

Sample Dictations

Ultrasound:

Normal Lower Extremity DVT Study:

CLINICAL INFORMATION: BILATERAL LOWER EXTREMITY SWELLING.

EXAMINATION: BILATERAL LOWER EXTREMITY VENOUS ULTRASOUND, 07/09/2007

FINDINGS: EXAMINATION PERFORMED AT BEDSIDE. REAL-TIME ULTRASOUND WITH THE ASSISTANCE OF COLOR AND PULSED DOPPLER DEMONSTRATES NORMAL DEEP VEINS OF BOTH LEGS FROM THE COMMON FEMORAL TO THE POPLITEAL VEINS. VEINS ARE NORMALLY COMPRESSIBLE WITH DIRECT TRANSDUCER PRESSURE AND REVEAL NORMAL RESPONSES TO PHYSIOLOGIC MANEUVERS. CALF VEINS WERE ONLY MINIMALLY VISUALIZED.

IMPRESSION: NO SIGN OF DVT INVOLVING EITHER LEG.

Normal Carotid Study:

CLINICAL INFORMATION: PVD, ABDOMINAL AORTIC ANEURYSM.

EXAMINATION: CAROTID DUPLEX ULTRASOUND, 06/26/2008

FINDINGS: GRAY-SCALE IMAGING OF THE CAROTID ARTERIAL SYSTEMS DEMONSTRATE SCATTERED ECHOGENIC PLAQUE BILATERALLY, MOST NOTABLY AT THE BIFURCATIONS AND INTERNAL CAROTID ARTERIES. THERE IS APPROPRIATE ANTEGRADE FLOW IN BOTH VERTEBRAL ARTERIES AND WAVEFORMS ARE SYMMETRIC AND UNREMARKABLE BILATERALLY.

THE RIGHT COMMON, INTERNAL AND EXTERNAL CAROTID ARTERIES AND VERTEBRAL ARTERY DEMONSTRATE PEAK SYSTOLIC VELOCITIES OF 72, 75, 107, AND 39 CM/S, RESPECTIVELY. THE ICA/CCA RATIO IS 1.04.

THE LEFT COMMON, INTERNAL AND EXTERNAL CAROTID ARTERIES AND VERTEBRAL ARTERY DEMONSTRATE PEAK SYSTOLIC VELOCITIES OF 80, 92, 55, AND 52 CM/S, RESPECTIVELY. THE ICA/CCA RATIO IS 1.15.

IMPRESSION: SCATTERED ECHOGENIC PLAQUE AT THE CAROTID BIFURCATIONS BILATERALLY. NO SONOGRAPHIC EVIDENCE OF HEMODYNAMICALLY SIGNIFICANT STENOSIS.

Normal Abdominal Study:

CLINICAL INFORMATION: ABDOMINAL PAIN.

EXAMINATION: ABDOMINAL ULTRASOUND, 06/26/2008

FINDINGS: THE GALLBLADDER IS WELL VISUALIZED AND NO INTRALUMINAL STONE, WALL THICKENING OR PERICHOLECYSTIC FLUID SEEN. COMMON HEPATIC DUCT IS NORMAL IN CALIBER AT 3MM. AORTA, IVC, AND IMAGED SEGMENTS OF THE PANCREAS ARE NORMAL. THE LIVER AND SPLEEN ARE NORMAL. THE RIGHT KIDNEY MEASURES 12.7 CM IN LENGTH. THE LEFT KIDNEY MEASURES 12.6 CM. THERE IS NO HYDRONEPHROSIS OR RENAL MASS.

IMPRESSION: NEGATIVE ABDOMINAL ULTRASOUND.

Normal Gallbladder Study:

CLINICAL INFORMATION: RIGHT UPPER QUADRANT PAIN. ELEVATED LIVER ENZYMES.

EXAMINATION: ABDOMEN ULTRASOUND, LIMITED, 06/26/2008

FINDINGS: LIVER IS NORMAL IN APPEARANCE WITHOUT BILIARY DUCTAL DILATATION OR FOCAL MASS. GALLBLADDER IS NORMAL IN APPEARANCE WITHOUT WALL THICKENING, GALLSTONES OR PERICHOLECYSTIC FLUID. PANCREAS APPEARS NORMAL. THE COMMON DUCT MEASURES 3 MM IN DIAMETER.

IMPRESSION: NEGATIVE GALLBLADDER ULTRASOUND.

