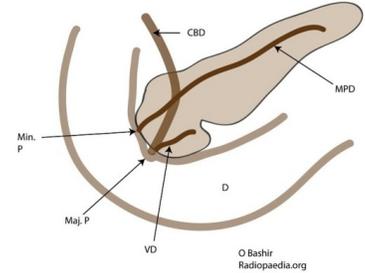


Pearls and Pitfalls of the Abdomen CT Rotation

- **LOWER CHEST:**
 - Be sure to comment on pleural/pericardial effusion, intraparenchymal lung findings, and any other abnormality including change since prior. Note if Chest CT is dictated separately make sure to state this and consider not measuring anything as to cause discrepancy. "Normal" means the entire lower chest is absolutely normal.
- **LIVER:**
 - Use liver windows to look for masses. Only if contrast enhanced CT (CECT) can you say normal. Otherwise check for fatty liver and if none state "normal attenuation" or "Unremarkable unenhanced appearance."
- **BILIARY SYSTEM:**
 - Comment on gallbladder stones/sludge, distension, wall thickening, pericholecystic stranding. Also note whether there is intrahepatic (>2 mm) or extrahepatic biliary dilatation (>6 mm +1 mm per decade above 60 years of age, or >10 mm post-cholecystectomy).
- **PANCREAS:**
 - Only if CECT can you say normal, otherwise: "No peripancreatic fluid or inflammation." Assess pancreatic duct for dilatation (>3.5 mm at the head). Assess for annular pancreas or pancreas divisum (crossed duct sign, right).
- **SPLEEN:**
 - Always measure size in a leukemia/lymphoma patient. Look for splenic nodules, granulomas, or splenules.
- **ADRENAL GLANDS:**
 - Comment on adrenal nodules or thickening. If a nodule is <10 HU on non-contrast CT (check on a CT Chest if available), it can be described as a benign adenoma (98% specific). If that was the indication for the CT abdomen study, no further scanning with contrast is needed.
- **KIDNEYS:**
 - Look for hydronephrosis, calculi (state location and size), renal cysts (state simple or complex, size and location), mass, and contrast enhancement bilaterally. Delayed nephrogram could represent obstructive uropathy (most common), renal vein thrombosis, renal artery stenosis (RAS), or extrinsic compression.
- **BOWEL:**
 - Look for obstruction, pneumatosis, air-fluid levels, hiatal hernia, colonic diverticuli/diverticulitis, duodenal diverticulum, appendix inflammation or dilation (>6 mm), epiploic appendagitis, gastrostomy or jejunostomy tube. For RYGB, assess for anastomotic leak (early) or stricture (late) and internal hernia (if the J-J anastomosis is no longer in the left mid abdomen).
- **MESENTERY, OMENTUM AND PERITONEUM:**
 - Assess for pneumoperitoneum, ascites, masses, peritoneal thickening, omental infarct, mesenteric adenitis/paniculitis.
- **RETROPERITONEUM:**
 - Assess for mass or hemorrhage.
- **PELVIC ORGANS:**
 - Assess for uterus or prostate abnormalities, adnexal mass, free fluid, bladder wall thickening, ureteral calculi.
- **LYMPH NODES:**
 - Must be > 1cm in short axis to be pathological (i.e. cancer), or 1.5cm for inguinal/femoral.
- **VASCULATURE:**
 - Assess for patency, aneurysm, engorgement, ectasia (caliber changes) or tortuosity (direction changes), SMA syndrome (6-15 degree aortomesenteric angle), circumferential/retroaortic left renal vein, persistent sciatic artery.
- **BONES AND SOFT TISSUES:**
 - Assess for lytic or blastic lesions, fractures, degenerative changes of the spine.
- **IMPRESSION:**
 - Keep it concise and synthesize information into **CLINICALLY RELEVANT STATEMENT**. Address the initial question first. If restaging study, summarize instead of repeat findings.



CT UROGRAM:

- 1) Early arterial/corticomedullary phase
- 2) Parenchymal/portal venous phase
- 3) Excretory phase