



Preliminary Report

Patient	MR. JOHN DOE	Pt ID		Acc#	
DoB	Jan 07, 1949	Sex	M	Age	60
Body	ABP	Body	CT	#Imgs	93
Referring				Study Time (local)	Sep 19, 2009 17:05
Radiologist				Receive Time (CST)	Sep 20, 2009 06:11

Observation

Clinical history: Left lower quadrant abdominal pain with elevated WBC's.

Technique: CT abdomen and pelvis with oral and intravenous contrast

There are multiple sigmoid and descending colonic diverticuli. There is circumferential wall thickening of the distal descending colon with pericolonic fat stranding, suggestive of acute diverticulitis. There are extraluminal air loculi adjacent to the thickened descending colon, which may represent contained perforation. There is a 2.7 x 2.3 cm soft tissue density in the sigmoid mesocolon (image # 48), which may represent evolving abscess/phlegmon. There are cortical left renal cysts, the largest measuring 4.4 x 3.7 cm in the lower pole. The gallbladder is surgically absent. The liver, spleen, pancreas, right adrenal and right kidney are unremarkable. There is a 1.5 x 1 cm soft tissue nodule in the left adrenal, which may represent adenoma. The appendix is within normal limits (images # 54-58). The urinary bladder is unremarkable. The prostate is mildly enlarged. There is a small fat containing right inguinal hernia. No ascites is noted. The aorta demonstrates atheromatous calcification without aneurysm. Degenerative changes of the spine are noted. There are small bilateral pleural effusions with compressive atelectasis. Streaky atelectasis is noted in both lower lobes. A small hiatal hernia is noted.

Impression

Findings suggestive of acute descending colonic diverticulitis with contained perforation and possible evolving abscess/phlegmon. 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 It is meant to focus on emergent management and life threatening conditions and will be entirely superseded by a final report.

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