

a guide for the interpretation of: CT ABDOMEN+PELVIS

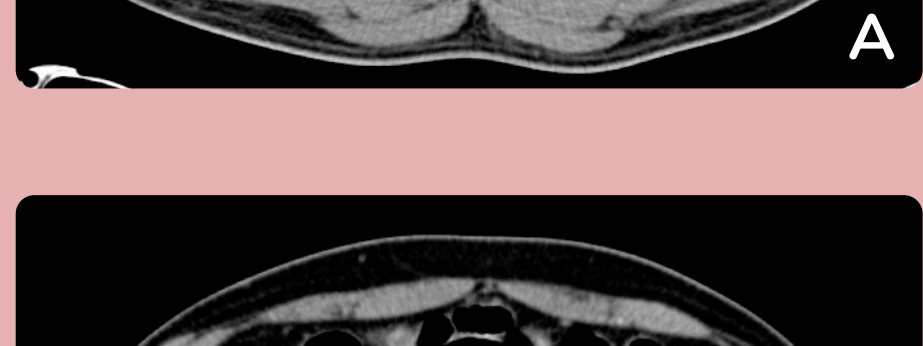


from ddxof

i INTRO

Emergency physicians have the advantage of immediate clinical correlation and should be adept at the identification of **life-threatening processes** on advanced imaging of the abdomen and pelvis. A systemic approach is detailed below:

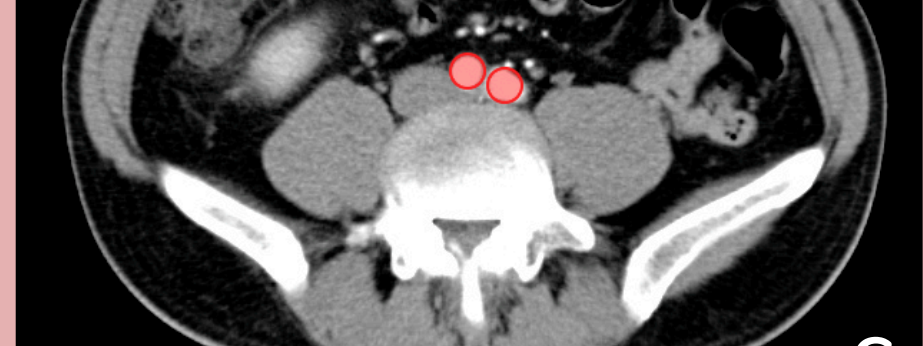
1 AORTA DOWN



A



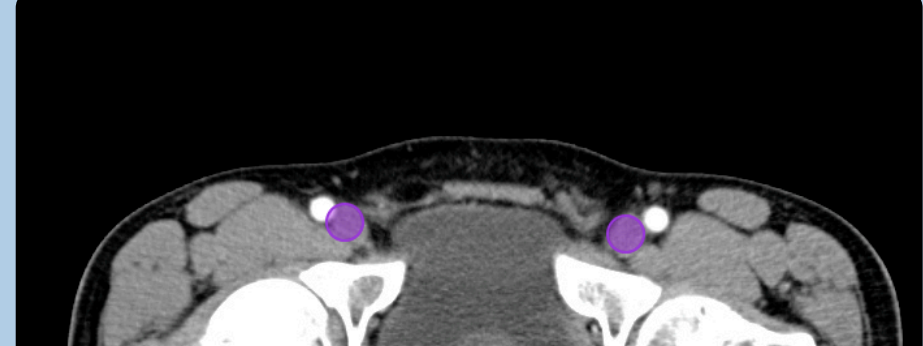
B



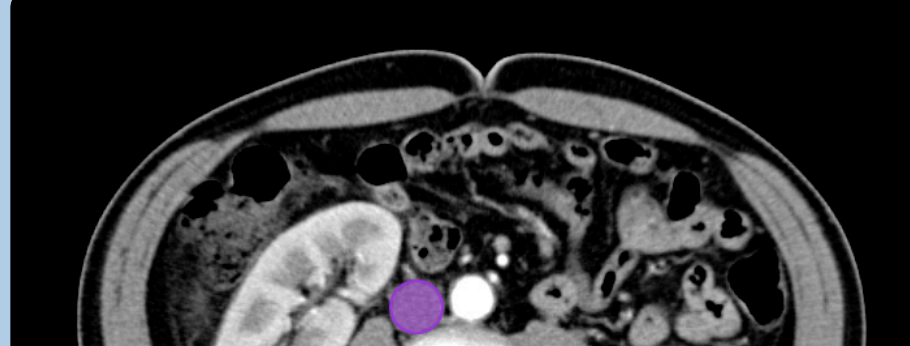
C

- A. Thoracic Aorta**
Start with descending thoracic aorta
- B. Abdominal Aorta**
Follow the abdominal aorta down including its branches (celiac, SMA, paired renal arteries, IMA)
- C. Aortic Bifurcation**
Continue to the bifurcation into left/right common iliac arteries

