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**Patient: DOE, JOHN**

**Exam Date: 06/05/2022**

**MRN : JD4USARAD**

**DOB: 01/01/1961**

**Referring Physician: DR. DAVID LIVESEY**

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## **CT OF THE CTA ABDOMEN & PELVIS**

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History: Abdominal aortic aneurysm.

Technique: Oral contrast was administered orally to the patient. The patient was fully informed of the nature and risks of intravenous contrast. Written informed consent was granted. Non-ionic contrast was administered intravenously without complication. A helical CT was acquired from the lung bases through the symphysis pubis. Maximum intensity pixel images were reconstructed and reviewed as well. Images were reviewed in lung windows, bone windows, and abdominal windows. Delayed images were also acquired.

Findings: Abdomen: The lung bases are clear, and the heart is not enlarged. There is no aneurysmal dilatation of the aorta despite extensive vascular calcification. Bony structures reflect the patient's age and the muscular structures are all intact.

The liver, spleen, adrenal glands, pancreas, and gallbladder are all morphologically normal with normal enhancement. A 3.1 cm exophytic hypodense mass is seen laterally of the left kidney; this lesion appears solid and hypervascular, suspicious for renal cell carcinoma. There is no free air, free fluid, or inflammatory change. The stomach and visualized portions of the small bowel and large bowel are normal. There is no portal, retroperitoneal, or mesenteric adenopathy. There is no omental caking.

Pelvis: The ureters are normal in course and caliber. The bladder has a normal configuration. The uterus is unremarkable but neither ovary is visualized.

Bony muscular and vascular structures reflect the patient's age without aneurysmal dilatation of arterial structures. There is no free air, free fluid, or inflammatory change. The visualized portions of the small bowel are normal. Diverticulosis is present in the sigmoid colon without radiographic evidence for diverticulitis. There is no pelvic or inguinal adenopathy.

Impression: Abdomen:

1. 3.1 cm hypodense but solid exophytic lesion of the left kidney suspicious for renal cell carcinoma.
2. Vascular calcification but no evidence for aneurysmal dilatation of the aorta.

Pelvis: Diverticulosis without radiographic evidence for diverticulitis.