

RADIOLOGICAL SCIENCES

UNIVERSITY OF CALIFORNIA, LOS ANGELE Department of Radiological Sciences

UCLA Medical Center (310) 794-1450 Santa Monica-UCLA (310) 264-7113

RADIOLOGICAL DIAGNOSTIC REPORT

UCLA 100 MEDICAL PLAZA

PATIENT NAME: SIEGEL, MARY JO

MRN: 1837403 (WW)

DEPT. NO .:

DOB: July 05, 1950

SEX: F HOME PHONE: (310) ACCESSION: 581619

EXAM:

CMCTAPWWO - CT ABDOMEN & PELVIS W&WO/CONTRAST (COMPOSITE)

VISIT: 3022

COMPLETED:

July 19, 2002 2:20 pm

Patient Status: 0

SIGNS & SYMPTOMS:

NHL

HISTORY

NHI

REQUESTING PHYSICIAN:

J. M.D.

013433 (F) Fax: (0) 0-0 ext. 51740

ATTENDING PHYSICIAN :

MD

013433 (F) Fax: (0) 0-0 ext. 51740

HEMATOLOGY/ONCOLOGY STE 120: 200 MP

695624.

CT SCAN OF THE ABDOMEN AND PELVIS:

2-10-04

HISTORY: Breast CA. Lympueure for

COMPARISON: CT report from examination dated 05/13/1997.

TECHNIQUE:

After precontrast liver sections, 90 cc's of Omnipaque 350 was infused intravenously without complications, and along with oral contrast material, 8 mm spiral sequences were performed through the abdomen and pelvis.

FINDINGS:

In the lateral segment of the left lobe, note is again made of a 1.5 cm low-density lesion with faint peripheral nodular-type enhancement. By report, this lesion is slightly smaller and unchanged and consistent with prior diagnosis of a hemangioma. No other focal mass is identified. Previously noted low-density adjacent to the falciform ligament is also again seen consistent with focal fat or perfusion anomaly. The gallbladder is unremarkable. There is no bile duct dilatation. The spleen, pancreas, adrenal glands and kidneys are all unremarkable. The small and large bowel show no evidence for focal wall thickening or dilatation.

Pelvic contents are remarkable for a prominent uterus; no adnexal mass. Question hormone replacement therapy. There is no free fluid or adenopathy. No significant bone lesions were identified.

IMPRESSION:

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- 1. Unchanged hemangioma in the left lobe of the liver.
- 2. No evidence for metastatic disease in the abdomen or pelvis.

Radiologist(s):

LI D M.D.

End of diagnostic report for accession: 581619

Signed By: Authenticated By: L

M.D. 07/22/2002 8:31AM

M.D. 07/22/2002 8:31AM

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