

PARKVIEW MEDICAL CENTER  
400 W. 16th Street  
Pueblo, CO 81003  
(719)584-4880

Diagnostic Imaging-CT

Patient: BULLER, JOHN E J  
Physician: Pacheco, Alonso V MD  
DOB: 05/04/1947 Age: 68  
Order #: 1010-0310  
Exam: Abdomen/Pelvis W/Contrast

Exam Date: 10/10/15  
Location: CT  
Unit #: M000781650 Apt #: A00181051592

74177 ABD/PELVIS ENHANCED

COMPARISON: 4/15/2013 (CT abdomen/pelvis)

TECHNIQUE: Helical acquisition from the lung bases through the pubic symphysis (abdomen and pelvis), multiplanar rendering, 100 cc Isovue-300 intravenous contrast. Oral contrast.

FINDINGS:

Right pleural effusion is decreased in size but exhibits a loculated appearance. Right pleural drainage catheter is in place. Mild atelectasis is noted in the right lung base.

Omental masses anterior to the left lobe of the liver (Image #14-19) have decreased in size but slightly increased in density since the prior exam. Largest individual nodule previously measured 12 mm and now measures 7 mm.

Increasing upper abdominal ascites is present, mostly situated over the superior margin of the spleen and liver. There is nodular serosal enhancement over the right lobe of the liver, resulting in deformation of the subjacent cortex which has increased in size from the prior exam. Pericholecystic fluid and gallbladder wall thickening is also present and may reflect serosal metastases about the gallbladder, as well.

The pancreas, adrenal glands, spleen, and kidneys reveal no acute abnormalities.

Mural calcifications are noted in the normal caliber abdominal aorta. Numerous new retroperitoneal surgical clips are demonstrated in the retroperitoneum.

The mixed solid and cystic mass in the central pelvis has been surgically excised, without evidence of residual lesion.

Enlarged right inguinal lymph nodes have also increased size (previously measuring 18 mm, now measuring 27 mm).

Multilevel lumbar facet arthropathy is noted.



BUTLER, DON VIE J  
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AC0131091502

**IMPRESSION:**

1. Increasing upper abdominal ascites, with small mesenteric metastatic implants over the anterior aspect of the left lobe of the liver, over the serosal surface of the right lobe, and potentially about the gallbladder. The largest omental mass in the left upper quadrant appears to have been surgically excised, as has the mass within the central pelvis.

2. Decreased volume of right pleural effusion, likely metastatic in nature, after pleural drainage catheter placement.

3. Operative changes of new left partial colectomy, partial sigmoid colectomy, and resection of pelvic mass. Cystic lesion in the right lateral pelvis most likely reflects postoperative lymphocele.

Electronic Signature by Brandon Black on 10/10/2013 5:10 PM

Transcribed by: DCM

Primary Care Physician, Health Center, Pueblo Community  
CC