

Fake Imaging Labs
Fake City, FP F0F 0F0
CANADA

Ph: (555) 555-1212
Fax: (555) 555-1212

Fake Imaging

CT SCAN OF THE ABDOMEN AND PELVIS

INDICATION: Left lower quadrant pain x 3 weeks. Rule out diverticulitis.

TECHNIQUE: CT scan of the abdomen and pelvis with IV contrast only.

COMPARISON: None.

FINDINGS:

There is a 3 mm nodule in the right lower lobe (series 3, image 3). No other lung lesion is seen.

There is a 12 mm hemangioma in the right lobe of the liver. No other focal hepatic lesion is seen. There is no intra- or extrahepatic biliary ductal dilatation. The gallbladder, spleen, kidneys, and adrenal glands are normal.

There is a 7mm low-attenuation lesion in the body of the pancreas that has the appearance of an IPMN. No other pancreatic lesion is seen.

Diverticulosis is present in the sigmoid colon, and there is a short segment of circumferential wall thickening with adjacent fat stranding and free fluid consistent with diverticulitis in the midportion of the sigmoid colon. The remaining bowel is normal. There is no free air. No abscess is seen. No lymphadenopathy is present.

There is a 7mm sclerotic lesion in the T12 vertebral body, likely a bone island. No destructive bone lesion is seen.

IMPRESSION:

1. Acute uncomplicated diverticulitis.
2. Suspected IPMN in the pancreas. A 12-month followup CT scan should be performed to exclude malignancy.
3. 3 mm lung nodule, for which a 12-month followup CT scan should be performed if the patient is high risk.