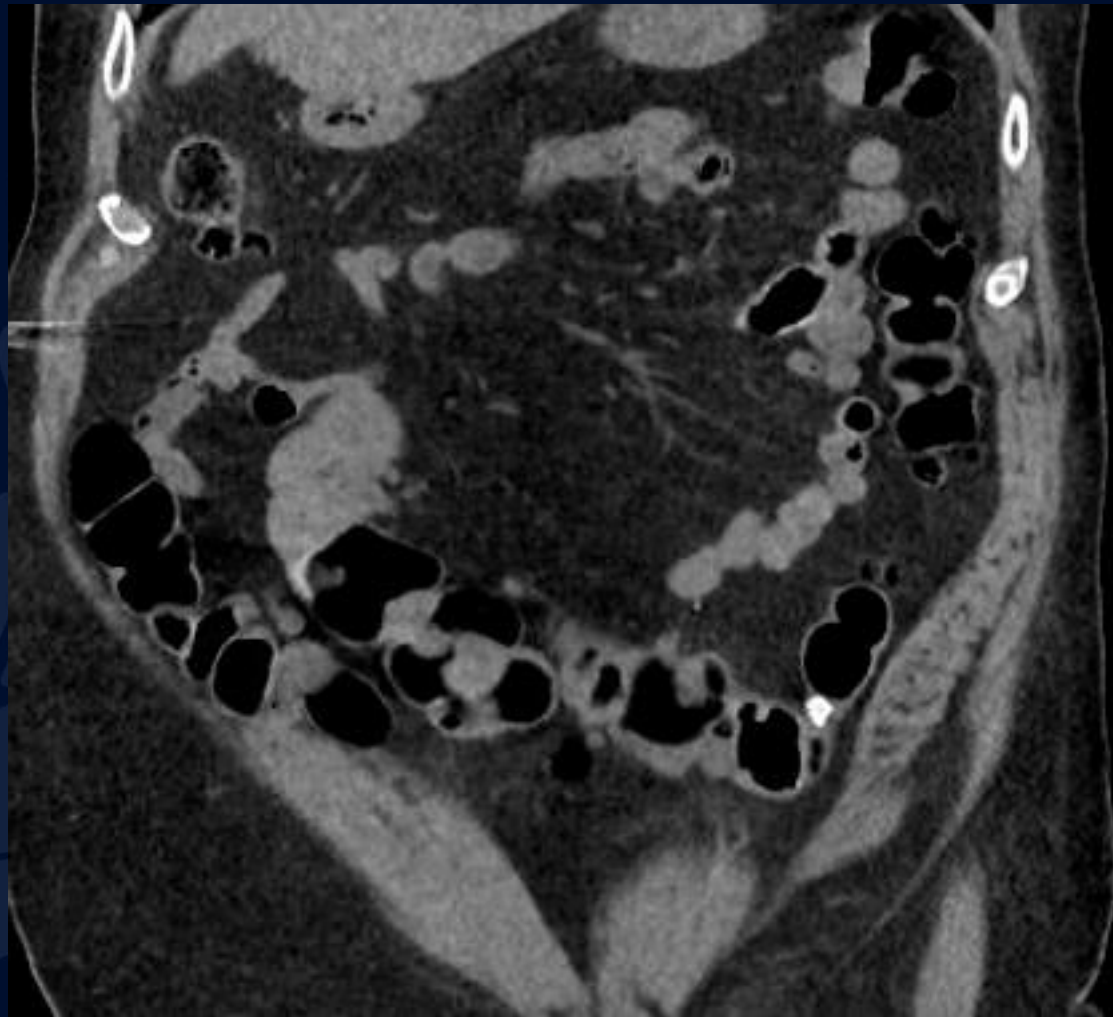


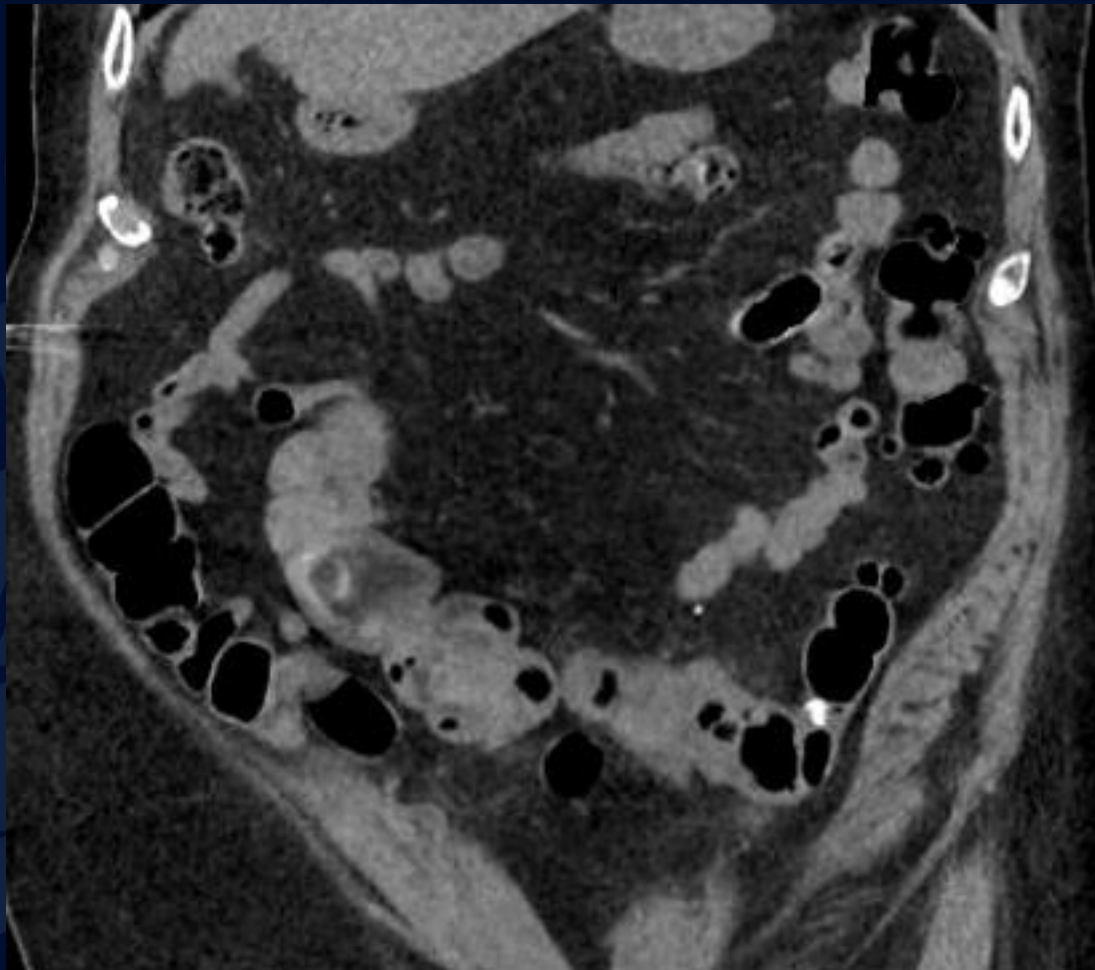
73 y/o M who presents with epigastric abdominal pain

Atul Kumar, MD, MS
Charan K Singh, MBBS.

