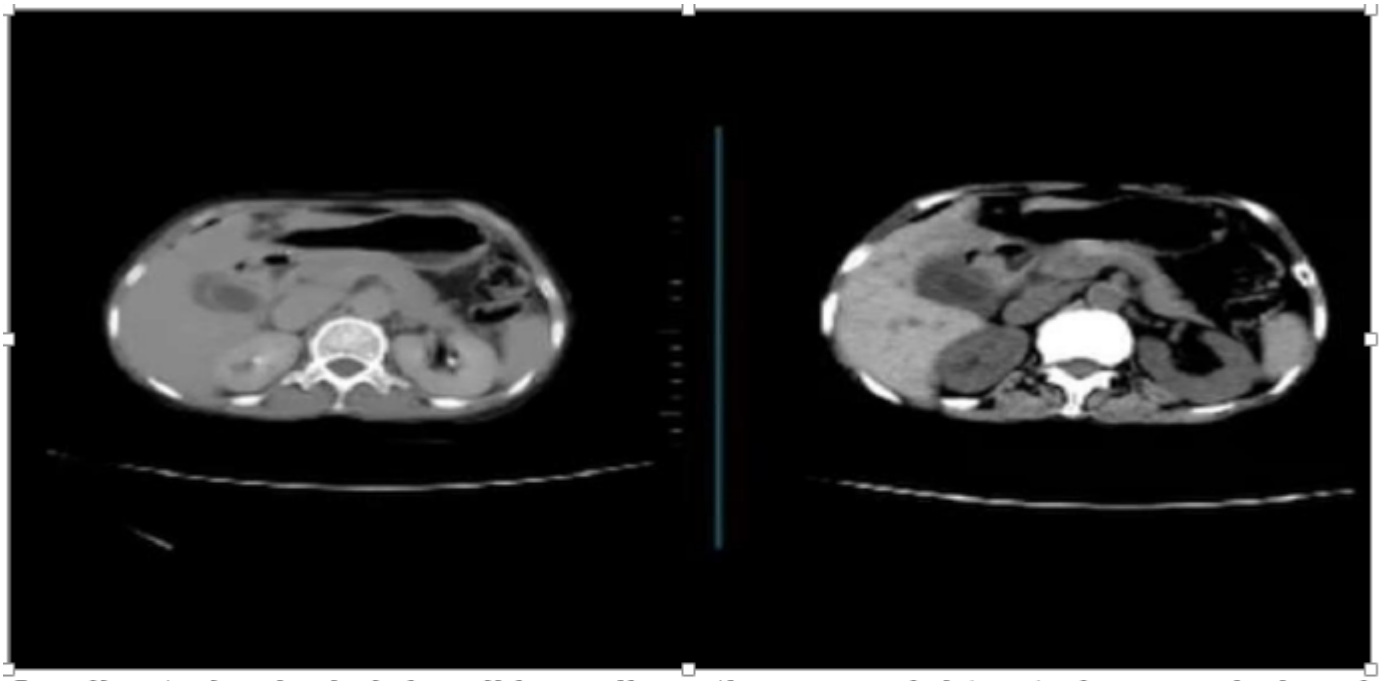
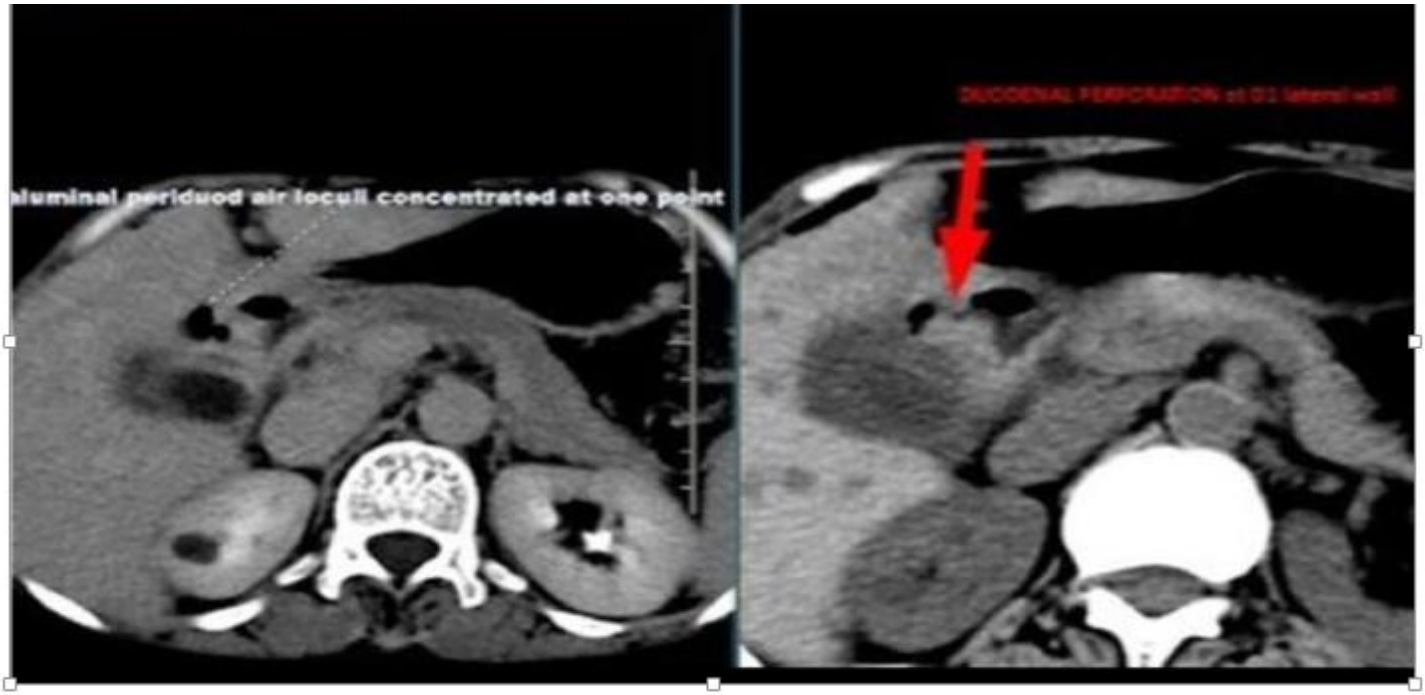


Small extraluminal air loculi in perihepatic space, right anterior subphrenic Space and periduodenal region – *suggestive of hollow viscus perforation*

Mild thickening of proximal duodenum at D1, D2 level with periduodenal fat stranding and evidence of thin defect at the lateral wall of D1 segment of duodenum – **Duodenal perforation at lateral wall of D1 segment*

