

Radiology Report

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| Patient: | Doe, John A | Patient Location: | |
| Study Type: | US ABDOMEN LIMITED | Accession: | 32US166600460 |
| Date of Exam: | 4/14/2016 8:51:06 AM | Patient DOB: | 4/12/1950 |
| Patient ID: | 98788 | Referring Physician: | Demo Physician MD |

HISTORY: Epigastric pain, pt has a hx of renal ca, left kidney removed, pt is on dialysis

Findings: Sonographic evaluation of the abdomen shows the liver is normal in size, shape, and with increased echogenicity measuring 23 cm in length. There is no intra-or extrahepatic ductal dilatation seen with the maximum diameter of the common bile duct measuring 2.9 mm. The gallbladder is normally distended without pericholecystic fluid or cholelithiasis. The gallbladder wall measures 3.7 mm in size. The pancreas is normal in echogenicity without focal abnormality although poorly visualized due to the overlying bowel gas. The right kidney is normal in size, shape, and echogenicity measuring 11.2 x 5.7 x 6.9 cm in length with mild cortical nodularity involving the upper pole measuring 2.9 cm. No definite hypervascularity is seen. Findings suggest left nephrectomy. The spleen is not definitively seen. The visualized portions of the aorta and inferior vena cava are within normal limits.

Impression:

1. No sonographic evidence for cholelithiasis or acute cholecystitis. Mild gallbladder wall thickening may suggest chronic acalculous cholecystitis. Followup recommended.
2. No hydronephrosis or obstructing calculi.
3. Nodularity in the right upper pole kidney is suspicious given history of renal cell carcinoma. Recommend followup dynamic CT of the abdomen pelvis to evaluate further.
4. Hepatomegaly is seen with fatty infiltration of liver.

Interpreting Doctor: Demo Physician MD

Electronically Signed by Demo Physician MD at 4/14/2016 2:41:12 PM



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