REASON FOR EXAM: This 60-year-old female who was found to have a solid indeterminate mass involving the inferior pole of the right kidney was referred for percutaneous biopsy under CT guidance at the request of Dr. X.,PROCEDURE: The procedure risks and possible complications including, but not limited to severe hemorrhage which could result in emergent surgery, were explained to the patient. The patient understood. All questions were answered, and informed consent was obtained. With the patient in the prone position, noncontrasted CT localization images were obtained through the kidney. Conscious sedation was utilized with the patient being monitored. The patient was administered divided dose of Versed and fentanyl intravenously.,Following sterile preparation and local anesthesia to the posterior aspect of the right flank, an 18-gauge co-axial Temno-type needle was directed into the inferior pole right renal mass from the posterior oblique approach. Two biopsy specimens were obtained and placed in 10% formalin solution. CT documented needle placement. Following the biopsy, there was active bleeding through the stylet, as well as a small hematoma about the inferior aspect of the right kidney posteriorly. I placed several torpedo pledgets of Gelfoam through the co-axial sheath into the site of bleeding. The bleeding stopped. The co-axial sheath was then removed. Bandage was applied. Hemostasis was obtained. The patient was placed in the supine position. Postbiopsy CT images were then obtained. The patient's hematoma appeared stable. The patient was without complaints of pain or discomfort. The

patient was then sent to her room with plans of observing for approximately 4 hours and then to be discharged, as stable. The patient was instructed to remain at bedrest for the remaining portions of the day at home and patient is to followup with Dr. Fieldstone for the results and follow-up care.,FINDINGS: Initial noncontrasted CT localization images reveals the presence of an approximately 2.1 cm cortical mass involving the posterior aspect of the inferior pole of the right kidney. Images obtained during the biopsy reveals the cutting portion of the biopsy needle to extend through the mass. Images obtained following the biopsy reveals the development of a small hematoma posterior to the right kidney in its inferior pole adjacent to the mass. There are small droplets of air within the hematoma. No hydronephrosis is identified.,CONCLUSION:,1. Percutaneous biopsy of inferior pole right renal mass under computed tomography guidance with specimen sent to laboratory in 10% formalin solution.,2. Development of a small hematoma adjacent to the inferior pole of the right kidney with active bleeding through the biopsy needle stopped by tract embolization with Gelfoam pledgets.