

 **SIMULATED MEDICAL REPORT (BEFORE)**

For Educational Demonstration Purposes Only

Diagnostic Imaging Report

CT Abdomen and Pelvis with Intravenous Contrast

Patient Information

Name: Michael R. Thompson
Date of Birth: February 17, 1972
Sex: Male
Patient ID: 593847

Study Information

Procedure: CT Abdomen and Pelvis with Contrast
Date of Examination: March 22, 2026
Referring Provider: Primary Care Physician

Clinical Indication

Persistent upper abdominal discomfort with intermittent radiation to the posterior thoracic region. Symptoms reported as positional. Associated nonspecific gastrointestinal complaints including intermittent loose stools. Patient also reports subjective abdominal wall prominence on standing.

Technique

Multidetector computed tomography of the abdomen and pelvis was performed following administration of intravenous iodinated contrast. Oral contrast was administered prior to acquisition. Axial images obtained with multiplanar reconstructions.

Comparison

No prior imaging available for comparison.

Findings

Liver

Normal in size and contour. A punctate calcified focus measuring approximately 4–5 mm is identified within segment VII, consistent with a likely benign calcified granuloma. No suspicious focal hepatic lesion identified.

Gallbladder and Biliary System

Gallbladder demonstrates dependent hyperattenuating material suggestive of biliary sludge. No evidence of cholelithiasis. No intrahepatic or extrahepatic biliary ductal dilatation.

Pancreas

Normal in morphology and attenuation. No focal lesion or peripancreatic inflammatory changes.

Spleen

Normal in size and attenuation without focal abnormality.

Adrenal Glands

Unremarkable bilaterally.

Kidneys, Ureters, and Bladder

Kidneys are normal in size and enhancement pattern. No hydronephrosis or nephrolithiasis identified. Urinary bladder appears unremarkable.

Bowel and Stomach

No evidence of bowel wall thickening, obstruction, or inflammatory change. Stomach is grossly unremarkable.

Pelvic Structures

No significant abnormality identified within the deep pelvic organs.

Peritoneum and Mesentery

No free fluid or free air. Mesenteric fat planes are preserved.

Lymph Nodes

No pathologically enlarged lymph nodes identified.

Vascular Structures

Major abdominal vessels are patent without aneurysmal dilatation or significant atherosclerotic burden.

Abdominal Wall and Soft Tissues

No discrete hernia identified. Mild supraumbilical ventral wall laxity is noted without focal defect.

Osseous Structures

No acute or suspicious osseous abnormality identified.

Lower Thorax (Included Portions)

Visualized lung bases are clear. No pleural effusion.

Impression

- No acute intra-abdominal or pelvic abnormality identified to account for the patient's presenting symptoms.
- Incidental punctate calcified hepatic granuloma.
- Mild biliary sludge without evidence of acute cholecystitis or biliary obstruction.
- Minimal ventral abdominal wall laxity without discrete hernia.

Radiologist

Report electronically signed by
Attending Radiologist

Disclaimer

This report is intended for use by qualified healthcare professionals. Clinical correlation is recommended.

Educational Notice

This is a **simulated medical report created for educational and demonstration purposes only.**

It is based on generalized clinical patterns and does not represent any real patient.