

KARNATAKA RADIOLOGY EDUCATION PROGRAM

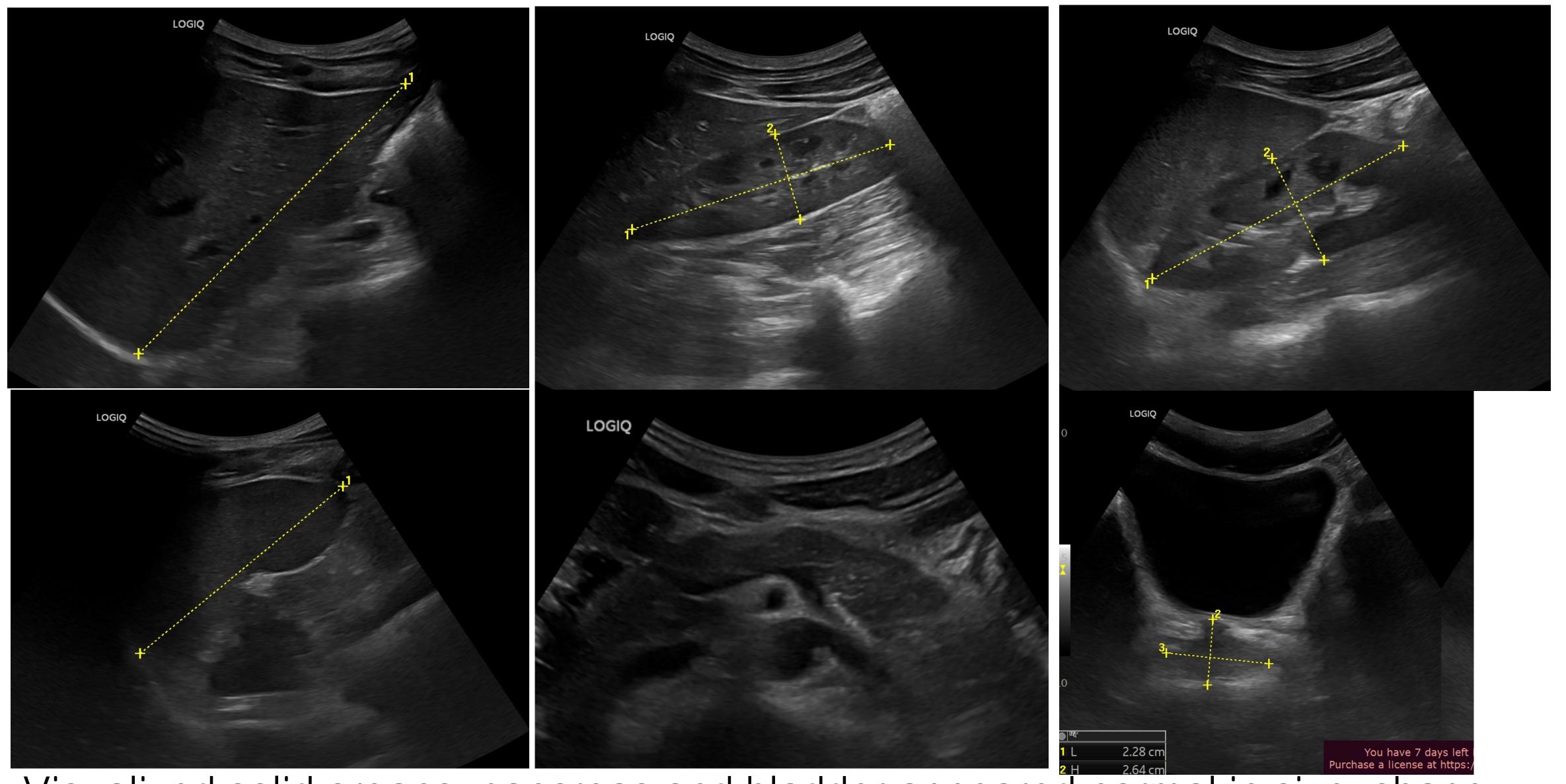
<u>CASE PRESENTATION</u>

MODERATOR: Dr. Rahul K R, Assistant professor, Dept. of radio-diagnosis JJMMC DAVANGERE

