

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

COMMENTS:

Correlation is made with prior CT of the abdomen and pelvis report dated 04/11/2010.

Note again is made of enlarged Riedel's lobe demonstrating a 3.5 cm heterogeneously enhancing mass at the inferior edge of the Riedel lobe. The mass is again noted to enhance during the portovenous phase and de-enhance on delayed phase. Differential again includes focal nodular hyperplasia and hepatic adenoma although malignant process is not completely excluded given enhancement characteristics. There is no intra or extrahepatic biliary ductal dilatation. The spleen is normal. The gallbladder is again noted to be markedly contracted and surrounded by fluid. Chronic cholecystitis is suspected. The pancreas is of normal contour and attenuation characteristics. There is no evidence of adrenal mass.

Both kidneys demonstrate prompt and equal nephrograms. The kidneys are normal in size, shape and configuration. There is no evidence of renal or ureteral mass. No renal or ureteral calculi are identified. There is no hydronephrosis or hydroureter.

No definite evidence for appendicitis. 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.

The uterus is bulky. The right ovary appears enlarged and demonstrates complex cyst measuring approximately 2 cm. Mild amount of fluid is present in the pelvic cul-de-sac.

Images of the lung bases show no evidence of pleural or parenchymal mass. There are no pleural effusions. The bony structures are free of lytic or blastic lesions.



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IMPRESSION:

1. No significant interval change since 04/11/2010 in 3.5 cm hepatic mass as described above. Consider biopsy for confirmation of the diagnosis.
2. Findings suggestive of chronic cholecystitis. Surgical correlation is recommended.
3. Bulky uterus. Complex enhancing right ovarian cystic lesion and moderate amount of fluid.

Followup with pelvic ultrasound is recommended.

-Electronically Signed by: RADIOLOGIST, ADMIN on

06/05/2010 2:38:25 PM
