

VERSLUIS,JORK Scan on 6/19/2019 by User: SBN2025 of medonc. 6/12/19.CT ABDOMEN AND PELVIS W/ WO  
CONTRAST=PinnacleImaging

06/19/2019 12:43 PM

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**PATIENT:** JORK VERSLUIS **MR#:** 84511  
**DOB:** 05/24/1972  
**PHYSICIAN:** MIKE CUSNIR, MD **Location:**  
**DOS:** 06/12/2019

**Exam: CT ABDOMEN AND PELVIS W/WO CONTRAST**

**INDICATION:** Patient has history of colon cancer and complaints of abdominal pain. Patient has history of surgery for colon cancer. Patient's date of birth is 05/24/1972.

**TECHNIQUE:** Standard technique CT examination of the abdomen and pelvis with oral and without and then with intravenous contrast, with early and delayed imaging and reformatted images in the coronal projection were submitted for interpretation.

**COMPARISON:** Comparison is made with the previous study 03/01/2018, which described post-surgical changes from the sigmoid and ascending colon and cholecystolithiasis.

**FINDINGS:** In limited views of the lung bases, the heart is normal in size without pericardial effusion. On lung windowed images, the visualized lung bases are provided and clear.

On abdominal windowed images, the liver is normal in CT appearance. The gallbladder is contracted and has a gallstone, which appears to have increased from the previous examination, now measuring 1.21 x 0.7 cm; previously measuring approximately 0.5 cm. The spleen is normal in size and location. The pancreas is normal in size and morphology. There is no peripancreatic fat stranding. There is no evidence of abnormal enhancement. The abdominal aorta is normal in caliber. There is no high retroperitoneal adenopathy. The adrenal glands are not enlarged.

The kidneys have a normal size, shape, and orientation without nephrolithiasis or hydronephrosis and are perfused on early imaging and on delayed imaging, excrete intravenous contrast without hydronephrosis or perinephric fat stranding.

The stomach is decompressed. There is oral contrast noted within distal loops of small bowel without evidence of bowel wall thickening or obstruction of the opacified loops. There is some gas and stool in the ascending colon and transverse colon and descending colon. There is decompression with small amounts of gas and stool in the sigmoid colon with anastomotic sutures noted in the distal sigmoid colon. The perirectal fat planes are preserved.

There appears to be anastomotic sutures versus contrast in the ascending colon, as previously noted. Please correlate with patient's surgical history, as a well-healed anterior abdominal wall scar noted. There is no fluid within the pelvis. The seminal vesicles and prostate have a normal CT appearance. The urinary bladder is normal in CT appearance on early imaging and there is intravenous contrast within the ureters, which follow a normal course to the urinary bladder, which contains intravenous contrast on delayed imaging and ureteral jets are noted bilaterally. There is no significant adenopathy within the pelvis. Subcentimeter in size adenopathy noted within inguinal regions. The regional musculature, fascial planes,

2390 NW 7 Street  
Suite 103  
Miami, FL 33125

www.pinnacleimagingcenter.com

Tel: 305-642-7388  
Fax: 305-642-4988  
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and subcutaneous fat have a normal CT appearance. On bone windowed images, no lytic or blastic bony lesion is identified.

**IMPRESSION:**

1. Post-surgical changes.
2. Cholecystolithiasis.
3. Patient with a history of colon cancer. The liver is normal in size, shape and orientation without nephrolithiasis, hydronephrosis or abnormal enhancement.

Thank you for allowing us to participate in the care of your patient.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Douglas Hornsby, MD  
 Board Certified Radiologist  
 DH/ka DD: 06/19/2019 10:45