

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



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SXG

Yale New Haven Hospital ED - RM411
ED Rm 411 FDXCSL
XR CHEST PA AND LATERAL
CHEST PA
4/25/2018 10:59:07 AM

cm

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IM: 1001
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XR CHEST PA AND LATERAL
CHEST LAT
4/25/2018 10:59:47 AM



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- a round well-defined 5.4 cm soft tissue density mass that projects over the posterior mediastinum and spine
- cardiomediastinal 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.