Bulky uterus with parametrial haziness

Trace free fluid in abdomen and pelvis with gall bladder wall edema



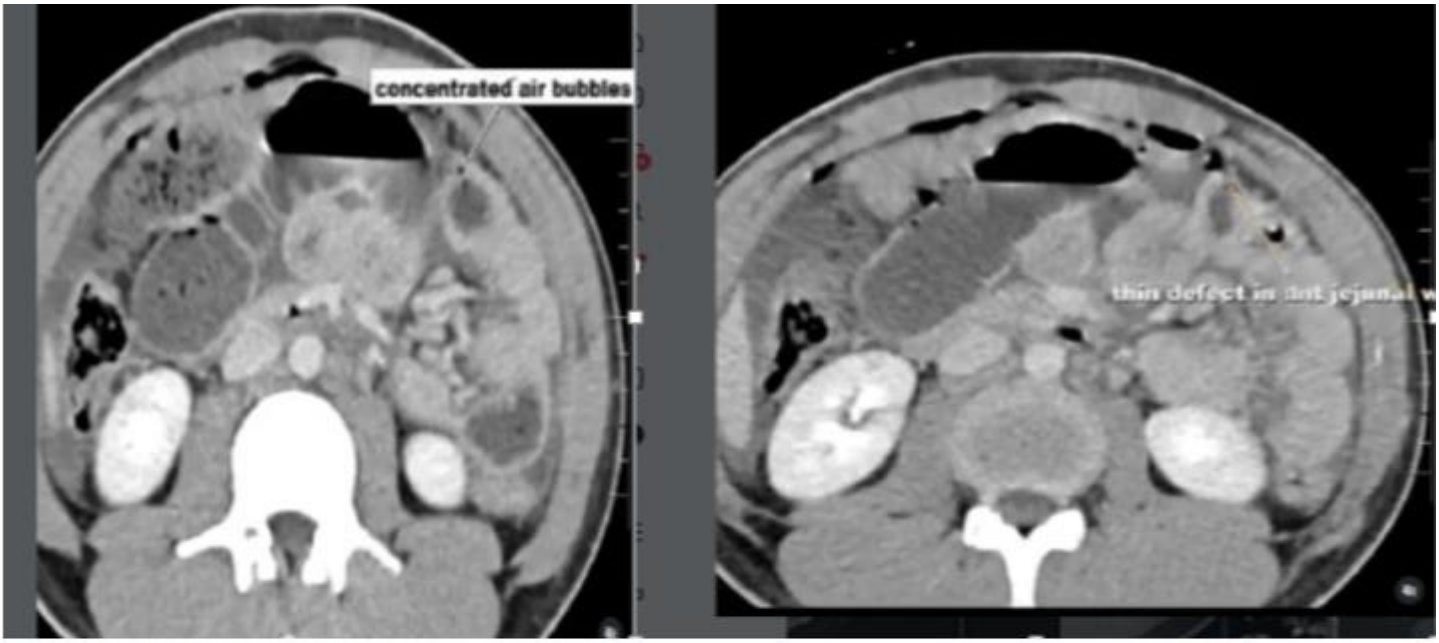
DUODENAL PERFORATION AT D1

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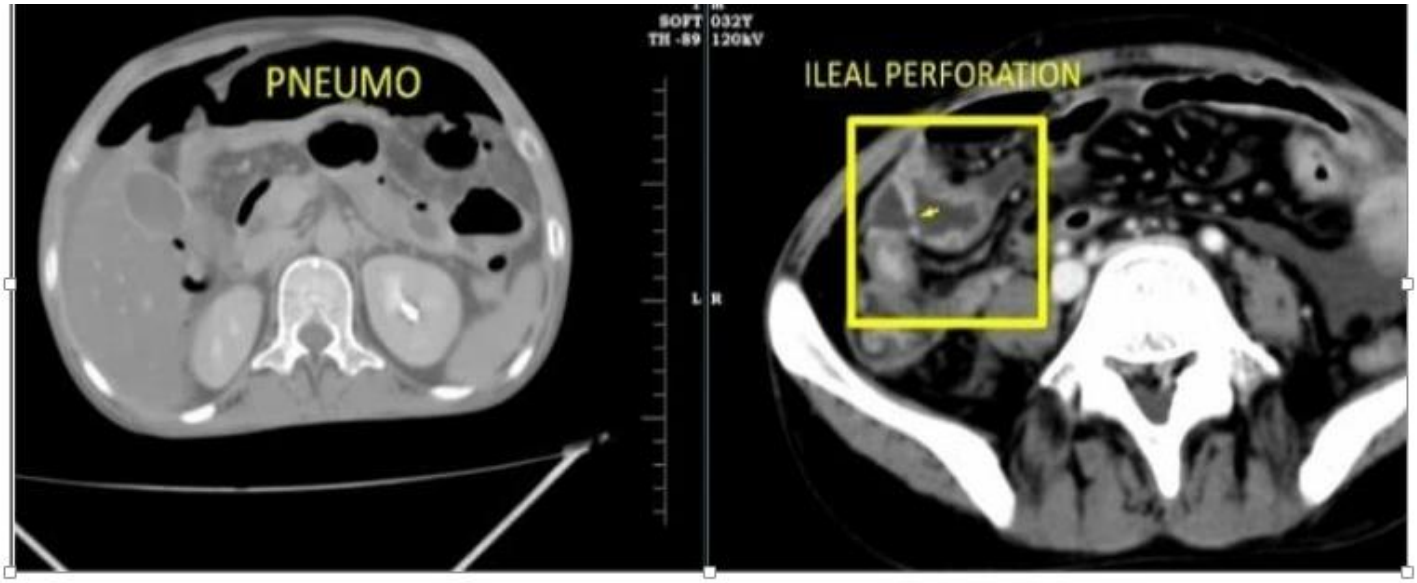


Tiny jejunal perforation

Mild to moderate amount of free fluid in abdomen and pelvis (15 HU) with marked pneumoperitoneum predominantly involving the bilateral anterior subphrenic spaces – ***suggestive of hollow viscus perforation.***

Segmental mural thickening of jejunal loops in left upper quadrant with evidence of tiny defect in the anterior jejunal wall associated with concentrated bubbles of extraluminal air in close proximity to the jejunal wall – ***suggesting probable site of perforation at the anterior wall of jejunum in left upper quadrant***

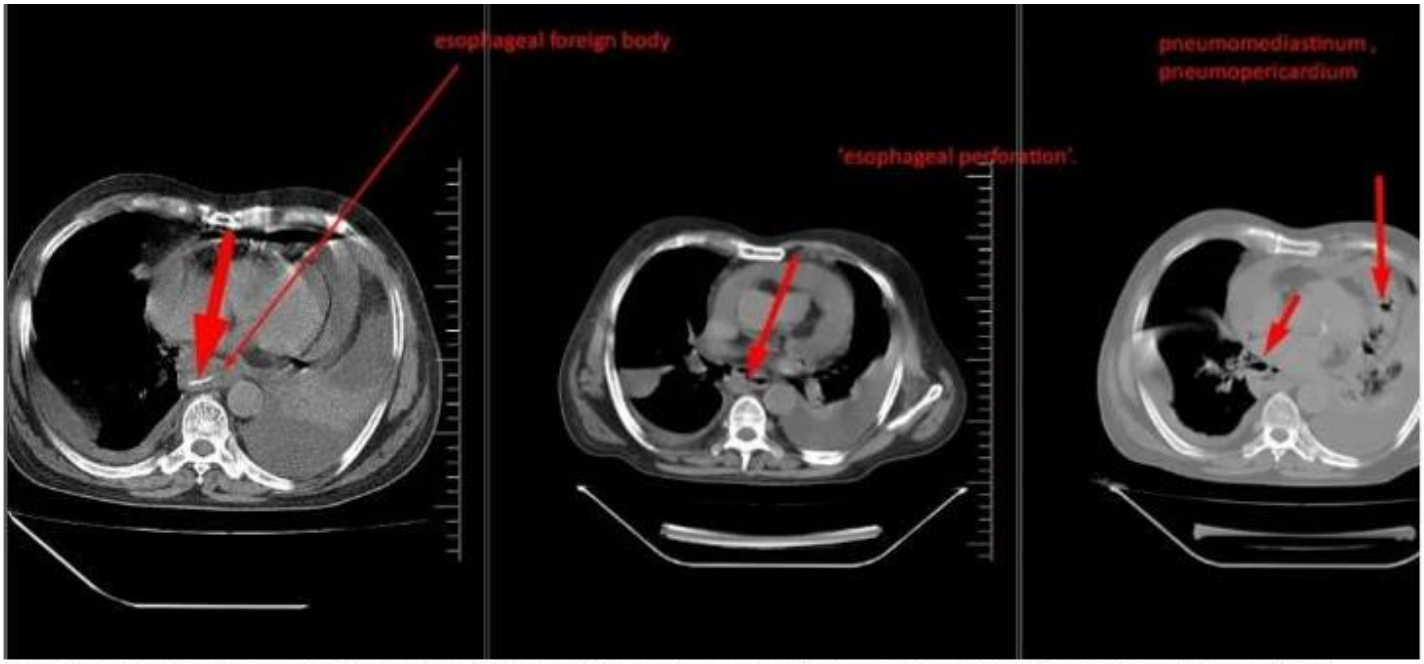
A few punctate bilateral renal non obstructing calculi / concretions (right >left).