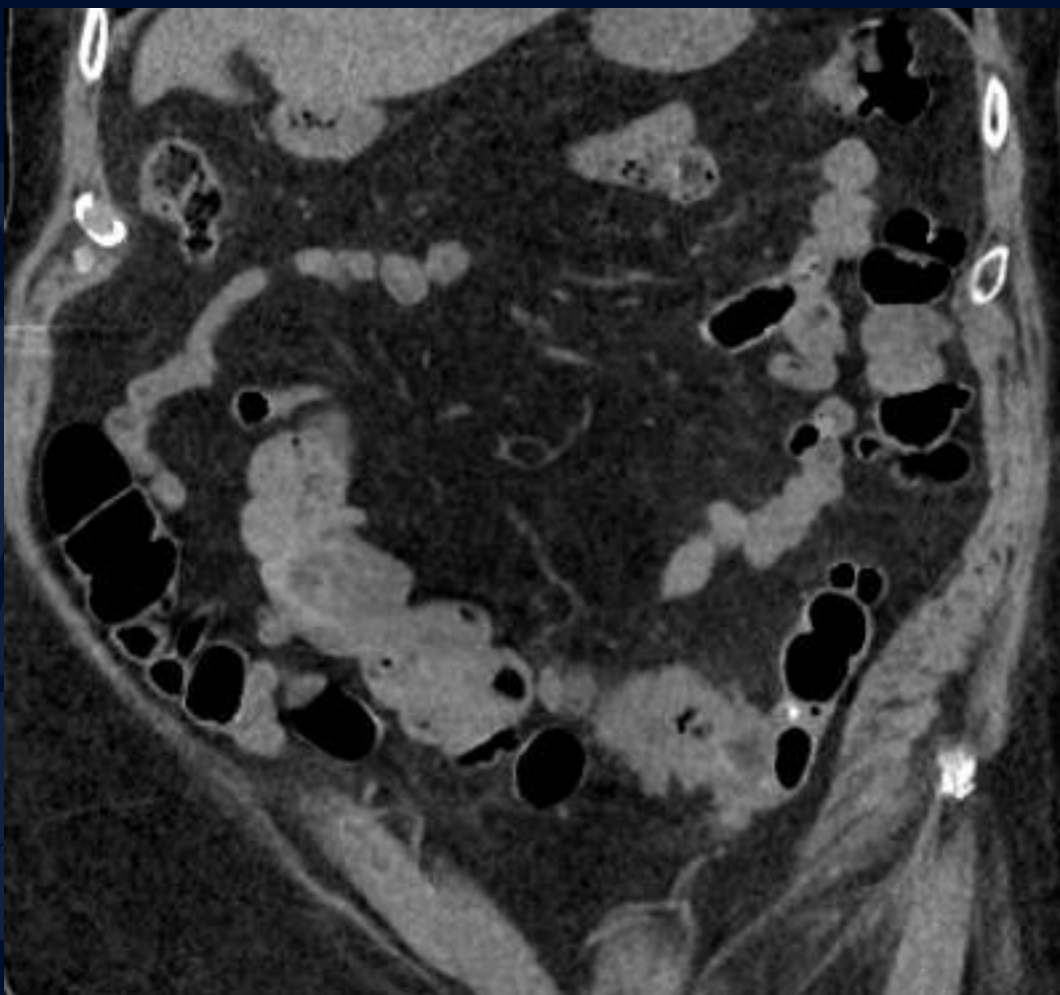
Scroll Through Images



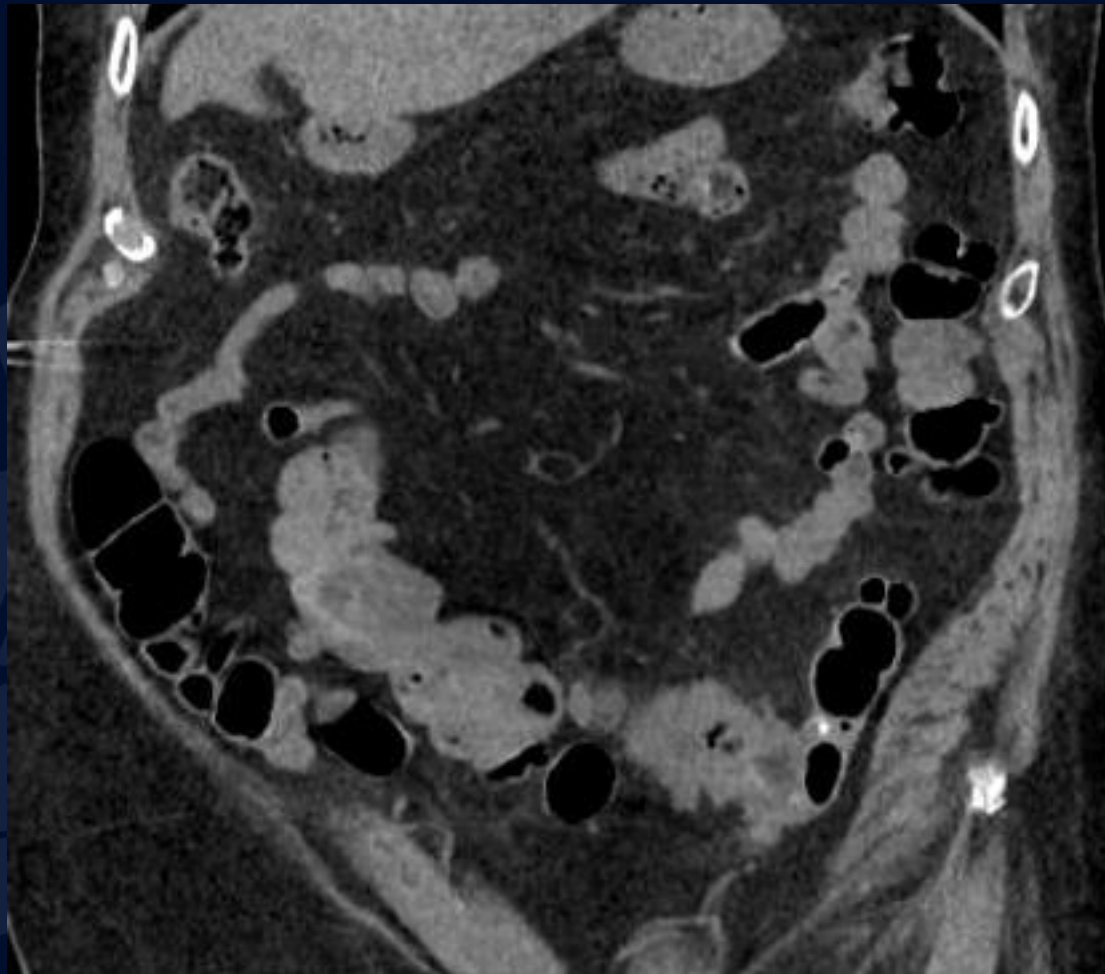
Coronal Non-contrast CT



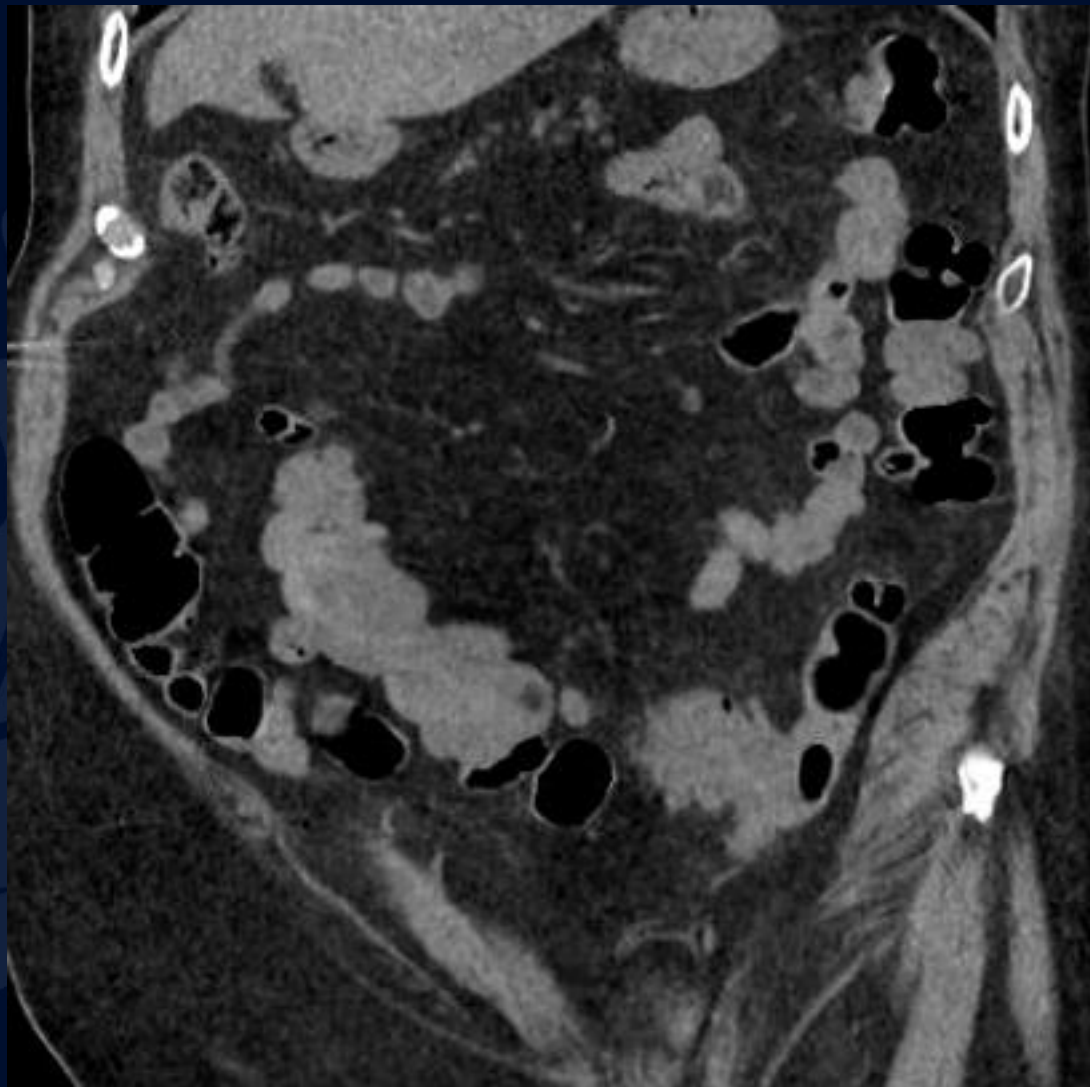
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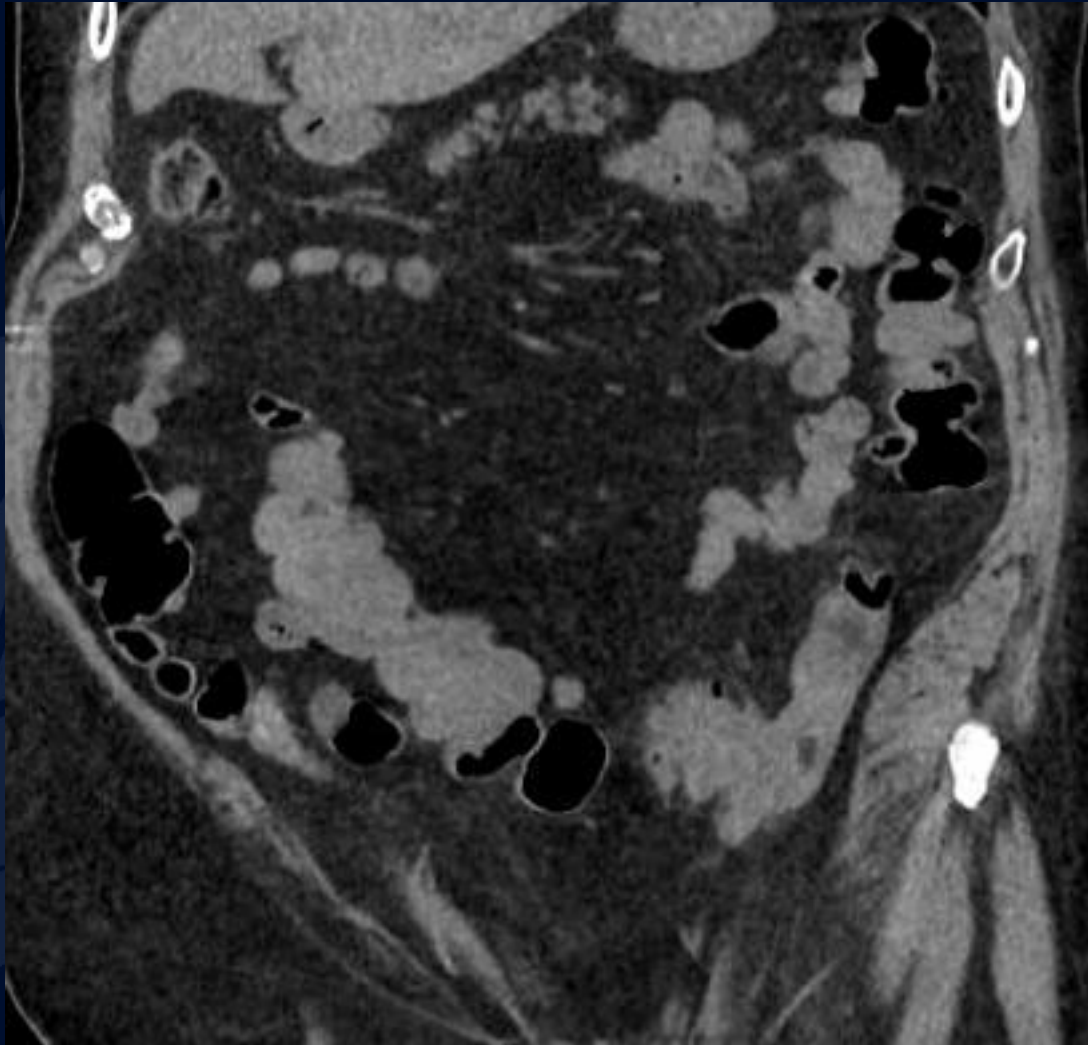
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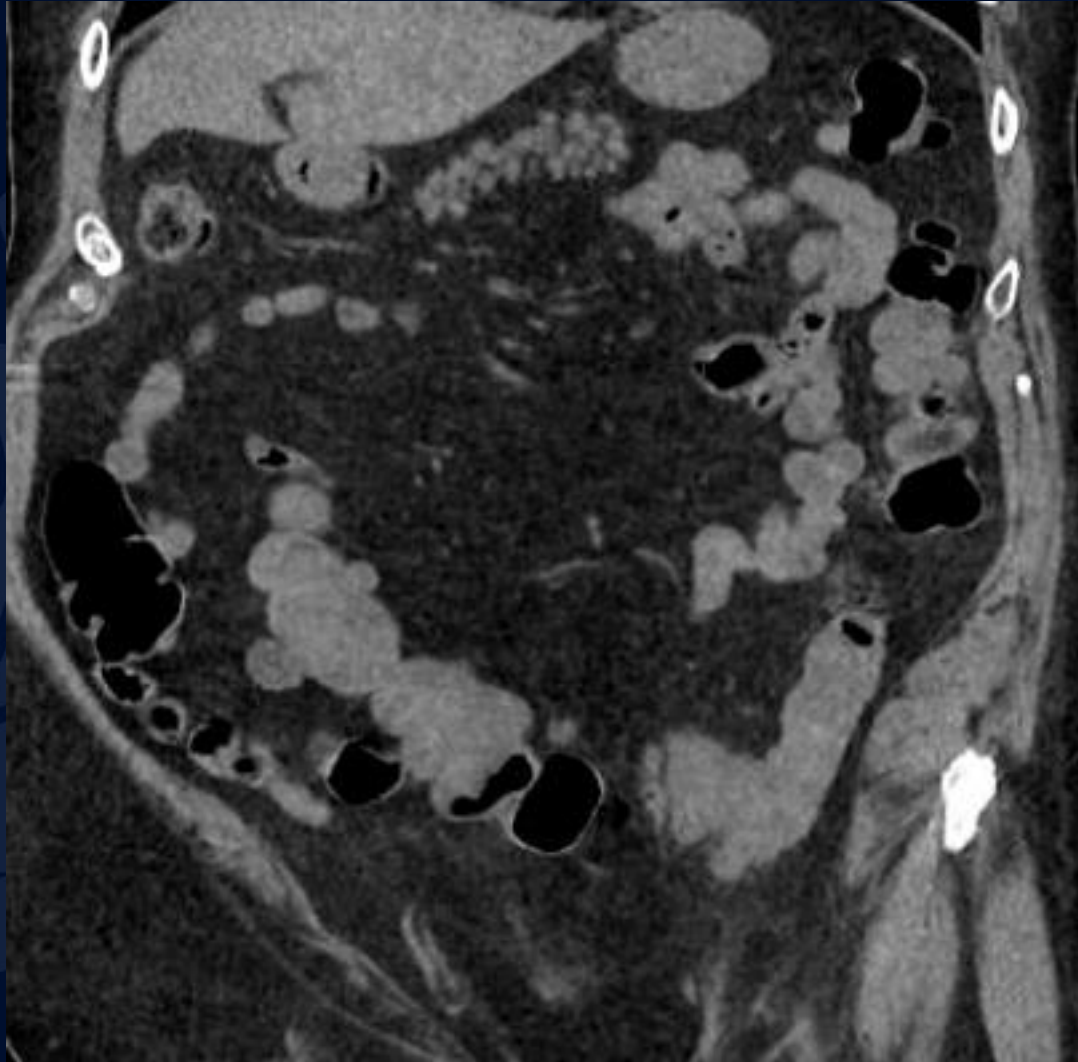
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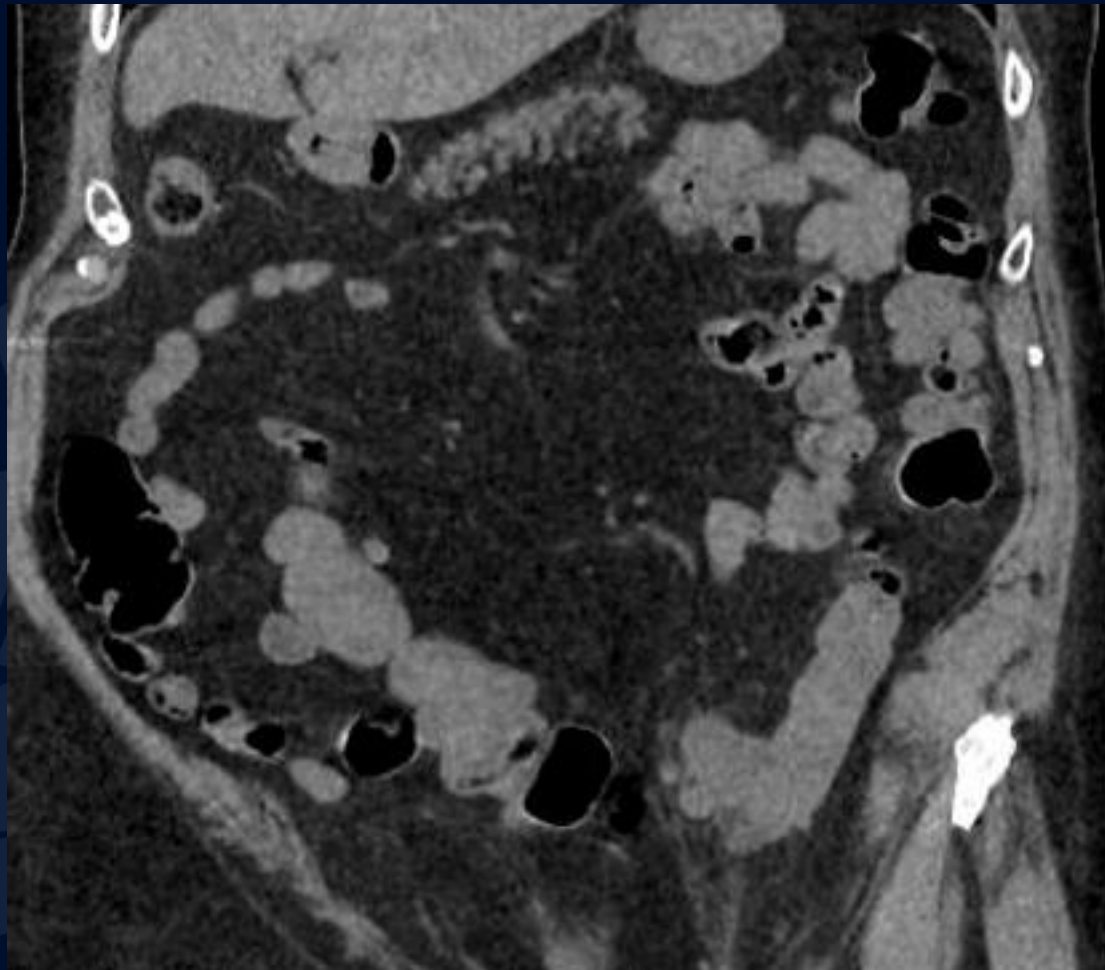
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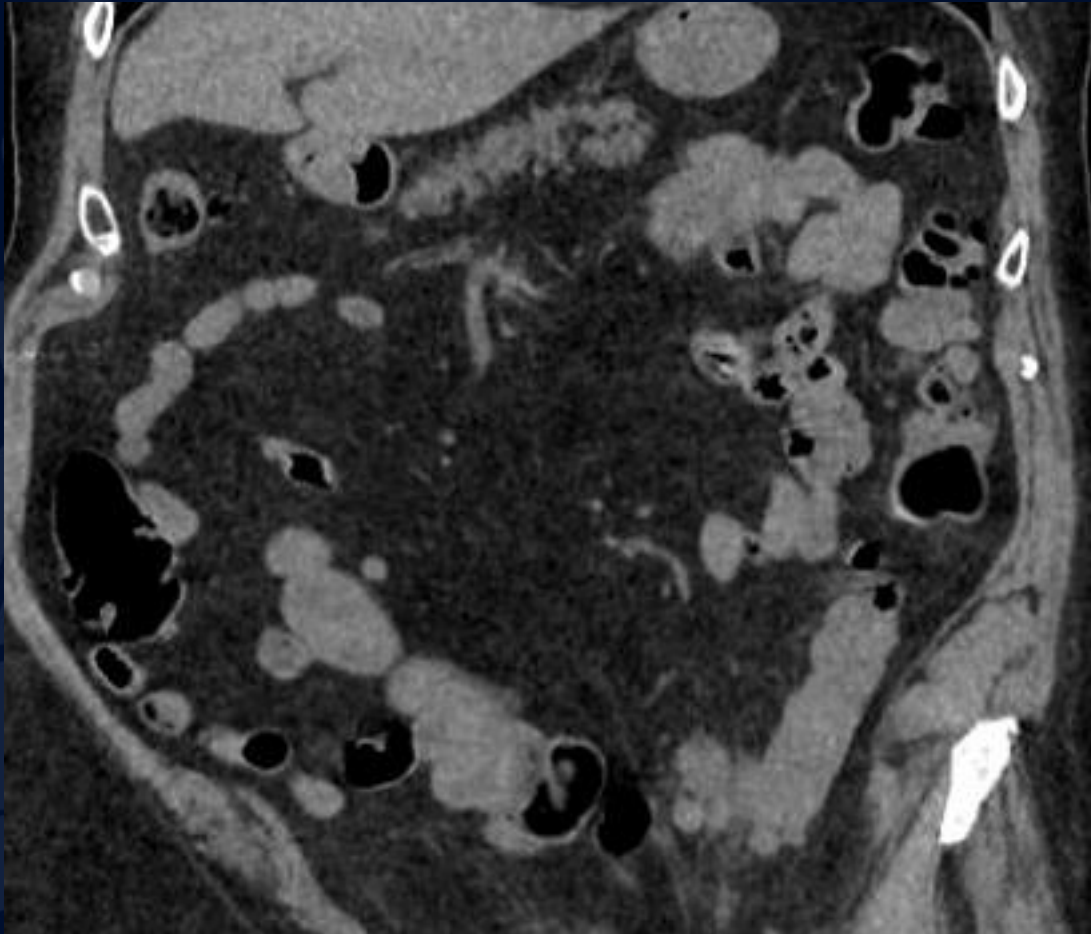
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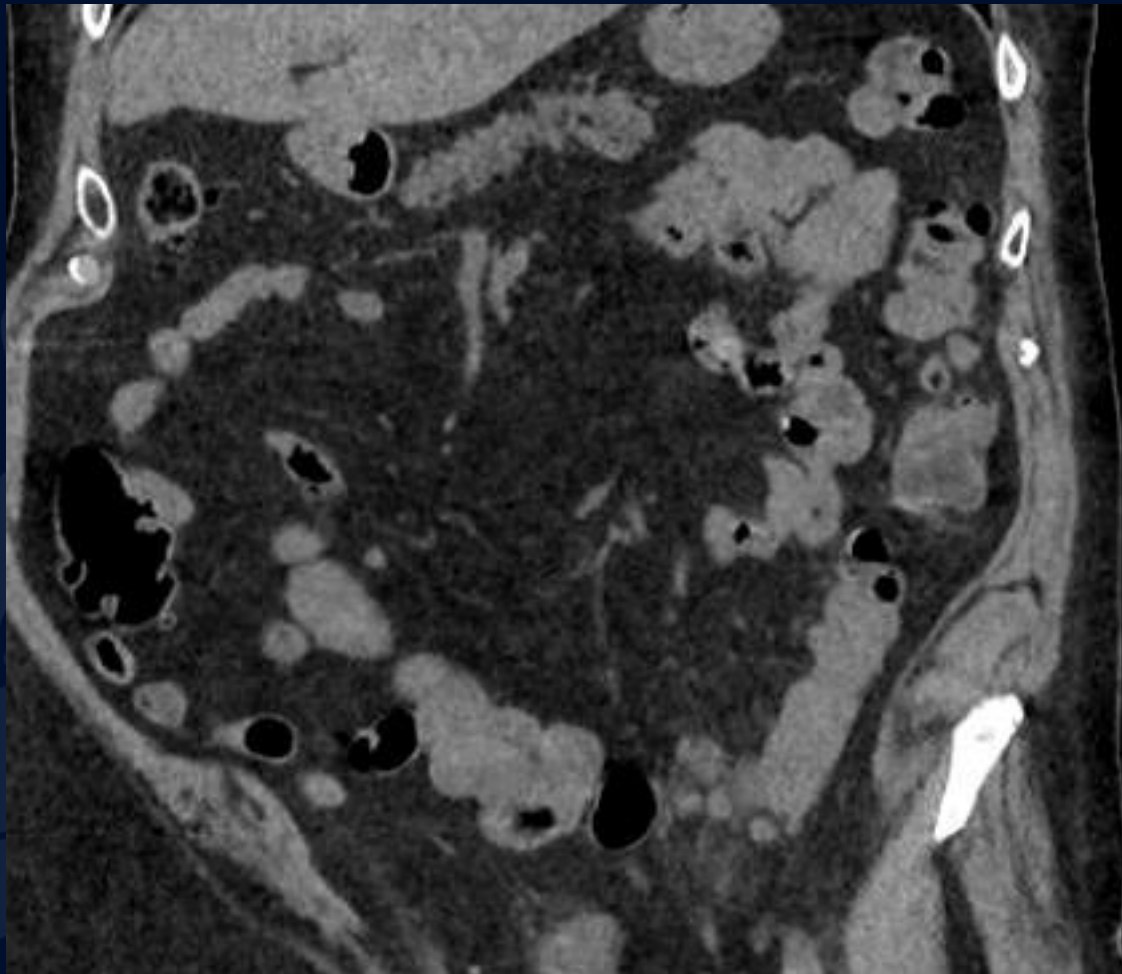
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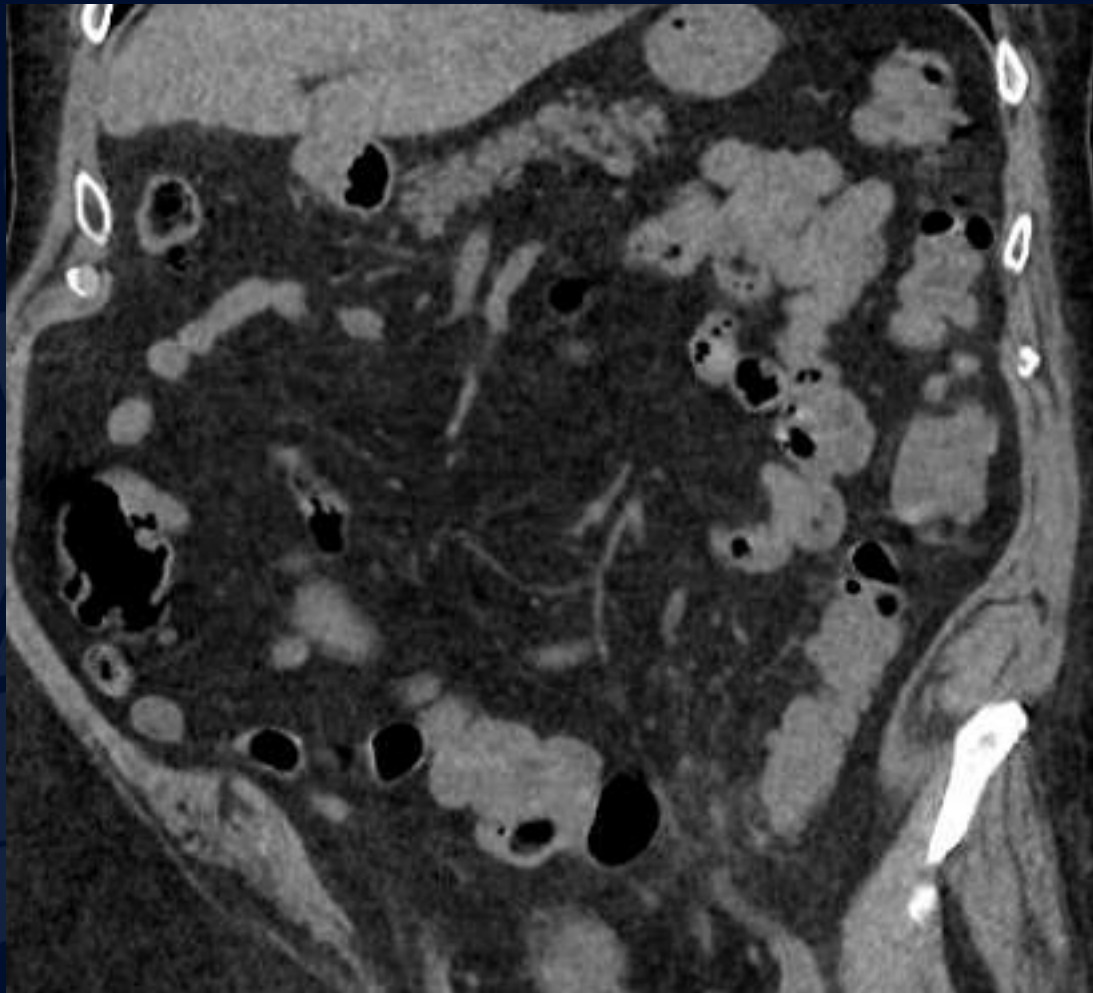
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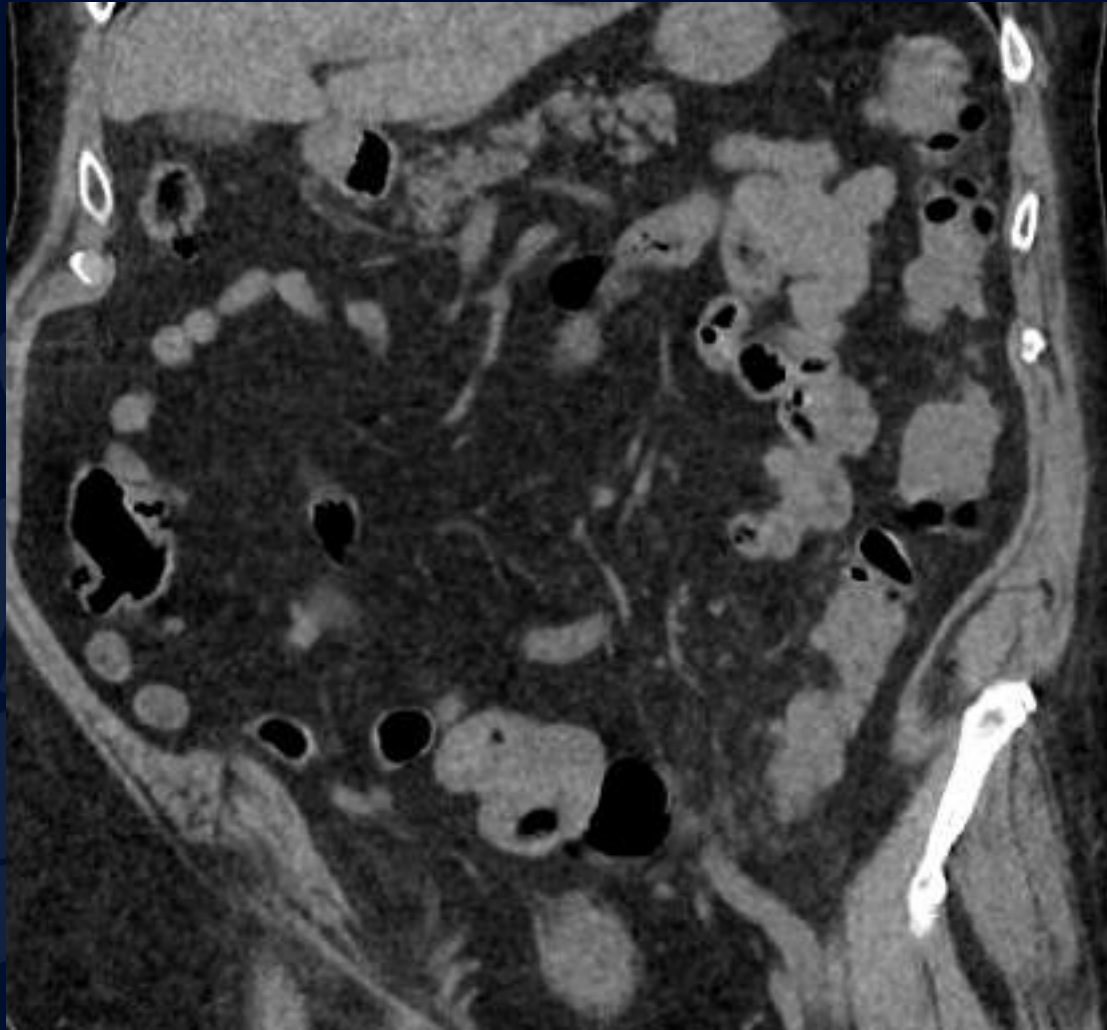
Coronal Non-contrast CT



