# **Craft Body Scan**

# **Final Radiology Report**



Name: PANAK, BERNARD Age: 63Years M Date: 07/12/2022

MRN: 104809 SSN: -- DOB: 3/31/1959

Study: CT COLONOGRAPHY DIAGNOSTIC WO Requesting Physician: SCHRODER, JASON

Accession: A924610 Images: 1203

Add'l Studies:

**Provided Clinical History: Screening** 

1. CT Abdomen and Pelvis without contrast. Virtual colonoscopy protocol.

Panak, Bernard 7/14/2022

Indication: Screening exam

Comparison: None

Technique: Prior to the examination the patient underwent colon prep. Immediately before the exam, a thin catheter was inserted into the rectum by the technologist. A small balloon was inflated to hold it in place. Room air was then used to mildly dilate the colon. Axial 5 mm computed tomography through the abdomen and pelvis was subsequently performed without intravenous contrast in both the supine and prone positions. Reformatted sagittal and coronal images were also submitted for interpretation.

Radiation Dose: Dose modulation techniques were utilized in order achieve the lowest possible dose.

Total examination DLP given in mGy-cm is: 651

## Findings:

### Virtual colonoscopy:

Colon prep: Sufficient Colon dilation: Sufficient Wall: Normal thickness.

Diverticula: Diffuse colonic diverticulosis.

Polyps/Masses: None

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Strictures: None

Extrinsic compression: None

## Other:

Lung bases: See CT chest from the same date. Aorta: Normal in caliber. Mild plaque formation. Liver: No mass or biliary dilation. Normal density.

Gallbladder: Normal. Pancreas: Normal. Spleen: Normal. Adrenals: Normal.

Kidneys: Normal. No stones or hydronephrosis. No cysts.

Ureters: Normal.
Bladder: Normal.
Pelvic organs: Normal.
Appendix: Normal.
Small bowel: Normal.
Stomach: Normal.

Lymph nodes: No abnormally enlarged lymph nodes.

Fluid: No free fluid. Air: No free air. Soft tissues: Normal.

Bones: L5 pars defects with anterolisthesis of L5 on S1 measuring 8 mm.

## Impression:

1. Diverticulosis without inflammatory change.

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2. L5 pars defects with anterolisthesis of L5 on S1 measuring 8 mm.

3. Aortic atherosclerosis.

CT and endoscopic measurements are frequently discordant, possibly influencing patient management. A normal CT report should not preclude GI or surgical consultation if there are any concerning symptoms. Also, virtual colonoscopy may not be as effective as endoscopy at detecting certain types of polyps and small sized polyps.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Paulson, Erik, DO 07/14/2022 12:38 PM Central Time (US & Canada)

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