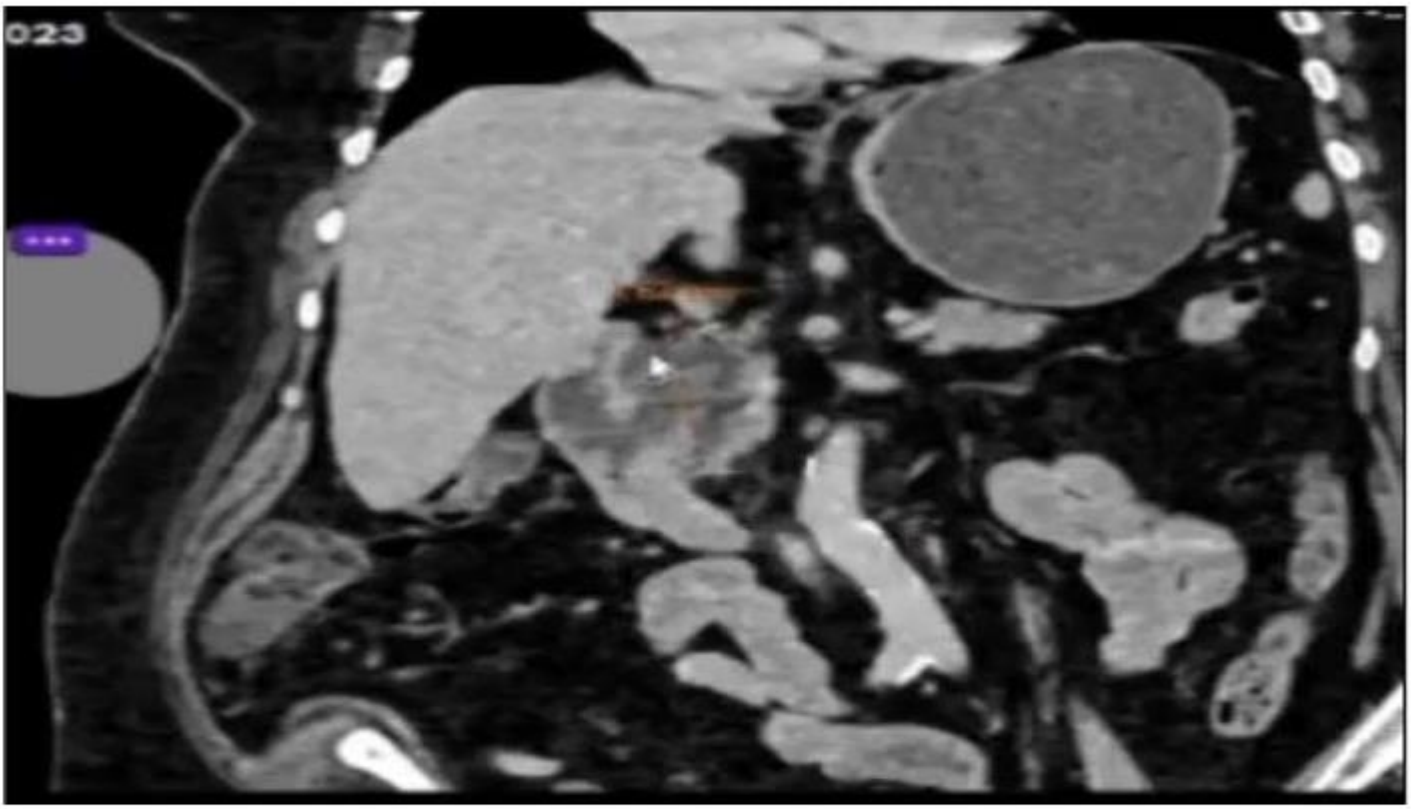
Small amount of free fluid in abdomen and pelvis with extraluminal air, more marked in bilateral anterior subphrenic spaces and paraumbilical non-dependent spaces. (marked pneumoperitoneum) – *represents hollow viscus perforation*

Marked long segment circumferential mural thickening small bowel loops, ascending, transverse, descending colon and rectosigmoid colon with marked surrounding mesenteric fat stranding and thickening – *suggestive of enterocolitis, likely related to inflammatory bowel disease*

A thickened distal ileal loop in right lower quadrant demonstrates small defect at the lateral wall with surrounding mesenteric thin walled collection – represents site of bowel perforation

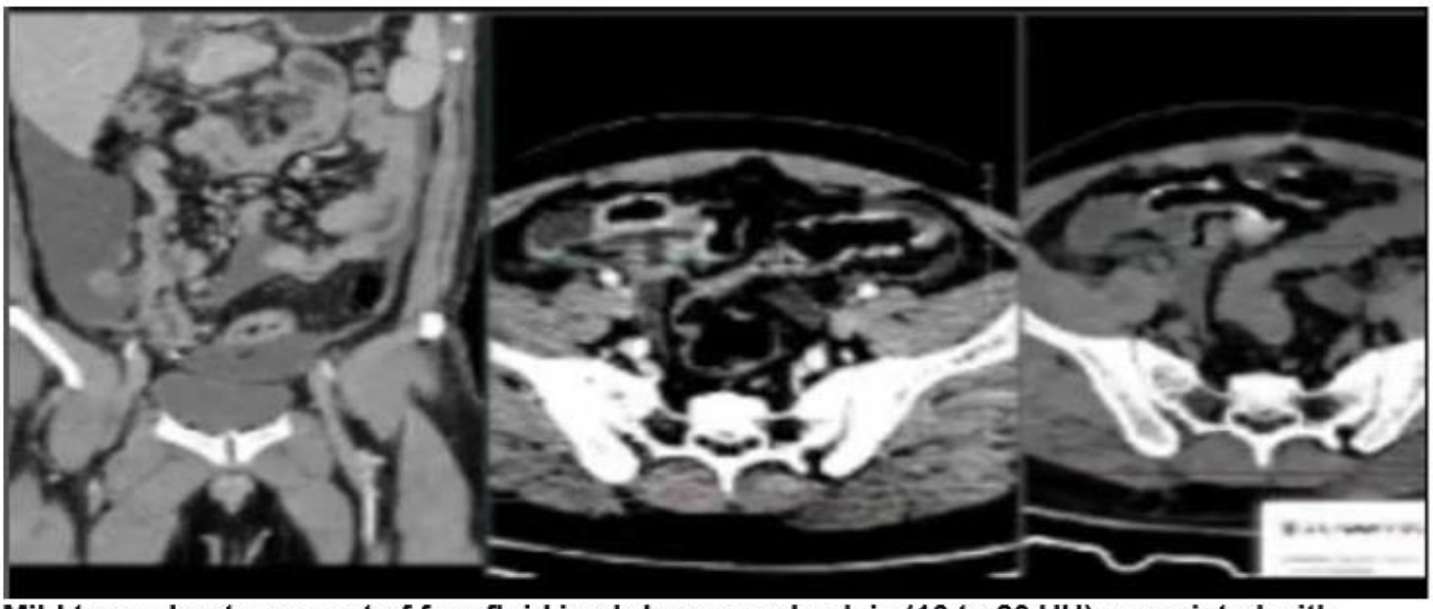


2.2 cm thin hyperdense intraluminal distal 'esophageal foreign body' causing upstream postobstructive dilatation of thoracic esophagus associated with marked pneumo mediastinum and pneumopericardium with pericardial effusion - likely suggestive of '*esophageal perforation*'.
Mild to moderate amount of bilateral pleural effusions.



