

PATIENT DIAGNOSTIC REPORT

PATIENT NAME : BERGLUND, LOUISE

MRN	BIRTHDATE	AGE	SEX	REQUESTING SERVICE	LOCATION	HSN
558382	17/May/1951	60 yr.	F	SPH OUTPATIENTS	SPH MEDICAL IMAGING	
REQUESTING PHYSICIAN: SESHADRI,PIETER				OTHER INTERESTED PARTIES:		
ATTENDING PHYSICIAN: SESHADRI,PIETER				cc: DONALD GELHORN		
ADMITTING PHYSICIAN: :						

ORDER #	HIS ORDER #	RESULT ID / ADDENDUM	EXAM DATE
3729261		2103316 0	03/Apr/2012

REASON: URGENT HAS BACK PAIN. ONE YEAR AGO HAD RHC FOR ISCHEMIA AT HEPATIC FLEXURE. ? OTHER PATH.

RESULT:

CT ABDOMEN AND PELVIS WITH INTRAVENOUS CONTRAST

No discrete nodular lesions are seen within the lung bases. There are bilateral breast prostheses in place. A small hypodense lesion in the lateral segment of the left lobe of the liver measuring 0.4 cm which is unchanged in appearance and compatible with a small cyst. No other focal abnormality in liver texture is seen. There has been a cholecystectomy. The CBD measures up to 7 mm which may be normal for age and post-cholecystectomy status. If anything, central intrahepatic bile ducts are a bit less prominent than on the previous examination. The pancreas, spleen, adrenals and kidneys are unremarkable in appearance. There are a couple of nodules in the left upper quadrant, the larger measuring 0.7 cm consistent with splenules. There has been a previous right hemicolectomy. No bowel related mass is seen. There is no evidence of intestinal obstruction. In the central abdominal region there is a mesenteric lymph node which measures 1.3 x 0.7 cm. There is no retroperitoneal lymphadenopathy. There is no ascites. There has been a hysterectomy. There is an oval-shaped cystic mass in the left side of the pelvis measuring about 4.6 x 4.2 x 3.4 cm which shows peripheral rim calcification but no evidence of a solid component. This has been demonstrated previously. The bladder is smooth in outline. There is a paraumbilical hernia containing a loop of small bowel which appears non-obstructed. The defect measures approximately 3 cm across. Separate from but just above that is an additional small anterior abdominal wall hernia with herniation of omental fat with the defect measuring about 2.3 cm across. There is no evidence of aneurysmal dilatation of the abdominal aorta. No aggressive bone lesions are seen. There is severe degenerative change with vacuum discs at L4-5 and L5-S1. There is spondylolysis and first grade spondylolisthesis at L4-5 and there is degenerative spondylolisthesis at L5-S1.

COMMENT

DICTATED BY:

VERIFIED BY: FRASER, DONALD

PATIENT NAME: BERGLUND, LOUISE

Printed: 03/Apr/2012 at 03:35PM

St. Paul's Hospital
Medical Imaging
1702 20th St. West
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ADMITTING PHYSICIAN:						
OTHER INTERESTED PARTIES: cc: DONALD GELHORN						

Other than the degenerative changes described above, no cause for back pain is demonstrated. Other findings are unchanged compared to the previous examination.

DF/jo

DICTATED BY: ,
VERIFIED BY: FRASER,DONALD

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