Coronal Non-contrast CT



Coronal Non-contrast CT



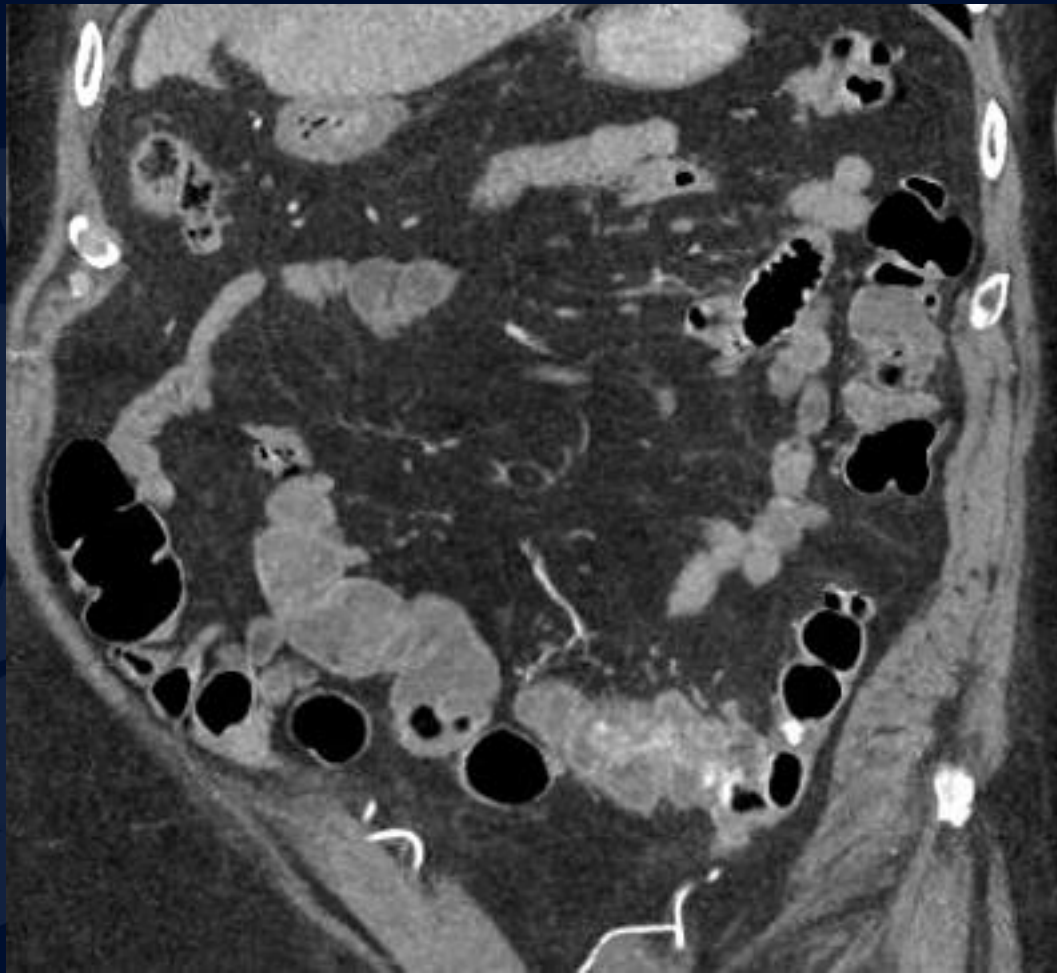
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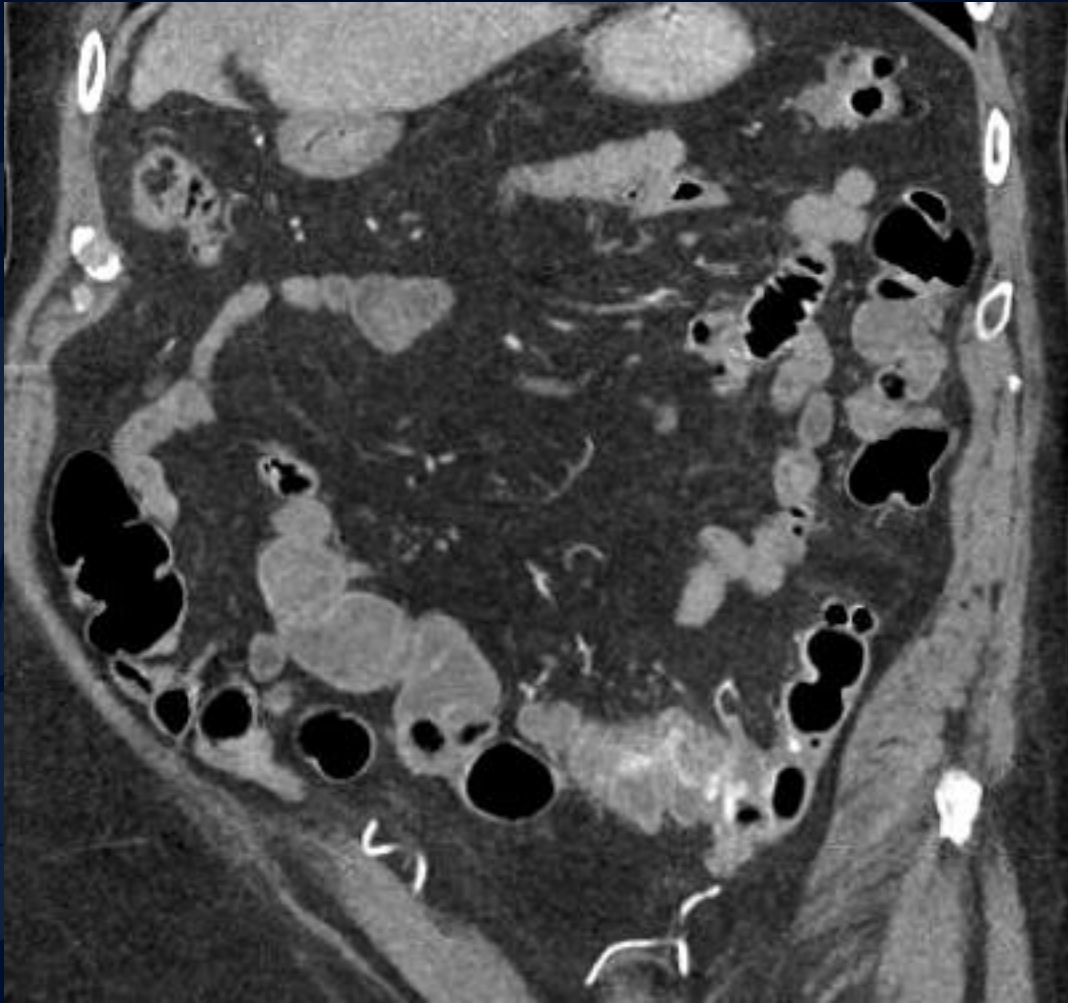
Coronal Contrast CT