An approximately 4 if warranted 4 cm luminal outpouching arising from medial wall of D2 segment of duodenum, protruding supero-medial, demonstrating air fluid level –*_suggestive of 'duodenal diverticulum*'._

No evidence of duodenal wall thickening. No evidence of diverticulitis in this study.

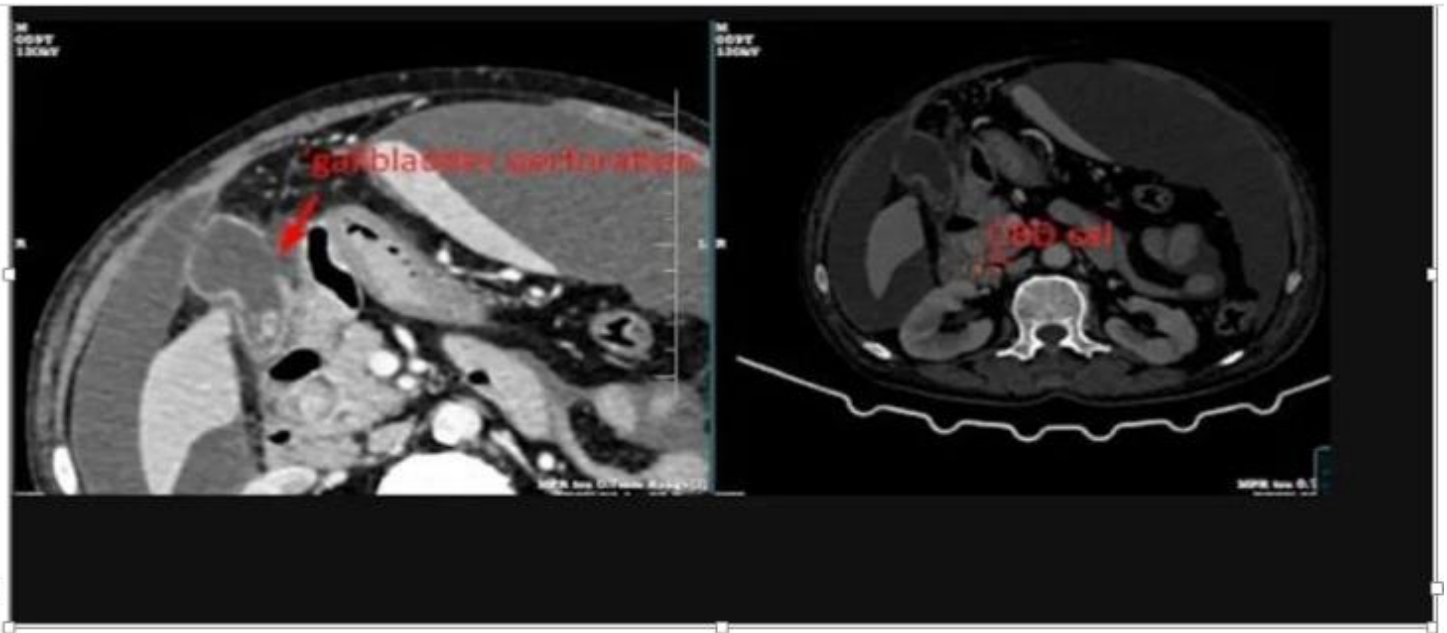


Mild to moderate amount of free fluid in abdomen and pelvis (10 to 20 HU) associated with pneumoperitoneum in anterior upper abdomen, subphrenic spaces, perihepatic spaces along falciform ligament – ***related to *hollow viscus perforation**.***

A large encysted fluid collection in right lower quadrant demonstrating air fluid levels

Short segment mild asymmetrical mural thickening of distal ileum is noted, in the right lower quadrant, demonstrating a small defect in the anterior wall of distal ileum apparently communicating with the above-mentioned right lower quadrant intraperitoneal collection –
suggestive of most probable site of perforation at the
***distal ileum**.*

Mild thickening of proximal duodenum at D1, D2 segment of ? clinical significance.
Mild splenomegaly



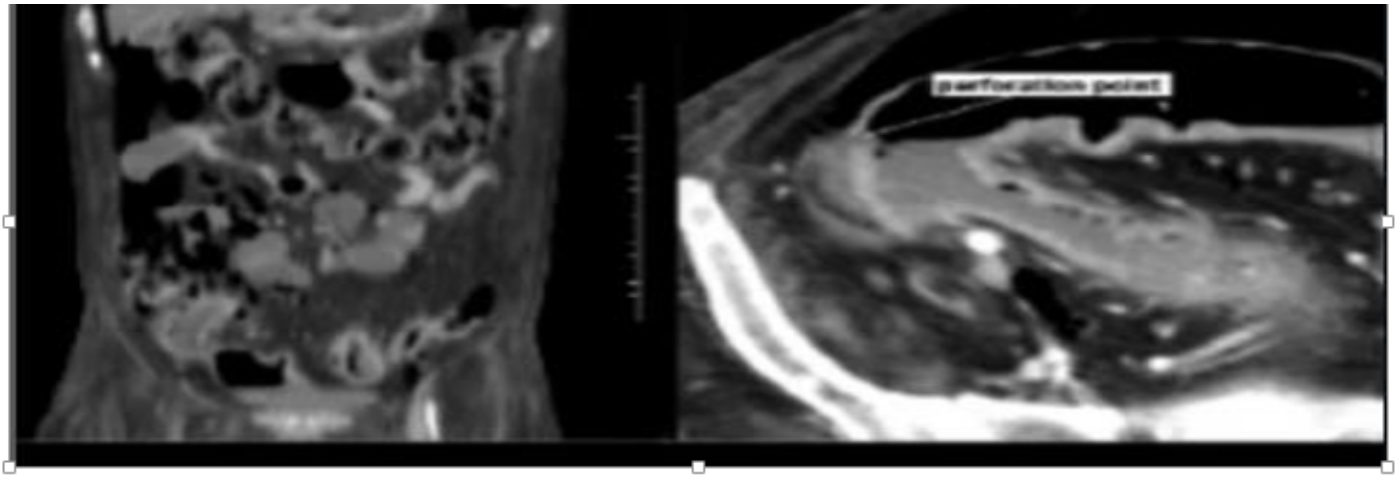
1.1 cm terminal CBD calculus with marked upstream dilatation of the CBD, CHD and bilateral IHBR.

Features suggestive of '*acute calculus cholecystitis'* with an impacted gallbladder neck calculus.

