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**PATIENT NAME:** Simon Kane

**REFERRER:** William Grande, MD

**DATE OF BIRTH:** 6/5/1955

**AGE:** 67Y 2M

**GENDER:** Male

**EXAM DATE:** 8/10/2022

**EXAM:** CTA Abdominal Aorta, Pelvis, Bilat Runoff w/ and/or w/o Contrast | 75635

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**PRESCRIPTION HISTORY:** Peripheral vascular disease.

**SUPPLEMENTAL HISTORY:** Imaging for Peripheral vascular disease - worse on left side for 3+ years. Discomfort.

**COMPARISON:** 12/20/2021

**TECHNIQUE:** CTA Abdominal Aorta, Pelvis, Bilat Runoff w/ and/or w/o Contrast. 125 mL Isovue-370. Oblique, sagittal, and coronal MIP reformations were created and generated on an acquisition workstation.

**FINDINGS:**

**Vascular:** Severe mixed atherosclerotic disease with scattered hypoattenuating and calcific plaque. No evidence of significant aortic stenosis. No evidence of significant stenosis associated with the celiac, SMA, IMA, single right renal artery or 3 left renal arteries.

**Left:** Left common iliac artery stent is widely patent. Severe left external iliac stenosis. Severe common femoral artery stenosis with short segment dissection flap. The profunda femoris artery is patent. The superficial femoral artery and popliteal artery are largely occluded. The calf arteries are reconstituted via collaterals. The posterior tibial artery becomes occluded at the level of the midcalf and reconstitutes via collateral from the peroneal artery at the level of the ankle, which provides dominant supply to the foot. The anterior tibial artery appears largely patent. The dorsalis pedis artery appears occluded.

**Right:** No evidence of significant stenosis associated with the common, external or common femoral arteries. The profunda femoris is patent. The proximal to mid superficial femoral artery is occluded. The distal superficial femoral artery is reconstituted via collaterals. No evidence of significant popliteal artery stenosis. The anterior tibial artery demonstrates multifocal stenosis and appears occluded at the level of the ankle. Two-vessel runoff into the right foot via the peroneal and posterior tibial arteries.

**Base of Lungs/Heart:** Mild bibasilar atelectasis versus scar. Base of heart is normal in size.

**Liver:** Unremarkable

**Bile Ducts:** Nondilated

**Gallbladder:** Probable cholelithiasis

**Pancreas:** Unremarkable

**Spleen:** No splenomegaly

**Adrenal:** Unremarkable

**Kidneys/Ureters:** Subcentimeter left renal lesion is too small to characterize, but statistically benign and requires no imaging surveillance.

**Bowel/Mesentery/Ascites:** Appendicolith without evidence of acute appendicitis. Possible focal rectal wall thickening. No mesenteric lymphadenopathy. No ascites.

Bladder/Reproductive: Bladder is incompletely distended with mild wall irregularity. Unremarkable prostate.

Retroperitoneum: Nonspecific retroperitoneal nodes, with dominant nodes demonstrating fatty hilum.

Bones/Soft Tissues: Remote deformity of the right tibia. Degenerative changes of the spine. Unremarkable soft tissues.

**Continued...**

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**IMPRESSION:**

1. Left: Patent left common iliac artery stent. Severe left external iliac and common femoral artery stenoses with short segment dissection flap in the common femoral artery. Occlusion of the superficial femoral and popliteal arteries. The posterior tibial artery becomes occluded at the level of the midcalf and reconstitutes via collateral from the peroneal artery at the level of the ankle, which provides dominant supply to the foot. The anterior tibial artery appears largely patent. The dorsalis pedis artery appears occluded.
2. Right: Occlusion of the proximal to mid superficial femoral artery with reconstitution in the distal portion. Two-vessel runoff into the right foot
3. Rounded structures within the gallbladder likely represents cholelithiasis. Soft tissue mass is felt to be unlikely, however correlation with ultrasound is recommended.
4. Possible focal rectal wall thickening. Consider correlation with endoscopy.
5. Mild wall irregularity of the bladder, which may be due to trabeculations or cystitis. Consider correlation with urinalysis.

This exam was performed using automated exposure control, adjustment of mA or kV according to patient size, and/or use of iterative reconstruction technique.

Digital Imaging and Communications in Medicine (DICOM) format image data of this study is available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12 month period after the study.

Signed By: Andrew Chi MD  
Signed Date/Time: 8/10/2022 04:41 PM  
Transcribed Date/Time:

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Patient ID: 835622  
Accession#: 5480456