2 VEINS UP



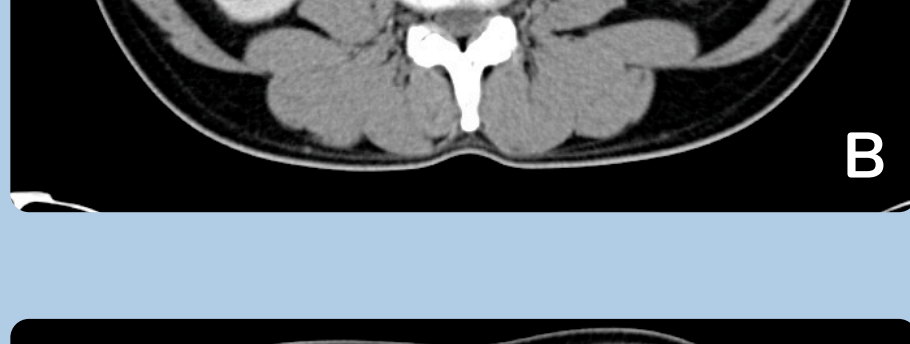
A



B



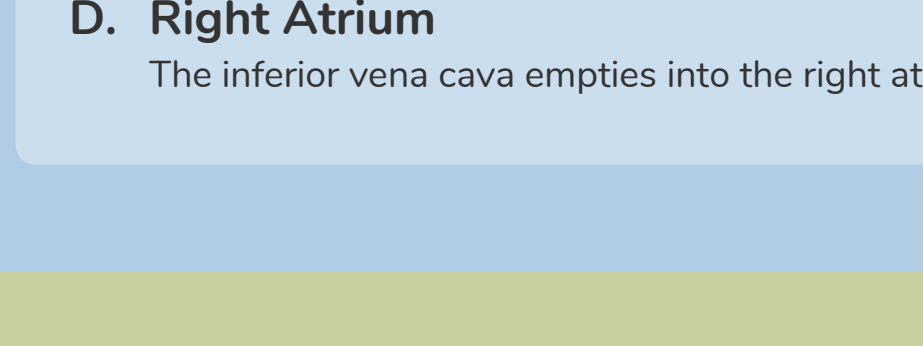
C



D

- A. Femoral Veins**
Start with the left and right femoral veins
- B. Inferior Vena Cava**
Follow the inferior vena cava up
- C. Infrahepatic IVC**
The inferior vena cava gains contrast from the renal veins
- D. Right Atrium**
The inferior vena cava empties into the right atrium

3 SOLID ORGANS DOWN



Heart & Pericardium
Evaluate for cardiomegaly, pericardial effusion



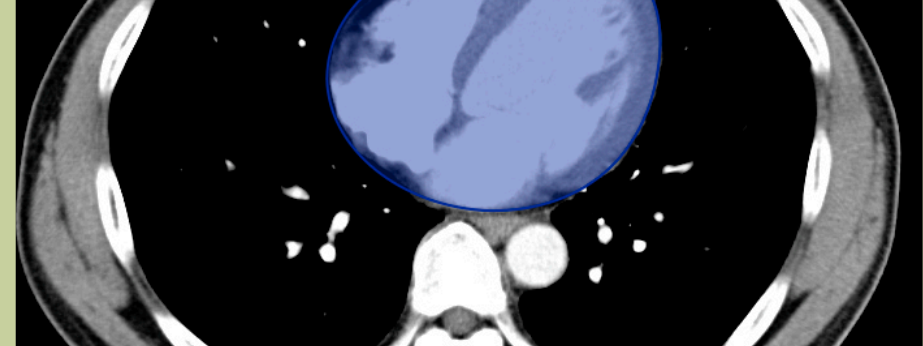
Spleen
Heterogenous contrast enhancement is normal



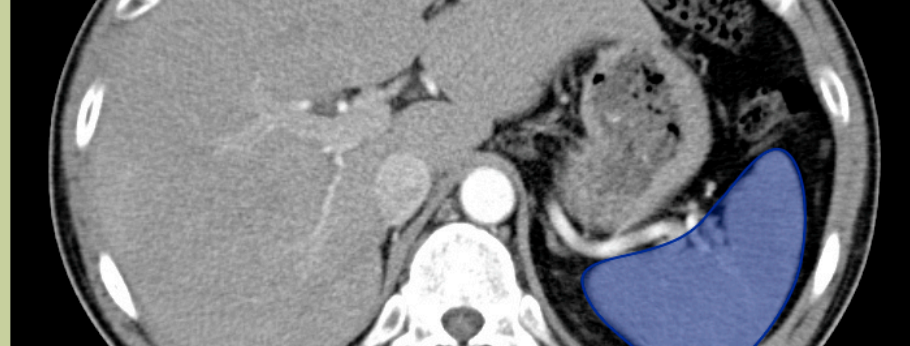
Pancreas
The tail of the pancreas lies at the hilum of the spleen



