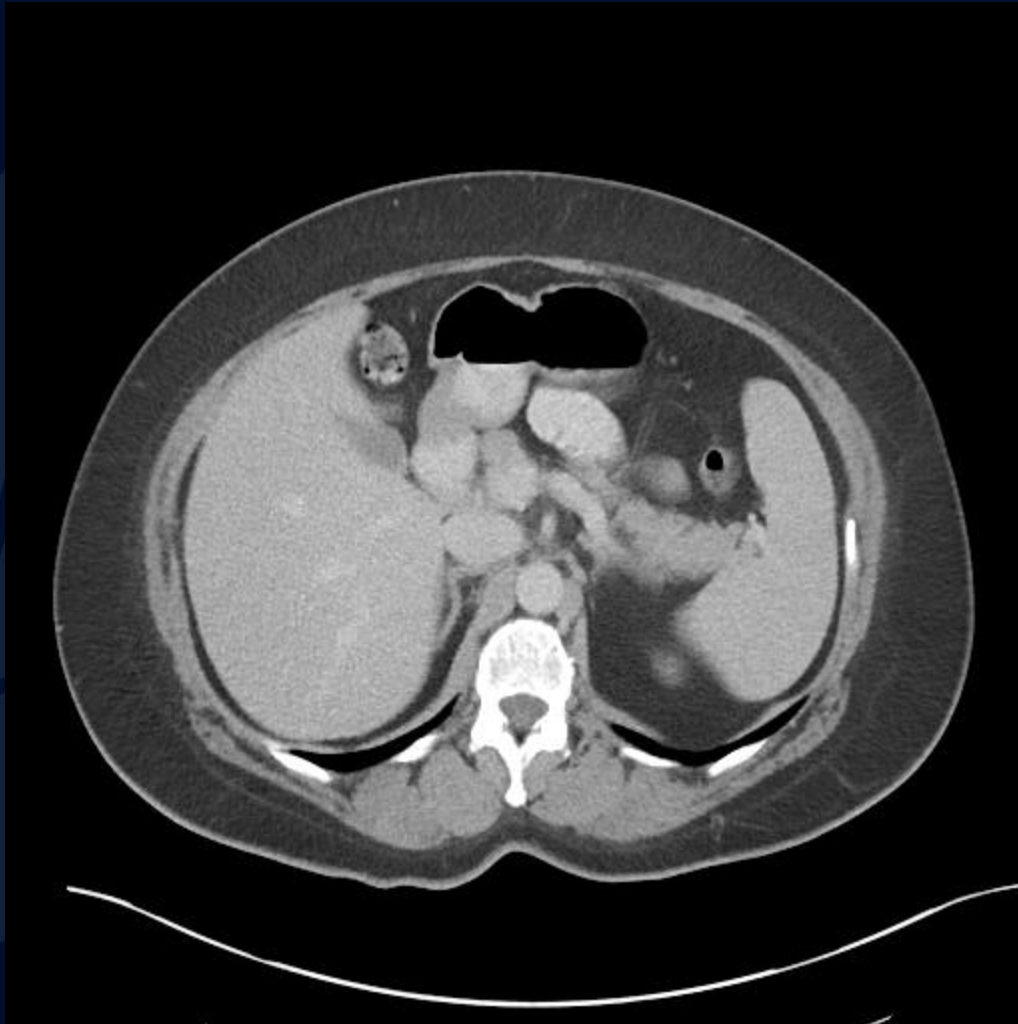
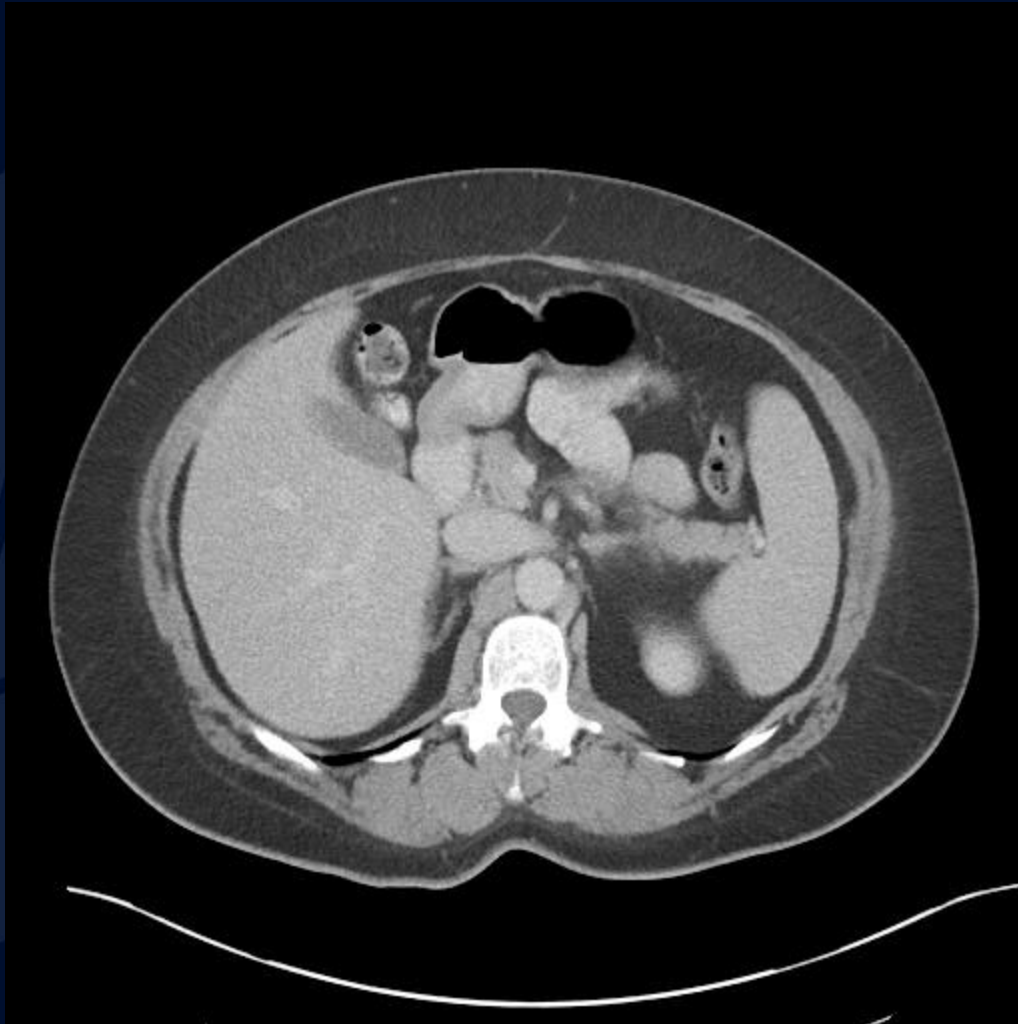