Evidence of a small defect at the medial wall of gallbladder - **suggestive of 'gallbladder perforation*'.*

Marked free fluid in abdomen and pelvis (15-25 HU) predominantly localised in the right perihepatic, subphrenic spaces causing marked scalloping of the liver margins –suggestive of bile peritonitis****

Slightly dysmorphic liver parenchyma



Marked pneumoperitoneum predominantly involving bilateral subphrenic spaces and anterior non dependent peritoneal spaces (football sign) – *suggestive of hollow viscus perforation*

Redundant portion of the rectosigmoid colon positioned in the right lower quadrant, demonstrating mild wall thickening , tiny defect at anterolateral wall with marked surrounding mesenteric fat stranding and multiple tiny extraluminal air loculi concentrated in this region – *suggestive of recto sigmoid colon perforation*.

Features suggestive of recto sigmoid colitis with intramural *air suggestive of necrotizing changes.*

Mild narrowing of the SMA and celiac artery at proximal segment Trace free fluid in pelvis
Recommend clinical correlation.



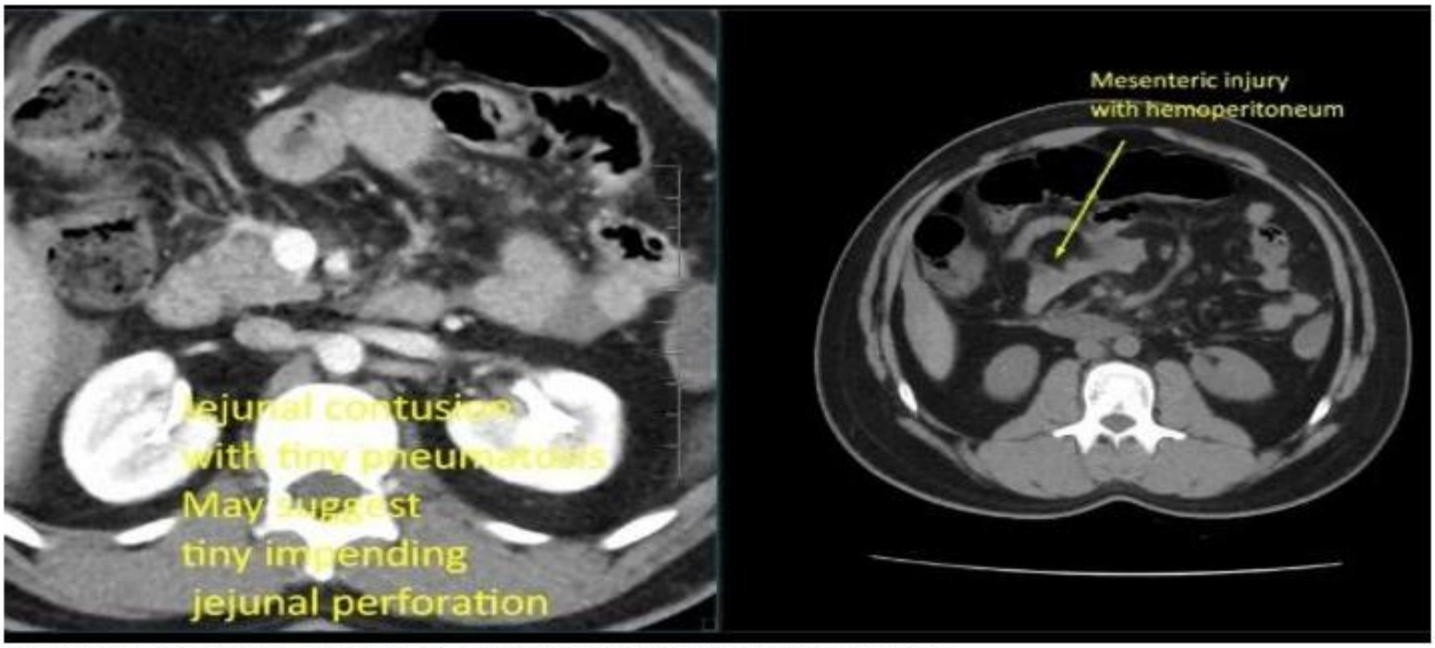
Small free fluid in abdomen and pelvis with marked pneumoperitoneum – *suggestive of hollow viscus perforation*

Dilated small bowel loops with multiple air fluid levels, demonstrating small bowel feces within distal ileal loops in right lower quadrant - *suggesting most probable site of perforation at the ileal loop in right lower quadrant*.

Features of adynamic ileus.

Mild medium segment ural thickening of rectosigmoid colon

Recommend clinical correlation, follow up.



Mild to moderate amount of hemoperitoneum (50 HU)

Intra mesenteric interloop streaks of high attenuation in upper abdomen,, predominantly around the jejunal loops the right upper quadrant - *suggestive of mesenteric injury*

Focal jejunal loop contusion with small intramural hemorrhage and tiny intramural air loculus (tiny focal pneumatosis) - *may suggest impending tiny jejunal perforation*

No evidence of pneumoperitoneum in this study

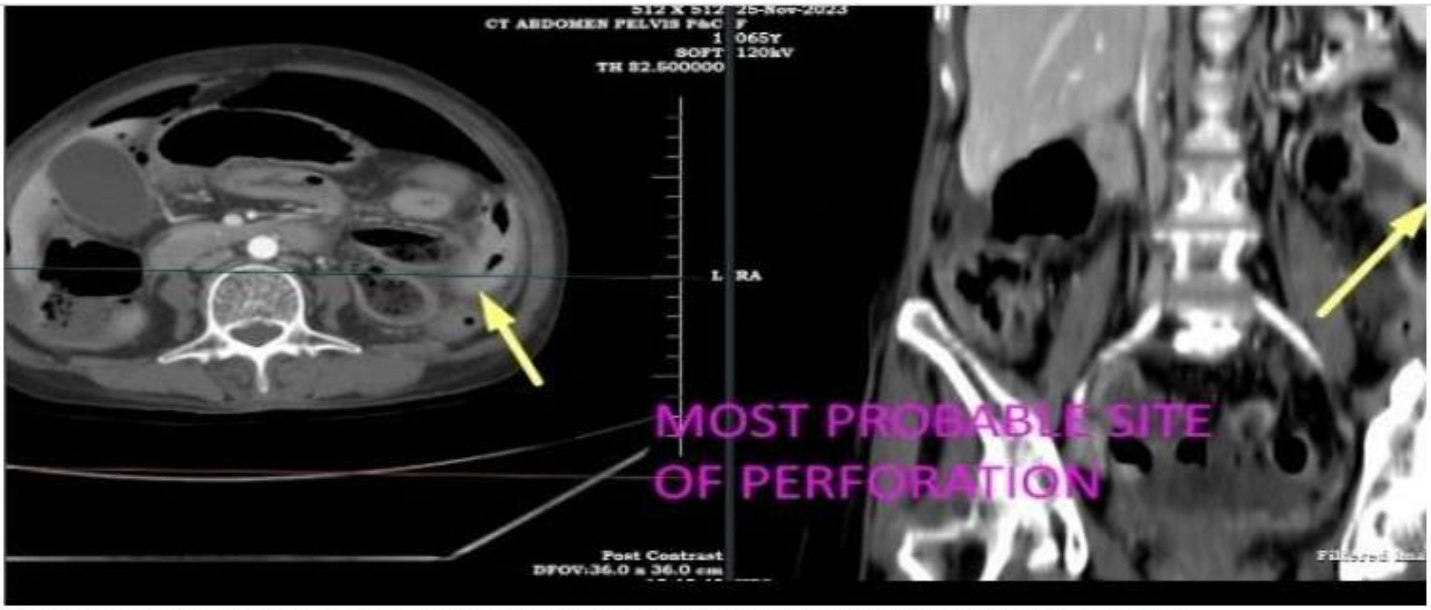


Mildly dilated thoracic esophagus with intra-luminal air fluid levels at mid and distal thoracic levels.