Normal Renal Study:

CLINICAL INFORMATION: HEMATURIA.

EXAMINATION: RETROPERITONEAL ULTRASOUND, COMPLETE, 06/26/2008, AT 0828 HOURS

FINDINGS: RIGHT KIDNEY MEASURES 9.2 X 5.1 X 5.1 CM IN SIZE. THE RIGHT RENAL CORTEX MEASURES 1.4 CM IN THICKNESS. VISUALIZED PORTIONS OF THE AORTA AND INFERIOR VENA CAVA ARE UNREMARKABLE. HOWEVER, SIGNIFICANT PORTIONS OF THESE VESSELS CANNOT BE WELL SEEN DUE TO BOWEL GAS AND BODY HABITUS. THE

LEFT KIDNEY MEASURES 9.4 X 5.4 X 5.0 CM IN SIZE. THE LEFT RENAL CORTEX MEASURES 1.3 CM IN THICKNESS. THERE IS NO EVIDENCE OF HYDRONEPHROSIS OR FOCAL RENAL LESION OF EITHER KIDNEY. THE RENAL ECHOGENICITY IS NORMAL BILATERALLY. IMAGES OF TH

E URINARY BLADDER DEMONSTRATE A BLADDER MILDLY DISTENDED WITH URINE, BUT OTHERWISE NORMAL.

IMPRESSION: NEGATIVE RENAL ULTRASOUND.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: STROKE, LEFT LEG WEAKNESS.

EXAMINATION: CT OF THE HEAD WITHOUT CONTRAST AT 11:10 AM ON 06/23/2008

FINDINGS: THE STUDY IS NORMAL WITH NO EVIDENCE OF INFARCTION, HEMORRHAGE, POSITIVE MASS EFFECT OR OTHER ABNORMALITY.

IMPRESSION: NORMAL STUDY.

REASON FOR EXAM: HEADACHE

ORIGINAL REPORT: CLINICAL INFORMATION: WEAKNESS. STROKE.

EXAMINATION: CT OF THE HEAD WITHOUT CONTRAST, 1:39 AM; 06/23/2008

FINDINGS: THERE IS SUPRATENTORIAL ATROPHY PRESENT. THERE IS NO EVIDENCE OF RECENT INFARCTION, HEMORRHAGE, OR POSITIVE MASS EFFECT. CALCIFICATION IS PRESENT WITHIN INTRACRANIAL VESSELS.

IMPRESSION: ATROPHY.

REASON FOR EXAM: CHEST PAIN

ORIGINAL REPORT: CLINICAL INFORMATION: CHEST PAIN.

EXAMINATION: CT THORAX WITH CONTRAST

TECHNICAL: CT OF THE CHEST AFTER INJECTION OF IV CONTRAST. 100 ML OF OPTIRAY 320 WAS INJECTED INTRAVENOUSLY.

FINDINGS: THERE IS EXCELLENT DELINEATION OF THE PULMONARY ARTERIES, AS WELL AS THE THORACIC AORTA. THERE IS NO

EVIDENCE OF PULMONARY EMBOLUS OR OF AORTIC DISSECTION. THE LUNGS APPEAR CLEAR OF ACTIVE INFILTRATIVE PROCESSES. THE HEART AND MEDIASTINUM ARE WITHIN NORMAL LIMITS AND APPEARANCE.

IMPRESSION: NORMAL STUDY.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: CHEST PAIN.

EXAMINATION: CT OF THE CHEST WITH IV CONTRAST

TECHNICAL: 100 ML OPTIRAY, PE PROTOCOL.

COMPARISON: COMPARED TO PRIOR CHEST X-RAY OF JUNE 21, 2008.

FINDINGS: THE LUNGS ARE CLEAR OF ACUTE PULMONARY INFILTRATES. NO PLEURAL EFFUSIONS OR PNEUMOTHORAX. SCATTERED FOCI OF PARASEPTAL EMPHYSEMATOUS CHANGES BILATERALLY. NO EVIDENCE OF FILLING DEFECT WITHIN THE PULMONARY ARTERIES TO SUGGEST PULMONARY EMBOLISM. THORACIC AORTA IS OF NORMAL SIZE AND CALIBER WITHOUT EVIDENCE OF ANEURYSM OR DISSECTION. HEART IS NORMAL. NO PERICARDIAL EFFUSION. VISUALIZED PORTIONS OF THE ABDOMEN ARE UNREMARKABLE.

