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EXAM: CT CHEST, ABDOMEN AND PELVIS WITHOUT AND WITH CONTRAST

HISTORY: Weight loss constipation

TECHNIQUE: Standard CT images were acquired on a multidetector CT scanner with post-processed images submitted for review. The images of the chest, abdomen and pelvis were obtained before and following the administration of IV contrast.

Contrast: 100 cc Omnipaque 350 IV contrast.

The total DLP was 2308.3 mGy-cm and the CTDI was 17.11 mGy. Low dose protocols were performed.

One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique. A total of 0 CT (Computed Tomography) examinations and 0 myocardial perfusion studies have been performed on this patient over the past 12 months. Counts as indicated include examinations performed within our network.

COMPARISON: None available.

FINDINGS:

THORAX:

In the thorax, the heart size appears to be within normal limits. No pleural fluid is identified, no pericardial fluid is noted. The thoracic aorta appears to be normal in caliber. No axillary adenopathy is noted, no mediastinal or hilar adenopathy is noted.

No focal areas of consolidation are noted. No bronchiectatic change or bronchial wall thickening is noted.

ABDOMEN/PELVIS:

There is mild fatty infiltration throughout the liver. No large gallstones or biliary ductal dilatation is noted.

The pancreas, adrenal glands, spleen and inferior vena cava appear to be within normal limits. There is mild plaque formation in the abdominal aorta. There is a 3.2 cm left upper pole renal cyst.

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The prostate gland is mildly enlarged. The urinary bladder appears to be within normal limits.

There is suboptimal oral contrast opacification of the bowel however a normal caliber appendix is noted. Multiple colonic diverticula are noted.

No free air is identified. No free fluid is identified. No abdominal or pelvic adenopathy is noted.

Multiple osseous lesions are identified on this exam with involvement of the entire spine with loss of vertebral body height at multiple levels. Rib destruction is seen in the left hemithorax involving the posterior lateral aspect of the left eighth rib with an associated soft tissue mass. Similar findings are seen involving the anterior aspect of the left fifth rib. Multiple areas of sclerosis are seen involving the pelvis with a lytic area seen in the left sacral ala and bony destruction with an ill-defined soft tissue mass centered at the left acetabulum.

IMPRESSION:

1. Multiple osseous abnormalities highly worrisome for diffuse skeletal metastatic disease with bony destruction and associated ill-defined soft tissue masses. These findings involve the spine, left sided ribs and bones of the pelvis described in the report. A follow-up bone scan and PET/CT are recommended for further assessment. Definitive diagnosis may require biopsy.

2. No thoracic, abdominal or pelvic adenopathy identified.

End of diagnostic report for accession: 50885301

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Electronically Signed By: Pattarelli, Philip, MD 04-09-2025 3:42:21 PM

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