Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT SUPERFICIAL BONE BX

Collected on Jul 24, 2026 12:30 PM

Results

Impression

Technically successful and uneventful CT guided core needle biopsy of the right iliac lesion.

PRESENCE STATEMENT:
I, Dr. Chankue Park, was present during the entire procedure. I have personally reviewed the images and agree with the report (or as edited).

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Narrative

EXAMINATION:
CT SUPERFICIAL BONE BX

CLINICAL INDICATION:
widespread bony mets, unkonwn primary, likely solid tumor.

PREPROCEDURE:
CT reveals lytic lesion over the right iliac bone.

TECHNIQUE:
Details of the procedure were discussed with the patient and written informed consent was obtained. Specifically, the risks, benefits, and alternatives of the procedure were discussed, including, but not limited to, bleeding, infection, pain, damage to adjacent structures, and nondiagnostic specimen. The patient was able to ask questions, indicated their understanding, and agreed to proceed.

A final time out was performed prior to commencing with the procedure.

SEDATION:
Incremental doses of intravenous midazolam and fentanyl was administered by the radiology nurse for moderate sedation with direct monitoring by the attending physician. Continuous hemodynamic and respiratory monitoring was performed throughout and following the procedure.

Duration of sedation: 60 minutes with 200 mcg fentanyl and 4mg versed. Please refer to sedation report for further details.

PROCEDURE:
The patient was directed into the supine. Skin over the right iliac was marked with CT guidance. The skin was then cleansed and draped. Adequate local anesthesia was achieved with subcutaneous 1% lidocaine. Under incremental CT guidance, a 14-gauge Bonopty coaxial penetrating needle was advanced through the cortex. An 18-gauge soft tissue biopsy needle was then advanced through the coaxial system into the right anterior iliac crest lytic lesion. 4 samples of 1-2 cm tan white tissue were obtained along with multiple fragmented tissues.

Needle was removed and hemostasis easily achieved. No immediate complications.

POSTPROCEDURE:
CT did not reveal any complications such as significant hemorrhage or pneumothorax.

Postprocedure orders were given to the patient and were documented in the patient's chart. Patient was sent to the floor with no discomfort or pain and in stable condition.

Specimen was sent to pathology department.

Ordering provider: Keith D Eaton
Reading physician: Chankue Park
Study date: Jul 24, 2026 12:43 PM
Collection date: Jul 24, 2026 12:30 PM
Result date: Jul 24, 2026 12:48 PM
Result status: Final

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