

UCLA DEPARTMENT OF RADIOLOGICAL SCIENCES
DIAGNOSTIC REPORT

Patient : Siegel, Mary Jo
UCLA ID : 034/183-74-03 DOB: 07/05/1950
Procedure : 10189099 -- ct. abdomen/pelvis
Proc. Date : 08/12/1992 (1430 hrs)
Primary Diag: .

Att. Phys. : R [REDACTED] M.D.
Address : 200 UCLA MEDICAL PLAZA
 : SUITE 510
 : 696324,

Diagnostic Findings:

ABDOMEN AND PELVIC CT - 8/12/92:

CLINICAL HISTORY: Lymphoma. Follow-up examination.

PROCEDURE: Using a GE 9800 scanner, multiple 10 mm contiguous scans were performed from the dome of the diaphragm down to the level of the pubic symphysis. Both oral and intravenous contrast were given prior to the examination.

IMPRESSION:

1. There is a hypodense lesion measuring 2 x 2 cm in the lateral segment of the left hepatic lobe. After contrast injection it enhances almost immediately both centrally and in the periphery. When compared to the previous examination done April 9, 1992, there has been no interval change. The present findings are characteristic of highly vascular lesion such as an atypical hemangioma or an arteriovenous fistula.
2. There is diffuse mesenteric, pericaval and periaortic adenopathy. When compared to the previous examination there has been a slight decrease in the size of the mesenteric and retroperineal nodes.
3. In addition, there is a small enhancing lesion measuring 6 mm in the lt hepatic lobe. Please refer to image #6.
4. The pancreas and spleen are unremarkable.
5. There was good excretion through both kidneys with no focal masses.
6. There is a prominent lower uterine segment with slightly irregular borders. This was present on the previous examination done April 9, 1992. This finding could be secondary to a small myoma. The uterus is anteverted. A hypodense area seen centrally most likely representing endometrial secretions. No pelvic masses.

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7. Very minimal scarring is present at the right lung, base.

ebe

s/ M [REDACTED] s, M.D.

D [REDACTED] a, M.D.

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UCLA DEPARTMENT OF RADIOLOGICAL SCIENCES
DIAGNOSTIC REPORT

Patient : Siegel, Mary Jo
UCLA ID : 034/183-74-03 DOB: 07/05/1950
Procedure : 10189100 -- ct soft tissue neck
Proc. Date : 08/12/1992 (1430 hrs)
Primary Diag: .

Att. Phys. : R [REDACTED] M.D.
Address : 200 UCLA MEDICAL PLAZA
: SUITE 510
: 696324,

Diagnostic Findings:

CT NECK

CLINICAL HISTORY: Follow-up scan for history of lymphoma.

TECHNIQUE: Multiple contiguous 5 mm axial images were obtained from the base of the skull through the clavicles. Intravenous contrast was given.

COMPARE: Prior examination dated 11/27/91.

FINDINGS: Multiple contiguous lymph nodes measuring 1 to 1 1/2 cm in diameter are demonstrated along the entire right jugular vein along the posterior aspect. These are new when compared to the prior exam. These extend up to the right submandibular region. Several lymph nodes are demonstrated bilaterally of the low neck adjacent to the thyroid. The largest on the right measures approximately 1 1/2 cm and the largest on the left is less than 1 cm in diameter. These have not changed significantly in the interval. Several lymph nodes are demonstrated in the left supraclavicular region, the largest of which measures 1.5 cm on the present exam. The prior exam demonstrated nodes in this region which were more prominent with the largest measuring approximately 1.8 cm. Also noted is a less than 1 cm right axillary lymph node.

IMPRESSION: Interval development of multiple contiguous lymph nodes along the right jugular chain just posterior to the jugular vein which are new compared to the prior exam and extend up to the right submandibular region. The smaller lymph nodes adjacent to the thyroid of the low neck have not changed significantly in the interval. The left supraclavicular nodes are slightly less

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prominent than the prior exam.

rsb/

J [REDACTED], M.D.

R [REDACTED], M.D.

PRELIMINARY

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UCLA DEPARTMENT OF RADIOLOGICAL SCIENCES
DIAGNOSTIC REPORT

Patient : Siegel, Mary Jo
UCLA ID : 034/183-74-03 DOB: 07/05/1950
Procedure : 10189098 -- ct chest
Proc. Date : 08/12/1992 (1430 hrs)
Primary Diag: .

Att. Phys. : R [REDACTED] M.D.
Address : 200 UCLA MEDICAL PLAZA
: SUITE 510
: 696324,

Diagnostic Findings:

CHEST CT

CLINICAL HISTORY: Lymphoma. Follow-up

COMPARE: 4/9/92, 11/27/91 and 4/91

TECHNIQUE: Thoracic CT scan was performed on a GE 9800 scanner. Contiguous 10 mm images were obtained through the upper and lower thorax with contiguous 5 mm images through the hila following oral and intravenous contrast administration.

REFERRING PHYSICIAN: P [REDACTED] n beeper # [REDACTED]

FINDINGS: The left supraclavicular lymph node opacity is reduced in size from a maximum diameter of 2.7 cm, to 1.9 x 1.0 cm currently. This is located lateral to the jugular vein superior to the subclavian vein.

2. The right axillary lymph node previously reported is smaller, now measuring 1 cm.

3. No change in the 8 mm in diameter high L paratracheal lymph node.

4. A few tiny pulmonary opacities measuring less than 3 mm have been seen in the periphery of the lungs on all prior studies. Two in the left lower lobe and two in the right lower lobe. One of the tiny opacities in the left lower lobe can no longer be seen. The other three opacities are unchanged.

IMPRESSION:

Reduction in size of left supraclavicular lymph node and right axillary node. No new lung lesions. Disappearance or non-visualization of a tiny 3 mm opacity previously seen in the left lower lobe. Please see the head/neck and abdominal scans for

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further information.

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s/ D [REDACTED] g, M.D.

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