

## Image of the Month

Lucy Connor; Joanna Craig; Kerri E. Buch, RN, FNP; Celia M. Divino, MD

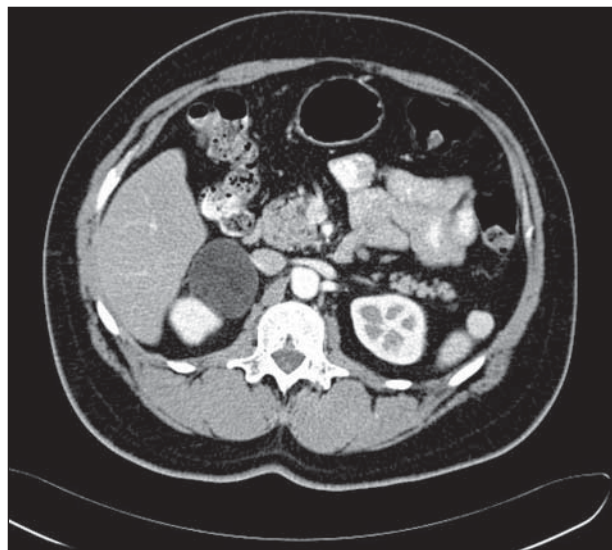
**A** 43-YEAR-OLD MAN WITH NO SIGNIFICANT medical history had a 3-month history of right upper quadrant pain with no associated gastrointestinal or urinary symptoms. On examination, he appeared well and was in no distress. His abdomen was not tender, but had a palpable right upper quadrant fullness. A computed tomographic (CT) scan revealed a 7.9-cm, bilobed, fat-containing mass adjacent to the upper pole of

the right kidney (**Figure 1**). A magnetic resonance image (MRI) was performed to better assess its continuity with adjacent organ structures. It showed no hepatic or renal invasion (**Figure 2**).

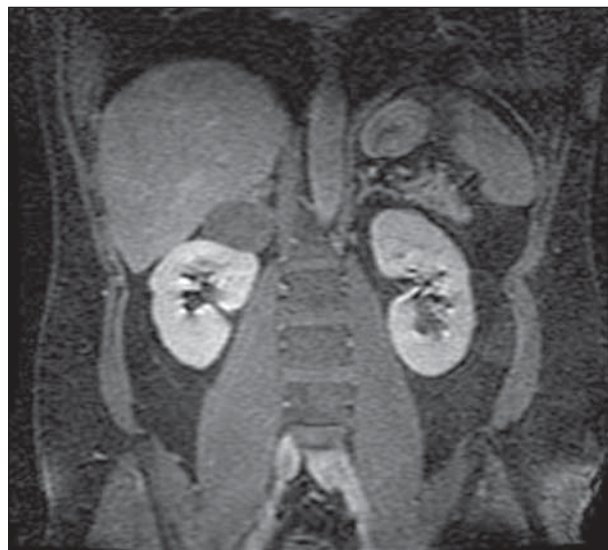
### What Is the Diagnosis?

- A. Adrenal carcinoma
- B. Teratoma
- C. Adrenal myelolipoma
- D. Adrenal adenoma

Author Affiliations: Department of Surgery, The Mount Sinai School of Medicine, New York, New York.



**Figure 1.** Computed tomographic scan identifying calcifications in the right adrenal gland and a 7.9-cm bilobed mass bordered by the liver (laterally), upper pole of the right kidney (inferiorly and posteriorly), vena cava (medially), and the right colon (anteriorly).



**Figure 2.** Magnetic resonance image showing a bilobed, smoothly margined, fat signal intensity, right upper quadrant mass located in the Morrison pouch, likely arising from the right adrenal gland.