Radiology Case

George Guo
• 76 y/o male w/ hx of AAA and stents x 3 presents to ER w/ L flank radiating now to L groin
• over past 3 weeks: left lower back and flank
• worse with movement and palpation but better with rest
• Denies incontinence, numbness tingling or weakness of his extremities.
• Denies testicular pain or swelling.
• Denies dysuria, hematuria, urinary frequency.
• Denies cough, fever chills.
• Focal tenderness of left lower back along spine with some radiation to flank and groin
• a round well-defined 5.4 cm soft tissue density mass that projects over the posterior mediastinum and spine
• cardiomeadiastinal silhouette within normal limits. The lungs are clear.
• Vascular stent noted in the upper abdomen. Cholecystectomy clips are seen in the right upper quadrant.
• Differential: posterior lung mass, paravertebral masses, duplication cyst, aortic aneurysm.
Aftermath

• Cr two days ago had risen to 2.4 from baseline of 1.0. Today labs unremarkable except Cr elevated at 2.5.

• US with limited examination due to habitus and bowel gas
  • apparent blunted waveforms and flow in right renal artery.

• CT non-contrast showing no evidence of rupture or other acute pathology: lumbosacral spine with spondylolisthesis and degeneration.

• Discussed w vascular attending: likely related to possible compression/stenosis of right renal artery stent

• Follow up with angiogram and angioplasty of right renal artery; discharged home.