

MSH |^~\&| RAD| LABA| CONNIE| CRISP| 8888833338888| |ORU^R01| 1111777711| P| 2.4| || AL|
PID |1| |555533CR^^^LABA| |TEST^TOM^C^^| |19800000| F| |UNK| |1111 NORTH ROAD
^^CITY^CA^90000^US| US| 2223332223| |UNK| |3388833338| ||| UNK||||||| 2088800000022
IN1|1|0002220900| 2222| MEDICARE| ^^^| ||| TEST^TOM| Self| 1980000000000| ||1|||||
||||| 233AA2AA11|||||F
IN1|2|111133333| 5555| SSSS CA FUNCARE HMO| PO BOX 67777^^CITY
^CA^7777| |444333| ND50| FPPP| ||| TEST^TOM| Self| 1980000000000| ||1||||| GGG
555555|||||F
PV1|1|0||||| 3388833338| ||| PLACE^7777 NEW PLACE
Drive^Suite 888^PLACE^CA^20770 ^555-555-0000^555-555-0000
ORC|RE|44444444| |CM| |444444444444| 111111111^Kewat^Sangram^^^^^system| |15088492
74^SMALLY^HOLLY^F^^^^^system| ||| 44444 ROAD DC^STE 000^NORTH
CITY^CA^44444|(555) 000-1111^(555) 000-1111
OBR|1|44444444|44444444| CT402^CT Abdomen and Pelvis
W|R| |2021011111110| | | | system^SMALLY^HOLLY^F^^^^^system| |CT| | |444444444444|
| |F| |1^20^2229999999222^1111111000002^CM| | | | ^5555544444^RON^^^^^system| |333332
222^TORI&LORI^| ^^^^^^| ||| CT402^CT Abdomen and Pelvis W^
OBX|1|FT| ^| | | N| | F| |444444444444
OBX|1|FT| ^| | | Community Radiology Associates| | N| | | F
OBX|1|FT| ^| | | PLACE| | N| | | F
OBX|1|FT| ^| | | 7777 NEW PLACE Drive| | N| | | F
OBX|1|FT| ^| | | Suite 888| | N| | | F
OBX|1|FT| ^| | | PLACE, CA 20770 | | N| | | F
OBX|1|FT| ^| | | 555-555-0000| | N| | | F
OBX|1|FT| ^| | | EXAM: CT ABDOMEN AND PELVIS WITH CONTRAST
| | N| | | F| |444444444444| |5555544444^HON^RON^
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | HISTORY: Lower abdominal pain. Uterine cancer. Elevated CA 125.
| | N| | | F
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | TECHNIQUE: Thin-section helical scan in the axial plane is obtained from above the diaphragms, including the lung bases, to the pubic symphysis after the administration of 100 cc Optiray 350 nonionic contrast. Oral contrast was utilized. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique. | | N| | | F
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | COMPARISON: 2019 | | N| | | F
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | FINDINGS: | | N| | | F
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | CT abdomen: The lung bases and pleural space, pericardium and heart are normal. There is a large retrocardiac hiatal hernia and reflux. Pericardium and heart are normal. There are calcifications in the mitral valve. | | N| | | F
OBX|1|FT| ^| | | N| | | F
OBX|1|FT| ^| | | The liver is unremarkable. The gallbladder is visualized without calcifications, spleen is normal in size. Pancreas is unremarkable. The adrenal glands are normal. Both kidneys are normal. The abdominal aorta is unremarkable. There is a left para-aortic lymph node in the renal hilus measuring 3.7 x 2.5 x 6.9 cm and, to the right of the aorta measuring 3.1 x 2.3 cm. These are new since prior

study. Bowel and mesentery are normal.|||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||CT pelvis: There is adenopathy in the right iliac chain lymph node measuring 3.2 x 1.7 cm. Uterus is surgically absent. There are numerous diverticula in the rectosigmoid. The urinary bladder is unremarkable|||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||There is degenerative change in the spine. |||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||IMPRESSION: |||N|||F

OBX |1|FT|^||1. Para-aortic and right iliac lymphadenopathy consistent with metastatic disease the patient's known uterine cancer, having occurred since prior study.|||N|||F

OBX |1|FT|^||PET/CT scan may be helpful to further evaluate.|||N|||F

OBX |1|FT|^||2. Large retrocardiac hiatal hernia|||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||NOTE: In accordance with CMS's Clinical Quality Measures, when applicable, no further imaging is recommended in patients 18 years and older for:|||N|||F

OBX |1|FT|^||Incidental cystic renal lesion that is simple appearing (Bosniak I or II).|||N|||F

OBX |1|FT|^||Incidental adrenal lesion < or = 1.0 cm.|||N|||F

OBX |1|FT|^||Incidental adrenal lesion > 1.0 cm but < or = 4.0 cm classified as likely benign by |||N|||F

OBX |1|FT|^||accepted imaging criteria. |||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||Note: This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the prior 12 months.|||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||||N|||F||44444444444444

OBX |1|FT|^||||N|||F

OBX |1|FT|^||DICTATED BY: RON HON|||N|||F

OBX |1|FT|^||ELECTRONICALLY SIGNED ON: 01/11/2021 14:41:38|||N|||F

OBX |1|FT|^||||N|||F

OBX |1|FT|^||||N|||F