

# Case Studies in Abdominal and Pelvic Imaging

Rita Joarder  
Neil Crundwell  
Matthew Gibson

 Springer

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*To Martin, Alfred, Arnold and Freddie, for making it all worthwhile.  
Thanks also to my parents Robin and Gisela Joarder for all their  
support over the years.*

*Rita Joarder*

*Dedicated to my wife and children for being themselves and all  
anyone could ask for. Thanks to my generous colleagues in Reading  
who selflessly contributed some of the cases.*

*Matthew Gibson*

*To Kay, Ruth and Mark and in memory of Edwin.*

*Neil Crundwell*





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## Preface

*Case Studies in Abdominal and Pelvic Imaging* is a collection of 100 real cases, encompassing a broad range from common medical and surgical problems to more rare but interesting pathologies.

The cases demonstrate the use of modern imaging techniques that are generally commonplace to most hospitals, and illustrate how multiple modalities can be used in the investigation of pathology.

The advent of PACS has meant images are more readily available to clinicians for review in clinics, wards, etc. With the increasing number of multi-disciplinary meetings, the imaging of more cases is reviewed and demonstrated by radiologists to a wider group of clinicians. It is therefore important to have an understanding of imaging and not simply to read the report.

In addition more US is being performed as an extension of examination and a good understanding of the appearances and pathologies that may be demonstrated by this clinician-performed US is essential.

This book is aimed at a broad range of specialties including gastroenterology, general and GI surgery, gynaecology and urology and also radiologists in training and medical students.

In addition, we intend its use to extend to those allied professionals who regularly review imaging when treating their patients, e.g. cancer specialist nurses and endoscopists.

The structure of the book is designed to enable the reader to study 100 cases. Each commences with a brief history, accompanied by the relevant images and questions on one page. The answers to the questions are found on the next page, with annotated images demonstrating the salient features. There is then a brief discussion of the condition, key teaching points, references and suggested further reading. This format reflects changes in medical education, where some of the more traditional formats have been replaced by clinical scenarios which often include an element of imaging.

We hope the cases will be interesting as well as educational.

Rita Joarder  
Neil Crundwell  
Matthew Gibson



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# Abbreviations

AAA	Aortic aneurysm
AD	Autosomal dominant
AFP	Alpha-fetoprotein
AIDS	Acquired immune deficiency syndrome
APCKD	Adult polycystic kidney disease
AXR	Abdominal X-ray
BP	Blood pressure
CA	Coeliac axis
CBD	Common bile duct
CE	Contrast enhanced
CEA	Carcinoembryonic antigen
CEUS	Contrast enhanced ultrasound
CHD	Common hepatic duct
CLO	Campylobacter-like organism test
CRP	C-Reactive protein
CT	Computed tomography
CTA	CT angiogram
CTU	Ct urography, Ct urogram
CXR	Chest X-ray
DWI	Diffusion weighted imaging
ERCP	Endoscopic retrograde cholangiopancreatography
ESR	Erythrocyte sedimentation rate
EUS	Endoscopic ultrasound
EVAR	Endovascular repair
FDG	Fluorine 18 labelled deoxy-glucose
FNA	Fine needle aspiration
FNH	Focal nodular hyperplasia
Gadolinium	
BOPTA	Gadolinium benzyloxypropionictetra-acetate
GB	Gall bladder
GI	Gastro-intestinal
GIST	Gastro intestinal stromal tumour
GP	General Practitioner
GU	Genitourinary tract
Hb	Haemoglobin
HCC	Hepatocellular carcinoma
HRCT	High resolution CT