CURRENT DX/SIGNS AND SYMPTOMS: ANEMIA, THROMBOCYTOPENIA
REASON FOR EXAM: CT OF ABD W/WO  74 YOF WITH BONE MARROW FAILUR E EVAL
SPLENOMEGALY
PAST HISTORY:
 Report Dictated:Dec 17 2007  Last Update: Dec 17 2007  3:11PM  by clh
Resident or Fellow: Currie

STUDY(S):
CT ABDOMEN W IV CONTRAST, CT PELVIS W IV CONTRAST, DATED 12/17/07 AT 14:21
 REPORT: CT abdomen and pelvis with IV and oral contrast.
 Comparison: None available.
 Indication: Anemia, thrombocytopenia, bone marrow failure. Evaluate for
splenomegaly.
 Technique: Axial 5-mm CT slices were obtained through the abdomen and
pelvis following intravenous and oral contrast administration per routine.
 Findings:
CT Abdomen: There is bilateral dependent opacification within the lung
bases, consistent with atelectasis and mild edema. There is no evidence
of pleural effusion. There is a tiny hypoattenuating lesion within
segment 4 of the liver that is too small to characterize. Otherwise, the
liver is normal in morphology and CT attenuation. There is no evidence of
extrahepatic or intrahepatic biliary dilatation. The gallbladder is
normal in morphology. The spleen measures approximately 14 cm in greatest
cephalocaudad dimension. There is no evidence of focal mass lesion within
the spleen. The pancreas and bilateral adrenal glands are normal in
appearance. There are small exophytic low attenuation structures
projecting from the medial aspects of the right and left kidneys that
most likely represent exophytic cysts. The kidneys are otherwise normal
in morphology and CT attenuation.
 CT  Pelvis: Pelvic vascular calcifications are identified. There is
diverticulosis in the sigmoid colon without evidence of diverticulitis.
The uterus and ovaries are normal in appearance. The bladder is
unremarkable.
 IMPRESSION:
1. The spleen size is slightly prominent, but within normal limits.
2. Bilateral renal cysts.
3. Sigmoid diverticulosis without evidence of diverticulitis.
4. Tiny hypoattenuating lesion within segment 4 of the liver that most
likely represents a cyst.