

CONTRAST-ENHANCED CT ABDOMEN/PELVISCLINICAL HISTORY: LLQ pain.

TECHNIQUE: Multiple axial and coronal CT images were obtained through the abdomen and pelvis after administration of oral and intravenous contrast material.

COMPARISON: Prior CT of the abdomen and pelvis report dated ____.

FINDINGS: 4.0 cm hypodense lesion in the left hepatic lobe. The lesion is noted to have subtle enhancement during the arterial phase and washout on delayed phase. Differential includes hepatic hemangioma or focal nodular hyperplasia, although a malignant process cannot be completely excluded given enhancement characteristics. There is no intra or extrahepatic biliary ductal dilatation. The spleen appears normal. The gallbladder is distended and exhibits wall thickening with surrounding fat stranding. Acute cholecystitis is suspected. The pancreas has a normal contour and attenuation characteristics. There is no evidence of an adrenal mass. Both kidneys demonstrate prompt and equal nephrograms. The kidneys are normal in size, shape, and configuration. There is no evidence of renal or ureteral mass. No renal or ureteral calculi are identified. There is no hydroureter or hydronephrosis. There is no evidence of appendicitis. Minimal wall thickening is observed in the descending colon, which may be suggestive of mild colitis. No evidence for small or large bowel obstruction is present. There is no evidence of abdominal ascites or lymphadenopathy. There is no evidence of intrinsic or extrinsic bladder mass. The uterus appears normal. The left ovary appears enlarged and demonstrates a 3 cm simple cyst. A small amount of fluid is present in the pelvic cul-de-sac. Images of the lung bases show no evidence of pleural or parenchymal mass. There are no pleural effusions. The bony structures are free of lytic or blastic lesions.

IMPRESSION: 4.0 cm hypodense lesion in the left hepatic lobe, as described above. Further evaluation with MRI or biopsy may be considered for clarification of the diagnosis. Findings suggestive of acute cholecystitis. Surgical correlation is recommended. Mild wall thickening in the descending colon, possibly indicative of mild colitis. Clinical correlation is advised. Simple cyst in the left ovary and a small amount of fluid in the pelvic cul-de-sac. Follow-up with pelvic ultrasound is recommended.