REPORT_PERSONID_358504ENCOUNTERID_9101801

Person ID : 358504

Encounter ID: 9101801

Event Title : CT:ABDOMEN WITH NON-IONIC CONT

Performed on Date : 23-MAR-2007 15:05:00

MRN Number :190610

CT abdomen and pelvis: History: Lower quadrant pain. Technique: Multiple axial images of the abdomen and pelvis performed.5 mm sections were taken from the base of the lungs to the symphysispubis. Oral and IV contrast was utilized during this study. Findings: The base of the lungs are clear there is no consolidation, nodule or mass. There are no pleural effusions. The heart is within normal limits for size there is no pericardialeffusion. In the left lobe liver there is a 6 mm hypodensity which is too smallto fully characterize on this study. Otherwise, the liver, spleen, pancreas and adrenal glands all enhance homogeneously without evidenceof mass. The gallbladder is within normal limits there is no intrahepatic or extrahepatic biliary dilatation. The kidneys enhancesymmetrically however, there is a 6 mm hypodensity in the upper polethe right kidney statistically most likely representing a small cysts. However, please note that this is also too small to be fullycharacterize on this study. There is no hydronephrosis. There is no retroperitoneal or pelvic lymphadenopathy. The intermittently opacified bowel is grossly unremarkable. This patient status post posterolateral rod stabilization with cortical graft placement and the L4-L5 level. There is grade 1spondylolisthesis at the L4-L5 correlation with plain films isrecommended. There also appears to be mild spinal stenosis at thislevel. Spinal canal measured approximately 7 mm on the sagittalreconstructed images.

Impression: There is grade 1 spondylolisthesis at L4-L5 this is at the level of the prior spinal stabilization surgery. There appears to the spinalstenosis at this level. Plain film correlation is recommended. Dedicated CT of the lumbar spine may be helpful. There is a 6 mm hypodensity in the liver which is too small to fullycharacterize. A similar, small hypodensities to the right kidney also, too small to fully characterize.

Attending Radiologist: MOORE, WILLIAM

Ordered By: FRISCHER, ZELIK

Order Date: March 23, 2007 2:00 PM Completion Date: March 23, 2007 3:05 PM Encounter Number: 010037837399

Accession Number: 2531452

Images were reviewed and interpreted by Attending Radiologist: Dr. MOORE, WILLIAM

Electronically Signed On: March 23, 2007 3:34 PM by Dr. MOORE, WILLIAMSTONY BROOK UNIVERSITY HOSPITALDEPARTMENT OF RADIOLOGYSTONY BROOK, NY 11794-7300

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