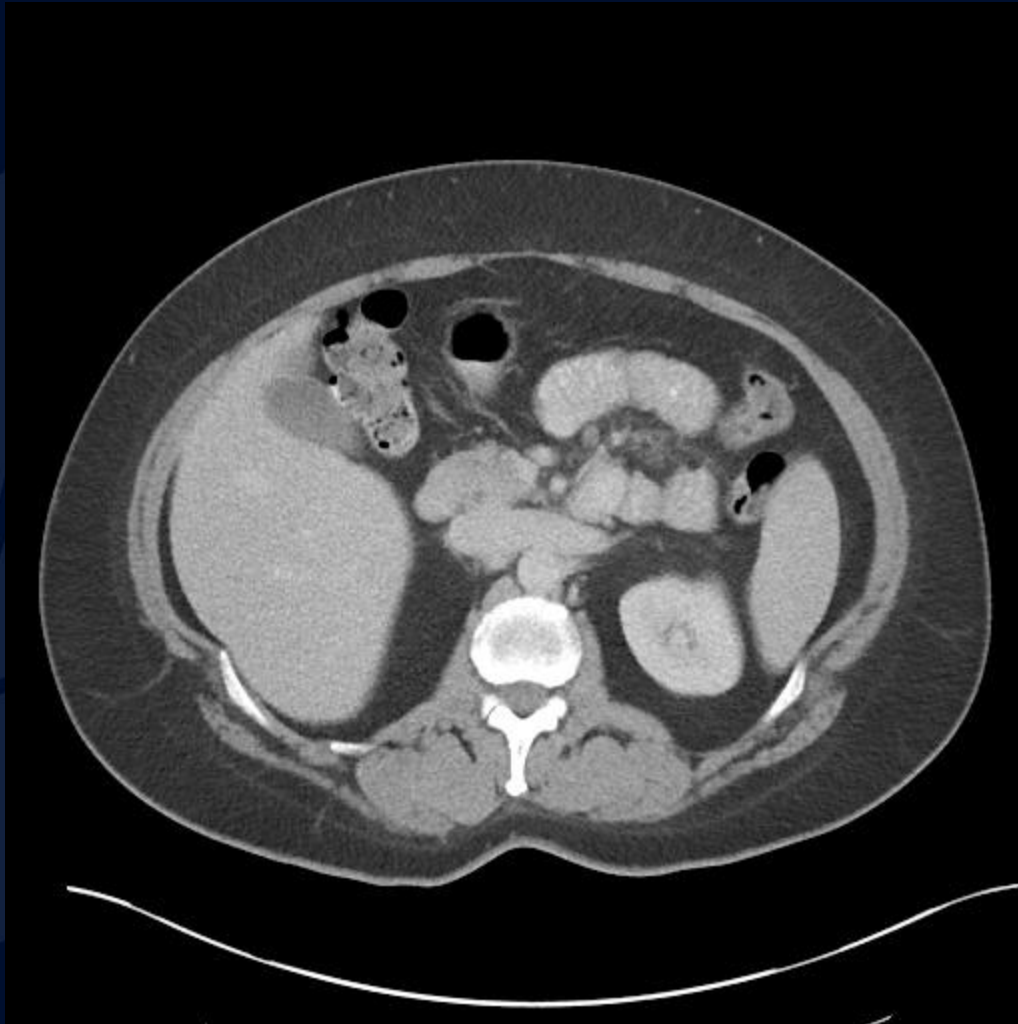


