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Douglas R. DeCorato, M.D.
Gavin L. Duke, M.D.



Barbara H. Braffman, M.D.
Paul S. Choi, M.D.
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BRUCE W MOSKOWITZ, M.D.
1411 NORTH FLAGLER DRIVE
SUITE 7100
WEST PALM BEACH, FL 33401

Patient: EPSTEIN, JEFFREY

Exam Date: 1/2/14

Acc No: 6548398

MRN: 0315192

Dear Dr. Moskowitz,

ULTRASOUND OF THE NECK

Clinical History:

60-year-old male with prominent left supraclavicular region.

Technique:

Directed ultrasound examination of the soft tissues of the neck was performed.

Comparison:

CT scan of the chest abdomen pelvis performed today.

Findings:

Scanning in the left supraclavicular fossa in the region of the reported palpable abnormality demonstrates no mass lesions, abnormal vascularity, or enlarged lymph nodes.

IMPRESSION

Normal sonogram of the left supraclavicular fossa.

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Very truly yours,

ALISON BENDER HAIMES, M.D.

Electronically Signed By ALISON BENDER HAIMES, M.D.
Date/Time Transcribed: 1/2/14 10:20 am

REPORT

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Dear Dr. Moskowitz,

ULTRASOUND OF THE THYROID GLAND

Clinical History:

60-year-old male with possible fullness in the left neck.

Technique:

Ultrasound examination of the thyroid gland was performed.

Comparison:

None.

Findings:

The thyroid gland is normal in size with the right lobe measuring 5.1 x 1.8 x 2.3 cm, the left lobe measuring 4.3 x 2.1 x 1.9 cm, and the isthmus measuring 2 mm in thickness. No calcifications or thyroid nodules are present. The echogenicity of the thyroid gland is normal. No abnormal vascularity is noted. No extra thyroidal masses are present.

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IMPRESSION

Normal sonogram of the thyroid gland.

Very truly yours,

ALISON BENDER HAIMES, M.D.

Electronically Signed By ALISON BENDER HAIMES, M.D.
Date/Time Transcribed: 1/2/14 10:19 am

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Exam Date: 1/2/14

Acc No: 6548396

MRN: 0315192

Dear Dr. Moskowitz,

CT SCAN OF THE CHEST, ABDOMEN AND PELVIS

Clinical History:

60-year-old man with a left-sided supraclavicular lymph node.

Technique:

Multidetector helical CT scans were performed of the chest, abdomen and pelvis from the supraclavicular regions to the level of the symphysis pubis. The scans were performed with a 5 mm slice interval and a 5 mm slice thickness. Oral contrast was administered and pre and post intravenous contrast images were obtained.

Comparison:

There is no prior study for comparison.

Findings:

A round metallic marker overlying the left supraclavicular region denotes the area of palpable concern, as indicated by the patient at the time of the exam. No CT abnormality is demonstrated at this location. There is no supraclavicular or axillary lymphadenopathy.

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Evaluation of the lung parenchyma demonstrates no focal lesions or infiltrates. There is no pleural effusion or pleural thickening. The central tracheobronchial tree is patent.

There is no mediastinal or hilar lymphadenopathy.

The great vessels of the chest are within normal limits.

There are calcified atherosclerotic changes of the coronary arteries. The cardiac chambers and pericardium are otherwise unremarkable.

The liver is normal in size and smooth in contour. There is mild fatty infiltration adjacent to the fissure for the ligamentum teres. No focal liver lesions are demonstrated. The portal and hepatic veins are patent. There is no intrahepatic biliary dilatation.

The gallbladder is present, and unremarkable. No radiopaque stones are demonstrated. The pancreas is normal in size and configuration. There is no dilatation of the main pancreatic duct.

The spleen measures approximately 11.3 cm in sagittal oblique dimension, and is unremarkable in appearance.

The bowel is normal in caliber without evidence of obstruction. There is mild colonic diverticulosis without evidence of acute diverticulitis.

The adrenal glands are unremarkable.

The kidneys are normal in size and smooth in contour with symmetric enhancement. No renal lesions are demonstrated. There is no hydronephrosis. The ureters are normal in course and caliber. The urinary bladder is moderately distended and grossly unremarkable.

There is no retroperitoneal lymphadenopathy.

The abdominal aorta and inferior vena cava are unremarkable.

The prostate gland is slightly prominent in size measuring 4.3 cm in transverse dimension with coarse internal calcifications. Correlation with PSA levels and digital rectal examination is recommended. The seminal vesicles are unremarkable.

Evaluation of the osseous structures demonstrates age-related degenerative changes of the thoracic and lumbar spine. There is no aggressive osseous lesion.

IMPRESSION

A round metallic marker overlying the left supraclavicular region denotes the area of palpable concern, as indicated by the patient at the time of the exam. No CT abnormality is demonstrated at this location. There is no supraclavicular or axillary lymphadenopathy.

Calcified atherosclerotic changes of the coronary arteries.

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The prostate gland is slightly prominent in size measuring 4.3 cm in transverse dimension with coarse internal calcifications. Correlation with PSA levels and digital rectal examination is recommended.

Otherwise unremarkable CT of the chest, abdomen, and pelvis.

Very truly yours,

MICHELLE KLEIN, M.D.

Electronically Signed By MICHELLE KLEIN, M.D.

Date/Time Transcribed: 1/2/14 10:37 am

Contrast: Omnipaque Contrast 125cc

REPORT

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