



NATIONALRad
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PATIENT: JOHN SMITH
DOB: 5/5/1955
FILE #: 12345
PHYSICIAN: REFERRING
EXAM: MRI ABDOMEN WITH CONTRAST
DATE: 1/1/2011

CLINICAL INFORMATION

History pancreatic cancer. Status post aortic chemotherapy and Whipple procedure on DATE. Chronic low back pain. Abdominal pain. Follow-up examination.

COMPARISON

Comparison is made with previous CT scan reported DATE and DATE

CONTRAST

15 mL of MultiHance was administered per protocol.

TECHNIQUE

Coronal T2-weighted axial and T2; axial T2 fat sat clear, T2 and, T2 gradient-echo, and in phase sequences; dynamic axial T1 fat-sat post contrast additional subtraction reconstructions; coronal single shot MRCP sequences

FINDINGS

Marked hydronephrosis and hydroureter are present in the right kidney (series 12 images 19-27). Low signal intensity foci in the proximal right ureter (series 6 image 36) likely represents flow related artifact. Possible septations may be present in the distal right ureter (series 12 image 20). CT scan of the abdomen and pelvis with and without contrast is recommended to evaluate for possible stone or distal obstructing lesion. Findings are new since the previous examination. Decreased enhancement of the right kidney in comparison to the left during the

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arterial phase (series 15 image 35) may reflect a renal compromise. Stable mild pelviectasis is again noted in the left kidney. No mass is identified in the kidneys. No masses seen along the right ureter. Postoperative changes are seen from a distal pancreatectomy and cholecystectomy representing previous Whipple procedure. There is dilatation of the pancreatic duct in the body and tail (series 6 images 23-20). No recurrent mass is seen in the pancreas or anastomosis.

There is mild prominence of the biliary ducts in the left hepatic lobe (series 7 image 20). No filling defect is seen within the common duct. Spleen and adrenal glands are unremarkable. No free fluid or lymphadenopathy seen. No bowel obstruction is identified. Anterior abdominal hernia is again noted containing small bowel without evidence of strangulation (series 7 image 33).

There is marked S-shaped scoliosis of the thoracolumbar spine. No metastatic bone lesions are identified.

IMPRESSION

1. Interval development of marked hydronephrosis hydroureter in the right kidney. No discrete stone or mass in the visualized portions of the right ureter. Recommend CT scan of the abdomen and pelvis with and without contrast for further evaluation.
2. Stable mild pelviectasis in the left kidney.
3. Postoperative change from previous Whipple procedure. No recurrent mass in the pancreas or anastomosis.
4. Mild prominence of the biliary ducts in the left hepatic lobe.
5. No lymphadenopathy or metastatic bony lesions.
6. Anterior abdominal wall hernia contains small bowel without evidence of strangulation or obstruction.
7. Marked S-shaped scoliosis of the thoracolumbar spine.

[NationalRad Radiologist]
Board Certified Radiologist

THIS REPORT WAS ELECTRONICALLY SIGNED

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