

ED0141

CT abdomen pelvis

INDICATION:

Abdominal pain, fever, pancreatitis

TECHNIQUE:

Multidetector CT imaging of the abdomen and pelvis using oral and IV contrast.

FINDINGS:

There has been interval development of bibasilar effusions with associated compressive atelectasis. There is trace pericardial effusion.

There has been interval progression of the previously visualized pancreatic inflammation with patchy areas of lack of enhancement within the pancreas consistent with necrosis.

There is increased quantity and extension of retroperitoneal peripancreatic fluid and central mesenteric mesenteric stranding. Adjacent to the tail of the pancreas there is a focal fluid collection with a thin enhancing consistent with an acute necrotic collection. There is diffuse hepatic fatty infiltration with sparing of the gallbladder fossa. The gallbladder is unremarkable. There is no intrahepatic or extrahepatic biliary ductal dilatation. The adrenals, kidneys, and spleen are normal.

There is gastric wall thickening. The course and caliber of the small bowel, and colon are normal.

Pelvic structures are unremarkable. Dependent fluid within the pelvis is secondary to the pancreatic inflammation.

There is a small filling defect in the retropancreatic segment of the splenic vein, consistent with a small thrombus, as well as prominence of perigastric veins. The superior mesenteric vein is slightly narrowed in its cephalad segment. There is no portal venous thrombus.

The bony structures are unremarkable.

IMPRESSION:

Interval progression of acute pancreatitis with multifocal, patchy, necrosis (total approximately 30% of the gland), significant retroperitoneal mesenteric stranding, and developing acute necrotic collection adjacent to the tail of pancreas. Small focal thrombus in the splenic vein.