Asymmetric circumferential mural thickening of distal thoracic esophagus with a very thin intramural defect involving the right lateral wall of distal thoracic esophagus, 2.7 cm proximal to the gastroesophageal junction - *likely* suggestive of distal esophageal perforation.

Multiloculated right lower pleural effusion with small pneumothorax and surrounding enhancing pleural thickening and right lower lobe atelectasis.

Recommend clinical correlation, further evaluation, follow

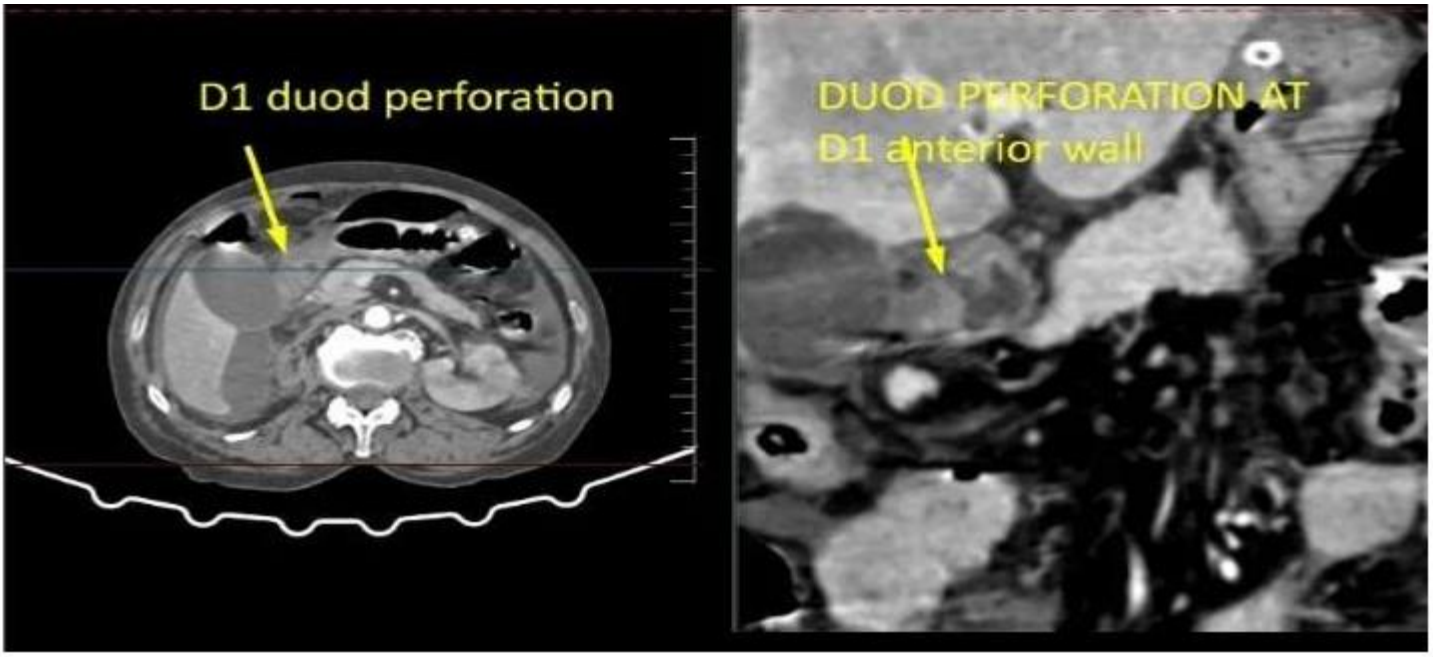


Marked pneumoperitoneum with mild to moderate amount of free fluid – *suggestive of hollow viscus *perforation*.

**Mild long segment enhancing mural thickening of jejunal, ileal loops, cecum , ascending
, transverse, descending colon with surrounding fat stranding – *suggestive of enterocolitis*.**

Marked focal mural edema involving the a segment of jejunum in left quadrant demonstrating a few tiny intramural air loculi – *suggesting most probable site of perforation at posterior wall of *jejunum*.

Recommend clinical correlation, follow up.

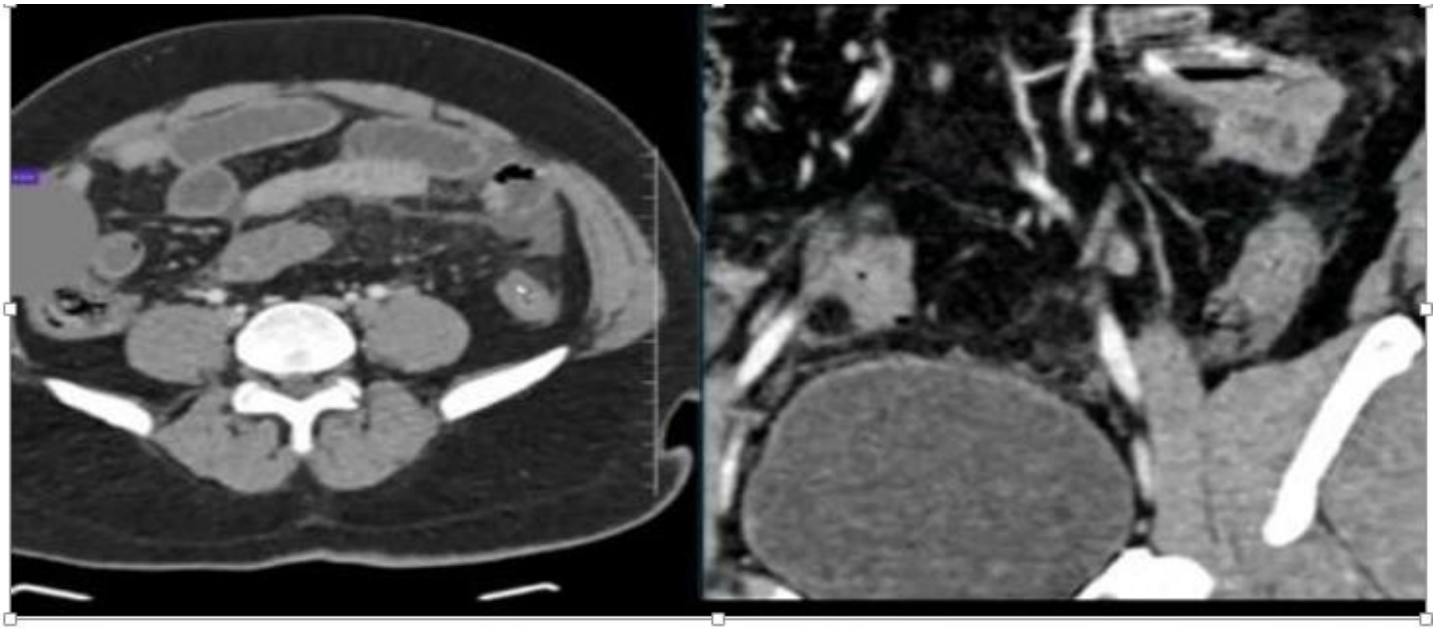


Moderate amount of free fluid in abdomen and pelvis (10 to 15 HU) with marked pneumoperitoneum - suggestive of hollow viscus perforation.