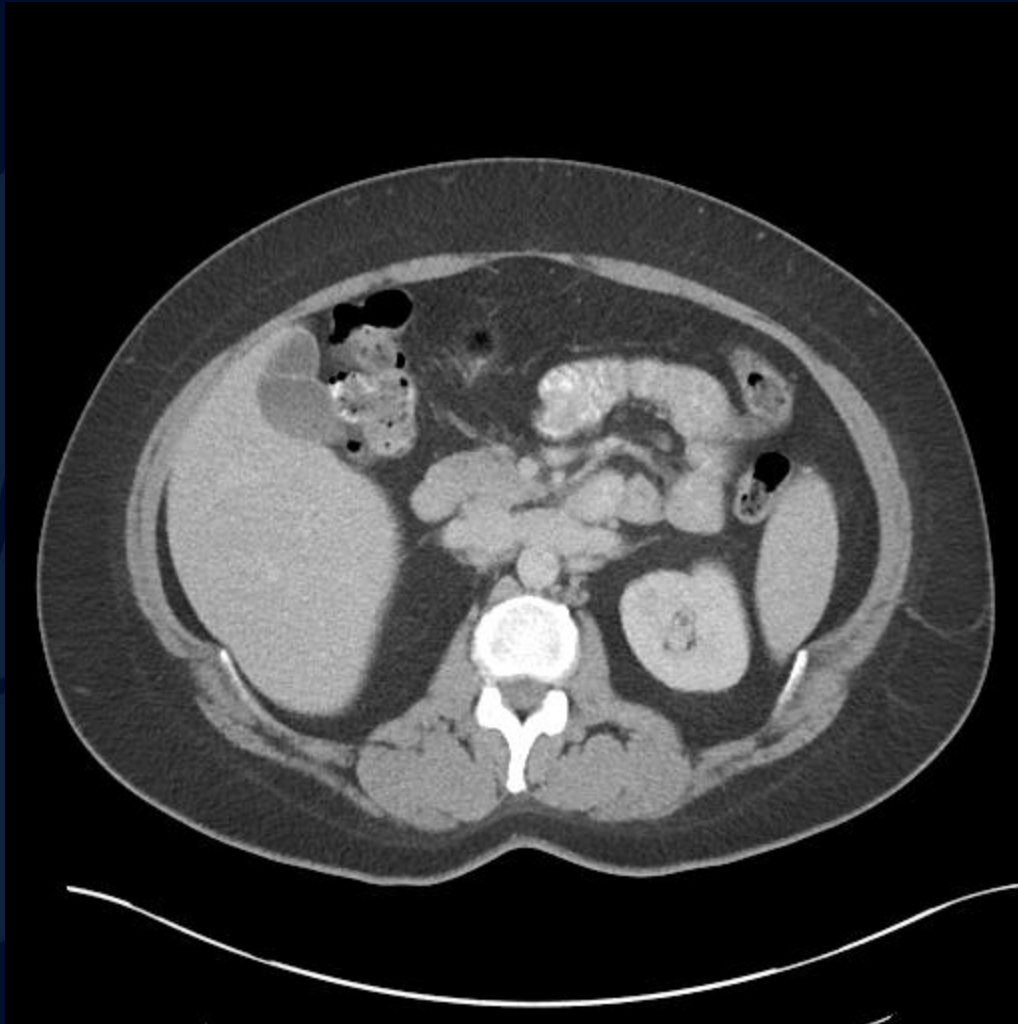
# 47F Incidental Finding

Krithika Srikanthan, MD