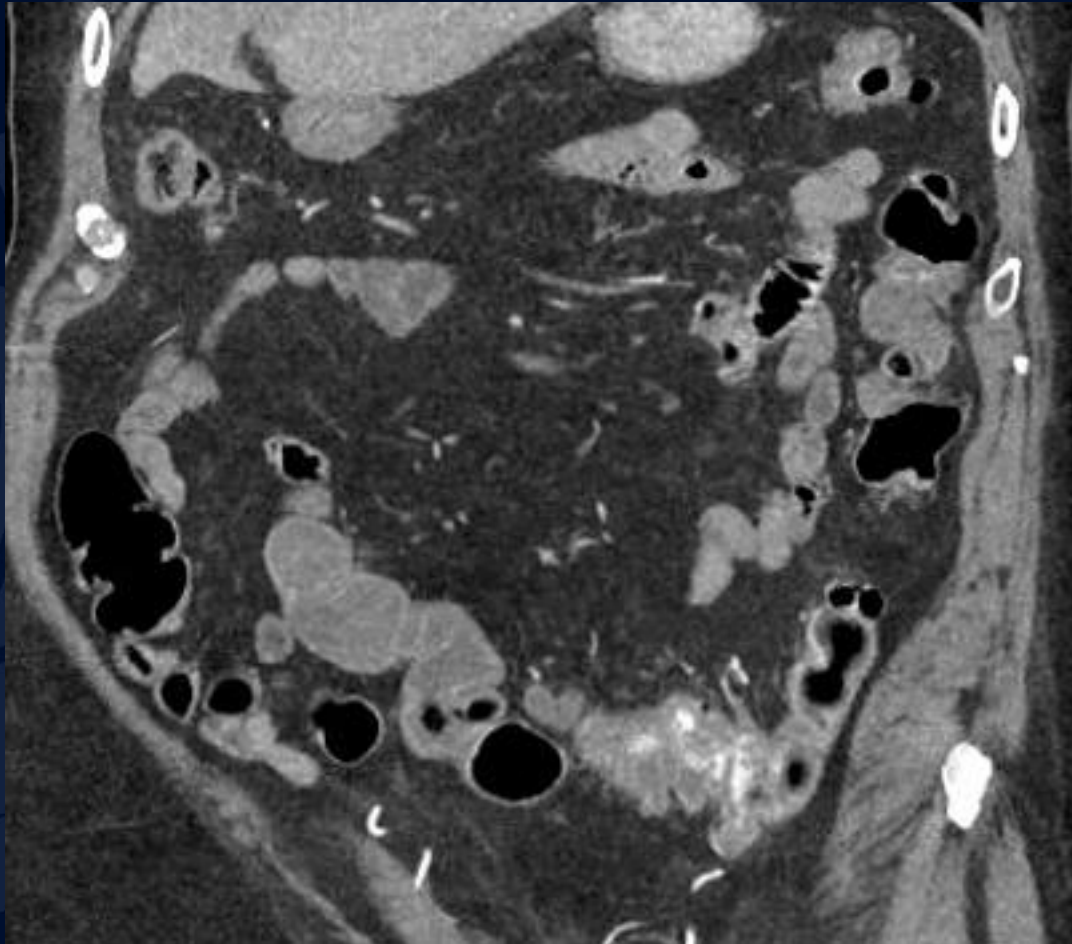
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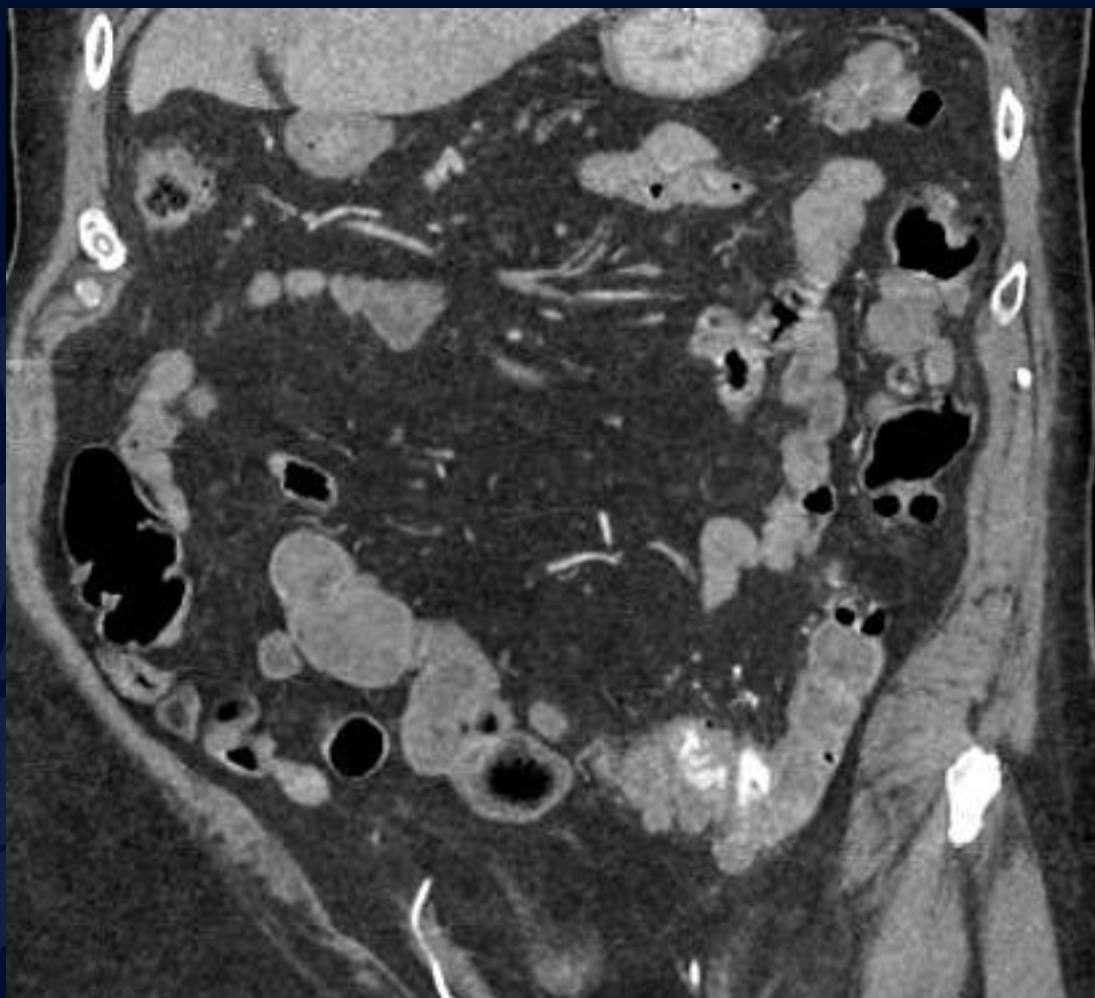
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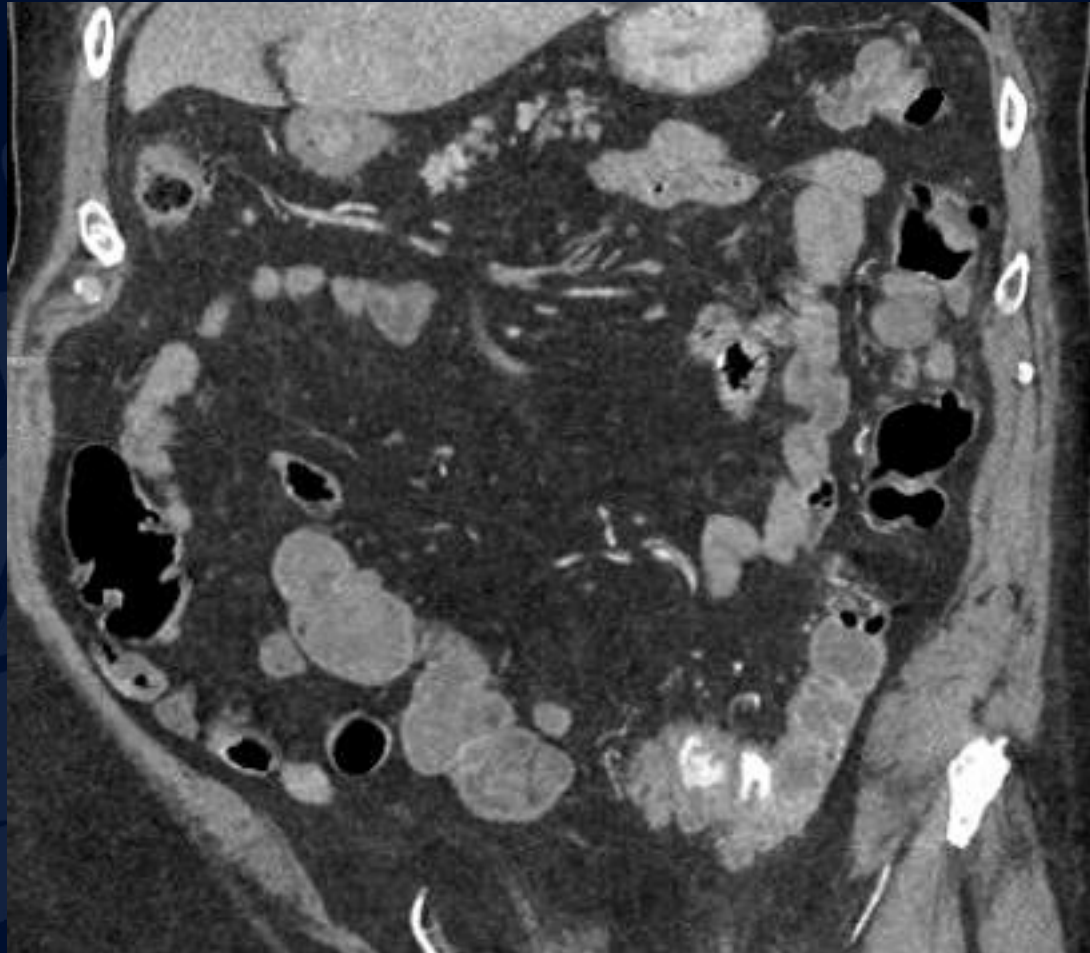
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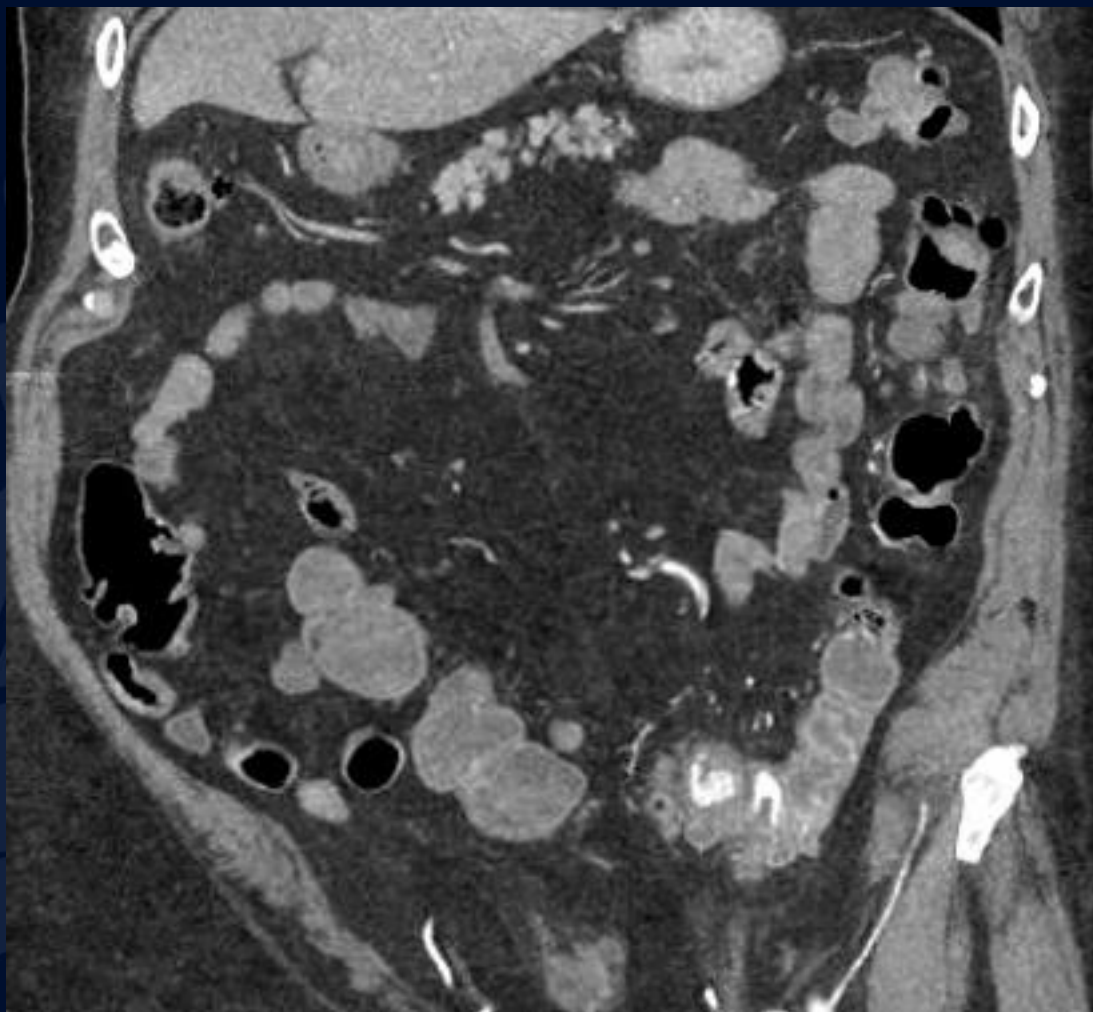
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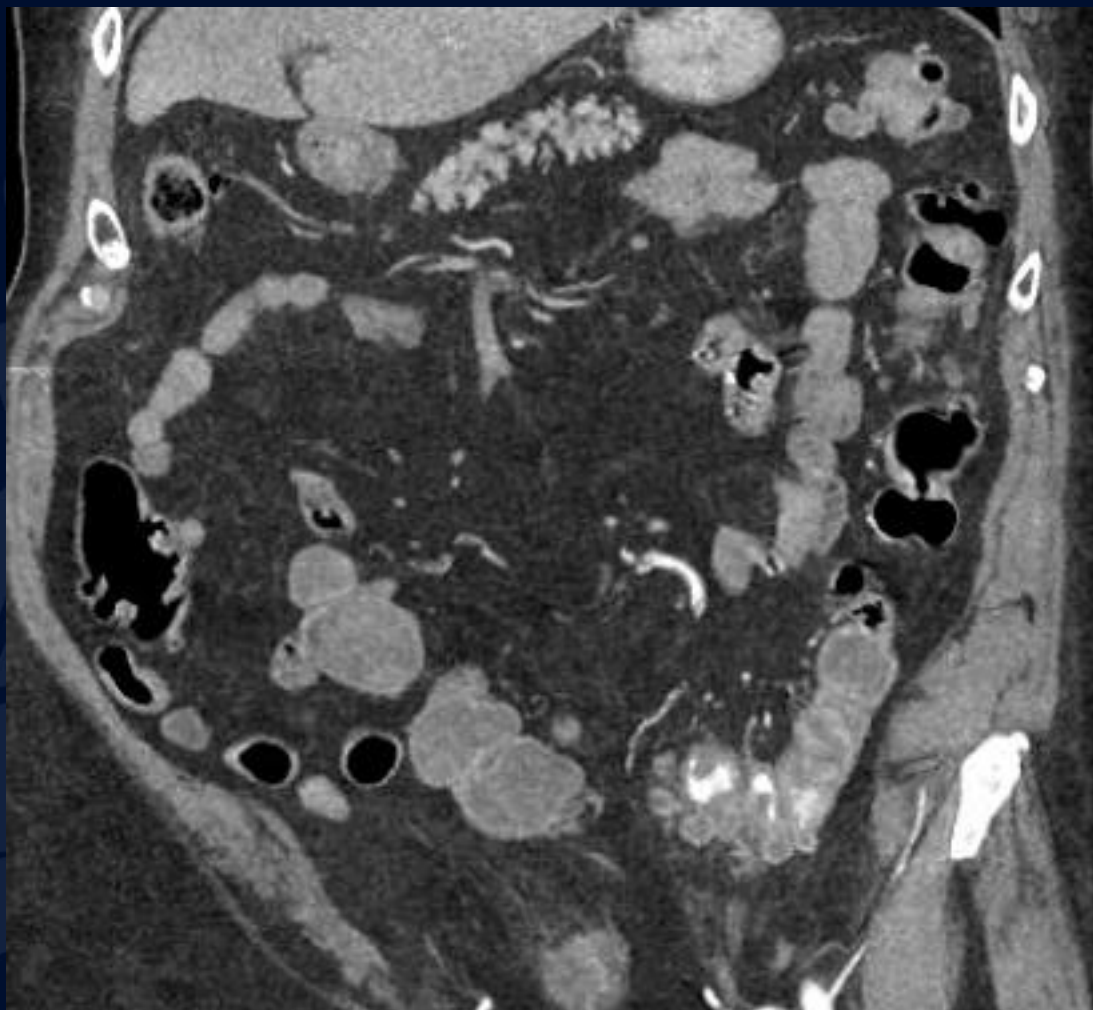
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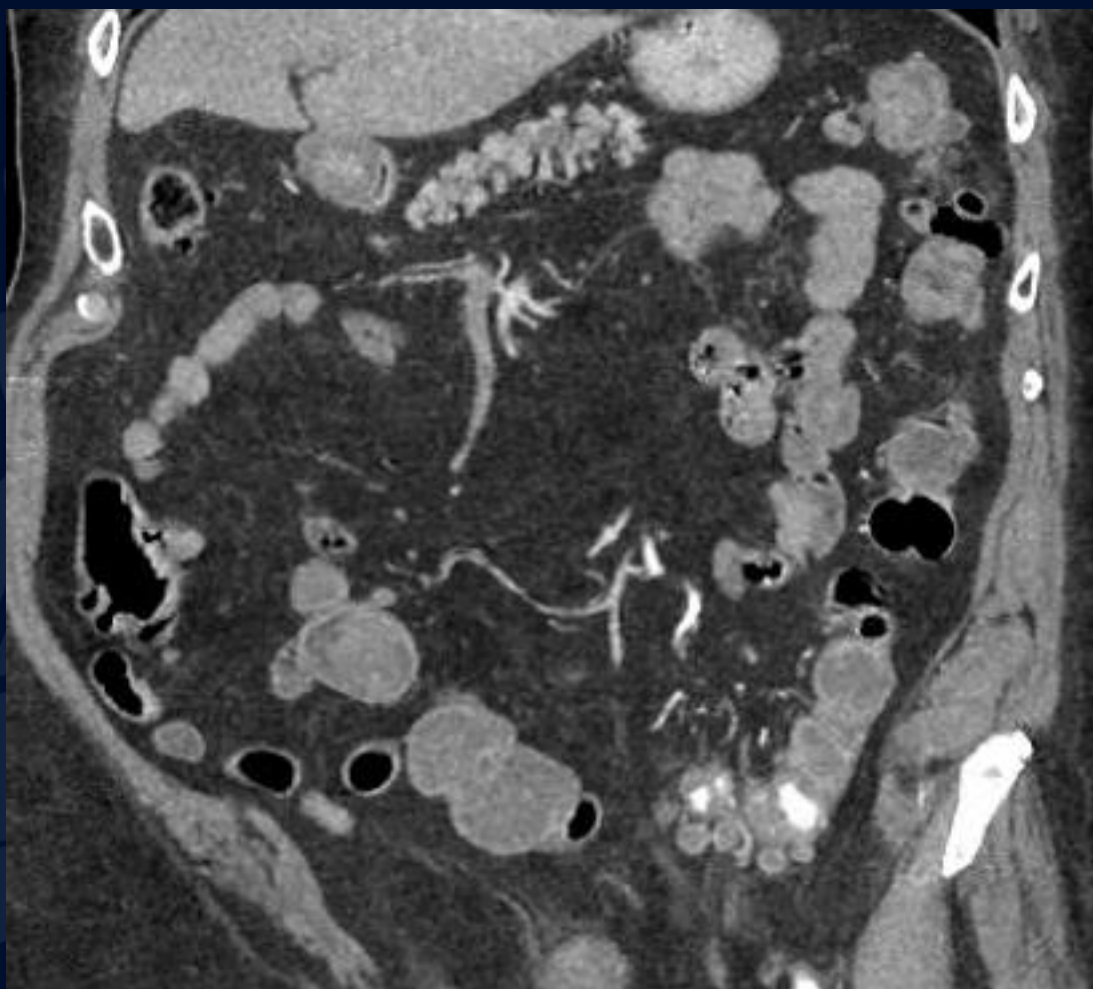
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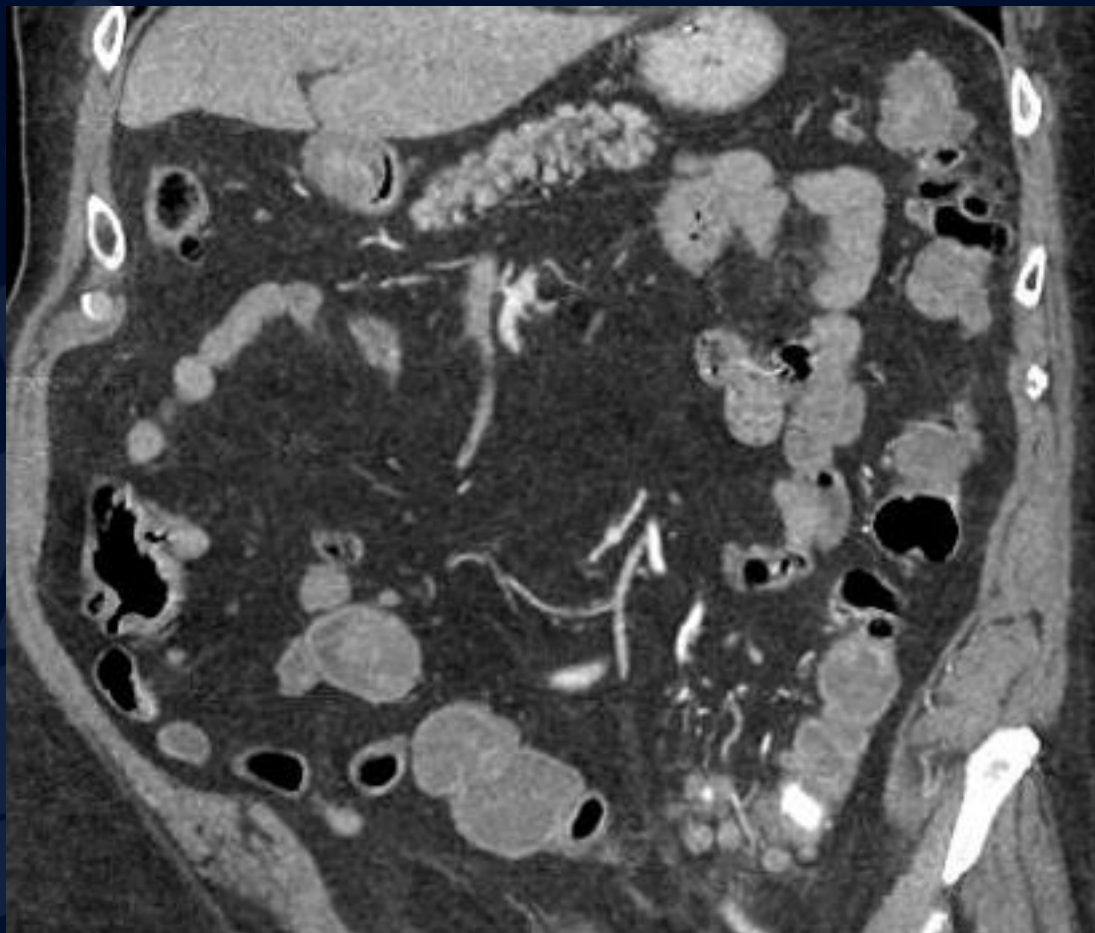
Coronal Contrast CT



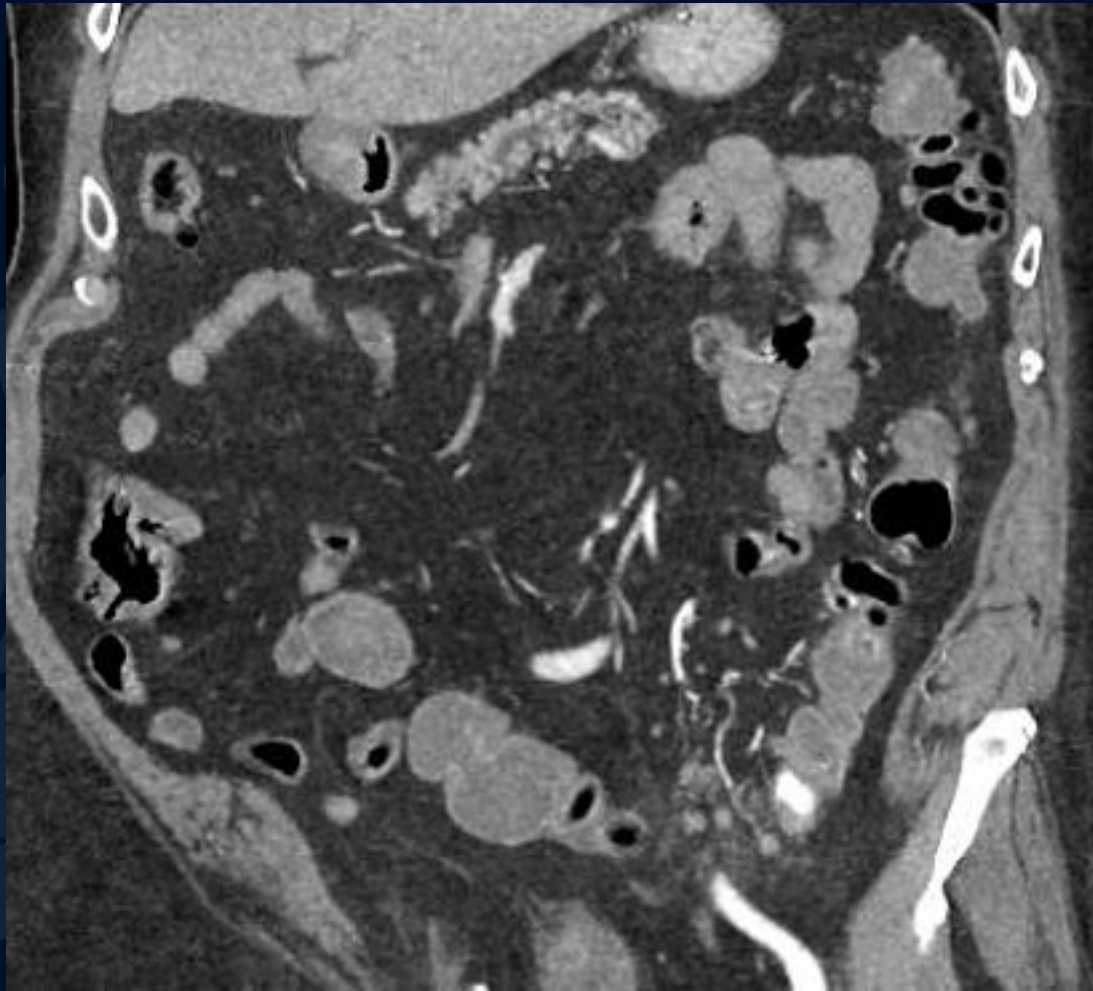
Coronal Contrast CT



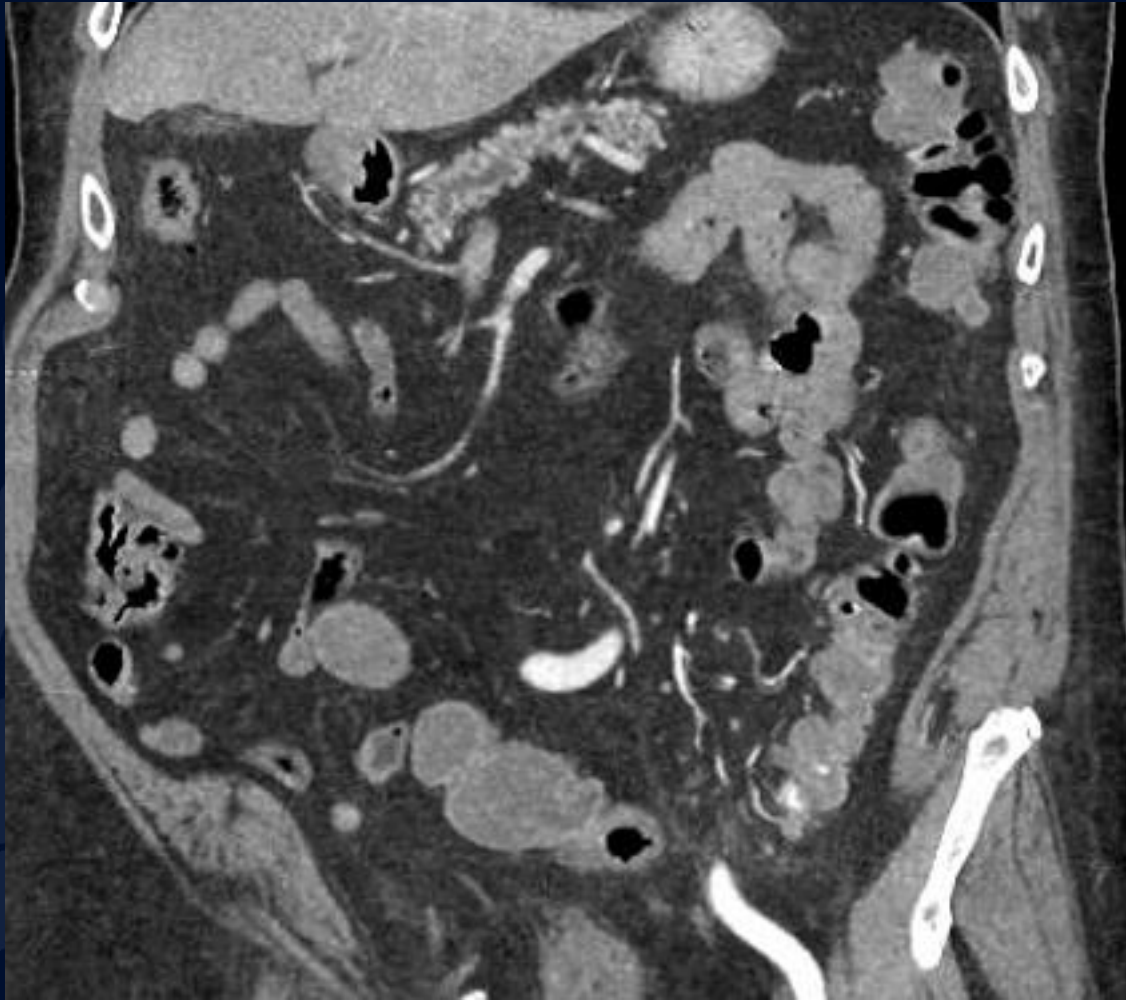
Coronal Contrast CT



Coronal Contrast CT



Coronal Contrast CT

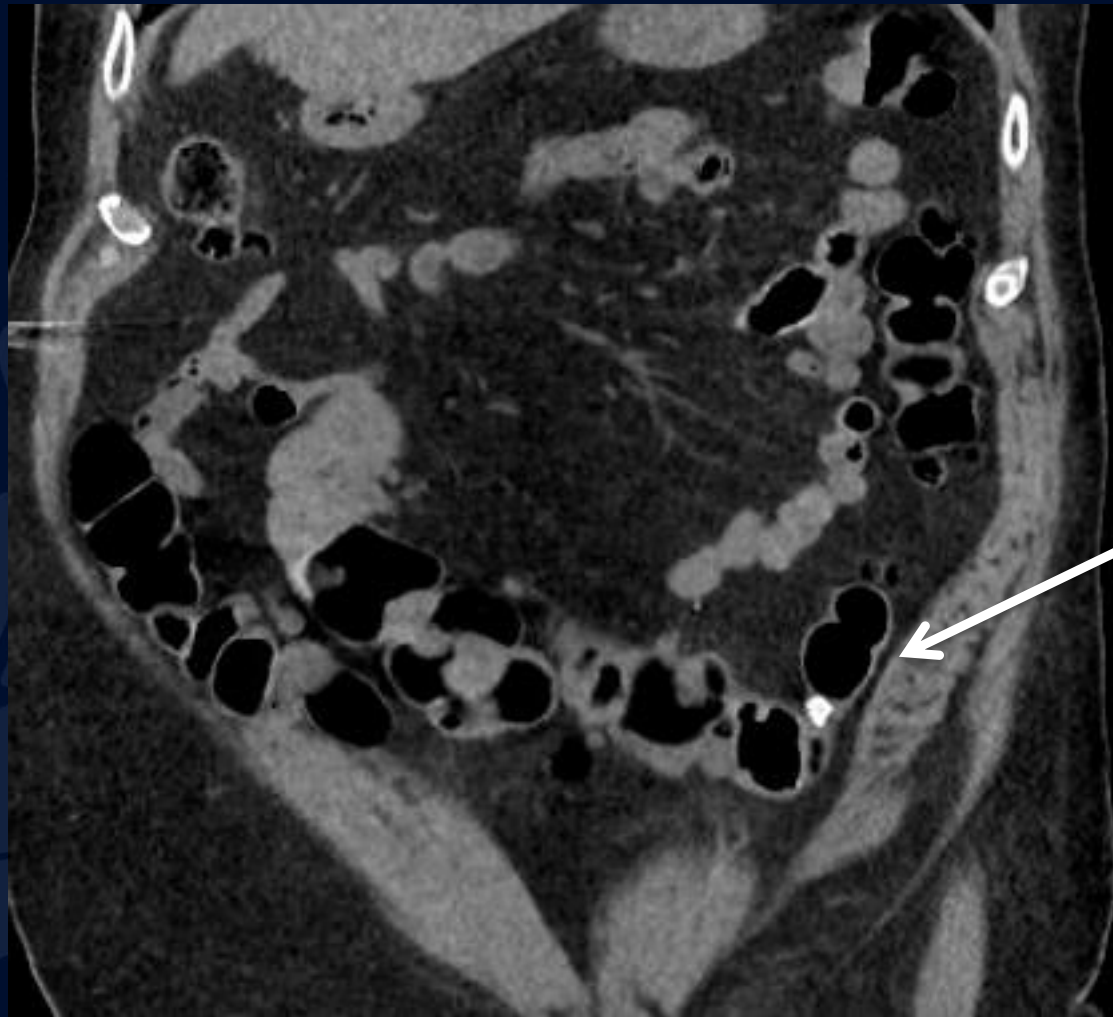


Coronal Contrast CT

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the image. It has a prominent central vein and several smaller veins branching out, with a wavy, lobed edge.