IMPRESSION

1. NEGATIVE FOR PULMONARY EMBOLISM.
2. NORMAL EXAM.

REASON FOR EXAM: ABDOMINAL PAIN

EXAMINATION: CT ABDOMEN WITH IV CONTRAST, 06/17/2008, AT 0317 HOURS

EXAMINATION: CT PELVIS WITH IV CONTRAST, 06/17/2008, AT 0317 HOURS

TECHNIQUE: IMAGING OF THE ABDOMEN AND PELVIS PERFORMED DURING THE ADMINISTRATION OF 70 ML VISIPAQUE IV.

FINDINGS: LUNG BASES ARE CLEAR. THE LIVER, GALLBLADDER, SPLEEN, PANCREAS, ADRENAL GLANDS, AORTA, AND INFERIOR VENA CAVA ARE UNREMARKABLE. THE KIDNEYS APPEAR NORMAL AS WELL. NO PATHOLOGICALLY ENLARGED RETROPERITONEAL LYMPH NODES ARE SEEN. NO DILATED LOOPS OF SMALL BOWEL ARE IDENTIFIED. THE APPENDIX IS SEEN IN A RETROCECAL LOCATION AND APPEARS NORMAL IN CALIBER. NO PERIAPPENDICEAL INFLAMMATORY STRANDING IS SEEN. SMALL AMOUNT OF AIR DENSITY IS NOTED WITHIN THE APPENDIX.

IMAGING OF THE PELVIS DEMONSTRATES THE BLADDER, PROSTATE, SEMINAL VESSICLES AND RECTUM TO BE NORMAL. THERE IS NO FREE FLUID IN THE PELVIS

OPINION

1. THE APPENDIX IS UNREMARKABLE IN THIS PATIENT WITH ABDOMINAL PAIN. NO ETIOLOGY FOR ABDOMINAL PAIN IS IDENTIFIED.

REASON FOR EXAM: SHORTNESS OF BREATH

ORIGINAL REPORT: CLINICAL INFORMATION: DYSPNEA, COUGH, BLURRED VISION.

EXAMINATION: TWO-VIEW CHEST,

TECHNIQUE: PA AND LATERAL VIEWS OF THE CHEST WERE OBTAINED ON JUNE 20, 2008.

COMPARISON: COMPARED WITH THE PRIOR EXAM OF FEBRUARY 27, 2008.

FINDINGS: THE LUNGS ARE WELL EXPANDED AND FREE OF INFILTRATES. THE HEART SIZE IS NORMAL. THE UPPER MEDIASTINAL CONTOUR IS NORMAL.

IMPRESSION: NO ACUTE FINDINGS.

REASON FOR EXAM: ABDOMINAL PAIN

ORIGINAL REPORT: CLINICAL INFORMATION: PAIN

EXAMINATION: SINGLE VIEW ABDOMEN,

TECHNIQUE: SINGLE VIEW OF THE ABDOMEN WAS OBTAINED ON JUNE 20, 2008.

COMPARISON: COMPARED WITH THE PRIOR EXAM OF FEBRUARY 27, 2008.

FINDINGS: LUNG BASES ARE CLEAR. THERE IS NO EVIDENCE OF FREE AIR WITHIN THE ABDOMEN. BOWEL GAS PATTERN IS NORMAL. THERE ARE NO PATHOLOGIC CALCIFICATIONS OR MASS EFFECT SEEN. BONES ARE NORMAL.

OPINION: NORMAL EXAM

REASON FOR EXAM: PAIN

ORIGINAL REPORT: CLINICAL INFORMATION: PAIN LEFT ANKLE, TRAUMA.

EXAMINATION: LEFT ANKLE 3 VIEWS, 6/21/08

FINDINGS: EXAMINATION APPEARS NEGATIVE FOR FRACTURE OR DISLOCATION. ANKLE JOINT SPACE APPEARS MAINTAINED.

REASON FOR EXAM: ABNORMAL EKG

ORIGINAL REPORT: CLINICAL INFORMATION: HIGH BLOOD PRESSURE, PASSING OUT SPELLS, CHEST PAIN.

