Oral & IV contrast enhanced Axial CT, Abdomen, Massive ascites

Note: Images were taken early (30 seconds) after IV contrast injection. Enhancement of the abdominal aorta and kidney cortices is seen.
Note: Images were taken early (30 seconds) after IV contrast injection. Enhancement of the abdominal aorta and kidney cortices is seen.
A (what structure is absent?)

*K*: what is this structure that fails to fill with contrast? (hint: it is present normally in a developing embryo).
*Urachus (non-contrast filled) is patent and communicates with the bladder (not shown). It does not communicate with the GI tract (contrast filled).
Oral and IV contrast enhanced Axial CT, Female pelvis

- Thickened wall of ileum due to infectious ileitis
- R external iliac a.
- Rectus abdominus
- L external iliac v.
- L ovary
- Ilium
- R ovary
- Obturator internus
- Uterus
- Piriformis
- Sacrum
- Pathologic fluid in Pouch of Douglass
- Rectum
Oral and IV contrast enhanced Axial CT, Female pelvis

Thickened wall of ileum due to infectious ileitis

Round ligament

R external iliac v.

Uterus

L external iliac a.

Ilium

(proper) ovarian ligament

R ovary

Pathologic fluid in Pouch of Douglass

Rectum

Sacrum

L internal iliac a & v. and lymph nodes

Obturator internus
A: Note the anomalous positions of the two arteries labeled "B" and "G" (yet still named according to destination)
CT Angiogram, AP Abdomen, Arteries

A: Note the anomalous positions of the gonadal aa., appearing to originate from the kidney hilus.
CT Angiogram, AP Renal arteries (with anomalous accessory renal aa.)

A: 
B: 
C: 
D: 
CT Angiogram, AP Renal arteries (with anomalous accessory renal aa.)

R renal a. (with smaller accessory renal a. originating from abdominal aorta)

L renal a. (with smaller accessory renal a. originating from abdominal aorta)

R accessory renal a.

L accessory renal a.
Upper GI Barium study, Left posterior oblique

A

B

C

D

E
Upper GI Barium study, Left posterior oblique

- Stomach rugae
- Stomach antrum
- 1st part of duodenum
- Pyloris
- Major duodenal papilla (of Vater)
Upper GI Barium study, Left posterior oblique

- Stomach lesser curvature
- Stomach rugae
- 1st part of duodenum
- Stomach greater curvature
- 2nd part (descending) duodenum
- 3rd part (horizontal) duodenum
Upper GI Barium study, Left posterior oblique

A
B
C
D
E
F
Upper GI Barium study, Anterior-posterior (prone)

- Ascending colon (Barium filled, observe haustra)
- Transverse colon (air-filled, observe haustra)
- Ilium (barium filled)
- Jejunum (barium filled, observe plicae circulares)
F: Arrowheads point to what strictured segment of bowel?
Upper & lower GI study, Crohn's disease

Hepatic flexure (note stool and contrast)

Uninvolved jejunum

Ileocecal junction

Uninvolved ileum

"Skip" lesions in ileum

F: Severe strictures span between arrowheads in distal ileum
Abdominal X-ray, Anterior-posterior KUB scout

- Hepatic flexure
- Ascending colon
- Transverse colon
- Descending colon
- Cecum
- Sigmoid colon
Abdominal X-ray, Intravenous pyelogram (IVP) delayed view

- 11th rib
- Minor calices
- Renal pelvis
- Major calix
- L renal pelvis
- L ureter
- R ureter
- Rectal gas
- Urinary bladder
- L ureter
A: Can you trace the course of the ureters in this film?

B: What is the name given to this anomaly?
A: Arrowheads point to the course of the ureters.

B: The L position of the R ureter and the course of the R ureter suggests a "crossed kidney." Anomalies of the GU system are fairly common.