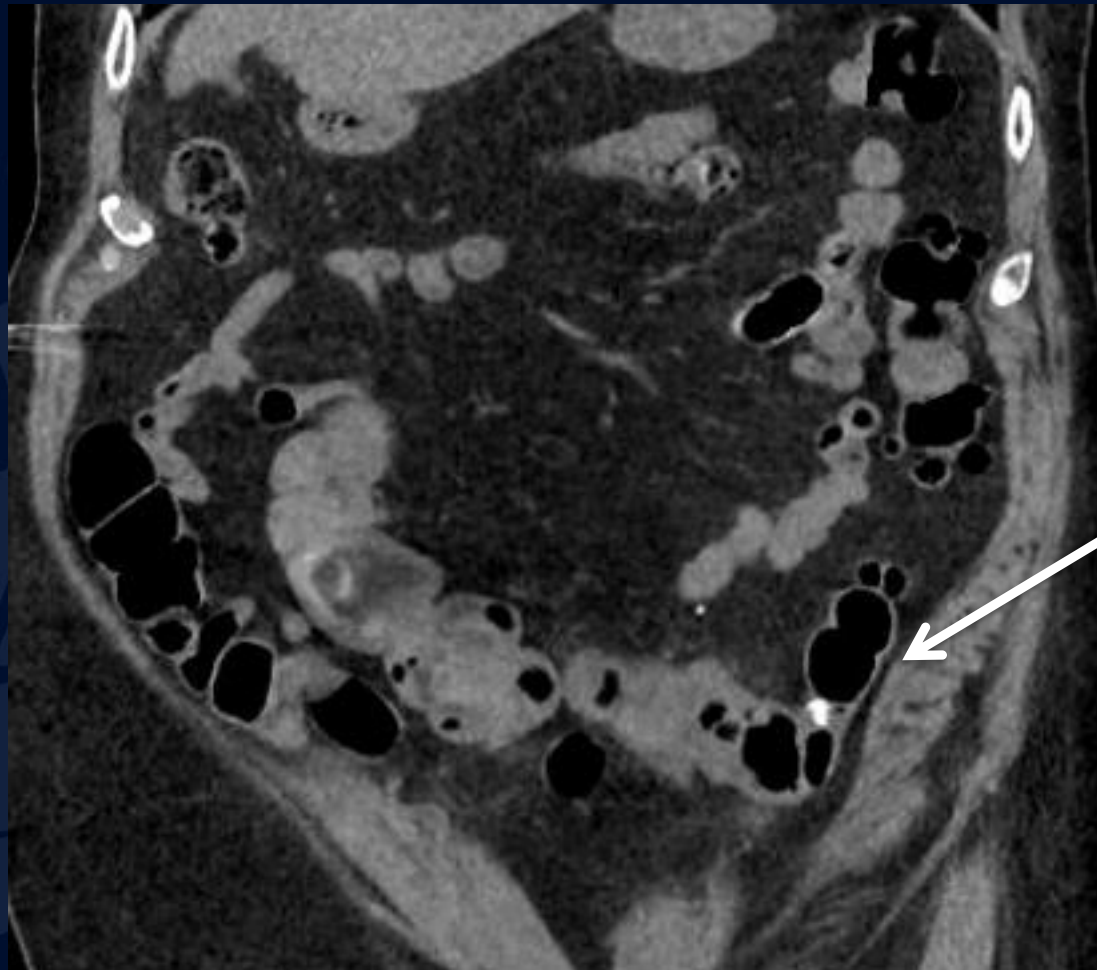
?

Lower GI Bleed



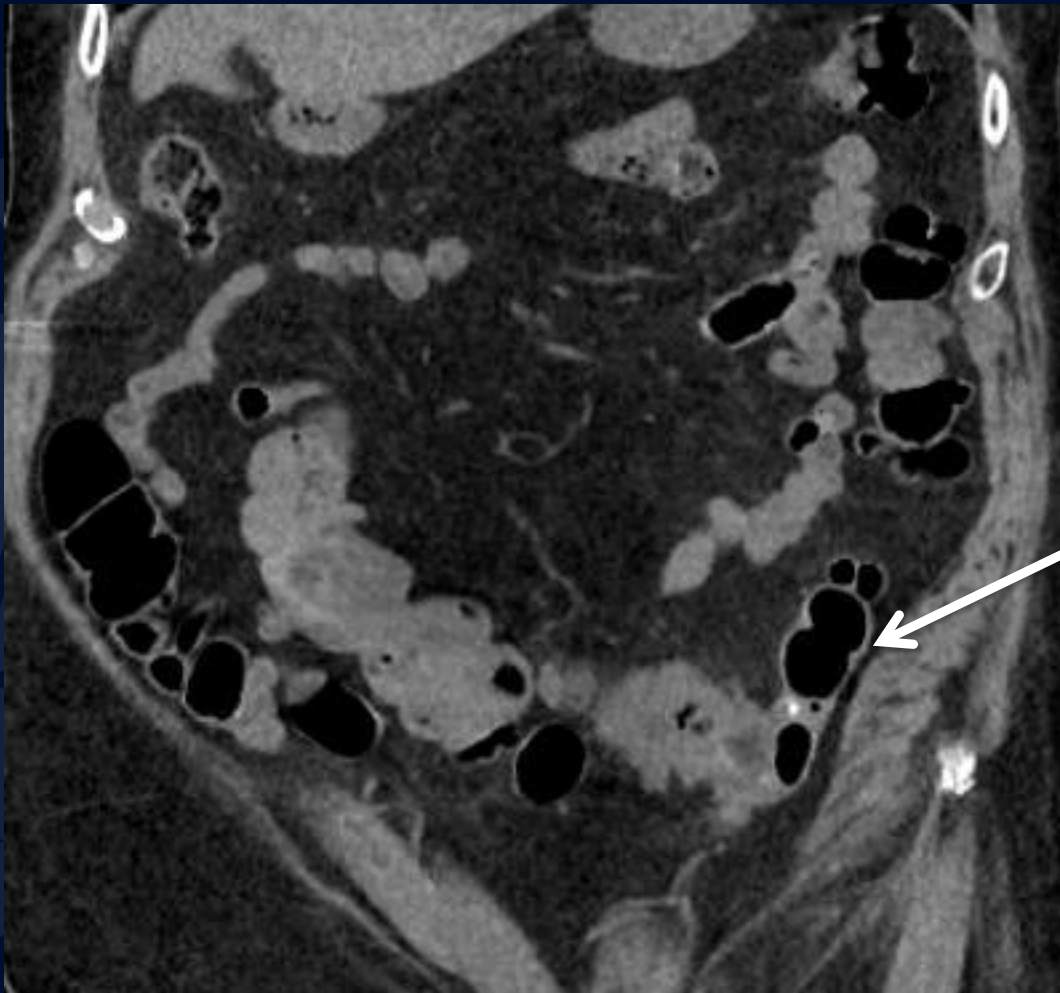
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



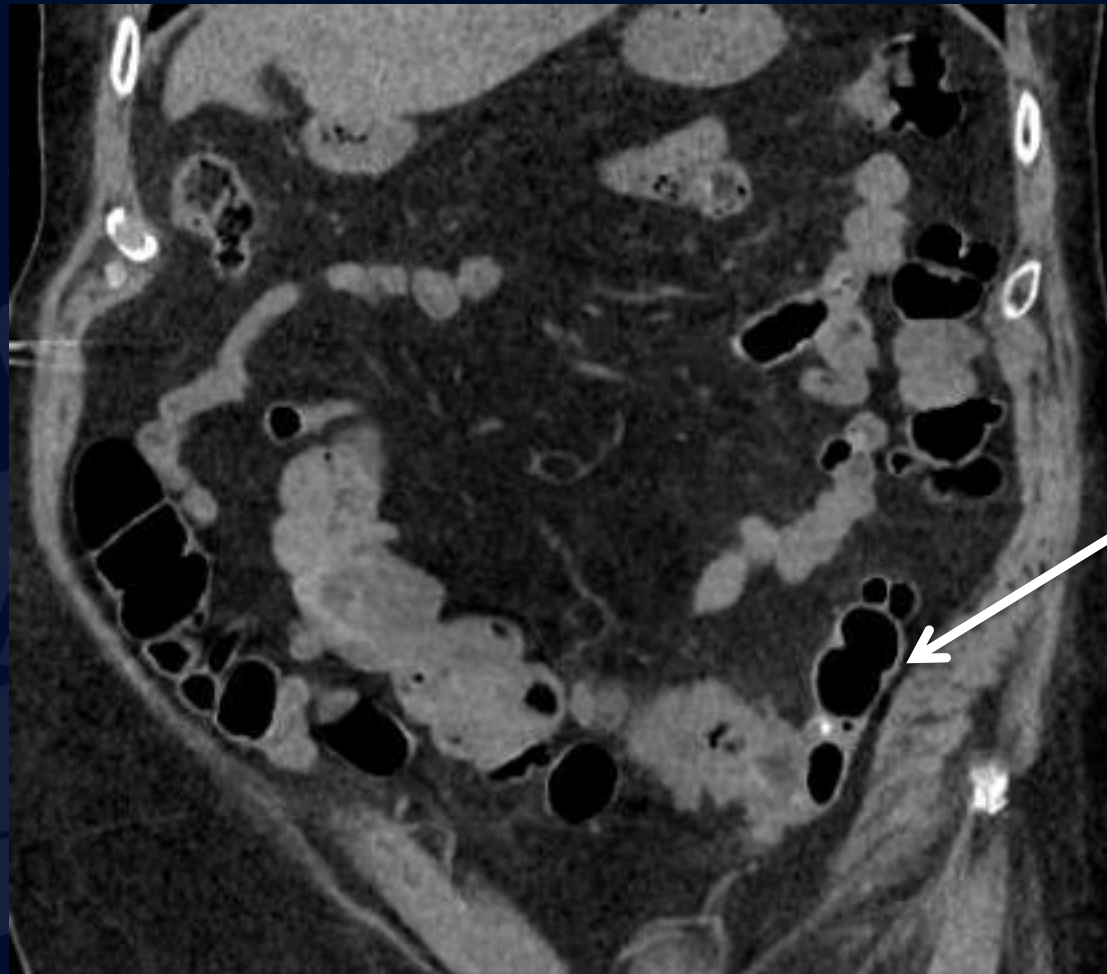
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



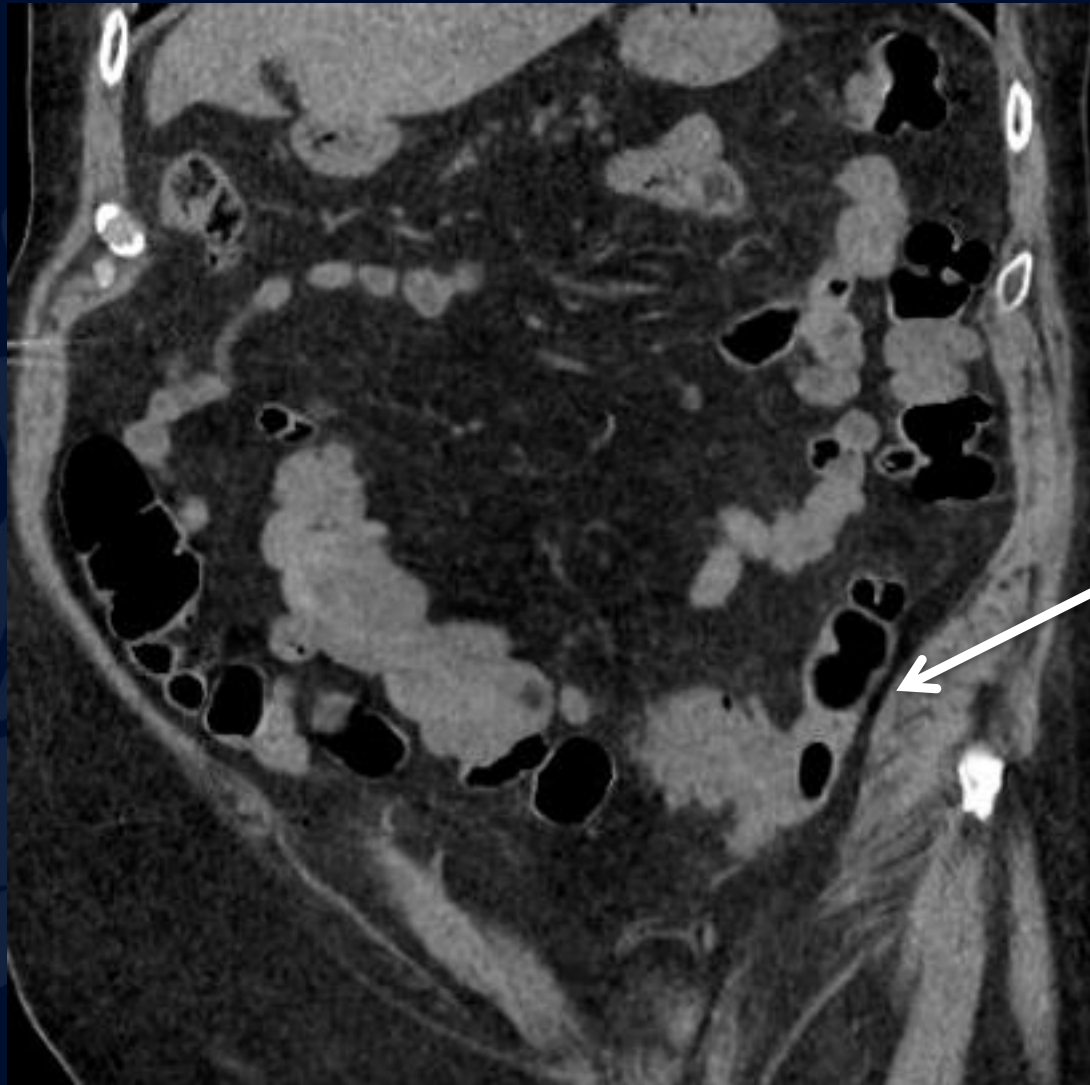
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



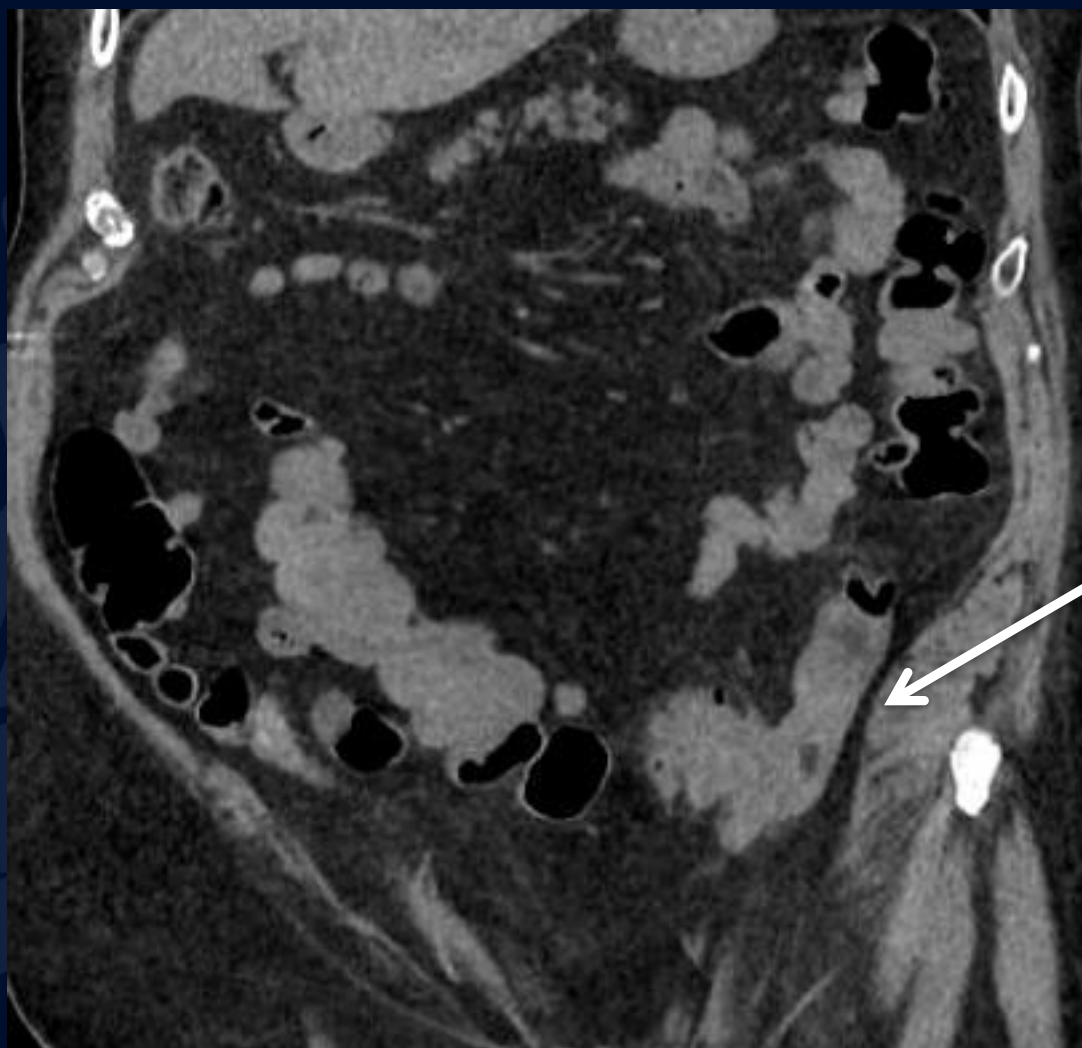
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