EXAMINATION: MYOCARDIAL PERFUSION SPECT, 06/19/2008

EXAMINATION: MYOCARDIAL PERFUSION WITH WALL MOTION, 06/19/2008

EXAMINATION: MYOCARDIAL PERFUSION WITH EJECTION FRACTION, 06/19/2008

TECHNICAL: 4.26 MCI THALLOUS 201 CHLORIDE IV AT REST. 35.7 MCI TECHNETIUM-99M MYOVIEV IV AT STRESS.

PATIENT WAS STRESSED USING THE BRUCE PROTOCOL AND ACHIEVED 86% OF MAXIMUM-PREDICTED HEART RATE.

FINDINGS: PERFUSION IMAGING DEMONSTRATES NO FIXED OR REVERSIBLE PERFUSION DEFECTS. GATED IMAGING DEMONSTRATES NORMAL WALL THICKENING. LEFT VENTRICULAR VOLUME IS NORMAL. THE LEFT VENTRICULAR EJECTION FRACTION IS NORMAL AT GREATER THAN 50%.

IMPRESSION

1. NO EVIDENCE OF ISCHEMIA.
2. EJECTION FRACTION GREATER THAN 50%.

REASON FOR EXAM: NAUSEA AND VOMITING

ORIGINAL REPORT: CLINICAL INFORMATION: NAUSEA AND VOMITING, ABDOMINAL PAIN.

EXAMINATION: HEPATOBILIARY SCAN

FINDINGS: PATIENT WAS INJECTED WITH 10 MCI TECHNETIUM-99M CHOLETEC. THERE IS PROMPT HEPATIC EXTRACTION OF RADIOPHARMACEUTICAL IDENTIFIED WITH PROMPT VISUALIZATION OF THE COMMON BILE DUCT AND SMALL BOWEL. IMAGING CARRIED OUT THROUGH 60 MINUTES DEMONSTRATES NO EVIDENCE OF GALLBLADDER FILLING.

AT 60 MINUTES, 2 MG IV MORPHINE SULFATE WAS ADMINISTERED. FOLLOWING MORPHINE ADMINISTRATION, THERE IS PROMPT VISUALIZATION OF THE GALLBLADDER.

OPINION: PATENT CYSTIC AND COMMON DUCTS.

REASON FOR EXAM: DIAGNOSIS OF PULMONARY EMBOLI

ORIGINAL REPORT: CLINICAL INFORMATION: CHEST PAIN, SHORTNESS OF BREATH.

EXAMINATION: NUCLEAR MEDICINE VQ SCAN, 06/06/2008 (NM-08-0018657)

RADIOPHARMACEUTICAL: 6.2 MCI TECHNETIUM-99M-LABELED MAA INTRAVENOUSLY FOR PERFUSION IMAGING AND 16 MCI XENON 133 FOR VENTILATION IMAGING.

FINDINGS: COMPARISON IS MADE TO CHEST X-RAY OF THE SAME DAY.

VENTILATION IMAGES SHOW SYMMETRIC VENTILATION TO THE LUNGS. THERE IS NO AIR TRAPPING.
PERFUSION IMAGES SHOW NO SEGMENTAL OR SUBSEGMENTAL PERFUSION ABNORMALITIES.

IMPRESSION: NEGATIVE FOR PULMONARY EMBOLUS.

REASON FOR EXAM: EVAL FOR METS

ORIGINAL REPORT: CLINICAL INFORMATION: BREAST CANCER, EVALUATE FOR METS.

EXAMINATION: NUCLEAR MEDICINE BONE SCAN, 06/03/2008

RADIOPHARMACEUTICAL: 35.6 MCI TECHNETIUM-99M MDP INTRAVENOUSLY.

FINDINGS: THERE IS EVIDENCE OF PRIOR LEFT HIP ARTHROPLASTY. OTHERWISE, NORMAL PHYSIOLOGIC DISTRIBUTION OF RADIOTRACER IS SEEN. NO EVIDENCE OF OSTEOLASTIC METASTATIC DISEASE.

IMPRESSION: NO EVIDENCE OF METASTATIC DISEASE.

REASON FOR EXAM: BONE PAIN

ORIGINAL REPORT: CLINICAL INFORMATION: LEFT HEEL PAIN.

EXAMINATION: NUCLEAR MEDICINE BONE/JOINT IMAGING, 3-PHASE STUDY, 06/14/2008

FINDINGS: 3-PHASE BONE SCAN OF THE FEET WAS PERFORMED ON JUNE 14, 2008, AFTER THE INTRAVENOUS ADMINISTRATION OF 32.8 MCI OF TECHNETIUM-99M MDP IV.

