Name: William Futreal | DOB: 10/4/1962 | MRN: 569729131 | PCP: Erica M Roman Hernandez, MD | Legal Name: William Futreal

CT ABDOMEN/PELVIS WITH CONTRAST

Collected on Mar 25, 2026 3:23 PM

Results

Impression

. .

1. Postsurgical changes consistent with prior proctectomy in this patient with prior total colectomy and previously existing right end ileostomy.

2. Status post percutaneous drainage catheter with interval decrease in size of large thick-walled fluid collection extending from umbilical region up to the dependent pelvis and surgical bed of proctectomy measuring 6.6 x 9.8 x 27 cm in comparison to 9.3 x 14.5 x 31 cm. The sterility of the collection is indeterminate.

3. Stable positioning of previously placed percutaneous drainage catheter within the left lower quadrant collection, which appears grossly stable in size

4. Similar bowel gas pattern with unchanged short segment dilatation of a single loop of small bowel within the central mesentery.

Read By: Pardeep K Mittal 3/25/2026 3:23 PM
Released By: Pardeep K Mittal 3/25/2026 3:28 PM
Workstation: CPACSAGBI227104

Narrative

DATE/TIME: 3/25/2026 2:59 PM

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

CLINICAL STATEMENT: "monitor resolution of abdominal collections. Any change?.; Z85.038 Personal history of other malignant neoplasm of large intestine; S30.11XA Contusion of abdominal wall, initial encounter"

COMPARISON: March 20, 2026.

TECHNIQUE: Thin axial images of the abdomen and pelvis were obtained after administration of 100 cc of Isovue-370 intravenous contrast. No oral contrast was administered. Sagittal and coronal reformats were also constructed.

FINDINGS:

LOWER CHEST:

Mediastinum/hila: Prominent right cardiophrenic lymph node (series 201, image 18 measures 1.4 x 2.4 cm.
Heart/vessels: The inferior heart is normal in size without pericardial fluid collection. Central venous catheter tip terminates at the superior cavoatrial junction. Right coronary stent in place.
Lungs: No focal consolidation. No suspicious appearing pulmonary nodules or masses are identified. Improving atelectasis..
Pleura: Improvement in bilateral pleural effusions..

ABDOMEN and PELVIS:

Liver: No suspicious hepatic parenchymal lesions are identified. Portal vein and superior mesenteric veins are patent.
Gallbladder/biliary: The gallbladder is decompressed. Cholelithiasis without evidence of acute cholecystitis. No intra or extrahepatic 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 in a normal fashion bilaterally. No nephroureterolithiasis or hydronephrosis.
Ureters: The ureters run an unobstructed course to the urinary bladder. No ureteral calculi.
Bladder: Physiologically distended urinary bladder without circumferential wall thickening or focal wall abnormalities.
Reproductive system: The prostate gland, seminal vesicles, and external genitalia are within normal limits.

Peritoneum:
Status post percutaneous drainage catheter within the large postoperative fluid collection extending from umbilical region , just below the anterior abdominal wall into the dependent pelvis and surgical bed of proctectomy. Interval decrease in size of the fluid collection now measuring approximately 6.6 x 9.8 x 27 cm (series 201 image 104 and series 204 image 79) previously measuring 9.3 x 14.5 x 31 cm when measured in similar fashion.

Stable positioning of percutaneous drainage catheter within the postoperative fluid collection located along the abdominal wall in the left lower quadrant which is grossly similar in size compared to prior. Few tiny locules of gas are visualized within the larger fluid collection which is likely secondary to catheter placement. These collections show peripheral thick and mildly enhancing walls. No intraperitoneal free air.

Extraperitoneum: Unchanged appearance of multiple prominent/mildly enlarged retroperitoneal lymph nodes which are again favored to be reactive in etiology.
Gastrointestinal tract: The distal esophagus is within normal limits. Postsurgical changes consistent with recent proctectomy in this patient with prior total colectomy and right end ileostomy. Additional postsurgical changes from multiple small bowel resections

with primary enteric anastomoses. Similar bowel gas pattern with unchanged short segment dilatation of a single loop of small bowel within the central mesentery.
Vasculature: No abdominal aortic aneurysmal dilatation. Mild aortobiiliac calcific atherosclerosis. There is no common iliac to common femoral deep venous thrombosis.

Musculoskeletal: The soft tissues are without acute process. Midline laparotomy scar and right lower quadrant end ileostomy. The osseous structures are without acute fracture or dislocation. No aggressive sclerotic or lytic osseous lesions are identified. Multilevel spondylosis and degenerative disc disease.

Ordering provider: Kathryn R Poehler, PA
Authorizing provider: Susan Gearhart, MD
Reading physician: Pardeep K Mittal, MD
Study date: Mar 25, 2026 3:11 PM
Collection date: Mar 25, 2026 3:23 PM
Result date: Mar 25, 2026 3:28 PM
Result status: Final