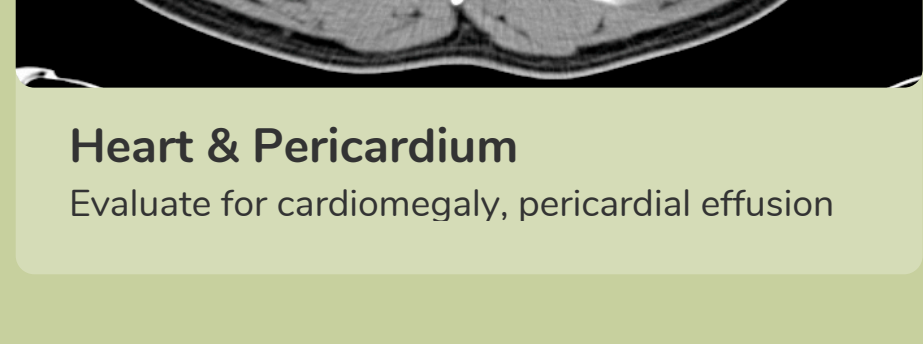
Liver
Evaluate intrahepatic bile ducts for dilation or pneumobilia, portal venous system for gas, liver parenchyma for vascular abnormalities, or mass



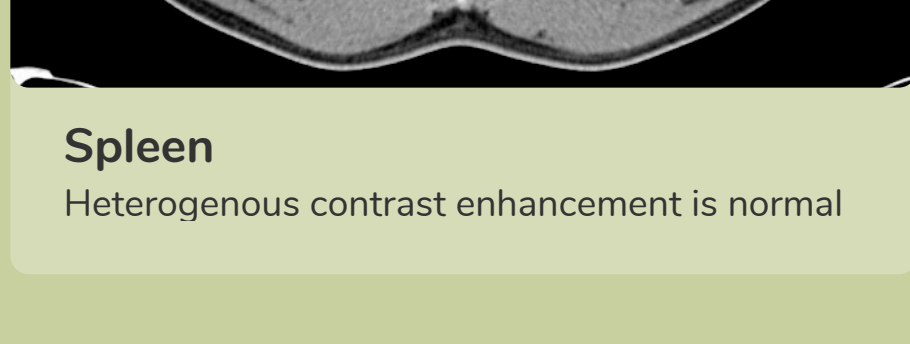
Gallbladder
Evaluate for radioopaque stones, pericholecystic fluid, surrounding fat stranding



Adrenal
Wishbone-shaped structure superior to the kidneys

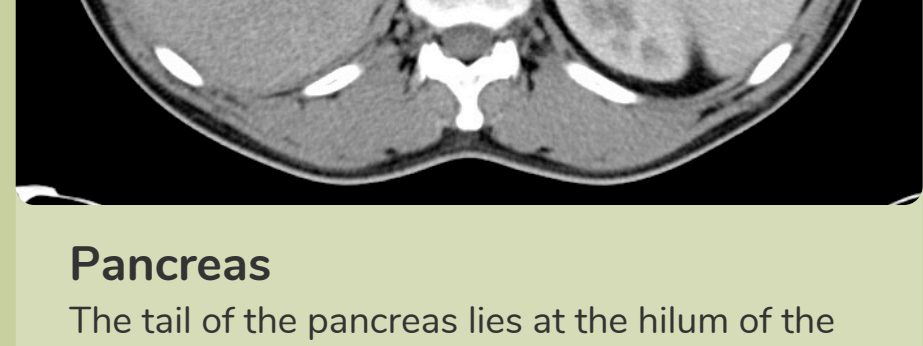


Kidney & Ureter
Evaluate for hydronephrosis or hydroureter



Bladder
Continue to pelvis, in a female patient evaluation includes uterus and adnexa