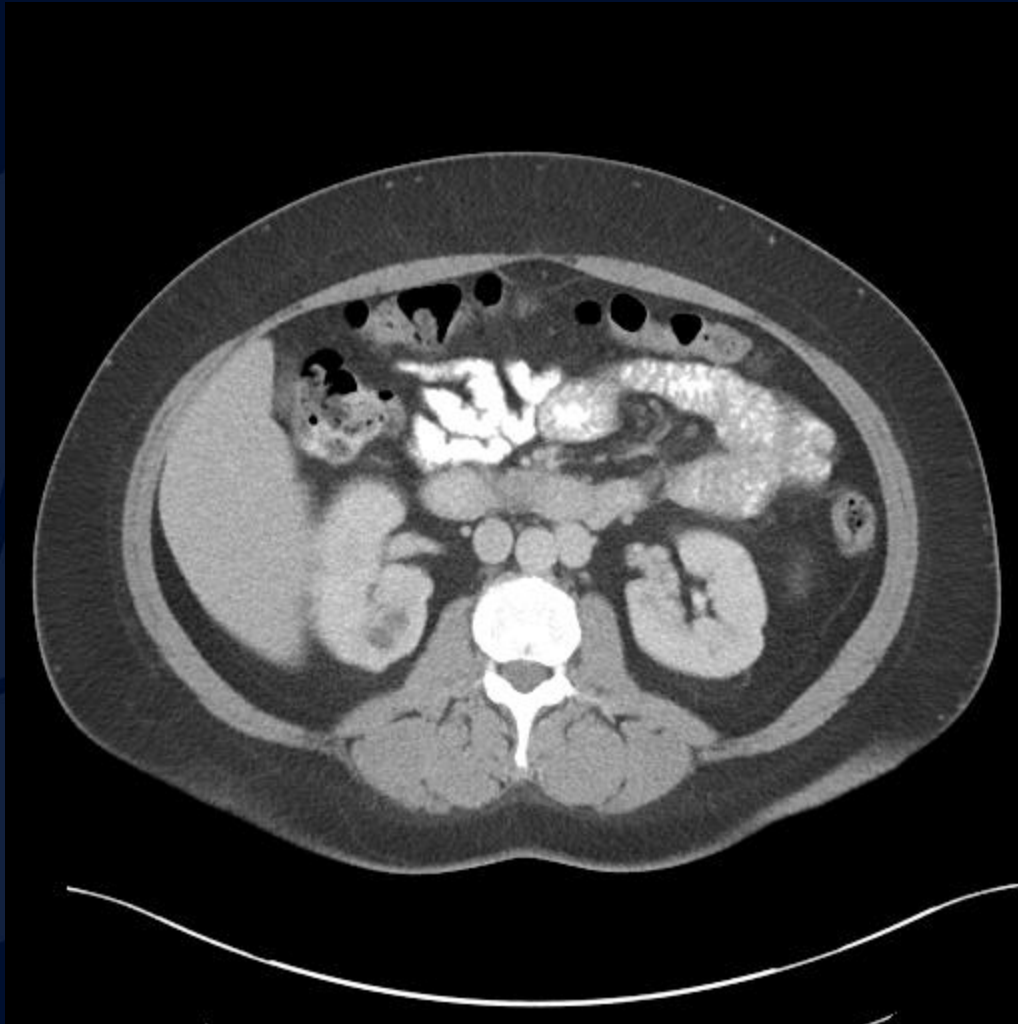


