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<b>Patient:</b>	<b>Exam Date:</b>
<b>MRN :</b>	<b>DOB:</b>
<b>Referring Physician:</b>	<b>FAX:</b>

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## **CT OF THE FULL BODY SCREEN**

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### **CT CHEST WITHOUT CONTRAST:**

**TECHNIQUE:** Electron beam tomography was performed with multiple axial images taken through the chest. No intravenous contrast was used. Comparison is made to 7/21/08.

**FINDINGS:** There has been interval development of mild to moderate interstitial prominence and scattered ground-glass opacities/infiltrates bilaterally, most prominent in an upper lung zone distribution and peripherally oriented. This is nonspecific, but likely related to infectious/inflammatory process of uncertain chronicity. There are no pleural effusions or pneumothoraces.

Evaluation of the mediastinal windows shows no hilar or mediastinal lymphadenopathy. There is calcific atherosclerosis involving the great vessels, aorta, and coronary arteries, worsened since the prior study. The trachea and central bronchi are unremarkable. No esophageal mass lesions are seen. The thyroid gland is mildly prominent and somewhat heterogeneous in appearance, particularly the left lobe, similar to the prior study. There are mild age appropriate degenerative changes scattered throughout the thoracic spine, somewhat more extensive compared to the prior study.

### **CT ABDOMEN AND PELVIS WITHOUT CONTRAST:**

**TECHNIQUE:** Electron beam tomography was performed with multiple axial images taken through the abdomen and pelvis. Comparison is made to 7/21/08.

**FINDINGS:** There is a 2.9 cm hypodense focus at the lateral aspect of the superior pole of the left kidney which is nonspecific, but probably represents a cyst which is slightly increased in size compared to the prior study at which time it measured approximately 2.3 cm. The kidneys are otherwise normal in size and configuration without evidence of radiopaque calculi or hydronephrosis. The liver, spleen, biliary tree, gallbladder, pancreas, and adrenal glands are unremarkable. There is no lymphadenopathy. There is no free fluid in the abdomen or pelvis. There is mild to moderate calcific atherosclerosis, worsened since the prior study. No aneurysm is seen.



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**Patient:**

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**DOB:**

**Referring Physician: SELF, REFERRING**

**FAX:**

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Evaluation of the bowel shows no obstruction/ileus or mass. No inflammatory changes are seen in the mesentery. The prostate gland is mildly enlarged measuring up to 4.3 cm as compared to prior study at which time it measured approximately 3.8 cm. Again noted are bilateral fat-containing inguinal hernias measuring up to 3.0 cm on the right and 1.5 cm on the left, similar to the prior study. There are moderate degenerative changes scattered throughout the lumbar spine which are worsened since the prior study. There is a minimal grade 1 retrolisthesis of L3 over L4 and L4 over L5 which are chronic and similar to the prior study.

**IMPRESSION:**

1. Calcific atherosclerosis, worsened since the prior study.
2. Mild to moderate interstitial prominence and scattered ground-glass opacities throughout both lungs which is nonspecific, but likely related to infectious/inflammatory process as well as chronic interstitial lung disease or acute alveolar disease. Sputum specimens and bronchial brushings as well as pulmonology consultation is suggested as clinically warranted.
3. Mild prostatic enlargement, not previously evident. Correlation to a PSA may be of benefit.
4. Mild to moderate multilevel degenerative spondylosis, most severe involving the lumbar spine, worsened since the prior study, as above.
5. Small bilateral fat-containing inguinal hernias, similar to the prior study.

-Electronically Signed by:

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