4 RECTUM UP



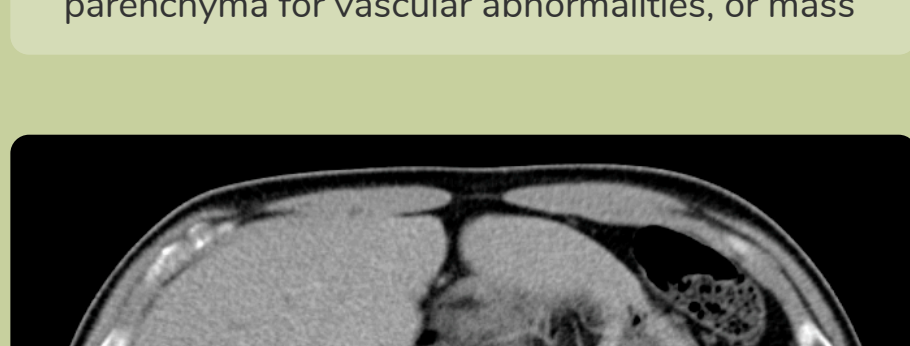
A



B



C



D



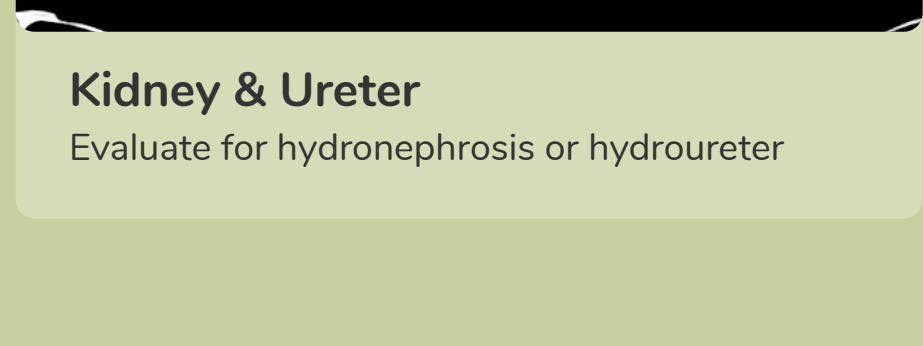
E

- A. Rectum**
Move upward again from the rectum
- B. Sigmoid**
Evaluate the sigmoid colon for diverticulitis
- C. Transverse Colon**
Follow the sigmoid colon up the descending colon and across the transverse colon to the hepatic flexure

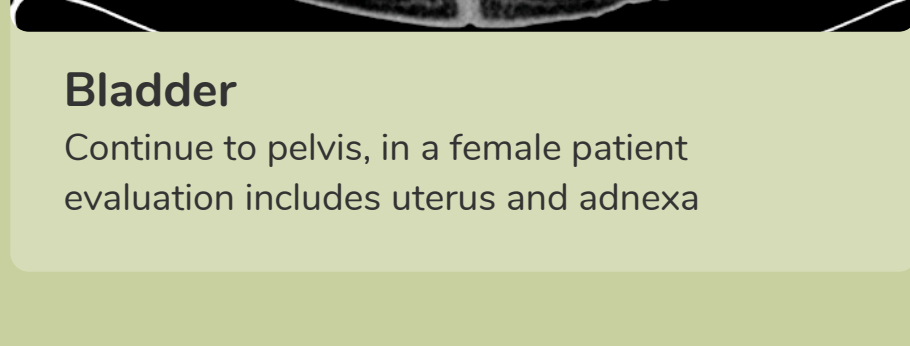
D. Cecum
Continue down the ascending colon to the cecum

E. Appendix
At the cecum, attempt to identify a small tubular structure (the appendix) - evaluate for periappendiceal fat stranding, perforation or abscess

5 ESOPHAGUS DOWN



A



B



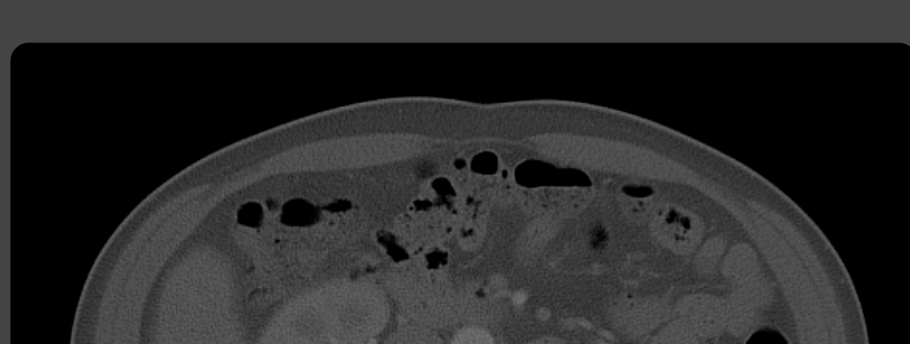
C

- A. Esophagus**
Start at the esophagus, evaluate for perforation or hernia
- B. Stomach**
Continue to the stomach and duodenum
- C. Small Bowel**
Evaluate the small bowel for obstruction (dilation, air-fluid levels)

TISSUE-SPECIFIC WINDOWS



Lung Window
Switch to lung window to evaluate the lung parenchyma and continue through the abdomen to identify intraperitoneal free air



Bone Window
Use the bone window to identify fractures or lytic lesions