

Sample CT/MRI* Reporting Template: Total Kidney Volume (TKV)

| INDICATION FOR STUDY | ICD-10 CODE REQUIRED FOR DIAGNOSIS |
|--|--|
| Autosomal Dominant Polycystic Kidney Disease (ADPKD) | ICD-10: Q61.2: Polycystic kidney, adult type OR ICD-10: Q61.3: Polycystic kidney, unspecified |
| COMPARISON | None |

Procedure Information

| TECHNIQUE | |
|--|--|
| <input type="checkbox"/> CT of the abdomen was obtained with IV contrast | <input type="checkbox"/> MR of the abdomen was obtained with IV contrast |
| <input type="checkbox"/> CT of the abdomen was obtained without IV contrast | <input type="checkbox"/> MR of the abdomen was obtained without IV contrast |
| <input type="checkbox"/> CT of the abdomen and pelvis was obtained with IV contrast | <input type="checkbox"/> MR of the abdomen and pelvis was obtained with IV contrast |
| <input type="checkbox"/> CT of the abdomen and pelvis was obtained without IV contrast | <input type="checkbox"/> MR of the abdomen and pelvis was obtained without IV contrast |

Findings

| STATEMENTS | [Limited study given the lack of intravenous contrast.] |
|--------------|--|
| LOWER CHEST | [Visualized portions are within normal limits.] |
| LIVER | [Multiple hepatic cysts.] |
| GALLBLADDER | [Within normal limits.] |
| BILIARY TREE | [Within normal limits.] |
| PANCREAS | [Within normal limits.] |
| SPLEEN | [Within normal limits.] |
| ADRENALS | [Within normal limits.] |
| KIDNEYS | [Innumerable renal cysts, some of which demonstrate fluid-fluid levels consistent with hemorrhagic/proteinaceous content. Some markedly hypointense lesions probably represent hemorrhagic / proteinaceous cysts although incompletely characterized without contrast] |

| LEFT KIDNEY SIZE | | RIGHT KIDNEY SIZE | |
|--|----|--|----|
| Length (CC*): | mm | Length (CC*): | mm |
| Width (TV*): | mm | Width (TV*): | mm |
| Depth (AP*): | mm | Depth (AP*): | mm |
| Total Kidney Volume (TKV): 0.53 (CC x TV x AP) | mL | Total Kidney Volume (TKV): 0.53 (CC x TV x AP) | mL |

| BOWEL | [Limited evaluation. Within normal limits.] |
|-----------------|---|
| AORTA & IVC* | [Within normal limits.] |
| LYMPHADENOPATHY | [No enlarged lymph nodes.] |
| SKELETON | [Within normal limits.] |
| OTHER | [No intra-abdominal free fluid.] |

IMPRESSION

- [Bilateral enlargement of both kidneys with innumerable renal cysts consistent with known history of ADPKD, some of which are likely hemorrhagic/proteinaceous cysts although incompletely evaluated without IV contrast. Renal volumes provided above.]
- [Mayo Classification 1A], [Mayo Classification 1B], [Mayo Classification 1C], [Mayo Classification 1D], [Mayo Classification 1E]
- [Multiple hepatic cysts.]

*Abbreviations: AP, anteroposterior; CC, craniocaudal; CT, computerized tomography; ICD-10, International Classification of Diseases 10th Revision; IVC, inferior vena cava; MR, magnetic resonance spectroscopy; MRI, magnetic resonance imaging; TV, transverse

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