BLOOD FLOW IMAGES TO BOTH FEET DEMONSTRATE INCREASED BLOOD FLOW TO THE LEFT CALCANEAL TUBEROSITY. BLOOD FLOW ON THE RIGHT IS NORMAL.

BLOOD POOL IMAGING DEMONSTRATES INCREASED BLOOD POOL ACTIVITY INVOLVING THE LEFT HIND FOOT. RIGHT FOOT UPTAKE IS NORMAL.

24-HOUR DELAYED IMAGES DEMONSTRATE INTENSE INCREASED UPTAKE INVOLVING THE CALCANEAL TUBEROSITY ON THE LEFT. UPTAKE ON THE RIGHT IS NORMAL.

IMPRESSION: FINDINGS MOST COMPATIBLE WITH OSTEOMYELITIS INVOLVING THE CALCANEAL TUBEROSITY ON THE LEFT.

ORIGINAL REPORT: CLINICAL INFORMATION: ABDOMEN PAIN. NAUSEA AND VOMITING.

EXAMINATION: NUCLEAR MEDICINE HEPATOBILIARY DUCTAL SYSTEM IMAGING

TECHNIQUE: 10 MCI OF TECHNETIUM-99M CHOLETEC. INITIAL ARTERIAL FLOW PHASE AND DELAYED IMAGING PERFORMED THROUGH 60 MINUTES. ADDITIONAL IMAGING AFTER 2 MG OF MORPHINE SULFATE IV AS DIAGNOSTIC AID.

FINDINGS: THERE IS NORMAL BLOOD POOL CLEARANCE AND HEPATOCELLULAR UPTAKE. THERE IS BORDERLINE GALLBLADDER ACTIVITY DEMONSTRATED CLOSE TO 60 MINUTES. AFTER MORPHINE SULFATE ADMINISTRATION, THERE IS BETTER VISUALIZATION OF RADIOTRACER IN THE GALLBLADDER. THERE IS GOOD WASHOUT FROM THE LIVER INTO THE EXTRAHEPATIC BILIARY SYSTEM AND SMALL BOWEL THROUGHOUT THE EXAMINATION.

OPINION: NEGATIVE FOR CYSTIC DUCT OR COMMON BILE DUCT OBSTRUCTION, GALLBLADDER ACTIVITY DEMONSTRATED AFTER SPHINCTER OF ODDI STIMULATION.

REASON FOR EXAM: SYMPTOMS OF HYPERPARATHYROIDISM

ORIGINAL REPORT: CLINICAL INFORMATION: ABNORMAL PTH.

EXAMINATION: PARATHYROID SCAN

RADIOPHARMACEUTICAL: EXAMINATION IS PERFORMED AFTER IV 30 MCI TECHNETIUM-99M SESTAMIBI.

FINDINGS: THERE IS ASYMMETRIC UPTAKE IN THE ENLARGED LEFT LOBE OF THE THYROID. BY HISTORY, THE RIGHT LOBE HAS BEEN RESECTED. THERE IS A SMALL FOCUS OF ACTIVITY INFERIORLY ON THE RIGHT.

ON DELAYED 3-HOUR WASHOUT, A SUBTLE PERSISTENT FOCUS OF ACTIVITY IS SEEN INFERIORLY ON THE RIGHT. THIS IS SEPARATE FROM THE INFERIOR ASPECT OF THE LEFT LOBE WHICH EXTENDS SLIGHTLY ACROSS MIDLINE.

IMPRESSION

1. SUBTLE FOCUS OF PERSISTENT SESTAMIBI UPTAKE IN THE INFERIOR ASPECT OF WHAT WOULD BE RIGHT THYROID LOBE BED.
2. HYPERTROPHIC LEFT LOBE OF THE THYROID.

REASON FOR EXAM: HYPERTHYROIDISM

ORIGINAL REPORT: CLINICAL INFORMATION: ABNORMAL THYROID FUNCTION.

EXAMINATION: THYROID UPTAKE AND SCAN.

TECHNICAL: EXAMINATION PERFORMED AFTER 590 UCI I-123 ORALLY.

FINDINGS: 24-HOUR UPTAKE IS NORMAL AT 23%.

THYROID SCAN IS NORMAL WITH PHYSIOLOGIC UPTAKE BILATERALLY. NO FOCAL HOT OR COLD LESIONS ARE SEEN.

