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CT ABDOMEN/PELVIS WITH CONTRAST

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Results

Impression

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1. Postsurgical changes consistent with prior total colectomy with creation of a Hartman pouch and right end ileostomy. Note is also made of prior small bowel resections with enteroenteric anastomoses along with partial gastric resection.
2. No CT evidence to suggest mechanical bowel obstruction or acute bowel inflammation. Note is made of multiple endoscopy clips within the lumen of the rectum.
3. Multiple mildly enlarged lymph nodes are again visualized within the porta hepatis, abdominal retroperitoneum, and central mesentery, which are without significant change in size and number as compared to the most recent prior study. Again, these lymph nodes are nonspecific in etiology.
4. No new pathologically enlarged lymph nodes are visualized within the abdomen or pelvis.
5. Cholelithiasis without acute cholecystitis.

Read By: Thomas L Estes 2/3/2026 1:31 PM

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Workstation: CPACSAGBI227107

Narrative

DATE/TIME: 2/3/2026 12:52 PM

EXAM: CT ABDOMEN/PELVIS WITH IV CONTRAST(CREATININE DRAW IF NEEDED)

CLINICAL STATEMENT: "Gastrointestinal cancer, staging.; C18.4 Malignant neoplasm of transverse colon"

COMPARISON:7/4/2025; 6/27/2025

TECHNIQUE: Thin axial images of the abdomen and pelvis were obtained after administration of 100 cc of Isovue-370 intravenous contrast. Sagittal and coronal reformats were also constructed.

FINDINGS:

LOWER CHEST:

Please see the dedicated CT of the chest for thoracic findings.

ABDOMEN:

- . Liver: No focal hepatic parenchymal lesions are visualized on today's exam.
- . Gallbladder/biliary: Contracted gallbladder with cholelithiasis. No intrahepatic biliary ductal dilatation.
- . Spleen: Normal in size and without focal splenic parenchymal lesions.
- . Pancreas: No peripancreatic inflammation or pancreatic ductal dilatation.
- . Adrenal glands: No adrenal nodules are identified.
- . Kidneys: The kidneys perfuse and excrete in a normal fashion. No renal calculi or hydronephrosis.
- . Peritoneum: Multiple lymph nodes are visualized within the central mesentery and abdominal retroperitoneum as well as the porta hepatis. Apart from interval resolution of a centrally hypodense pocket of fluid or centrally necrotic lymph node within the central mesentery, these lymph nodes are without significant change in size and number as compared to the previous exam.
- . Extraperitoneum: Multiple enlarged lymph nodes are identified within the abdominal retroperitoneum, which are without significant change in size and number as compared to the most recent prior exam.
- . Gastrointestinal tract: Multiple metallic density structures are identified within the distal rectum, which are favored represent an endoscopy clips. Postsurgical changes consistent with prior total colectomy with creation of a Hartmann pouch and creation of a right end ileostomy. Postsurgical changes consistent with prior multiple small bowel resections with enteroenteric anastomoses are also visualized along with partial gastric resection.
- . Vasculature: Calcific atherosclerosis of the abdominal aorta. No aneurysmal dilatation.

PELVIS:

- . Peritoneum: No pelvic free fluid or free air.
- . Extraperitoneum: No pelvic sidewall lymphadenopathy.
- . Ureters: The ureters run an unobstructed course to the urinary bladder. No ureteral calculi.
- . Bladder: Adequately distended urinary bladder.
- . Reproductive system: Incompletely imaged external genitalia.

Musculoskeletal: Mild retrolisthesis of L5 on S1. No acute fractures.

Ordering provider: Mallory M Montes, NP

Authorizing provider: Erica M Roman Hernandez, MD

Reading physician: Thomas L Estes Jr, MD

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