Focal asymmetric circumferential mural thickening of the proximal duodenum at D1 segment with evidence of a small defect at the anterior wall of junction of gastric pylorus and D1 with surrounding fat stranding and thin fluid collection - *suggesting perforation almost at the level of gastric pylorus - duodenal junction*.

Multifocal right renal infarcts with marked right renal atrophy and *right renal artery stenosis.

Recommend clinical correlation, RFT, follow up.



Multiple sigmoid colon diverticuli with marked colitis and diverticulitis.

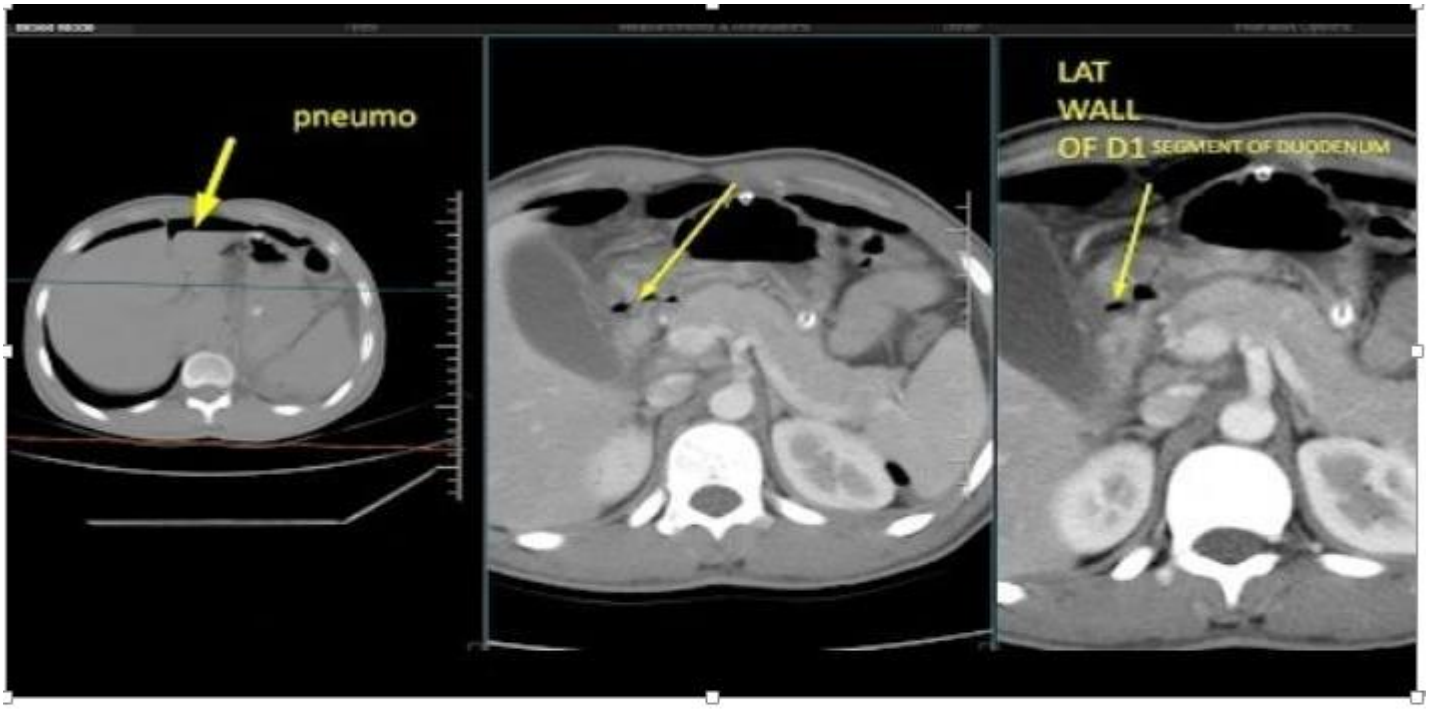
Marked eccentric mural thickening of the anterior wall of sigmoid colon around one of the diverticulum with marked focal surrounding fat stranding and a few tiny extraluminal air loculi in vicinity. (tiny pneumoperitoneum in vicinity)– *suggestive of perforated sigmoid diverticulitis*

Multiple small air loculi in anterior non-dependent part of the upper abdomen - *small pneumoperitoneum*

Trace free fluid in abdomen and pelvis with smal pneumoperitoneum in upper abdomen Mild

distal ileitis

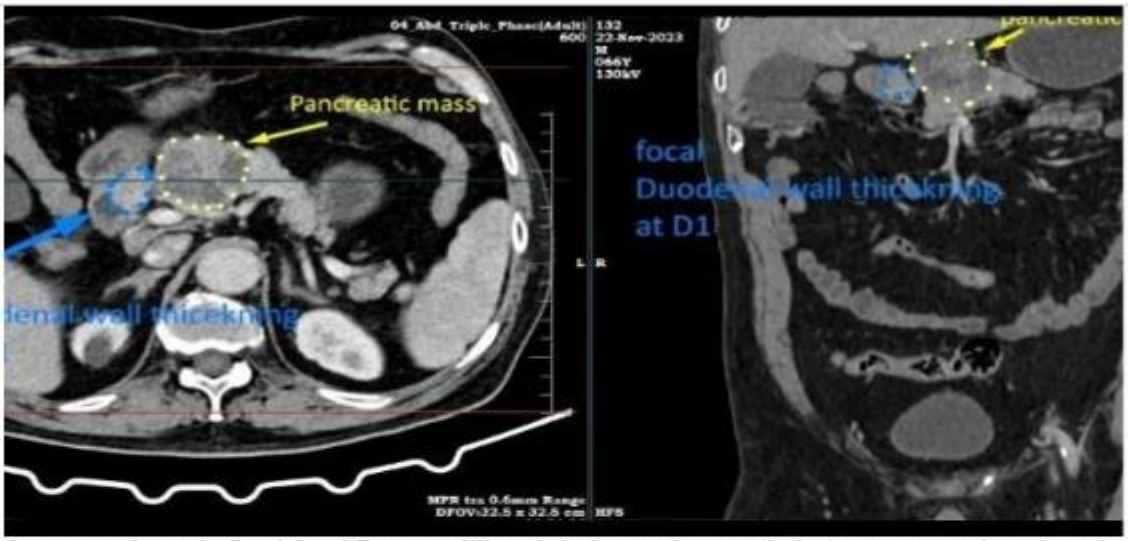
Cholelithiasis.



Marked pneumoperitoneum with small free fluid in abdomen and pelvis – *suggestive of hollow viscus perforation.*

Mild thickening proximal duodenum with evidence of a small mural defect involving the lateral wall of D1 segment of duodenum with thin surrounding fluid collection – **suggestive of proximal duodenal perforation*.*

Recommend clinical correlation.