IMPRESSION

1. NORMAL THYROID UPTAKE AND SCAN. PLEASE NOTE THAT THIS FINDING CAN BE SEEN IN PATIENT'S WITH LOW-END GRAVES DISEASE.
2. 24-HOUR UPTAKE WITHIN NORMAL LIMITS AT 23%.

REASON FOR EXAM: LYMPHOMA

ORIGINAL REPORT: CLINICAL INFORMATION: LYMPHOMA.

EXAMINATION: PET/CT EXAM, 06/02/2008

RADIOPHARMACEUTICAL: 15.1 MCI F-18 GLUCOSE INTRAVENOUSLY.

TECHNICAL: 2D ACQUISITION PROTOCOL WAS UTILIZED FOR PET IMAGING FROM THE SKULL BASE THROUGH THE UPPER THIGH. CONCURRENT HELICAL CT WAS PERFORMED FOR ANATOMIC LOCALIZATION AND ATTENUATION CORRECTION.

COMPARISON: CT EXAM FROM JANUARY 28, 2008.

FINDINGS: THERE ARE ENLARGED AND MILDLY METABOLIC LYMPH NODES SEEN THROUGHOUT THE POSTERIOR TRIANGLE OF THE NECK AND BILATERAL AXILLAE. ADDITIONAL ENLARGED LYMPH NODES ARE SEEN IN THE CARDIOPHRENIC SPACE, CELIAC AXIS, AS WELL AS PARAAORTIC RETROPHARYNGEAL NODES AND AT LEAST 2 ENLARGED INGUINAL NODES. THE DEGREE OF METABOLISM IS LESS IN THE INFRADIAPHRAGMATIC NODES COMPARED WITH THE AXILLARY AND NECK NODES. ADDITIONALLY, THERE IS A 1.5-CM FOCUS OF INCREASED METABOLIC ACTIVITY WITHIN THE POSTERIOR LEFT LOBE OF THE THYROID. THE REMAINDER OF THE EXAM EXHIBITS NORMAL PHYSIOLOGIC METABOLISM. CT IMAGES SHOWS NO ADDITIONAL ABNORMALITIES TO THE ABOVE MENTIONED LYMPHADENOPATHY AND LEFT THYROID NODULE.

IMPRESSION

1. MULTIPLE AREAS OF LYMPHADENOPATHY AS DESCRIBED WITH INCREASED METABOLISM SEEN PRIMARILY IN THE NECK AND AXILLARY NODES. LYMPHOMA IS PRIMARY CONSIDERATION.
2. FOCUS OF INCREASED METABOLISM WITHIN THE LEFT LOBE OF THE THYROID. RECOMMEND CORRELATION WITH ULTRASOUND. BIOPSY OF THIS LESION MAY BE NECESSARY AS A PRIMARY MALIGNANCY OF THE THYROID SHOULD BE CONSIDERED.

ORIGINAL REPORT: CLINICAL INFORMATION: ACUTE RENAL FAILURE.

EXAMINATION: NUCLEAR MEDICINE RENAL SCAN, 05/27/2008.

RADIOPHARMACEUTICAL: 10.2 MCI TECHNETIUM-99M MAG III IV.

FINDINGS: THERE IS PROMPT PERFUSION TO BOTH KIDNEYS. PROMPT EXCRETION IS NOTED BILATERALLY. RETAINED CORTICAL ACTIVITY IS NOTED AT THE END OF THE EXAMINATION. LEFT KIDNEY PROVIDES 48% OF TOTAL RENAL FUNCTION. RIGHT KIDNEY PROVIDES 52%.

IMPRESSION

1. NEGATIVE FOR URETERAL OBSTRUCTION OR ABNORMAL ARTERIAL PERFUSION TO THE KIDNEYS.
2. RETAINED CORTICAL ACTIVITY. THIS FINDING IS SUGGESTIVE OF ATN, BUT OTHER ETIOLOGIES, SUCH AS MEDICAL RENAL DISEASE CANNOT BE EXCLUDED.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: CHRONIC KIDNEY DISEASE, ECTOPIC KIDNEY.

EXAMINATION: NUCLEAR MEDICINE RENAL PERFUSION STUDY

TECHNICAL: ANGIOGRAPHIC AND SEQUENTIAL POSTERIOR IMAGES WERE OBTAINED AFTER THE ADMINISTRATION OF 10.5 MCI OF TECHNETIUM-99M MAG-3. 40 MG LASIX IV 35 MINUTES AFTER INJECTION OF RADIONUCLIDE.

