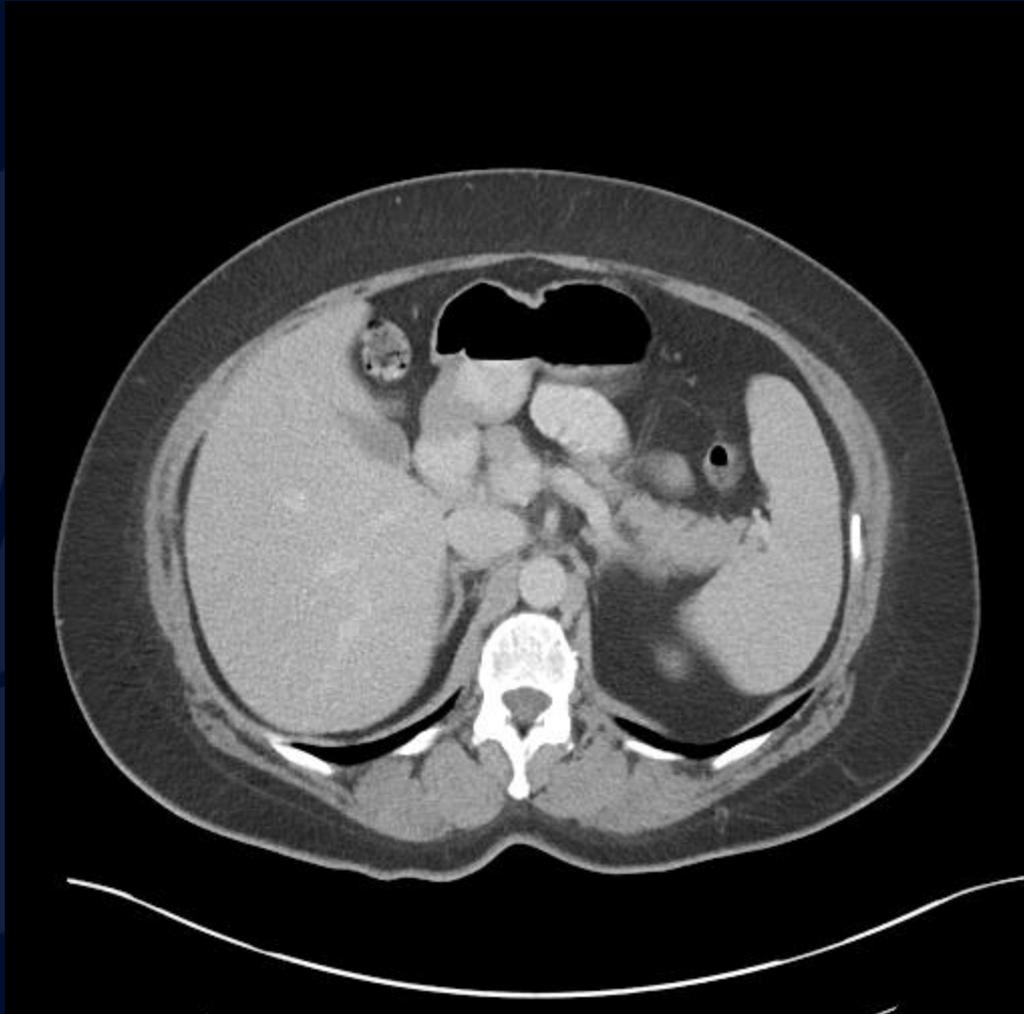
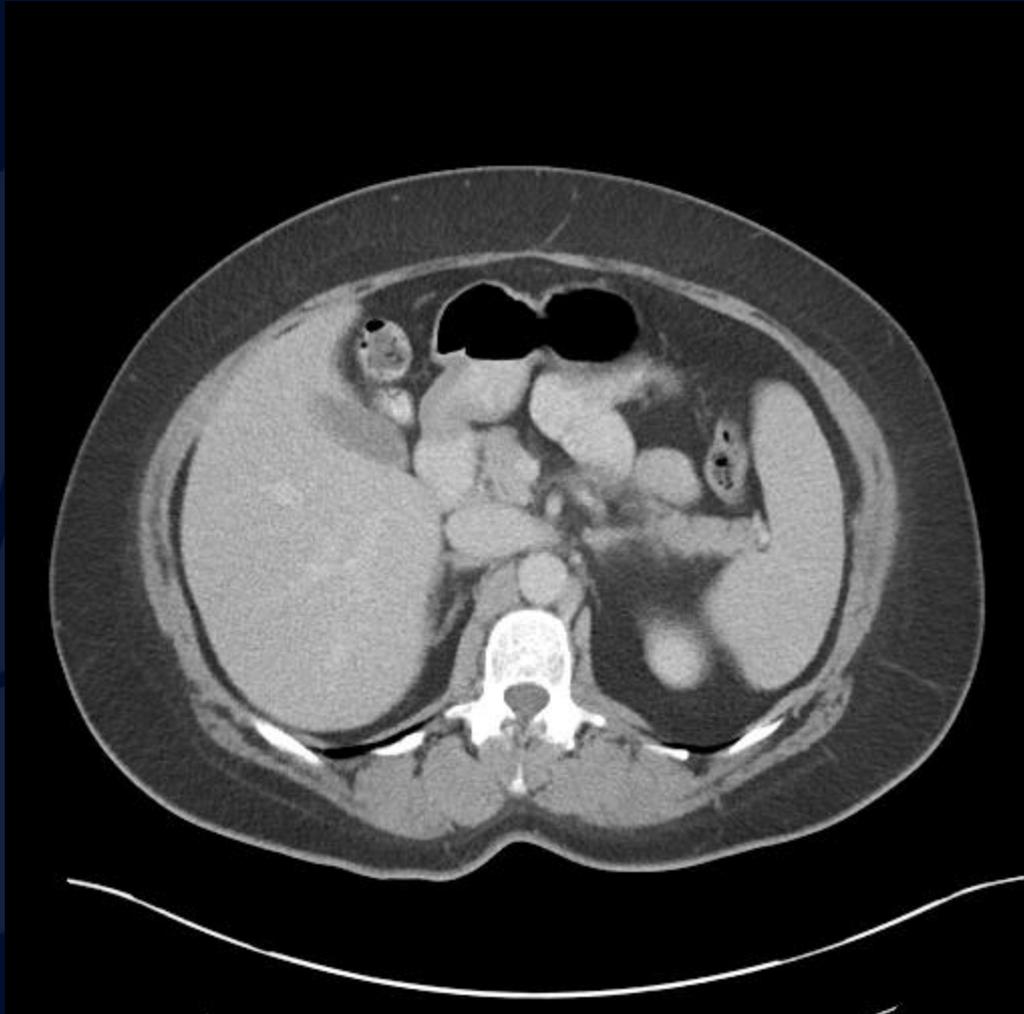
