

CT Abd & Pelvis without

Status: Final result

PACS Images

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Study Result

HISTORY:

Bilateral flank pain.

COMPARISON:

None.

TECHNIQUE:

This examination was performed using automated exposure control, adjustment of mA or kV according to patient size, and/or use of iterative reconstruction technique. Axial contiguous images of the abdomen and pelvis were obtained without oral or IV contrast, coronal reformat images also performed.

FINDINGS:

The visualized lung parenchyma and cardiac structures are unremarkable.

Heterogeneous contrast opacification of the bilateral kidneys is seen. There is mild prominence of the bilateral collecting systems. The ureters are poorly visualized with apparent mild urothelial thickening particularly on the right proximally. Minimal perinephric stranding is seen bilaterally. Minimal fluid is seen in the bilateral paracolic gutters.

There is no hepatic mass or intrahepatic biliary dilatation identified on limited noncontrast imaging. Contrast is seen in the gallbladder, consistent with vicarious excretion. The spleen is unremarkable. There is no pancreatic mass or ductal dilatation. The adrenal glands are unremarkable.

The stomach, small bowel and large bowel are unremarkable. The visualized portions of the appendix are unremarkable. There is no free intraperitoneal fluid or gas. There is no mesenteric edema or inflammatory process. Vascular structures of the abdomen and pelvis are unremarkable. No pathologic adenopathy is identified. There is no bone lesion. Contrast is noted within the bladder lumen.

IMPRESSION:

1. Bilaterally symmetric abnormal appearance of both kidneys with heterogeneous retention of contrast and minimal perinephric stranding. In addition, prominence of the bilateral collecting systems with moderate thickening of the visualized proximal right ureter. Differential includes bilateral pyelonephritis, however this is unlikely provided clinical history of normal urinalysis. Differential also includes primary renal disease, atypical infection and less likely malignancy. Nephrology consultation is advised.
2. No significant distention of the bladder to suggest outlet

obstruction.

This examination was interpreted by a Colorado Imaging Associates Fellowship trained and Board Certified Radiologist. Providers who wish to speak directly with a Radiologist, please call 303-223-4448. Patients with questions should consult their provider for more information.

WS: CEDENSAH-RAD759

DICTATED BY: KADIVAR, FATEMEH Date: 01/23/2018 22:28:59 MT

TRANSCRIBED DATE: 01/23/2018 22:28:59 MT

Signed by

| Signed | Date/Time | Phone | Pager |
|------------------|-----------------|--------------|-------|
| KADIVAR, FATEMEH | 1/23/2018 22:47 | 303-223-4448 | |

Exam Information

| Status | Exam Begun | Exam Ended |
|------------|-----------------|-----------------|
| Final [99] | 1/23/2018 22:20 | 1/23/2018 22:21 |

Collection Information

Specimen ID: CT201801234609

Collected: 1/23/2018 10:28 PM

Resulting Agency: POWERSCRIBE

Risk Scores

No risk assessment data

External Results Report

[Open External Results Report](#)

Encounter

[View Encounter](#)

Orders Requiring a Screening Form

| Procedure | Order Status | Form Status |
|-------------------------|--------------|-------------|
| CT Abd & Pelvis without | Completed | Created |

IR Procedure Log

[IR Procedure Documentation](#)

Order Report

[CT Abd & Pelvis without \(Order #171940418\) on 1/23/18](#)

Reprint Order Requisition

[CT Abd & Pelvis without \(Order #171940418\) on 1/23/18](#)