FINDINGS: THE LEFT KIDNEY IS ECTOPIC AND IS LOCATED LOW WITHIN THE PELVIS. THERE IS NO OBSTRUCTIVE UROPATHY. THERE IS POOR CLEARANCE OF RADIONUCLIDE FROM BOTH KIDNEYS SUGGESTING BILATERAL RENAL DYSFUNCTION. SPLIT RENAL FUNCTIONS WERE DETERMINED TO BE 72.5% ON THE RIGHT AND 27.5% ON THE LEFT, HOWEVER, AS THE LEFT KIDNEY LIES LOW WITHIN THE PELVIS, SOME ACTIVITY WAS LIKELY ATTENUATED BY OVERLYING BONE AND THIS ESTIMATION OF LEFT RENAL FUNCTION IS LIKELY SPURIOUSLY LOW.

IMPRESSION

1. POORLY FUNCTIONING KIDNEYS BILATERALLY.
2. NO OBSTRUCTIVE UROPATHY.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: BRIGHT RED BLOOD PER RECTUM, GASTROINTESTINAL BLEED.

EXAMINATION: NUCLEAR MEDICINE GI ACUTE BLOOD LOSS IMAGING SCAN, 05/01/2008

TECHNICAL: 28.7 MCI TECHNETIUM-99M-LABELED RED BLOOD CELLS WAS GIVEN INTRAVENOUSLY FOLLOWED BY SEQUENTIAL ANTERIOR IMAGING OF THE ABDOMEN 1 HOUR.

FINDINGS: THERE IS NORMAL ACCUMULATION OF TRACER WITHIN THE VASCULAR SYSTEM. NO EVIDENCE OF ACUTE/ACTIVE GASTROINTESTINAL BLEED IS SEEN. PHYSIOLOGIC ACTIVITY IS PRESENT WITHIN THE BLADDER, LIKELY FROM A SMALL AMOUNT OF FREE TECHNETIUM.

OPINION: NO EVIDENCE OF ACTIVE GASTROINTESTINAL BLEEDING.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: FEVER; UNKNOWN ORIGIN, INCREASED WHITE BLOOD CELL COUNT, ABSCESS.

EXAMINATION: NUCLEAR MEDICINE ABSCESS LOCAL INFLAMMATORY IMAGING, 05/01/2008

RADIOPHARMACEUTICAL: NUCLEAR MEDICINE WHITE BLOOD CELL STUDY WAS PERFORMED ON MAY 1, 2008, AFTER THE INTRAVENOUS ADMINISTRATION OF 563 UCI INDIUM-111-LABELLED WHITE BLOOD CELLS. WHOLE BODY, ANTERIOR AND POSTERIOR IMAGES WERE OBTAINED AS WELL AS MULTIPLE SPOT IMAGES.

FINDINGS: THERE IS PHYSIOLOGIC UPTAKE OF THE RADIOPHARMACEUTICAL WITHIN THE LIVER, SPLEEN, AND SKELETON. NO ABNORMAL SOFT TISSUE UPTAKE, OR ABNORMAL BONY UPTAKE IS APPRECIATED. NO LOCALIZED INFLAMMATORY PROCESS IS IDENTIFIED.

IMPRESSION: NO ACUTE FINDINGS.

ORIGINAL REPORT: CLINICAL INFORMATION: PRERENAL TRANSPLANT EVALUATION.

EXAMINATION: NUCLEAR MEDICINE CARDIAC BLOOD POOL IMAGING/MUGA

TECHNICAL: 28.5 MCI OF TECHNETIUM-99M LABELED RED BLOOD CELLS WERE INJECTED INTRAVENOUSLY. GATED IMAGES OF THE HEART WERE ACQUIRED IN ANTERIOR, 45 DEGREE LAO, AND 70 DEGREE LAO PROJECTION WITH

CALCULATION OF EJECTION FRACTION.

FINDINGS: THE VENTRICULAR WALLS ARE NORMAL IN SIZE AND DEMONSTRATE NORMAL WALL MOTION. VENTRICULAR CAVITY IS NORMAL. EJECTION FRACTION IS CALCULATED AT 55%. THIS REPRESENTS AN INCREASE FROM THE 39% SEEN ON PRIOR MYOCARDIAL PERFUSION STUDY.