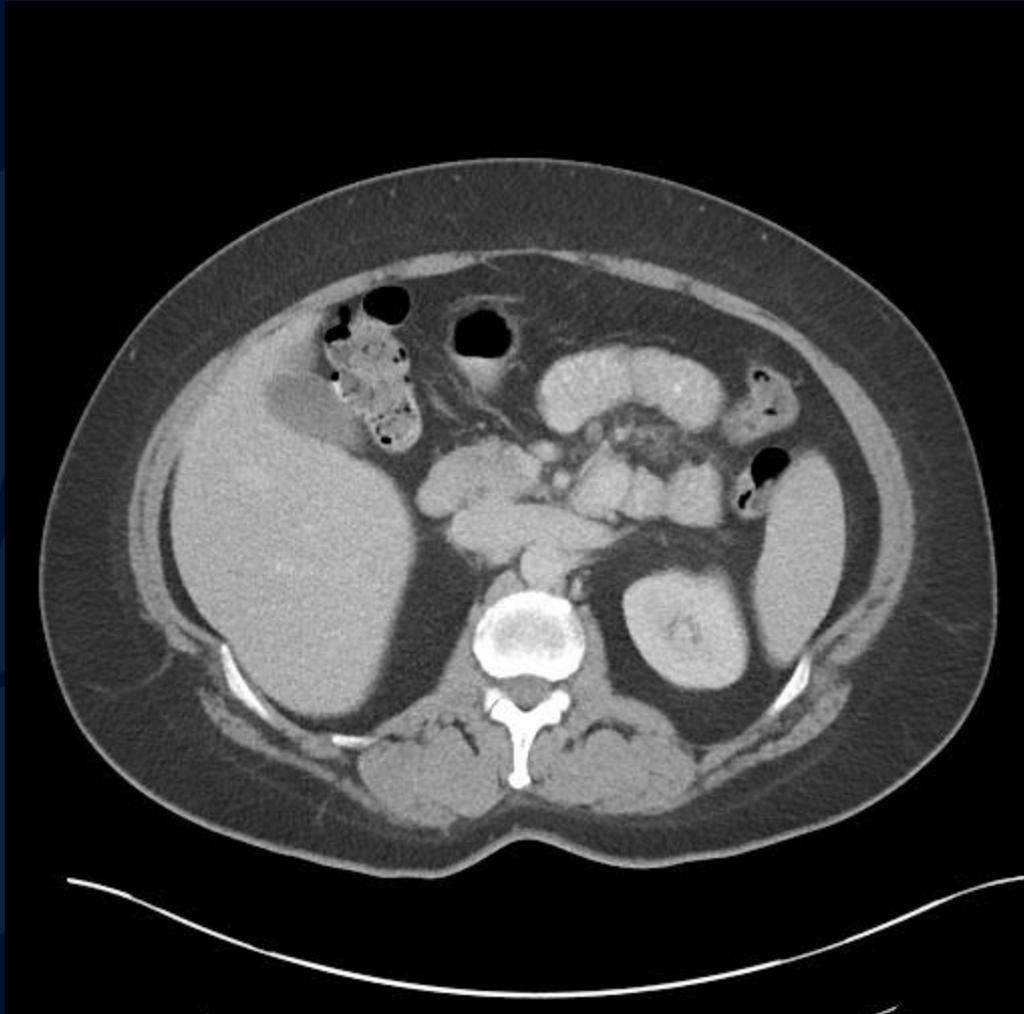


