OBSERVATION	
Examination:	Unenhanced low-dose ct of the abdomen and pelvis with coronal and 3d reconstructions
Clinical indication:	Risk of colon cancer.
Procedure:	Virtual colonoscopy was performed utilizing low-dose axial CT in supine and prone positions with mechanical CO2 insufflation of the colon. Analysis was performed in 2D (axial and coronal), as well as 3D methodologies.
Findings:	The preparation was excellent, the degree of distention was good. The colon is mildly elongated. There are no annular constricting lesions of the colon, no polyps or polypoid lesions are demonstrated in the colon. There are scattered sigmoid diverticula. There is a small focus of incomplete distention of the junction of the sigmoid colon consistent with a focal circular muscle hypertrophy. The screening low-dose examination shows some linear densities in the lung bases consistent with some basilar scarring. No lesions were demonstrated in the liver, spleen, or kidneys within the limitations of the low-dose technique. The abdominal aorta is normal in caliber but there are atherosclerotic plaques demonstrated within its wall. No pelvic masses are identified. There is degenerative disc disease in the lower lumbar spine with facet arthropathy. There is a Grade I retrolisthesis of L4 over L5 and a Grade I spondylolisthesis of L3 over L4, again with facet arthropathy.

IMPRESSION	
1.	No colonic lesions demonstrated, likely a focus of circular muscle hypertrophy at the junction of the descending and sigmoid colon.
2.	Atherosclerotic plaques within the abdominal aorta, no evidence of aneurysm.
3.	Degenerative disc disease with spondylosis and facet arthropathy at L4-L5, L4-L5 retrolisthesis with L3-L4 spondylolisthesis.