OPINION: EJECTION FRACTION CALCULATED AT 55%.

ORIGINAL REPORT: CLINICAL INFORMATION: NAUSEA, VOMITING.

EXAMINATION: GASTRIC EMPTYING STUDY

THE PATIENT WAS GIVEN 3.3 MCI TECHNETIUM-99M SULFUR COLLOID IN EGG.

FINDINGS: BY 60 MINUTES, 90% OF THE RADIOLABELED EGG IS SEEN TO LEAVE THE STOMACH AND ENTER THE SMALL BOWEL. THIS VALUE IS WITHIN NORMAL LIMITS.

OPINION: NORMAL GASTRIC EMPTYING STUDY.

REASON FOR EXAM: BACKACHE

ORIGINAL REPORT: CLINICAL INFORMATION: ALTERED BLADDER HABITS, BACK PAIN.

EXAMINATION: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST, 05/31/2008

TECHNICAL: MULTIPLANAR MULTISEQUENCE IMAGING OF THE LUMBAR SPINE WAS PERFORMED PRIOR TO AND AFTER THE INTRAVENOUS ADMINISTRATION OF 20 ML MAGNEVIST CONTRAST MEDIA.

COMPARISON: NONE.

FINDINGS: LUMBAR ALIGNMENT IS NORMAL. THE CONUS MEDULLARIS TERMINATES NORMALLY AT THE LOWER THIRD OF L1. THE VISUALIZED PARASPINAL SOFT TISSUES AND ABDOMINAL AORTA APPEAR GROSSLY NORMAL. VERTEBRAL BODY HEIGHT IS MAINTAINED AT ALL LEVELS.

L1-2 AND L2-3 APPEAR NORMAL.

AT L3-4, THERE IS MINIMAL POSTERIOR DISK BULGING WITHOUT DISK PROTRUSION OR NEURAL COMPRESSION. THERE IS MILD FACET ARTHROPATHY.

AT L4-5, THERE IS MILD POSTERIOR BROAD-BASED DISK BULGING WITHOUT DISK PROTRUSION OR IDENTIFIED NEURAL COMPRESSION. THERE IS MODERATE FACET AND LIGAMENTOUS HYPERTROPHY.

AT L5-S1, THERE IS MINIMAL POSTERIOR DISK BULGING. THERE IS MODERATE FACET ARTHROPATHY.

THE NEURAL FORAMINA ARE PATENT AT ALL LEVELS.

THERE IS NO ABNORMAL ENHANCEMENT ON POSTGADOLINIUM IMAGING.

IMPRESSION: DEGENERATIVE DISK CHANGES AND MULTILEVEL SPONDYLOSIS OF THE POSTERIOR ELEMENTS.

REASON FOR EXAM: HEADACHE

ORIGINAL REPORT: CLINICAL INFORMATION: HEADACHE.

EXAMINATION: MR BRAIN WITHOUT CONTRAST, 05/31/2008

TECHNIQUE: MULTIPLANAR MULTISEQUENCE IMAGING OF THE BRAIN WAS PERFORMED WITHOUT INTRAVENOUS CONTRAST.

COMPARISON: CT HEAD OF SAME DATE.

FINDINGS: THERE IS NO RESTRICTED DIFFUSION TO SUGGEST ACUTE ISCHEMIA. THERE IS NORMAL-APPEARING ANATOMY OF THE CRANIOCERVICAL JUNCTION. FLAIR IMAGING DEMONSTRATES MINIMAL PERIVENTRICULAR AND SCATTERED MULTIFOCAL SUBCORTICAL SIGNAL HYPERINTENSITY COMPATIBLE WITH BENIGN WHITE MATTER CHANGES OF AGING. VENTRICLE SIZE IS NORMAL. THERE IS NO MIDLINE SHIFT. NORMAL VOID SIGNAL IS PRESENT WITHIN THE CAROTID AND BASILAR ARTERIES. THE VISUALIZED PARANASAL SINUSES AND MASTOID AIR CELLS ARE CLEAR.

IMPRESSION

1. NO EVIDENCE OF ACUTE HEMORRHAGE, ISCHEMIA OR MASS.
2. MILD BENIGN-APPEARING WHITE MATTER CHANGES LIKELY RELATED TO NORMAL CHANGES OF AGING.