

Bradley A. Jabour, M.D., Chief of Radiology

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Exam Date: 05/30/2025 08:45

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MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY

To:

HISTORY

63-year-old male presents for screening exam.

TECHNIQUE

Using a 1.5 Tesla Siemens magnet, the following sequences were obtained:

Abdomen

- 1) Localizer.
- 2) axial T2 haste thin sections through the pancreas
- 3) axial T2 haste fat-sat thin sections through the pancreas
- 4. Coronal T2 haste through the abdomen

MRCP

Oblique coronal thin slab ultra high T2 fat sat sequence was obtained of the hepatobiliary system, and 3D volume rendered imeages were produced with post-processing software.

Study was performed at Medical Imaging Center of Southern California, Santa Monica.

COMPARISON

None available.

FINDINGS

Abdomen

A 3 mm focal T2-signal hyperintensity at the inferior aspect of segment 4 of the liver, series 6 image 19, likely represents a cyst. The visualized liver is otherwise normal.

The visualized spleen, gallbladder, and adrenal glands are intact.

A 10 mm cyst is observed at the upper pole of the right kidney. The visualized left kidney is normal.

A 2 mm cyst is observed at the medial head of the pancreas, best seen on MRCP coronal raw data, series 10 image 52, also on series 8 image 20. This likely represents intraductal papillary mucinous neoplasm (IPMN).

Visualized bowel loops appear unremarkable.

Visualized musculoskeletal structures appear grossly unremarkable.

MRCP

The gallbladder appears satisfactory. No intrahepatic biliary dilatation. The common hepatic duct is not enlarged and the common bile duct is normal in size. No filling defects in the the ductal system, no signs of choledocholithiasis. The pancreatic duct is not dilated.



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IMPRESSION:

- 1. Pancreas: 2 mm IPMN in the head of the pancreas. Recommend follow-up contrast enhanced MRI of the pancreas with MRCP every 2 years for 10 years.
- 2. Liver: 3 mm cyst.
- 3. Right kidney: 10 mm cyst.

all File MD William Feske, MD

Signed Date: 06/02/2025 03:51 PM





