

<b>Patient Name</b>	LINE, SHARON ELIZABETH	<b>Accession</b>	21907618Q2
<b>Patient D.O.B.</b>	18/08/1979	<b>Description</b>	CT LUMBOSACRAL SPINE WO CONTRAST
<b>Patient ID</b>	QXR1828523	<b>Study Date/Time</b>	20/08/2024 13:05
<b>Referring Physician</b>	ELISEEVA, SABINA	<b>Modality</b>	CT

CT LUMBOSACRAL SPINE; CT ABDOMEN

Clinical History:

Right iliac fossa pain exclude appendicitis. Fall 5 days ago, landed on the back? Fracture.

Technique:

Post IV contrast study

Findings:

Normal appearances of the appendix.

Minimal fluid seen surrounding the right ovary with the irregular shaped peripherally enhancing area measuring 21 x 17 mm. Simple right ovarian cyst is seen measuring 24 x 23 mm. No left ovarian cyst is seen. Impression of previous hysterectomy.

Hepatomegaly measuring 21 cm. Mild hepatic low attenuation suggesting fatty changes. No hepatic focal lesion or intrahepatic bile duct dilation. Patent portal vein.

Normal CT appearance of the spleen, pancreas, gallbladder, suprarenal glands and both kidneys.

Normal contour of the urinary bladder. Mild sigmoid diverticulosis. No evidence of acute diverticulitis. No bowel obstruction. No abdominal aortic aneurysm.

No significant abnormality seen lung bases.

Minimal lumbar scoliosis convex to the left, straightened lumbar curve. No instability. Preserved vertebral heights. Lower thoracic and lumbar spondylosis with marginal osteophytes, slight height reduction of L5-S1 disc space with vacuum phenomenon.

T11-12 mild disc bulge osteophyte complex abutting the conus.

L3-4 mild disc bulge, moderate right and mild left facet arthritis with mild right foraminal narrowing.

L4-5 moderate disc bulge inclined to the left with mild left facet arthritis resulting in marked left foraminal compromise.

L5-S1 disc bulge osteophyte complex and mild facet arthritis causing marked left and mild right foraminal compromise.

Mild degenerative sacroiliitis is seen.

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A small bone island of the left femoral head.

**CONCLUSION:**

No evidence of appendicitis or acute fracture.

Small amount of fluid along the right adnexa with irregular shaped peripheral enhancing lesion possibly a ruptured corpus luteal cyst or other complex cyst. There is an adjacent simple cyst measuring 24 x 23 mm. Correlation with pelvic ultrasound is suggested.

Hepatomegaly with mild fatty changes.

Thoracolumbar spondylosis with multilevel disc lesions. There is marked left foraminal compromise at L4-5 and L5-S1 levels.

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