

MedStar Georgetown University Hospital
Department of Radiology
3800 Reservoir Road NW, Washington, DC 20007 TEL (202)444-3490

Patient Name:	Invision Order No:	1962897600
DOB:	Pt. Class:	O
Admission No:	Order No:	90002
Med. Rec. No:	Order Acc No:	8290476
Attending Dr:	Pt NS/Room:	-
Ordering Dr:	Date of Exam:	May 12 2014 8:20PM

Final Report

PROCEDURE: MRI 2020 - MRI ABDOMEN WOW CONTRAST
DATE OF EXAM: May 12 2014 8:20PM

CLINICAL HISTORY: Abnormal liver enzymes Evaluate for hemochromatosis. Minor caliectasis seen on renal ultrasound.

EXAM. MRI abdomen without and with contrast.

COMPARISON: Abdominal ultrasound 3/28/2014

TECHNIQUE: The examination was performed in a phased-array torso coil T1-weighted spoiled gradient-echo images were obtained in and out-of-phase, and with the use of fat-saturation Axial turbo-inversion recovery images were acquired. Axial single shot steady state free precession images were also acquired Orthogonal T2-weighted single-shot fast spin-echo images were obtained. Diffusion weighted imaging with ADC maps were also acquired After the use of a test bolus, serial dynamic imaging of the abdomen using a 3-D gradient-echo interpolated fat-saturated technique were acquired Delayed T1-weighted spoiled gradient-echo fat-saturated images were obtained in orthogonal planes 20 mL of intravenous Magnevist was utilized. Iron quantification was also performed

FINDINGS:

No basilar pleural or pericardial effusion.

The liver is normal in morphology There is diffuse decreased signal on T1 in phase images compatible with diffuse iron deposition. T2* values ranged from 13-15 ms (series 10000), compatible with moderate iron deposition. No significant iron deposition within the spleen or pancreas Tiny left hepatic cyst No suspicious liver lesion or intrahepatic biliary dilatation

The gallbladder is normal The spleen, pancreas and adrenal glands are normal. The kidneys enhance symmetrically without suspicious mass or hydronephrosis Small left parapelvic and cortical renal cysts Parapelvic cysts are best demonstrated on delayed images. There maybe mild component of pelvictasis. Appearance is similar to prior ultrasound

No abdominal aortic aneurysm. Abdominal vasculature is patent. Dominant left lumbar vein drains into the left renal vein No abdominal lymphadenopathy

No ascites Visualized bowel is not dilated

No suspicious bone lesions. Probable Tarlov cysts within the sacrum.

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IMPRESSION:

- 1 Normal liver morphology with diffuse iron deposition. T2* values range from 13-15 ms, compatible with moderate iron deposition.
- 2 No significant iron deposition within the spleen or pancreas.
3. Small left parapelvic renal cysts

ICD-9: (794.8)

Dictated By: **NUHA KRAD M.D.**

This Imaging Study Was Reviewed and Its Interpretation Verified by: **XUAN-MAI NGUYEN M.D.** on **May 13 2014 1:49PM**

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