

UCLA DEPARTMENT OF RADIOLOGICAL SCIENCES
DIAGNOSTIC REPORT

Patient : Siegel, Mary Jo
UCLA ID : 034/183-74-03 DOB: 07/05/1950
Procedure : 10189099 -- ct. abdomen/pelvis
Proc. Date : 08/12/1992 (1430 hrs)
Primary Diag: .

Att. Phys. : R [REDACTED] M.D.
Address : 200 UCLA MEDICAL PLAZA
 : SUITE 510
 : 696324,

Diagnostic Findings:

ABDOMEN AND PELVIC CT - 8/12/92:

CLINICAL HISTORY: Lymphoma. Follow-up examination.

PROCEDURE: Using a GE 9800 scanner, multiple 10 mm contiguous scans were performed from the dome of the diaphragm down to the level of the pubic symphysis. Both oral and intravenous contrast were given prior to the examination.

IMPRESSION:

1. There is a hypodense lesion measuring 2 x 2 cm in the lateral segment of the left hepatic lobe. After contrast injection it enhances almost immediately both centrally and in the periphery. When compared to the previous examination done April 9, 1992, there has been no interval change. The present findings are characteristic of highly vascular lesion such as an atypical hemangioma or an arteriovenous fistula.
2. There is diffuse mesenteric, pericaval and periaortic adenopathy. When compared to the previous examination there has been a slight decrease in the size of the mesenteric and retroperineal nodes.
3. In addition, there is a small enhancing lesion measuring 6 mm in the lt hepatic lobe. Please refer to image #6.
4. The pancreas and spleen are unremarkable.
5. There was good excretion through both kidneys with no focal masses.
6. There is a prominent lower uterine segment with slightly irregular borders. This was present on the previous examination done April 9, 1992. This finding could be secondary to a small myoma. The uterus is anteverted. A hypodense area seen centrally most likely representing endometrial secretions. No pelvic masses.