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CT Abdomen And Pelvis with Contrast

Collected on Jul 13, 2026 11:24 AM

Results

Impression

Diffuse lytic bone lesions throughout the spine and pelvis without CT evidence of primary malignancy in the abdomen or pelvis. Small bilateral ovarian cysts would be better characterized on transvaginal ultrasound.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
Lytic bone lesions on xray.
Pathological fracture, other site, initial encounter for fracture

TECHNIQUE:
CTB A2 CT Abdomen pelvis with intravenous contrast.
Computed tomography was obtained through the abdomen and pelvis with intravenous contrast only. Multiplanar reformatted images were performed.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,07/13/2026 1036

COMPARISON:
None.

FINDINGS:
Lower chest: Dictated separately.
Liver: Unremarkable with no suspicious focal lesion.
Gallbladder: Unremarkable.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: No suspicious mass or duct dilation.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Unremarkable.
Lymph Nodes: No enlarged lymph nodes.
Vasculature: Unremarkable.
Bowel: No obstruction or inflammatory bowel changes.
Reproductive organs: IUD in the uterus. Bilateral ovarian cysts, largest on the left measuring 2.1 x 1.6 cm.
Bladder: Unremarkable.
Peritoneum: Trace free fluid, likely physiologic.
Abdominal wall: Unremarkable
Bones: Multiple lytic lesions throughout the thoracolumbar spine and sacrum as well as the bilateral iliac bones.

Ordering provider: Sarah Jane Spencer
Reading physician: Rohan Damle
Study date: Jul 13, 2026 10:36 AM
Collection date: Jul 13, 2026 11:24 AM
Result date: Jul 13, 2026 3:59 PM
Result status: Final

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