



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.

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Better Health Quater
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Tel: 0290521899
21st November 2022

Patient ID: 46.25551841
Accession Number: 77.41278066

Reported: 21 November 2022

Dear Dr Farah

Re: **Mr Andre VERMEULEN - DOB: 12/07/1977**
1 Dassault Close RABY 2566

Clinical Notes:

Left sided abdominal pain. ? Mesenteric panniculitis on CT. Rule out lymphoma or other pathology.

MR ENTEROGRAPHY

Routine sequences including post contrast sequences. No previous relevant study available for review.

Bowel loops are not dilated. No focal stricture, bowel wall thickening, abnormal enhancement or abnormal restriction on diffusion weighted sequences. No fistula or collection identified.

There is mild inflammatory change within the left aspect of the mesentery with a few prominent lymph nodes. There is pseudocapsule formation with halo signs surrounding the lymph nodes. The findings are almost likely to represent area of mesenteric panniculitis.

No enlarged retroperitoneal, inguinal or pelvic lymph nodes. The spleen is not enlarged.

No inflammatory changes identified in the SI joints.

Within the limits of this study, no pancreatic or liver lesion identified. The adrenal glands and kidneys appear normal.

No intra or extrahepatic duct dilatation. No choledocholithiasis.

Impression:

No active inflammatory bowel disease identified.

Features of mesenteric panniculitis.

Dr Sinan Al-Hadethi
Electronically signed at 3:14 pm Mon, 21st Nov 2022