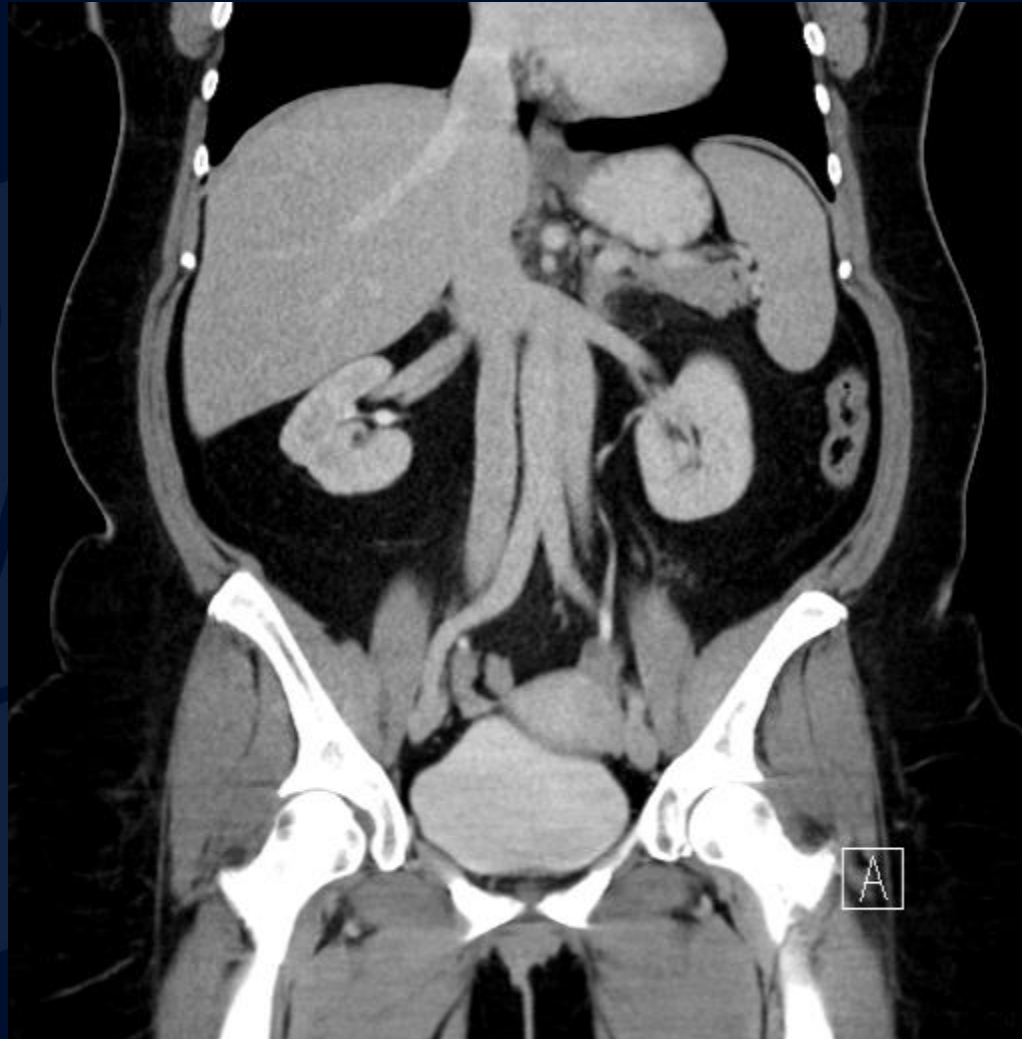




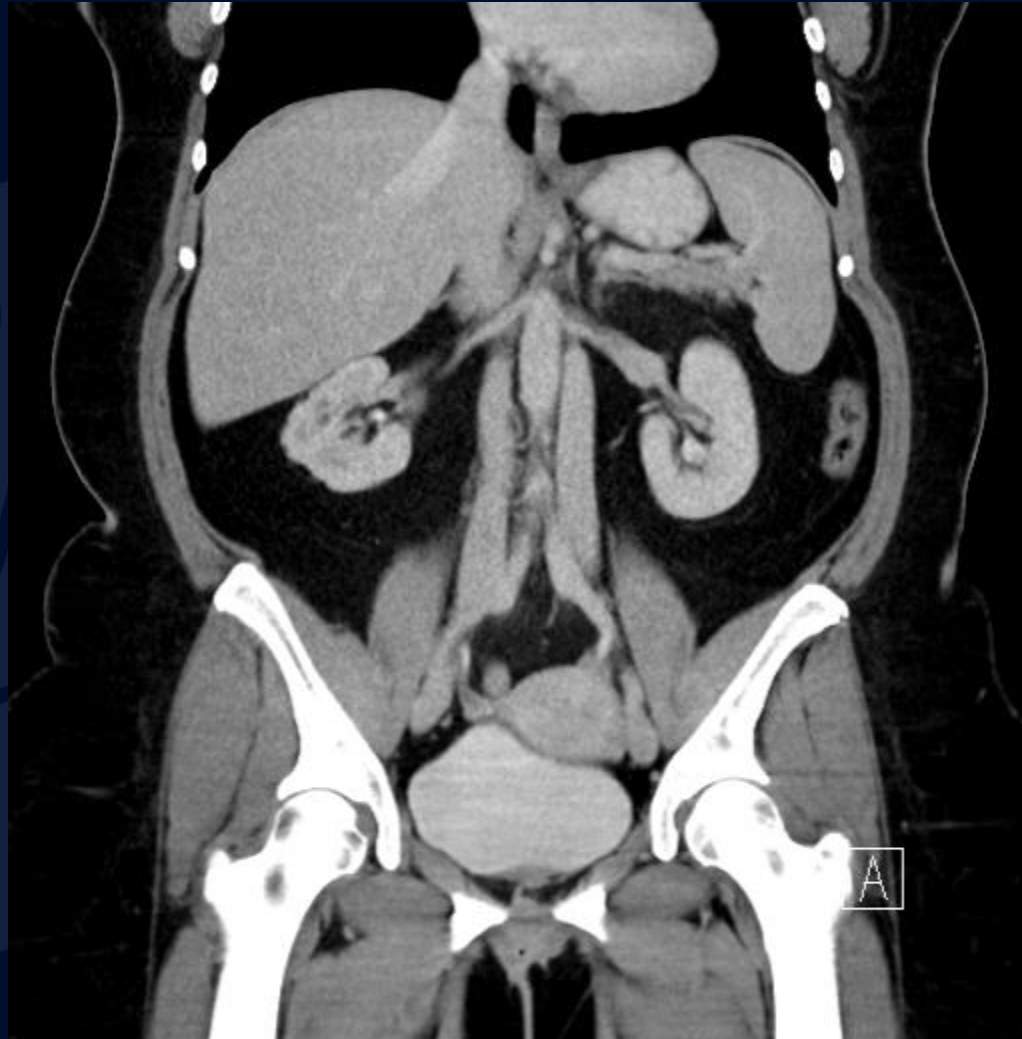