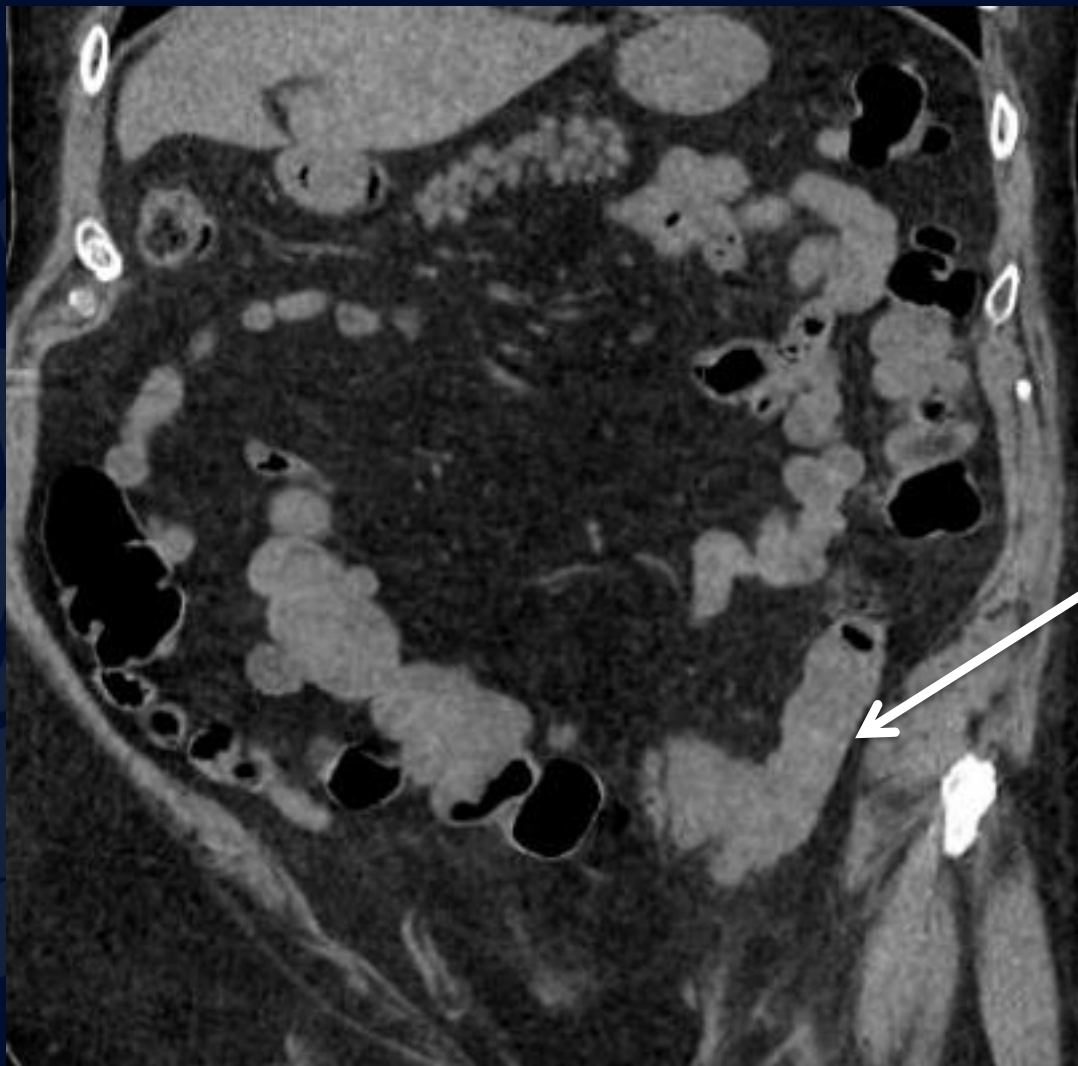
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



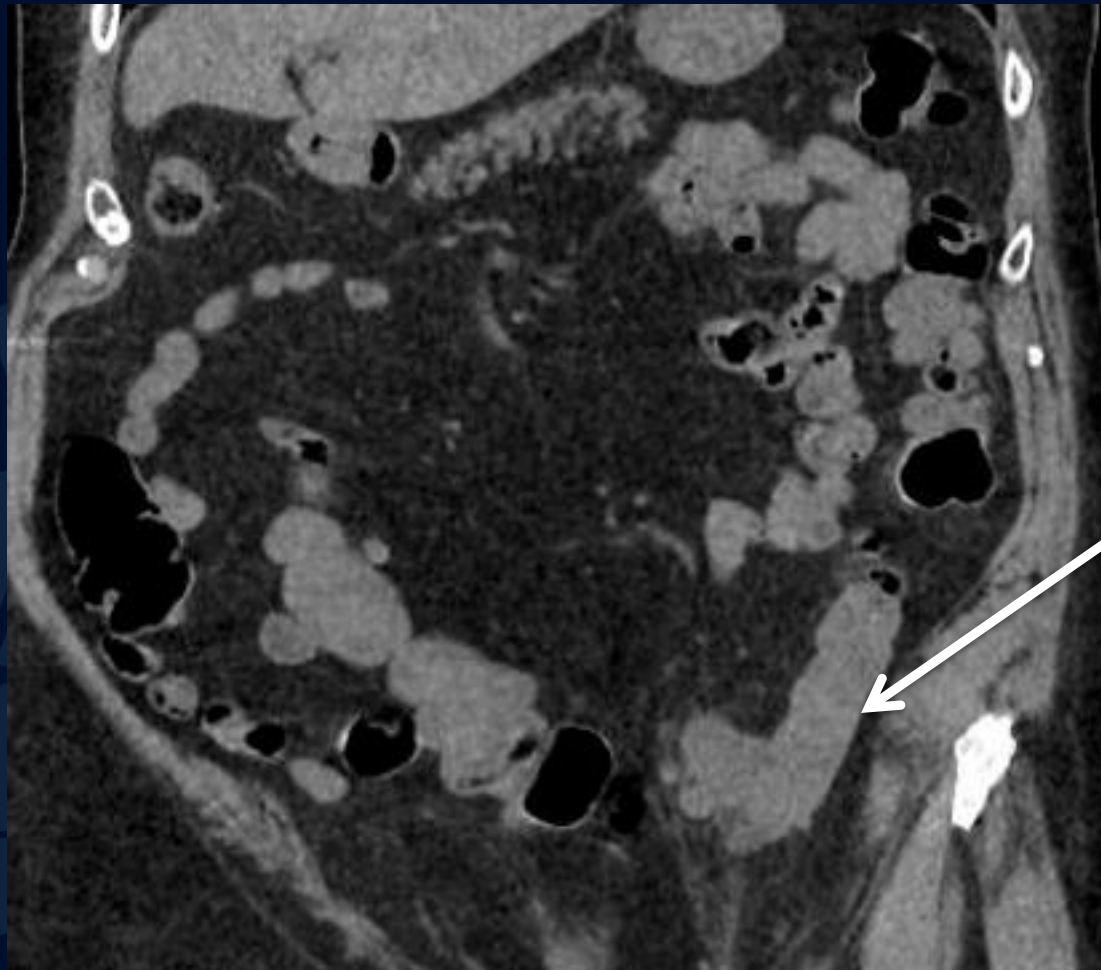
Non-contrast
image
demonstrates no
hypderdense
material

Coronal Non-contrast CT



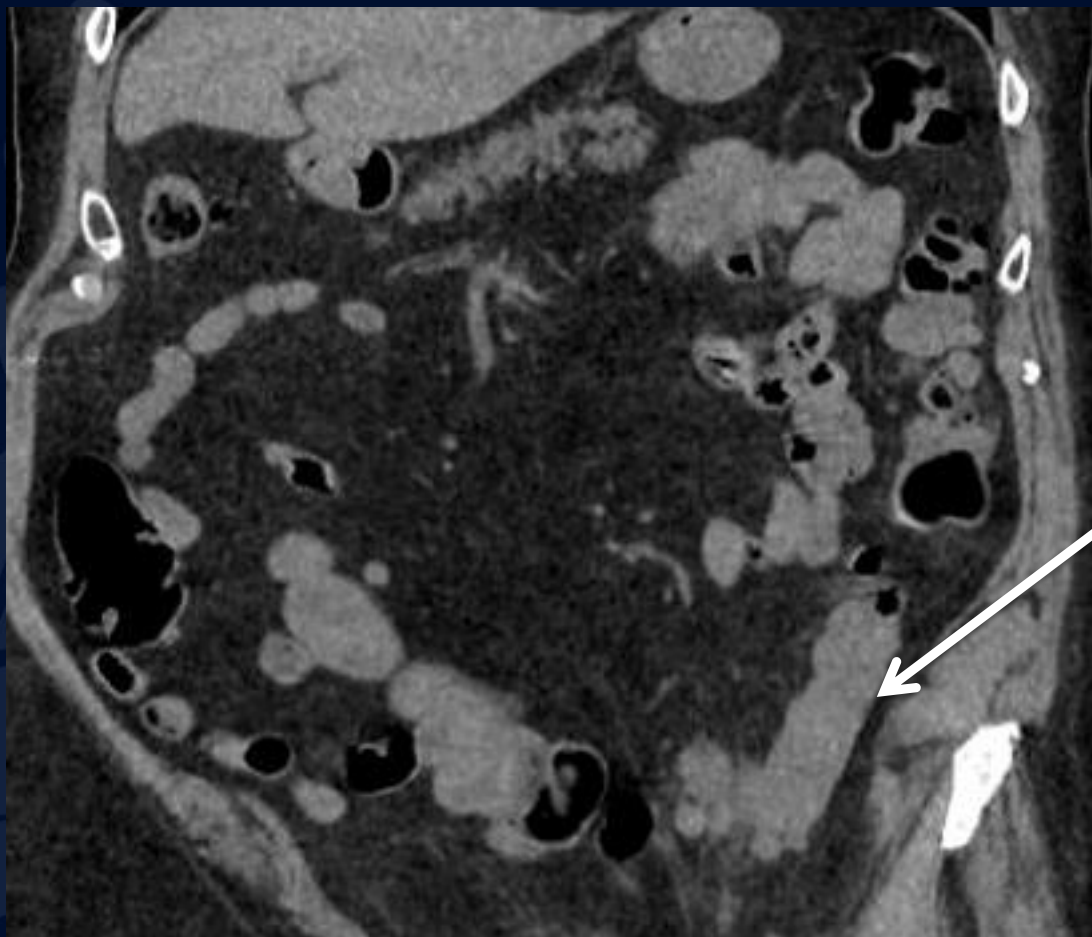
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



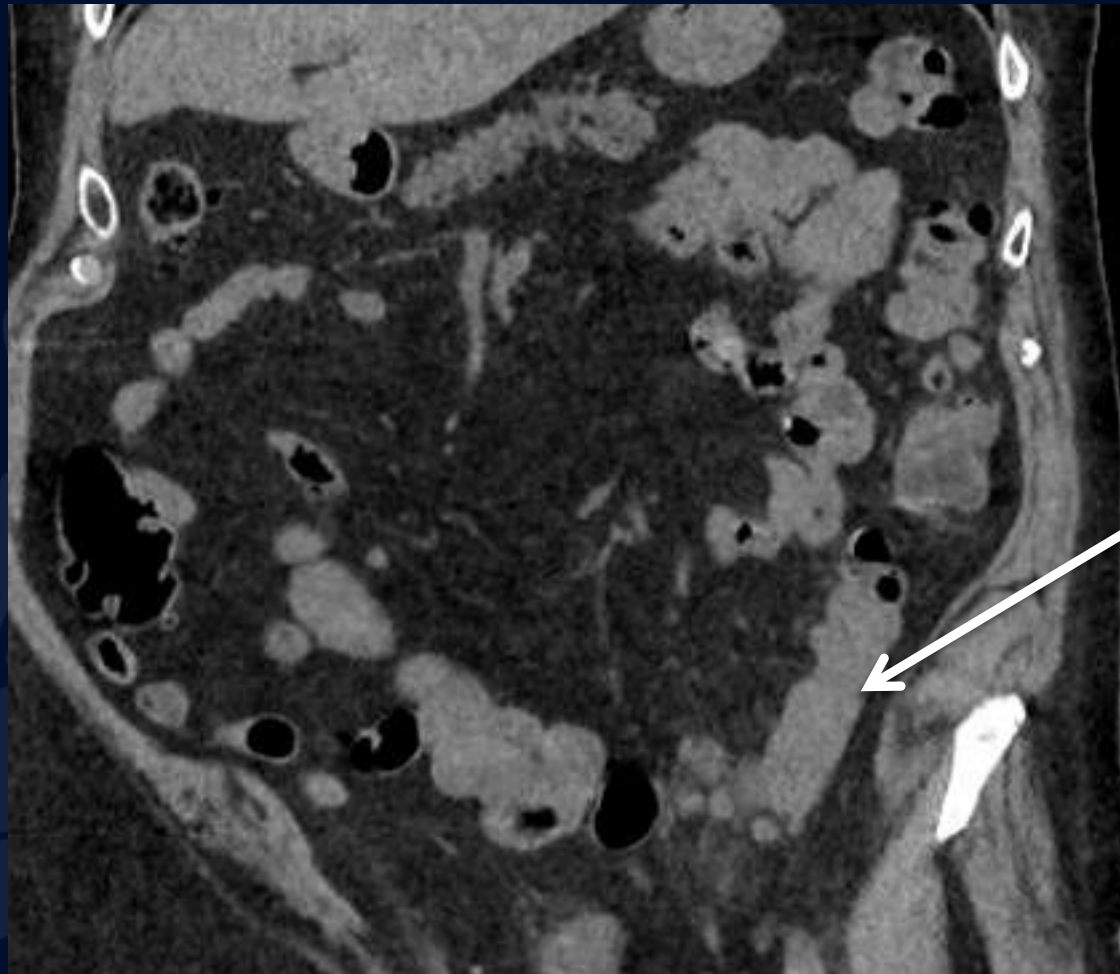
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



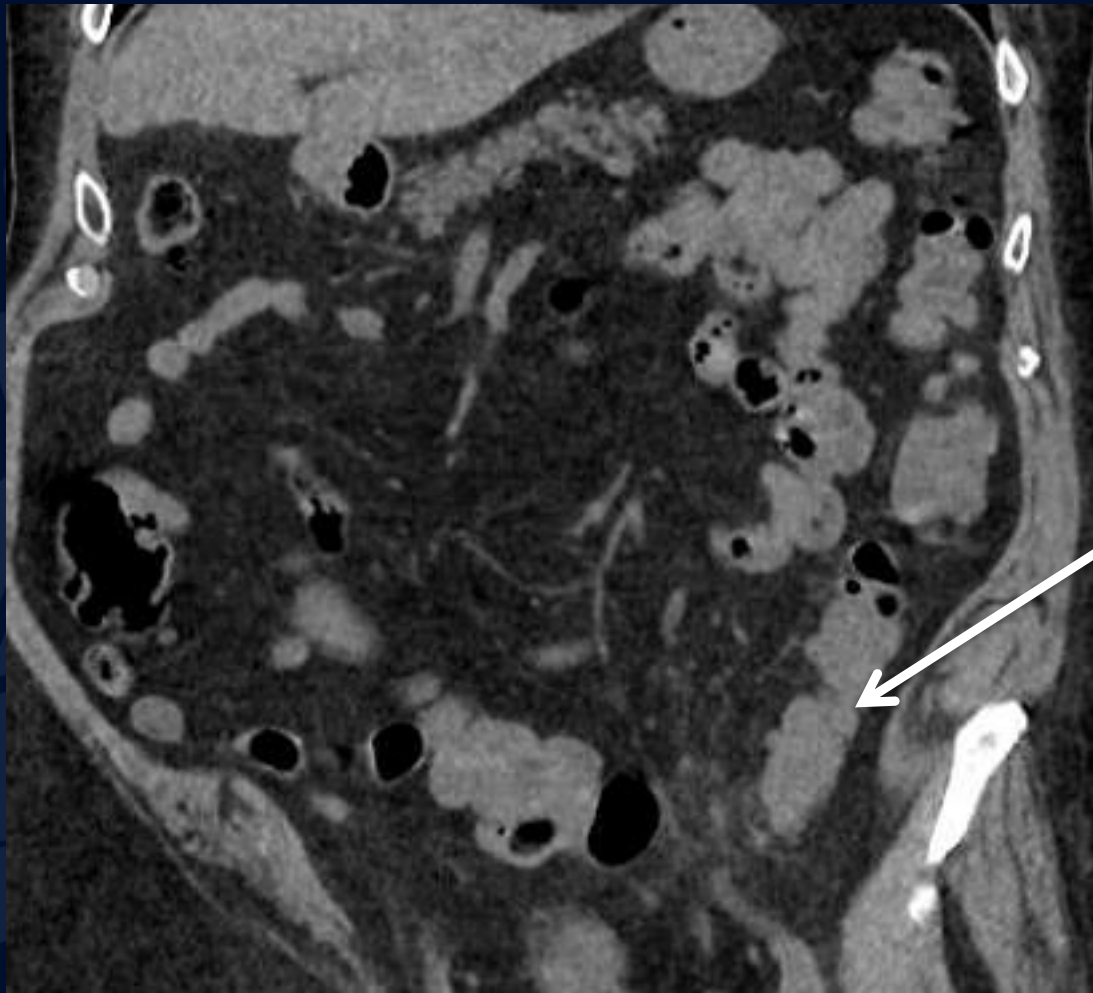
Non-contrast
image
demonstrates no
hypderdense
material

Coronal Non-contrast CT



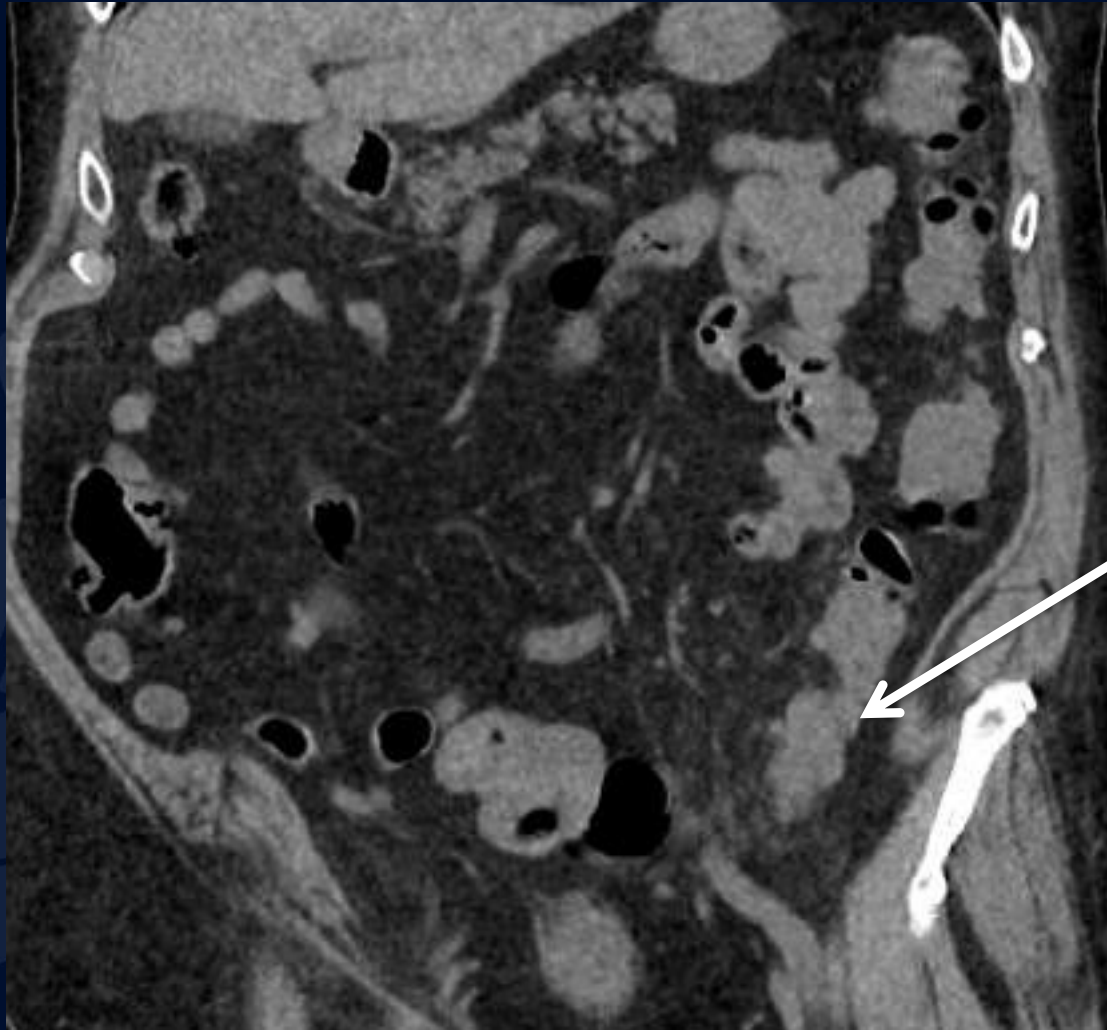
Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