An approximately 5 x 4.8 x 4.7 cm multiloculated complex cystic heterogeneously enhancing mass lesion involving the pancreatic neck with partial exophytic component slightly indenting the posterior wall of gastric antrum without invasion – represents pancreatic neoplasm

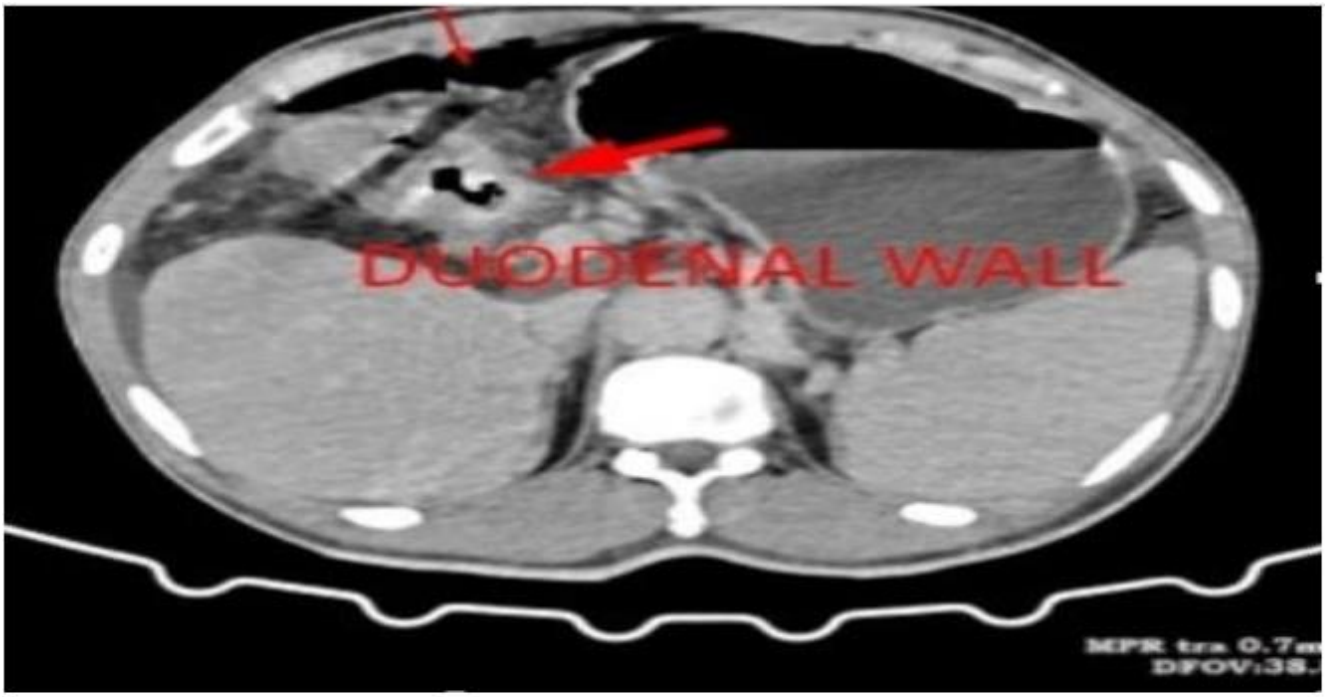
The posterior margin of the mass is in contact with common hepatic artery over an approximate length of 3.3 cm with slightly obscured fat planes as described above

Focal nodular thickening at medial wall of D1 segment of duodenum, measuring 2.8 x 1.5 cm demonstrating mild to moderate homogeneous enhancement without transmural infiltration - ? neoplastic

Normal main pancreatic duct. No evidence of surrounding invasion. No significant

lymphadenopathy Features of concern for multiple endocrine neoplasia (*MEN)

Other findings as described above
Recommend HPE correlation, upper GI endoscopy, further evaluation , follow up



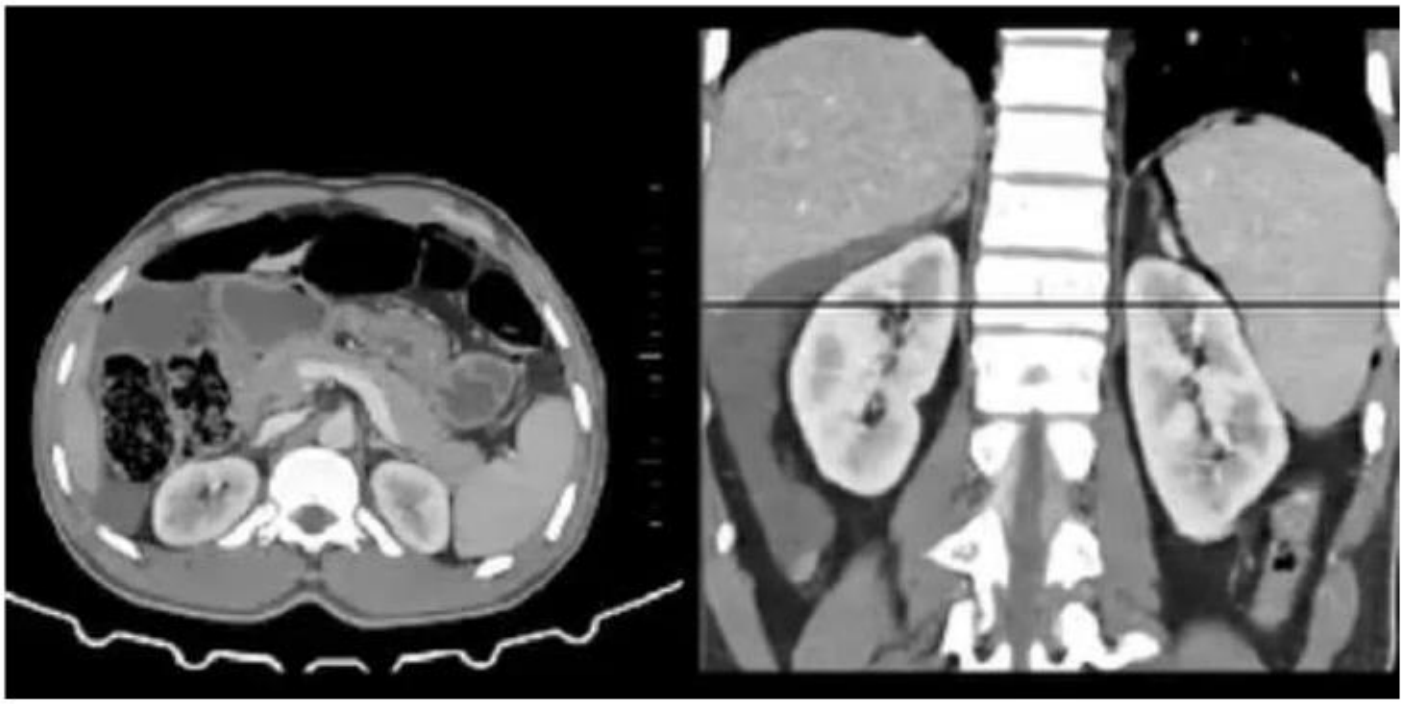
Moderate amount of ascites associated with focal extraluminal air in right anterior subphrenic space (pneumoperitoneum) – *_suggestive of hollow viscus perforation_*

Mild low attenuation asymmetric circumferential mural thickening of the gastric antrum, pylorus and proximal duodenum with surrounding mesenteric fat stranding –*_likely suggestive of perforated duodenal ulcer_*

Mild to moderate splenomegaly .

Slightly dysmorphic liver with nodular surface – _likely suggestive of liver cirrhosis_

Recommend clinical correlation.



DUDENAL PERFORATION

Marked pneumoperitoneum with mild to moderate amount of free fluid in abdomen and pelvis. (20 HU) – ***suggestive of hollow viscus perforation.***

Features suggestive of proximal ****Duodenal perforation at supero-medial wall of D1 segment****

Significant circumferential mural thickening of the jejunal loops in the left quadrant of abdomen with interloop free fluid and mesenteric fat stranding – ***possibility of additional tiny jejunal perforation cannot be entirely ruled out.***

1.2 cm right renal non obstructing calculus