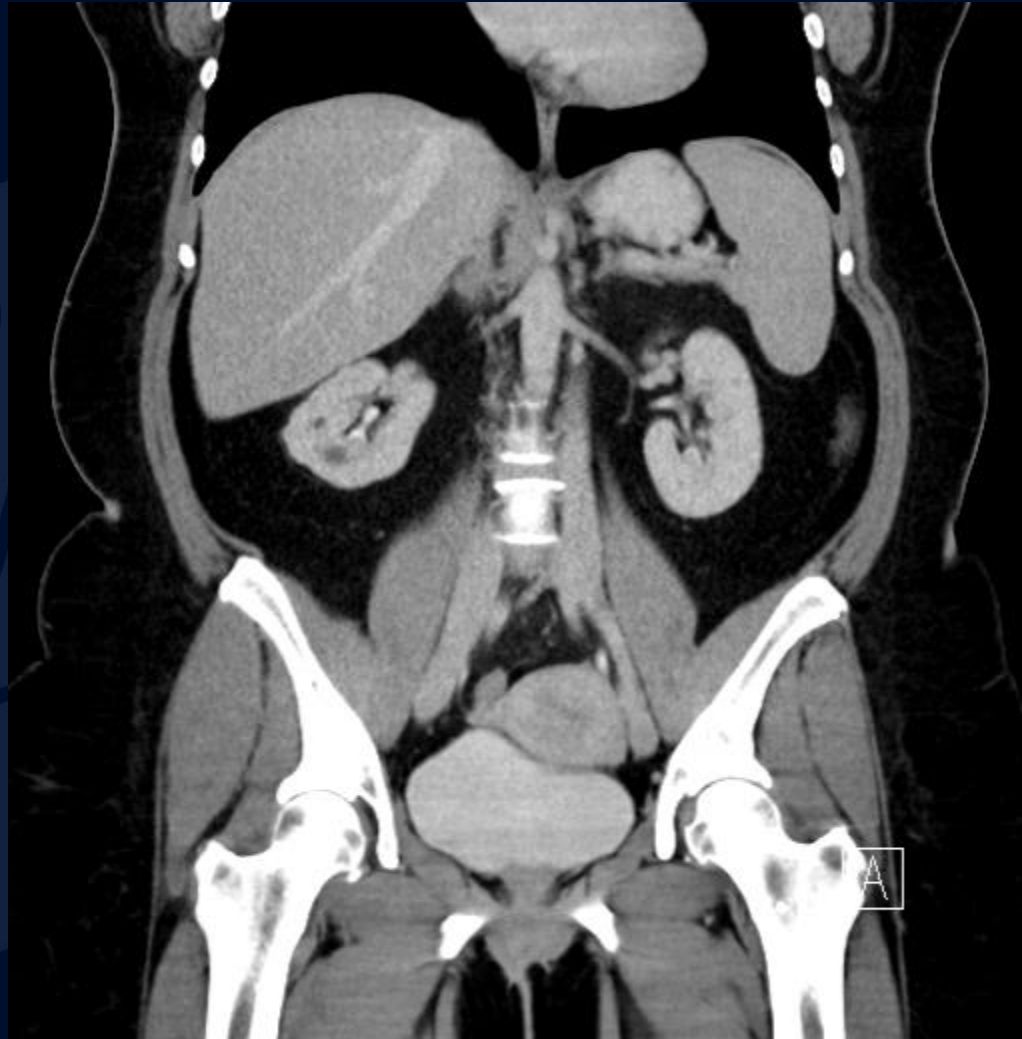