Non-contrast
image
demonstrates no
hyperdense
material

Coronal Non-contrast CT



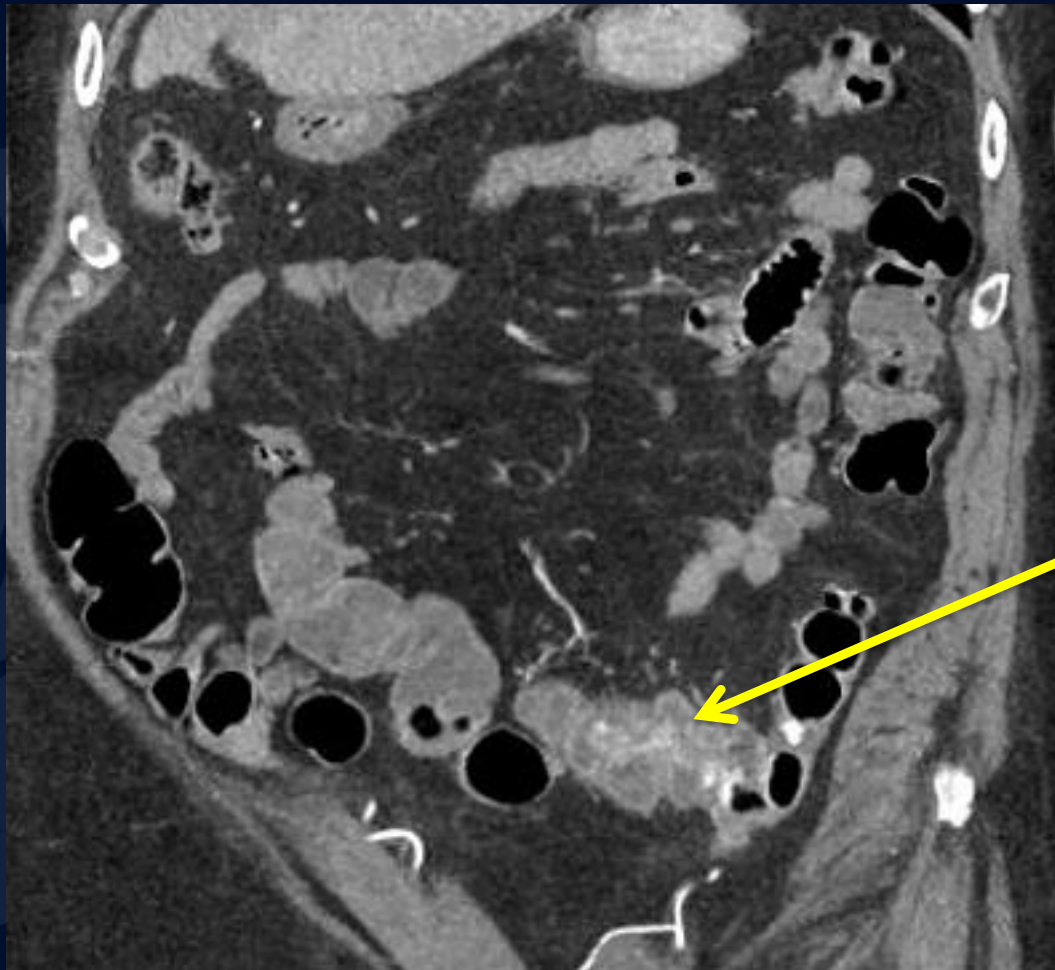
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



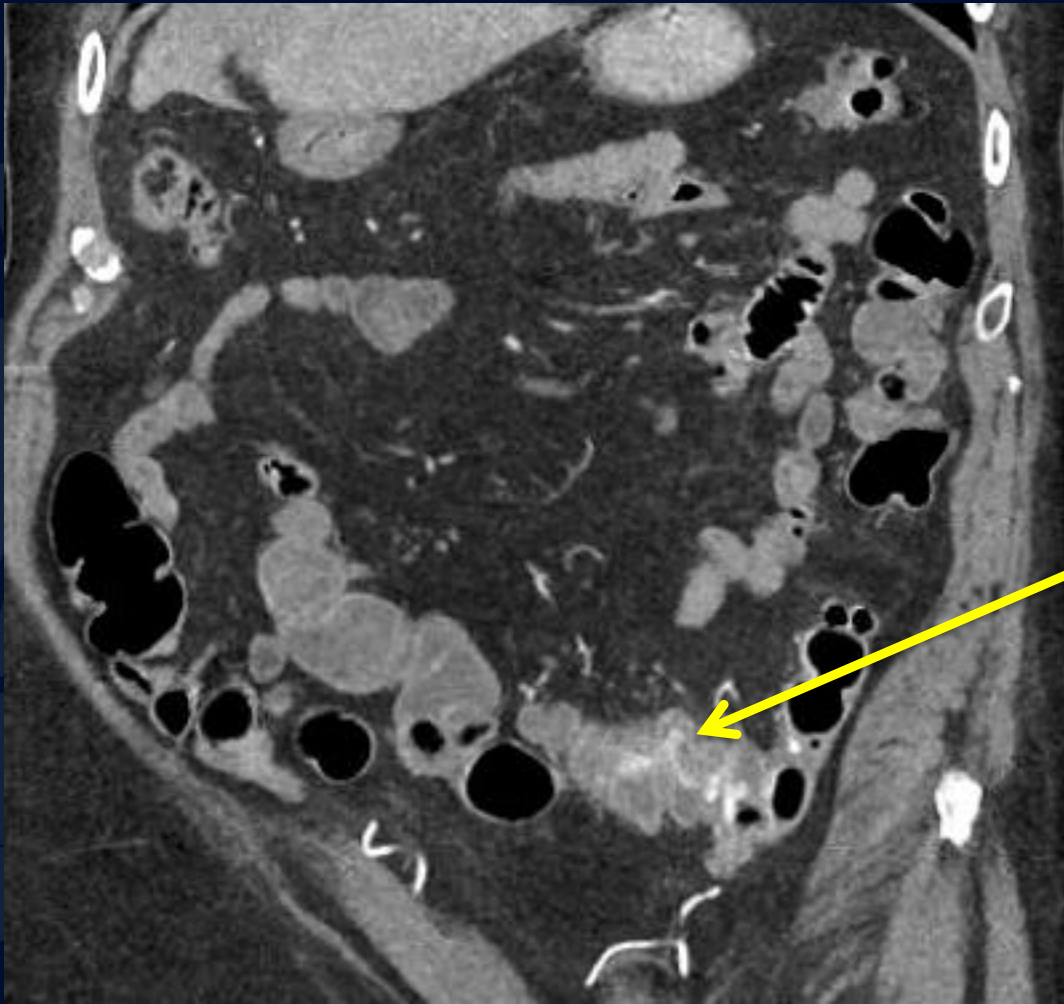
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



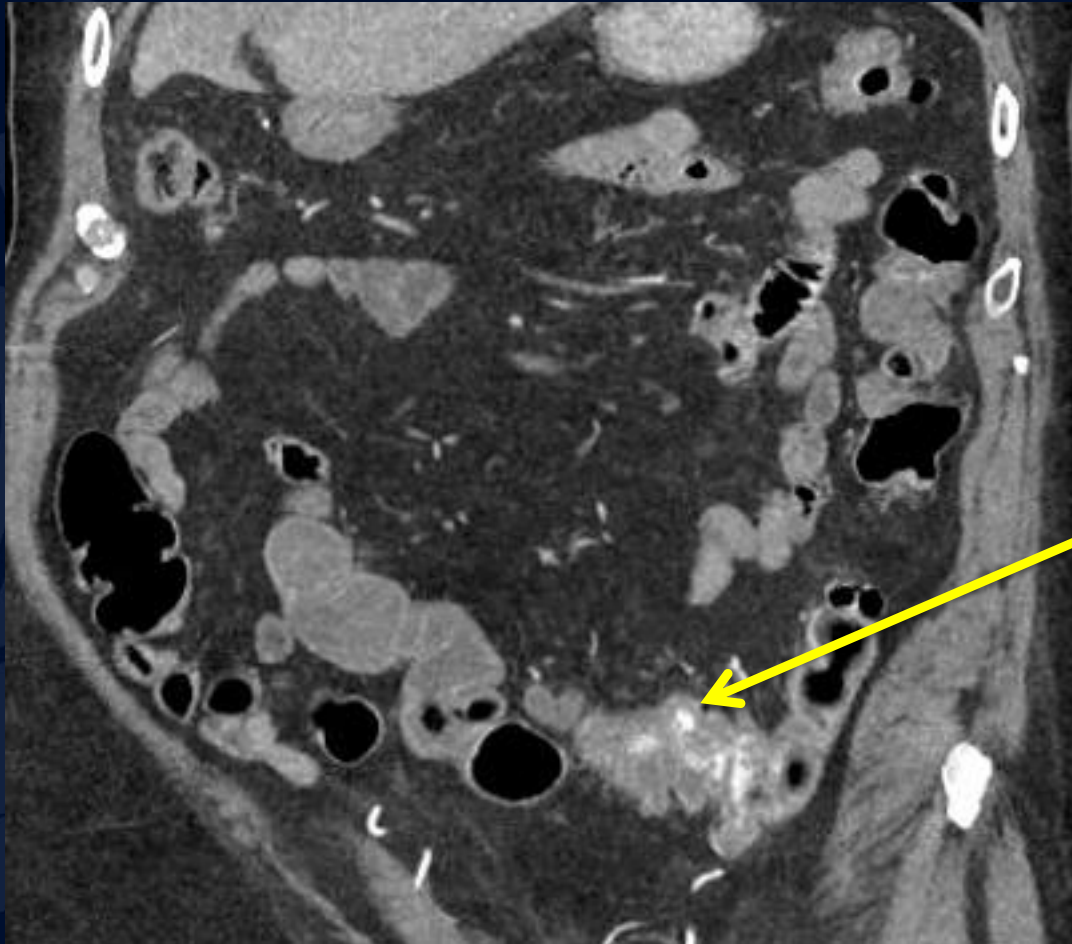
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



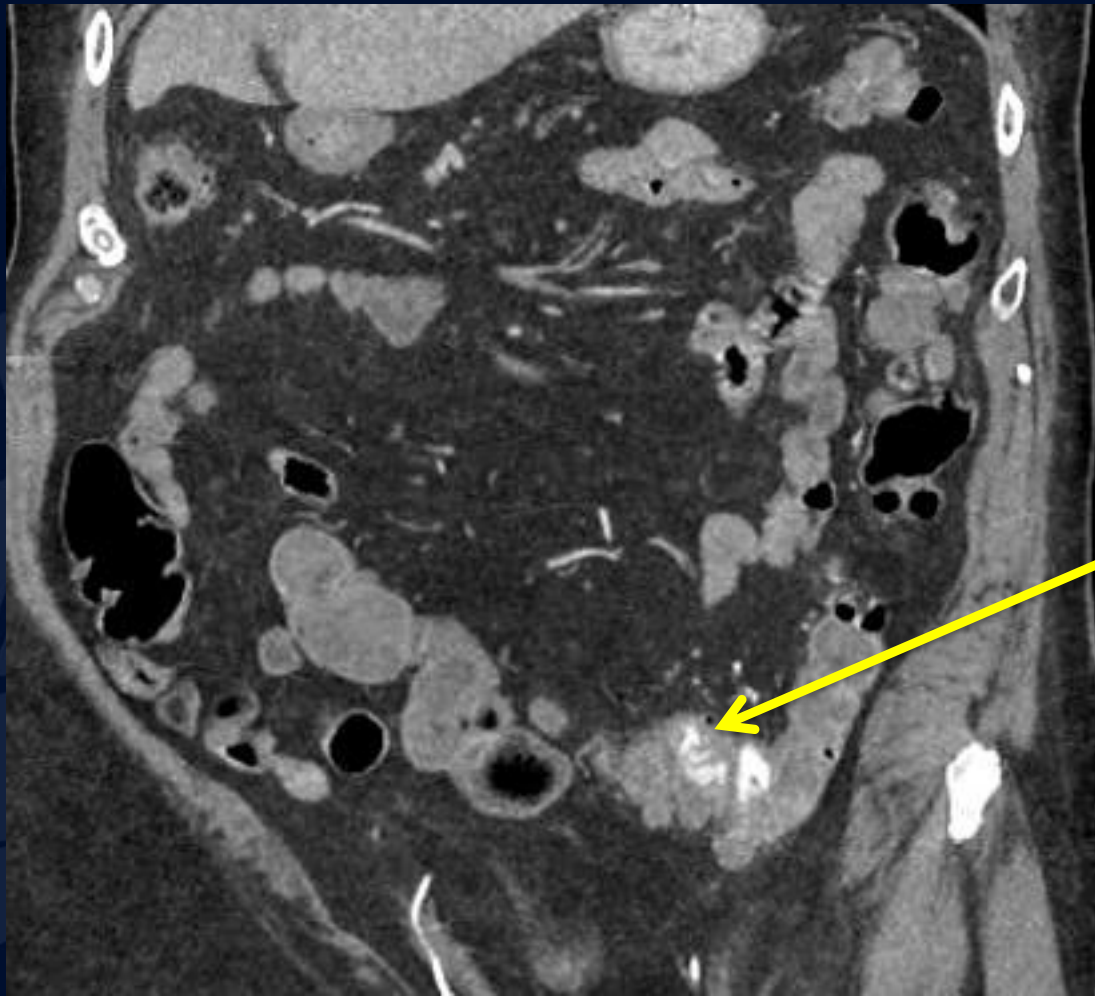
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



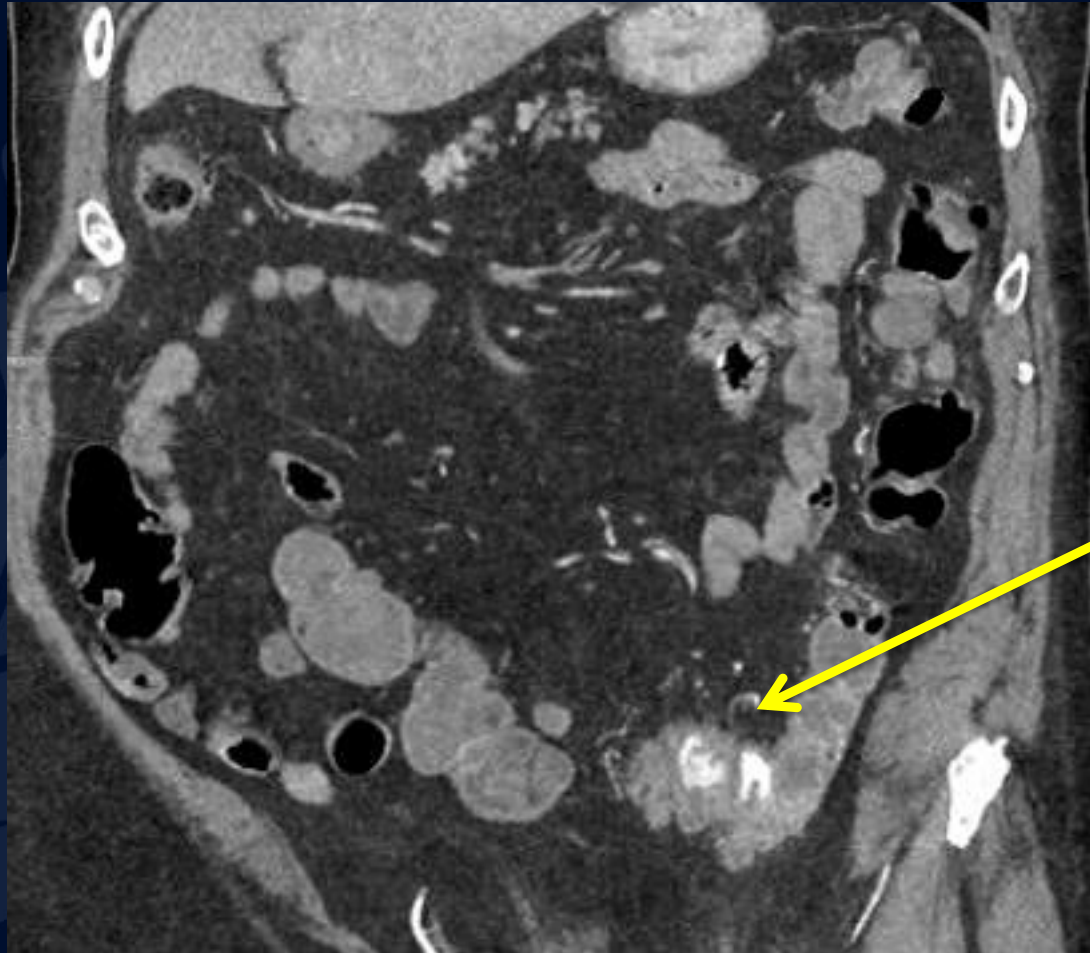
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



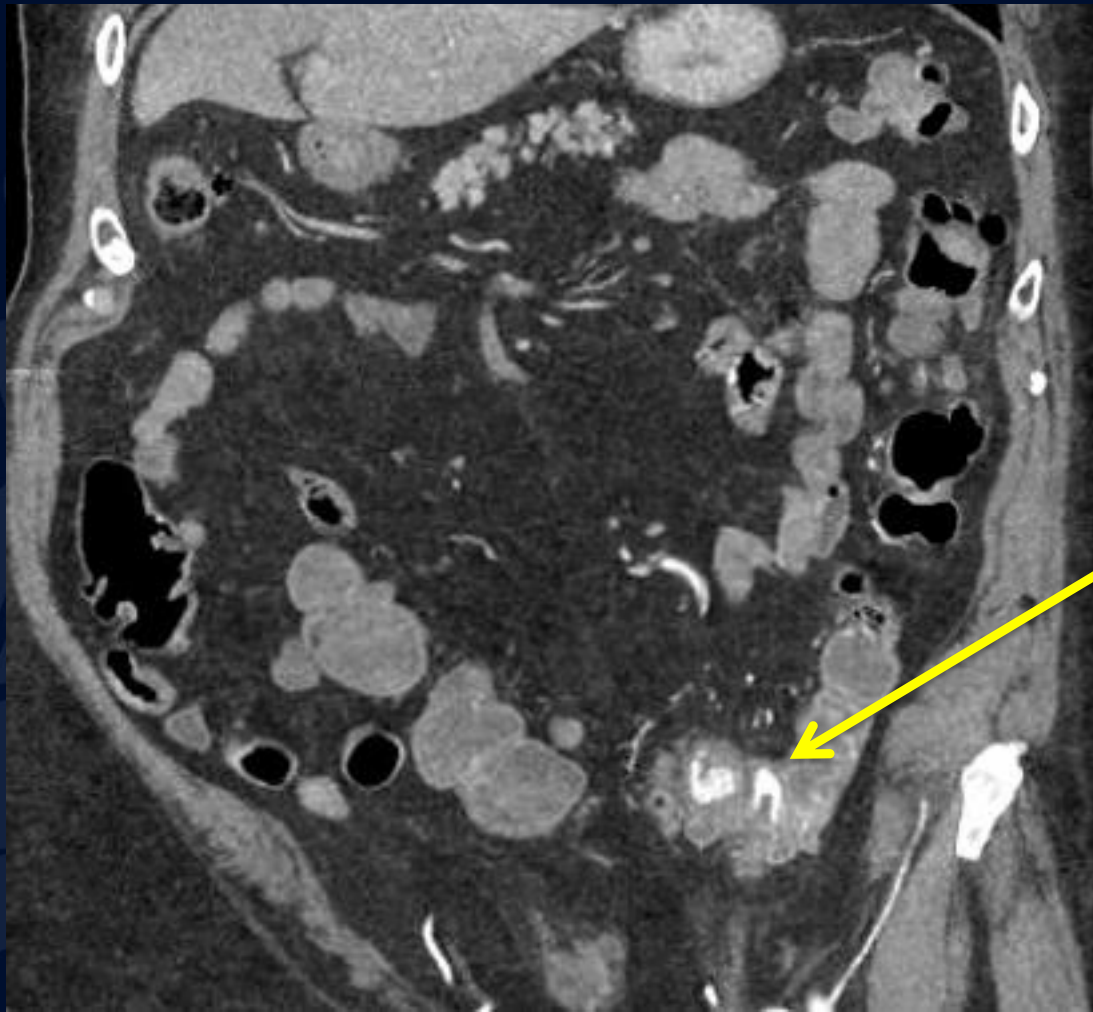
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



