



FAX

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ASHUTOSH TEWARI, M.D.
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Patient: EPSTEIN, JEFFREY

Exam Date: 7/27/16

Acc No: 6889096

MRN: 0315192

Dear Dr. Tewari,

CT SCAN OF THE ABDOMEN AND PELVIS

Clinical History:

63 y/o male with urinary frequency for 1 week, microscopic hematuria, history of renal calculi, status post appendectomy

Technique:

Multidetector helical CT scans were performed of the abdomen and pelvis from the dome of the diaphragms to the pubic symphysis. The scans were performed with a 5 mm slice thickness and a 5 mm interval. Pre and post intravenous contrast images were obtained. No oral contrast was administered. Images were reconstructed at 1.25mm slice thicknesses at 1.25mm slice intervals with coronal reformats.

Comparison:

CT performed 01/02/2014

Findings:

Review of the lower chest reveals dependent change involving both lower lobes and minimal subpleural scarring involving the medial basal segment of the right lower lobe.

The liver is normal in size and contour with minimal diffuse fatty infiltration but no focal hepatic lesion,

EPSTEIN, JEFFREY ACC:6889096 Exam Date: 7/27/16 DOB: 01/20/1953

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unchanged. Focal fat deposition is seen adjacent the falciform ligament.

The spleen is normal without enlargement.

The gallbladder is normal without radiopaque gallstones or surrounding inflammation.

The pancreas is normal in size and configuration.

The bowel and mesentery are normal. Of note, postsurgical change is seen in the right lower quadrant of the abdomen related to prior appendectomy. Subcentimeter lymph nodes are seen within the root of the small bowel mesentery without suspicious features and likely within the realm of normal or reactive in nature.

The adrenal glands are normal without nodule or thickening.

Noncontrast imaging of the kidneys reveals no right-sided intrarenal calculi. In the left lower pole, there is a punctate nonobstructing intrarenal calculus 0.3 x 0.2 cm (324 HU). This was not well seen on the prior contrast-enhanced study. There are no obstructing urinary tract calculi and there is no hydronephrosis. Symmetric nephrograms are noted with normal excretion. There is no suspicious renal parenchymal mass.

The ureters are normal in caliber and without suspicious filling defect to suggest a urothelial mass.

The aorta is normal in caliber with minimal calcific atherosclerosis. The IVC is unremarkable.

The retroperitoneum is normal and there is no suspicious lymphadenopathy.

The urinary bladder is normal without calculus or wall thickening.

The prostate is unchanged in appearance with coarse calcifications centrally and prominence of the median lobe indenting the base of the urinary bladder, unchanged. The seminal vesicles are normal. Subcentimeter calcified pelvic phleboliths are present. No free pelvic fluid or lymphadenopathy is present.

There is a tiny fat containing umbilical hernia. There is a tiny fat containing left inguinal hernia. These are unchanged.

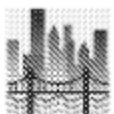
Degeneration is noted in the spine, hips and about the pelvis.

IMPRESSION

Punctate 3 mm nonobstructing left lower pole intrarenal calculus. No hydronephrosis or obstructing calculi.

Unchanged minimal diffuse fatty infiltration of the liver.

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Unchanged prominent median lobe of the prostate indenting the base of the urinary bladder.

Very truly yours,

ADAM WILNER, M.D.

Electronically Signed By: ADAM WILNER, M.D.

Date/Time Transcribed: 7/27/16 9:02 am

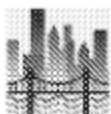
Contrast: Omnipaque Contrast 120cc

Creatinine Submitted 1.0mg/dl

CD FOR MRI ONLY / NO PACS

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