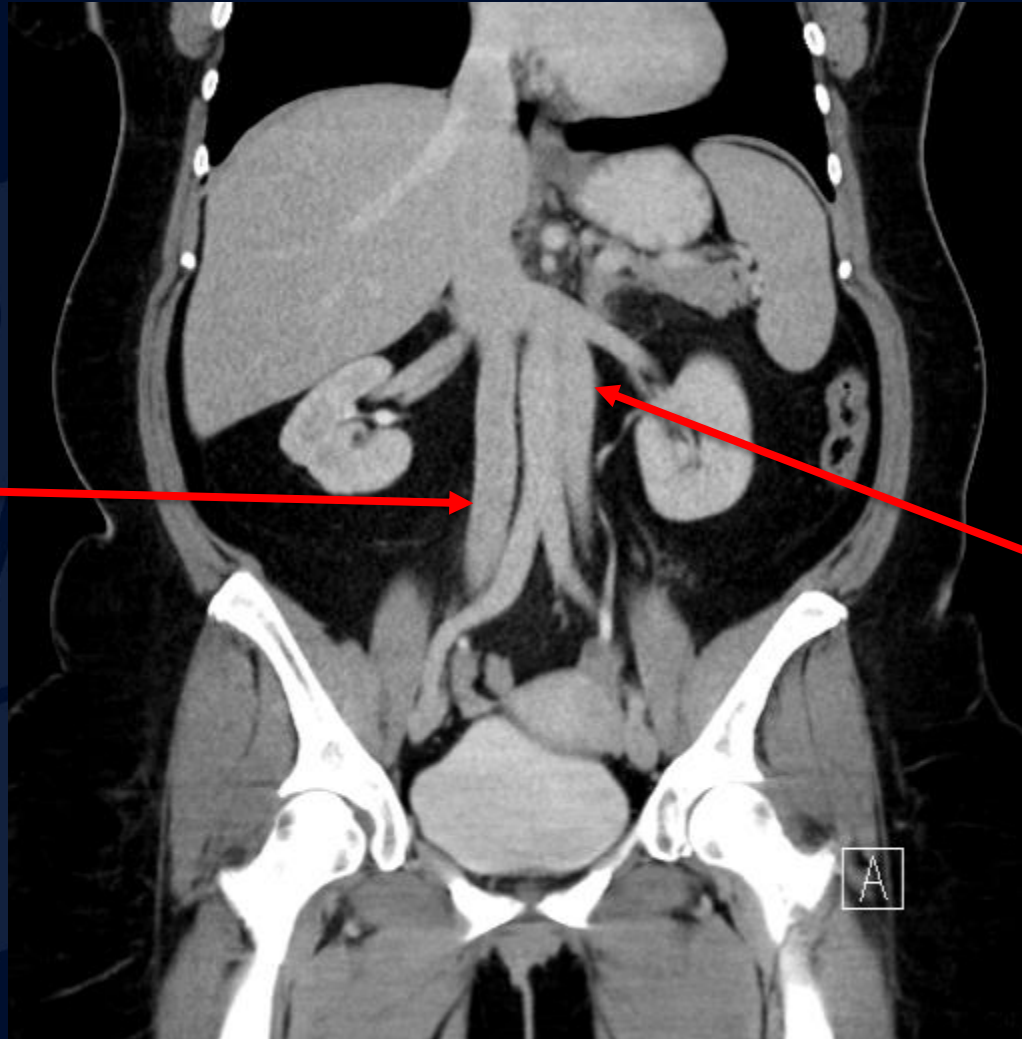


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

?

# 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>