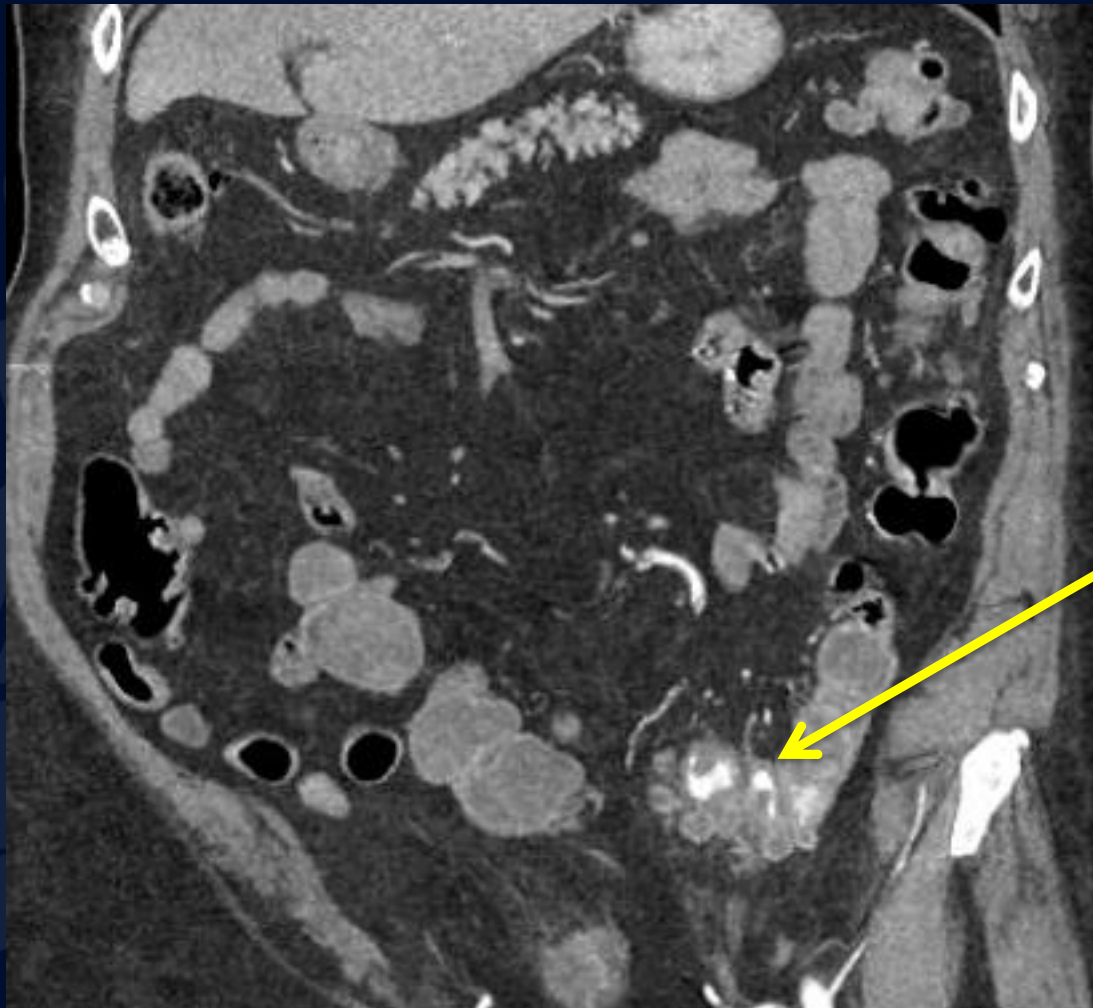
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



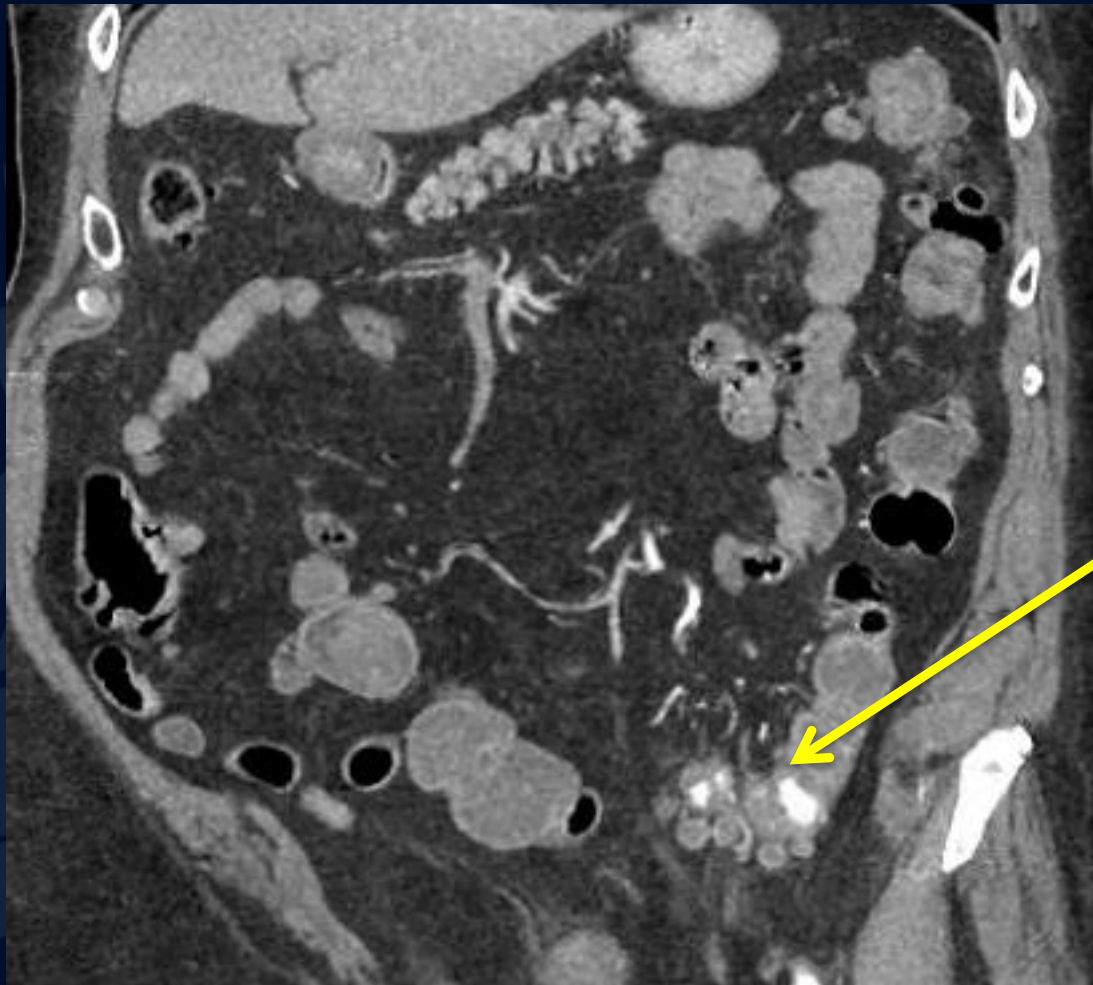
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



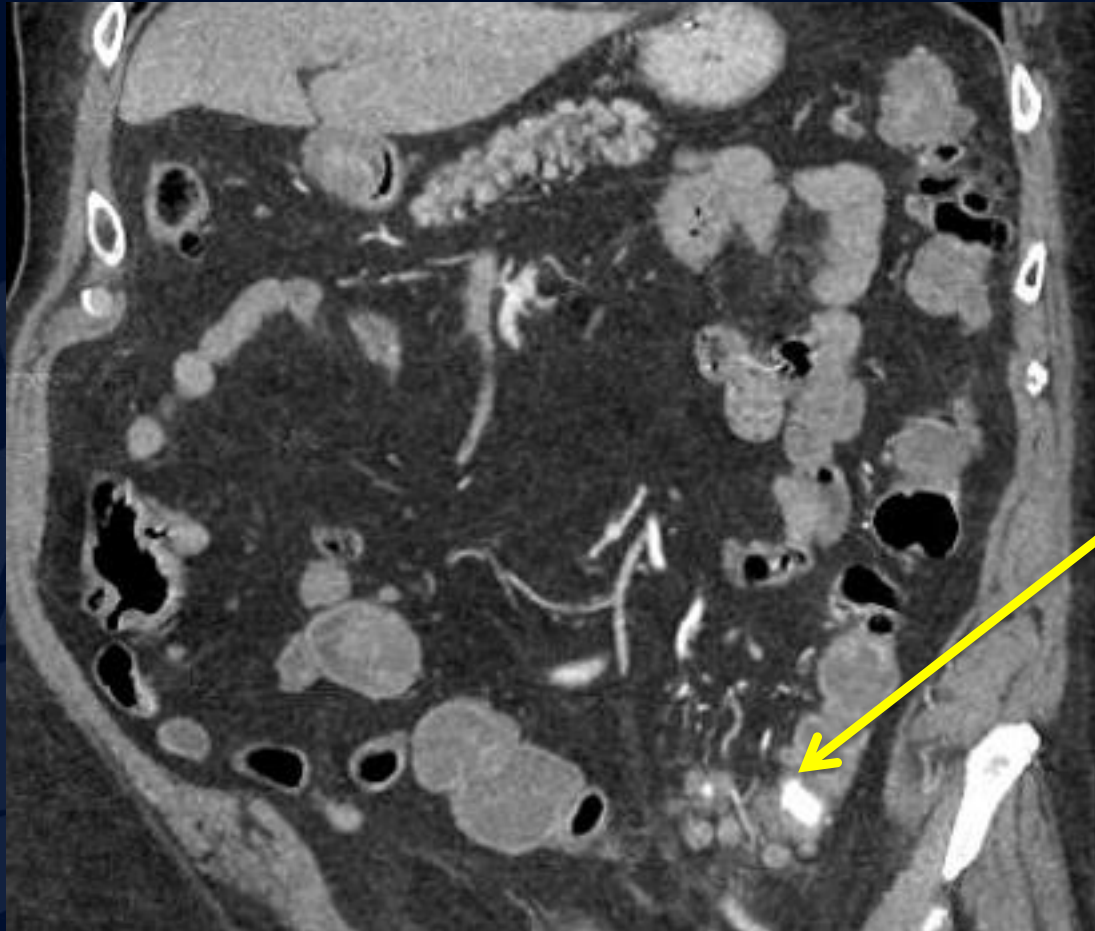
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



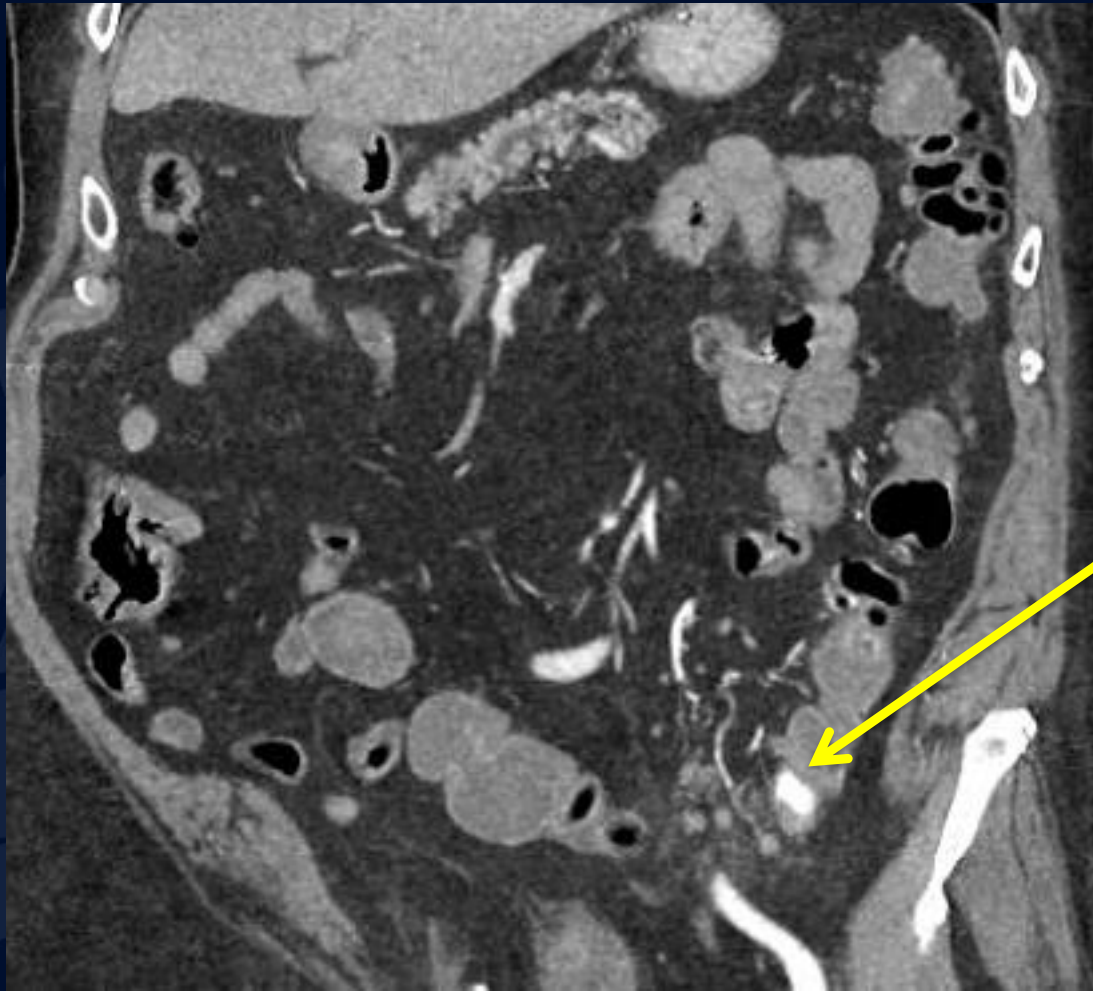
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



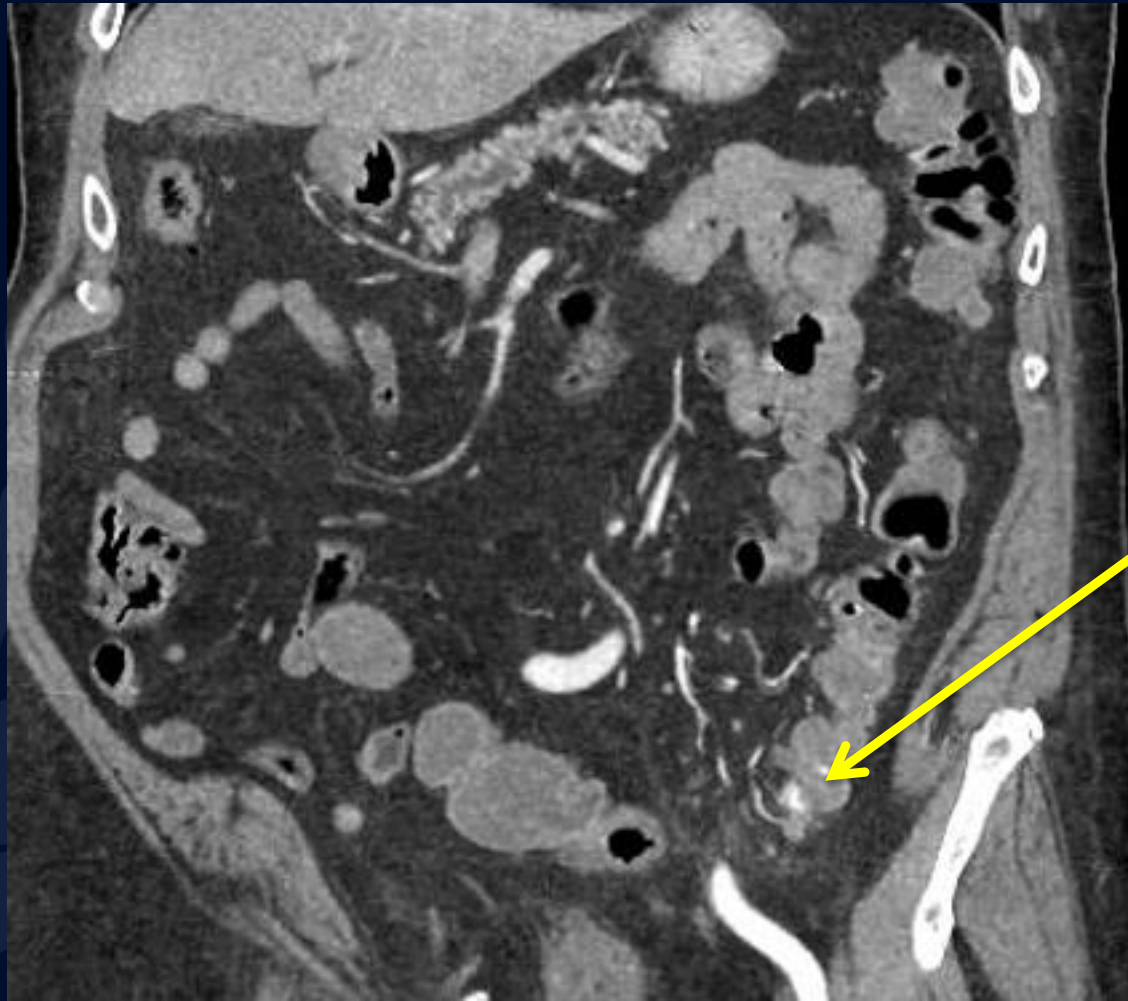
Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



Contrast
enhanced image
demonstrates
bleed

Coronal Contrast CT



Contrast
enhanced image
demonstrates
bleed

Coronal MIP Contrast CT

Lower GI Bleed

- Bleed distal to ligament of Treitz
- Symptoms: bright red blood per rectum, melena, abdominal pain, nausea
- Lower GI bleed < Upper GI bleed
- Typical Causes:
 - Divertucla
 - Angiodysplasia
 - Cancer/Polyp
 - Colitis
 - Fissure/Hemorrhoids

Lower GI Bleed

- Imaging:
 - Nuclear Medicine Imaging
 - Tc99m labeled RBCs: detection of bleed with rate ≥ 0.2 mL/min
 - Tc99 sulfur colloid: detection of bleed with rate 0.05 – 0.1 mL/min
 - CT Angiography: detection of bleed with rate ≥ 0.35 mL/min
 - Mesenteric Angiography: detection of bleed with rate > 0.5 mL/min
 - Can treat as well

References

- Laing, Christopher J., et al. “Acute Gastrointestinal Bleeding: Emerging Role of Multidetector CT Angiography and Review of Current Imaging Techniques.” *RadioGraphics*, vol. 27, no. 4, 2007, pp. 1055–1070., doi:10.1148/rg.274065095.
- Artigas, José M., et al. “Multidetector CT Angiography for Acute Gastrointestinal Bleeding: Technique and Findings.” *RadioGraphics*, vol. 33, no. 5, 2013, pp. 1453–1470., doi:10.1148/rg.335125072.
- Loffroy, Romaric. “Multidetector CT Angiography for the Detection of Colonic Diverticular Bleeding: When, How, and Why?” *Digestive Diseases and Sciences*, vol. 58, no. 7, 2013, pp. 1822–1824., doi:10.1007/s10620-013-2710-1.