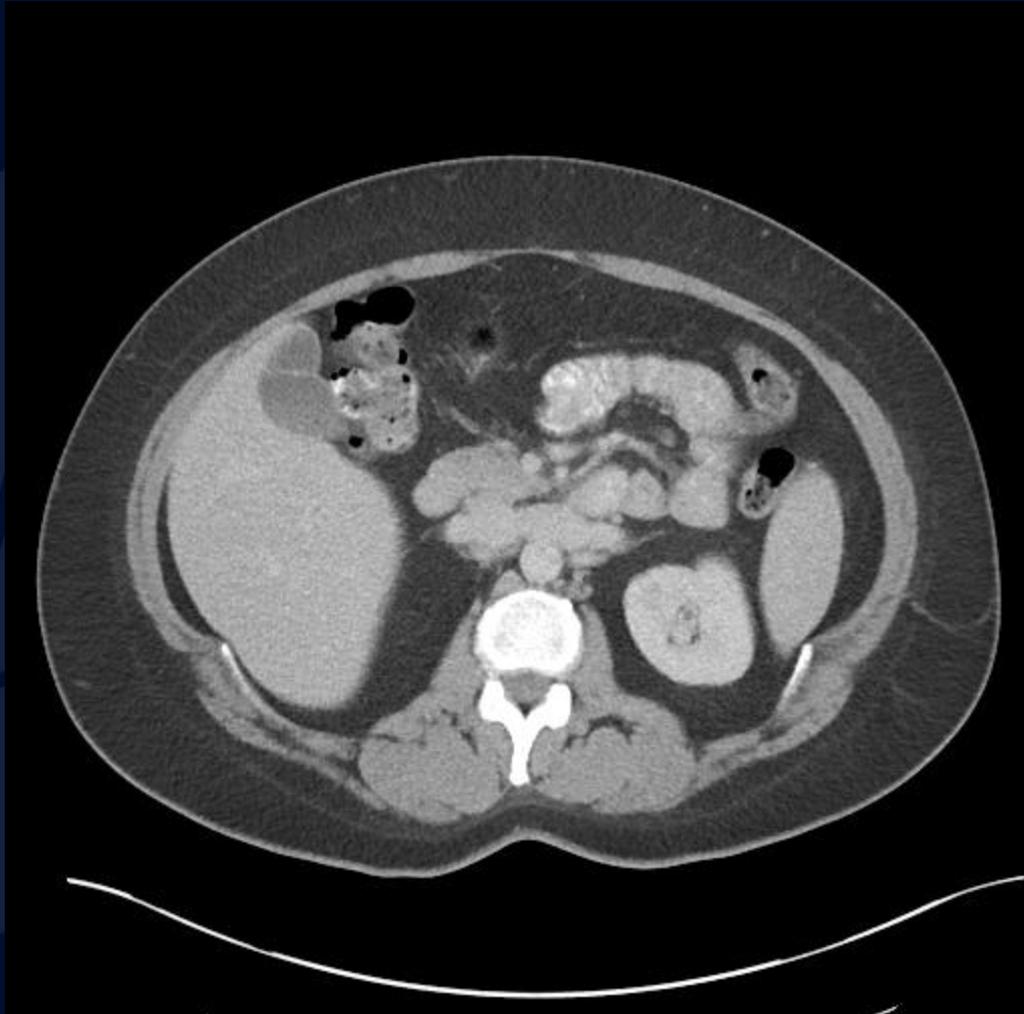
47F Incidental Finding

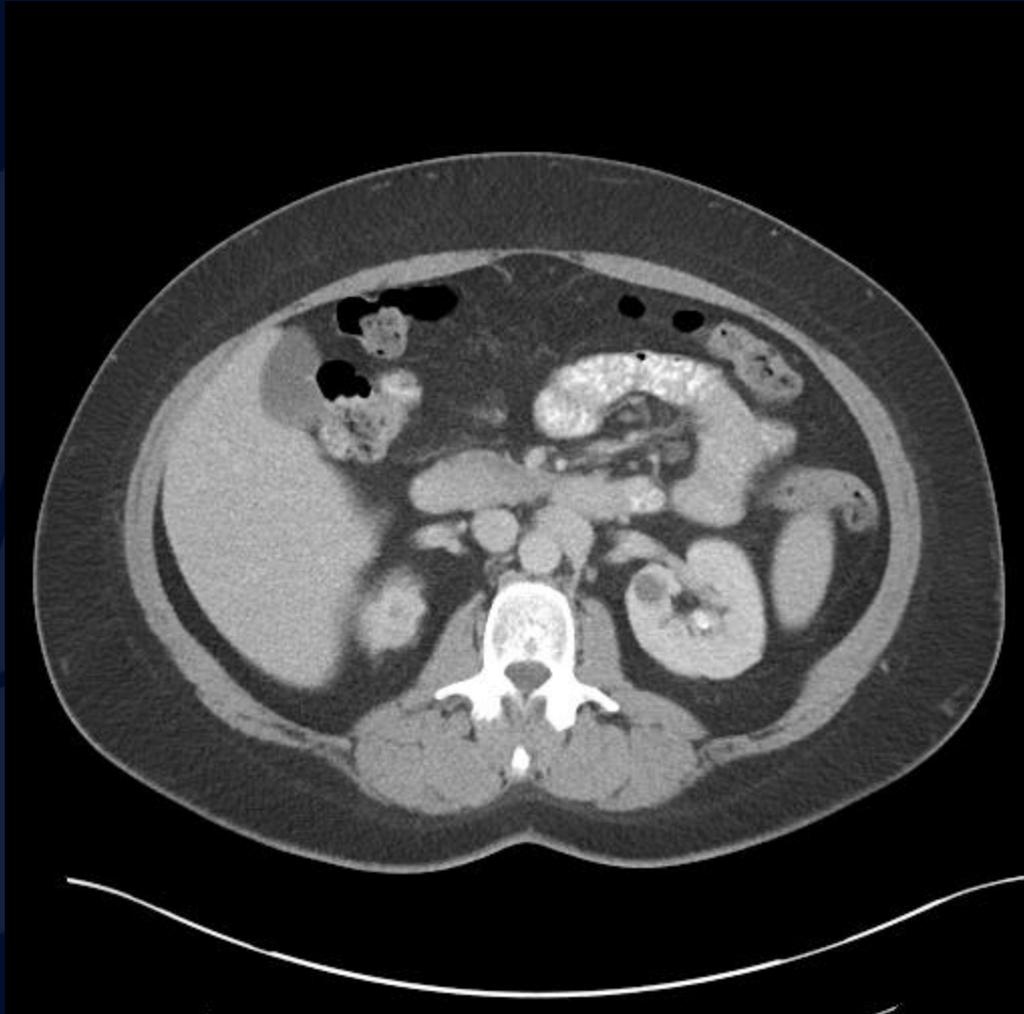
Krithika Srikanthan, MD

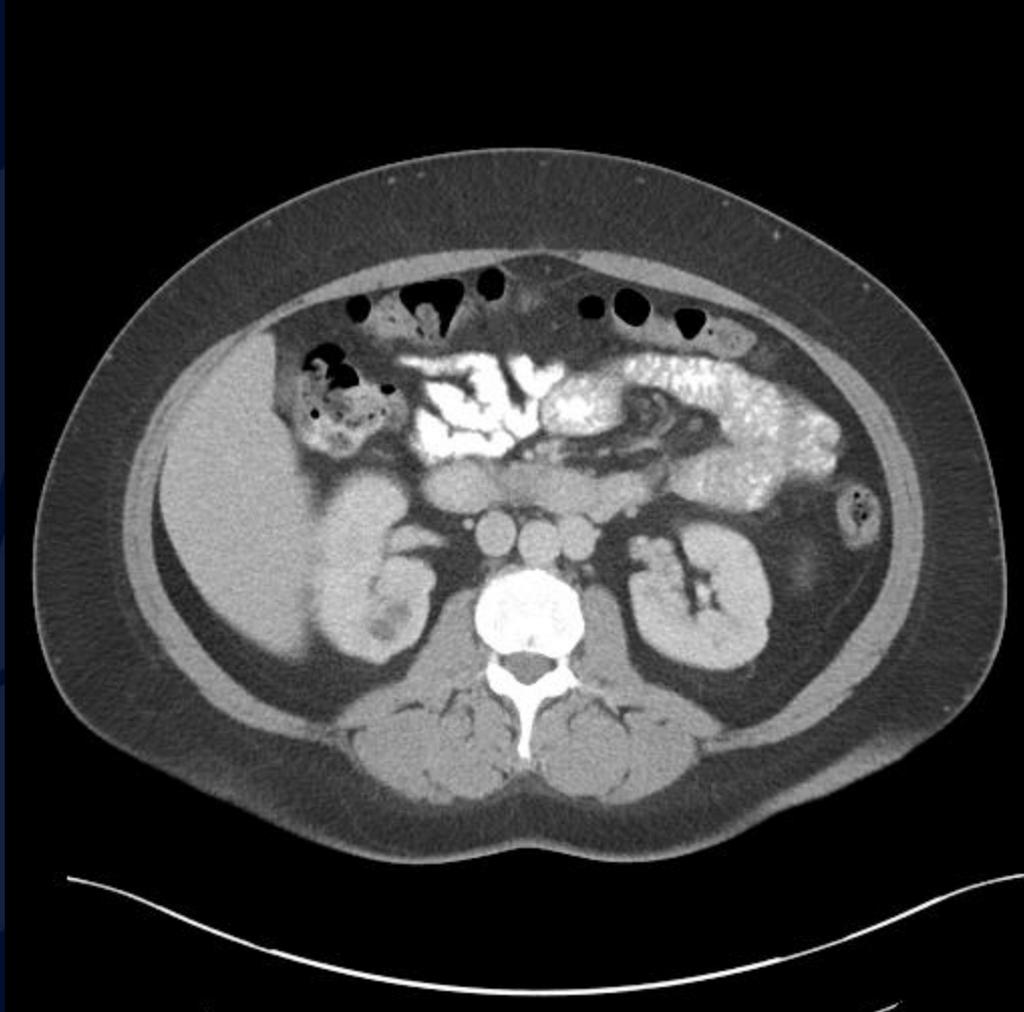


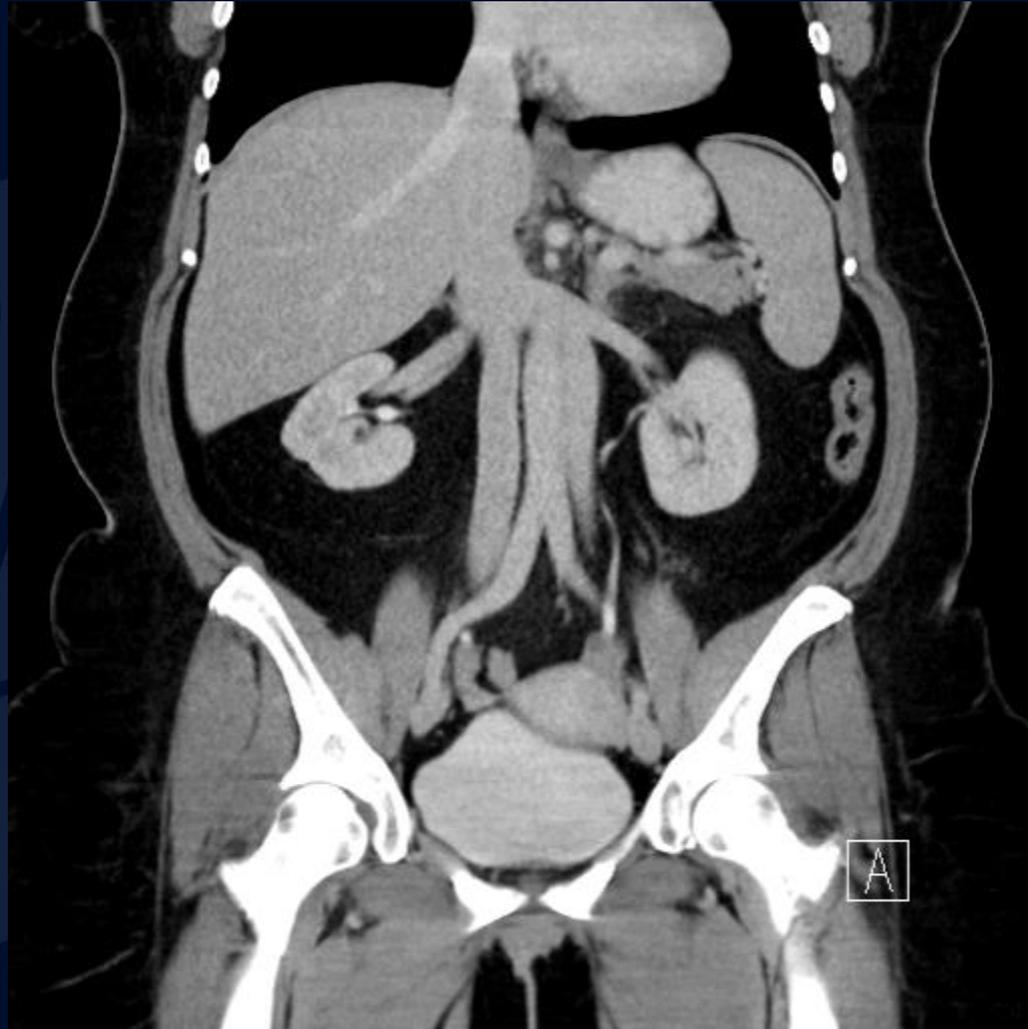


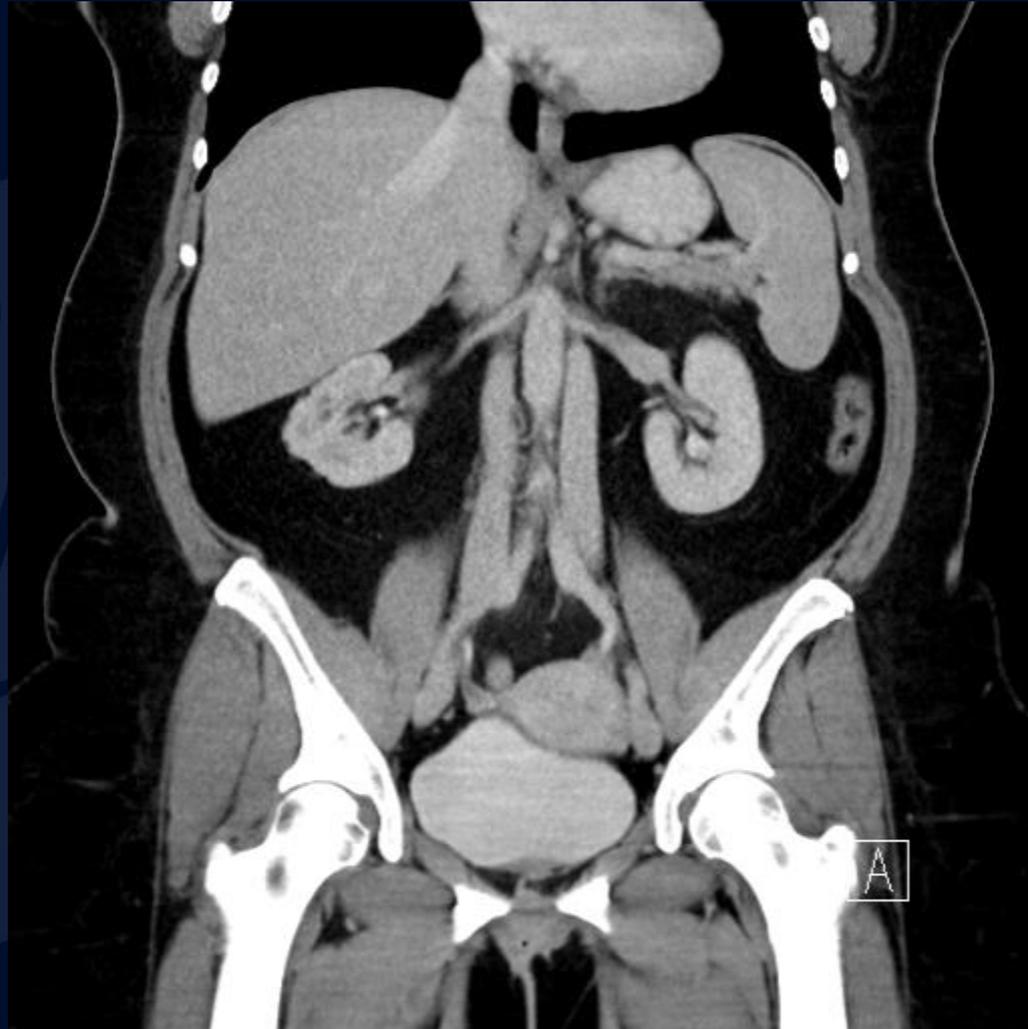


