



Preliminary Report

Patient: DEBRA DAMMON

Pt ID: 140550 | Acc#: 845066
 DoB: Nov 30,1954 | Sex: F | Age:056Y
 Mod: CT | Body: ABP | #Imgs: 389
 Radiologist: Dr. Matt Hudkins
 Ref Phys: BAIRD GEORGE

Study Time (local): Jun 10,2011 18:41
 Receive Time (CST): Jun 10,2011 19:56
 Req (CST): Fri, 10 June 2011 7:58:34pm
 Inst: LAH | LHH

Study Description: CT ABD PELVIS W/WO CONTRAST

OBSERVATION

Clinical History: Abdominal pain; ingestion since 3 weeks

Technique: CT abdomen and pelvis with oral, without and with intravenous contrast (axial sections with sagittal and coronal reformats)

The pancreas is mildly atrophic with extensive peripancreatic fat stranding. There are multiple encapsulated cystic lesions in the gastrohepatic lesion and lesser sac, the largest measures 5.6 x 4.7 x 7.5 cm in the gastrohepatic ligament, which could represent pseudocysts. There is a 2.7 x 3.1 cm pseudocyst abutting the fundus of the stomach. There is mild dilatation of pancreatic duct measuring 4 mm. The bile duct is mildly dilated, in this patient status post cholecystectomy this may be secondary to prior calculus disease. There is a mild diffuse fatty infiltration of the liver. There are hypodense lesions in the left and right lobe of liver, which may represent cysts. The spleen, adrenals and kidneys are unremarkable. There are multiple colonic diverticula without diverticulitis. No bowel obstruction is identified. The appendix is not visualized. The urinary bladder is partially distended. The uterus is not visualized. No adnexal mass is noted. No free air or ascites is seen. There are surgical clips in the ventral lower abdominal wall, suggestive of hernia repair. The aorta demonstrates atheromatous calcification without aneurysm. Degenerative changes of the spine are noted. Bibasilar dependent atelectasis is noted. There are bilateral breast implants.

IMPRESSION

Findings suggestive of acute pancreatitis with multiple pseudocysts. Recommend clinical correlation.

PRELIMINARY REPORT: This is a preliminary report only. It is meant to focus on emergent management and life threatening conditions and will be entirely superseded by a final report.

QUALITY ASSURANCE: Please notify us of any significant discrepancies between this report and the final report by faxing both reports to 877-247-XRAY. Change in patient care? YES / NO