



<b>Patient Name</b>	MANTALVANOS, SOULA	<b>Accession</b>	11.94472482_1
<b>Patient D.O.B.</b>	17/11/1969	<b>Description</b>	CT - ABDOMEN + PELVIS
<b>Patient ID</b>	11.8647481	<b>Study Date/Time</b>	01/01/2023 21:22
<b>Referring Physician</b>	LEE STEVEN DR	<b>Modality</b>	CT,PR

DR S LEE  
St John of God Hospital-Geelong DEM  
80 Myers Street  
GEELONG 3220

1 January 2023

Dear Dr Lee,

Thank you for referring Ms Soula MANTALVANOS to Lake Imaging.

Re: Ms Soula MANTALVANOS DOB: 17/11/1969  
10 Stokes Street QUEENSCLIFF VIC 3225 Accession: 11.94472482  
Folio: 11.8647481  
UR:

Examination:  
CT - ABDOMEN + PELVIS (CONTRAST)

Clinical History:  
Pelvic and gluteal pain, unable to sit.? Any collection or other.

Technique:  
Portal venous phase imaging of the abdomen and pelvis after IV contrast.

Findings:

There is spinal stimulation device.

Lower Chest:  
No concerning abnormality in the visualised lower chest.

Liver:  
The liver is normal in size and density. No focal lesion or ductal dilatation. Portal vein is normal.

Gallbladder:  
The gallbladder appears normal. No evidence of cholelithiasis or cholecystitis.  
No evidence of intra or extrahepatic biliary ductal dilatation.

Pancreas:  
The pancreas is normal in size and density. No calcification, mass or ductal dilatation seen.



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**Spleen:**

The spleen is normal in size and density.

**Adrenal Glands:**

There is no adrenal mass or significant hyperplasia.

**Kidneys:**

Both kidneys appear normal in size, shape and position. No calculus or hydronephrosis. No solid or cystic lesion identified.

**Retroperitoneal Structures:**

There is no retroperitoneal lymphadenopathy. No Aortic aneurysm.

**Mesentery:**

No mesenteric mass or lymphadenopathy.

**Bowel Loops:**

Faecal impaction is noted in the large bowel particularly in the rectum with transverse rectal diameter of approximately 7 cm, anteroposterior diameter 8.5 cm and craniocaudal dimension of 11 cm. There is diffuse mild thickening of the rectal wall with fat stranding surrounding the dilated rectum. No collection seen. There is no bowel obstruction.

**Pelvis:**

The urinary bladder appears normal. No pelvic mass identified. There is no pelvic sidewall lymphadenopathy.

**Abdominal Wall:**

No definite hernia identified. No inguinal lymph node enlargement.

**Bones:**

No sinister bony lesion seen

**Conclusion:**

Faecal impaction particularly in the rectum as described with rectal wall thickening and perirectal fat stranding. These features are suggestive of stercoral colitis.

Electronically Validated By  
DR RAJESH KHUJNERI

cc: Opt Out Patient App  
cc: SJG Emergency Department, 80 Myers Street GEELONG VIC 3220



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cc: Dr Janet Reid, 4 Nelson Road POINT LONSDALE VIC 3225, pointlmc@promedicus.net

Electronically signed by: Dr Rajesh Khujneri at 9:53 PM Sun, 1 Jan 2023