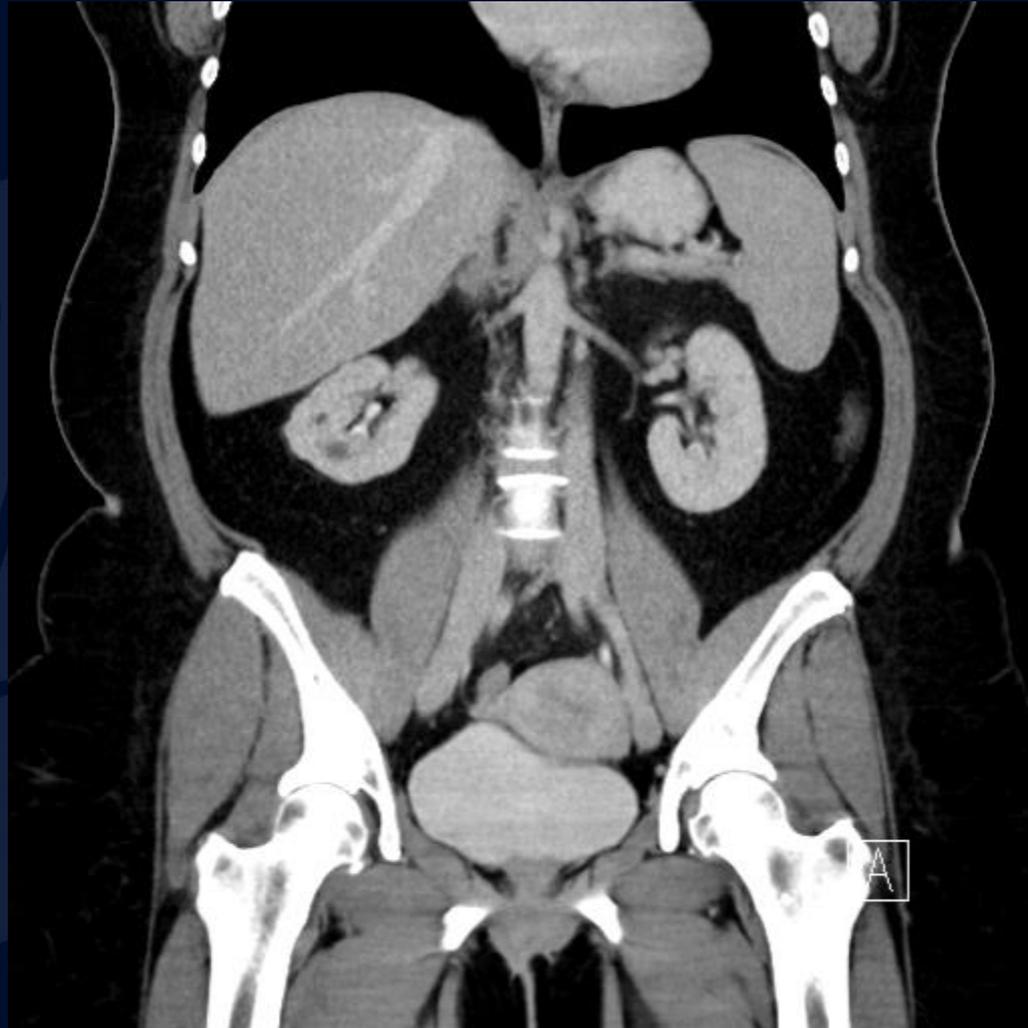










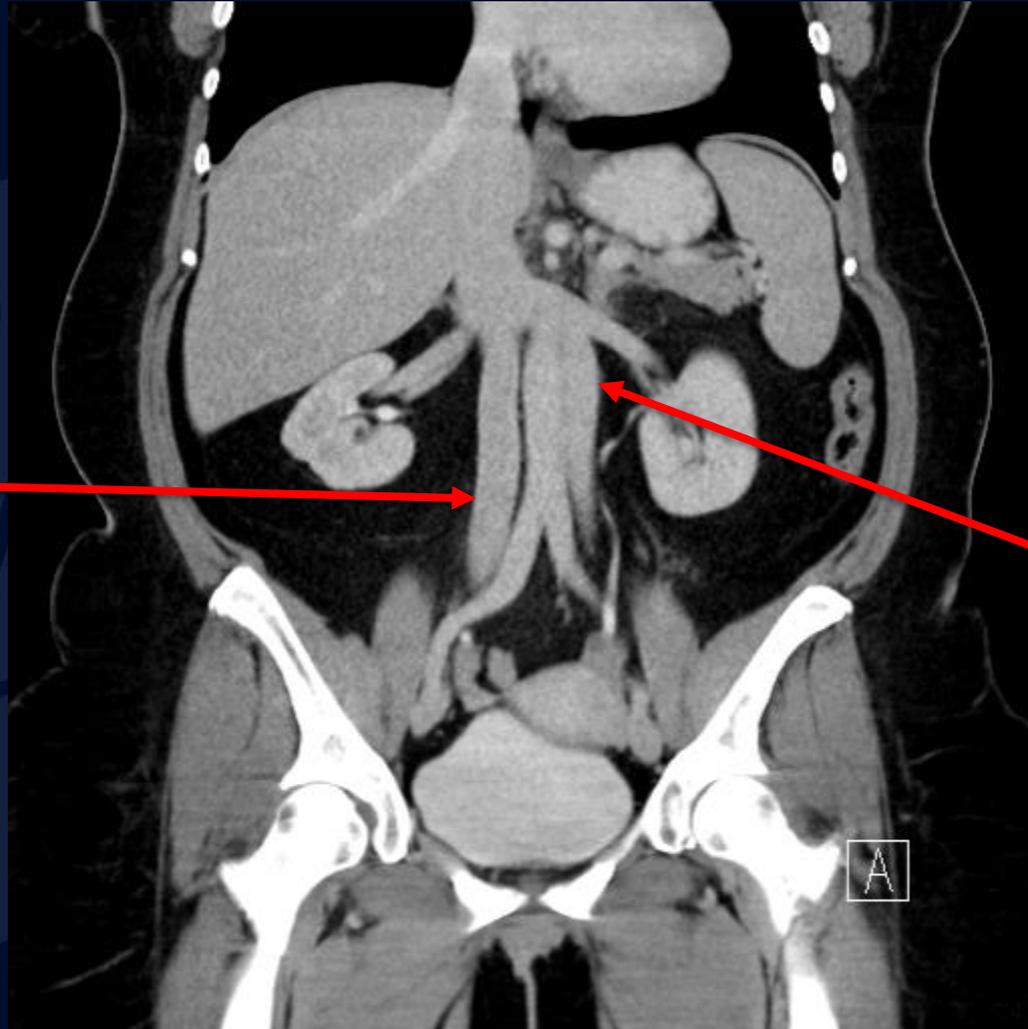


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

Duplicate IVC

Right IVC



Left IVC drains into Left Renal Vein

Imaging Findings

- Left- and right-sided IVC are present inferior to renal veins
- Left IVC typically drains into left renal vein, which crosses anterior to aorta to join right IVC
- Duplicated IVCs may have significant asymmetry (left usually smaller)

Duplicate IVC

- Etiology: Persistence of left supracardinal vein
- Prevalence: 1-3%
- Most patients are asymptomatic/incidental finding
- **HOWEVER**, recognition important:
 - Prior to IVC filter placement
 - Suspect in recurrent pulmonary embolism following IVC filter placement
 - Need single suprarenal or paired caval filters
 - Planning abdominal surgery
 - Can be misdiagnosed as lymphadenopathy

Associations

- Circumaortic renal collar (aka circumaortic left renal vein) – accessory left renal vein posterior to aorta + anterior left renal vein
- Retroaortic left renal vein
- Crossed fused ectopia – kidneys fused & on same side
- Horseshoe kidney
- Cloacal exstrophy- exstrophy of the bladder, omphalocele, lower abdominal wall defect

References

1. Statdx
2. Radiopaedia
3. <http://www.nejm.org/doi/full/10.1056/NEJMicm061036#t=article>
4. <http://appliedradiology.com/articles/duplication-of-the-inferior-vena-cava>