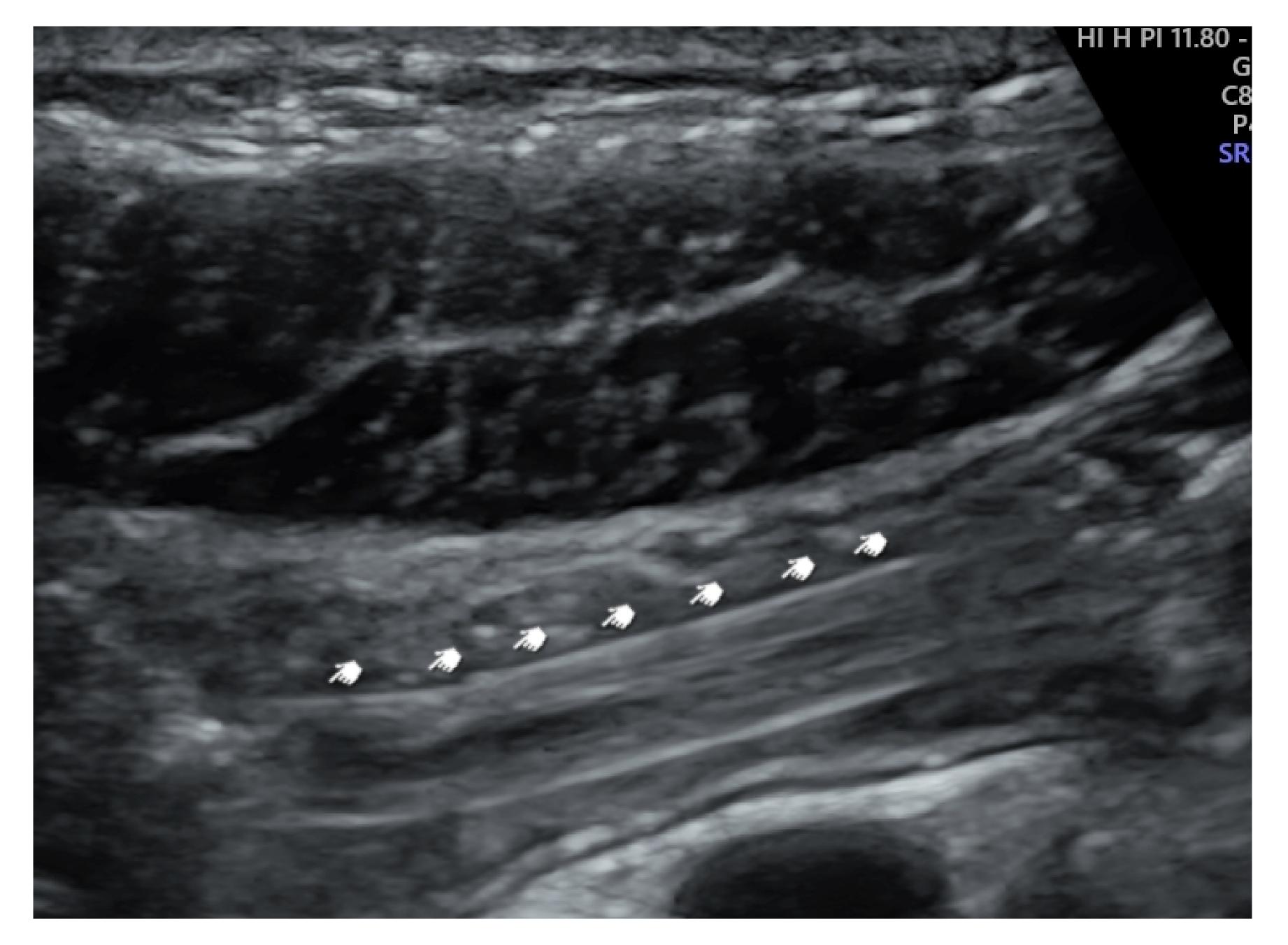
PRESENTOR: Dr Ananya, PG resident

Clinical History

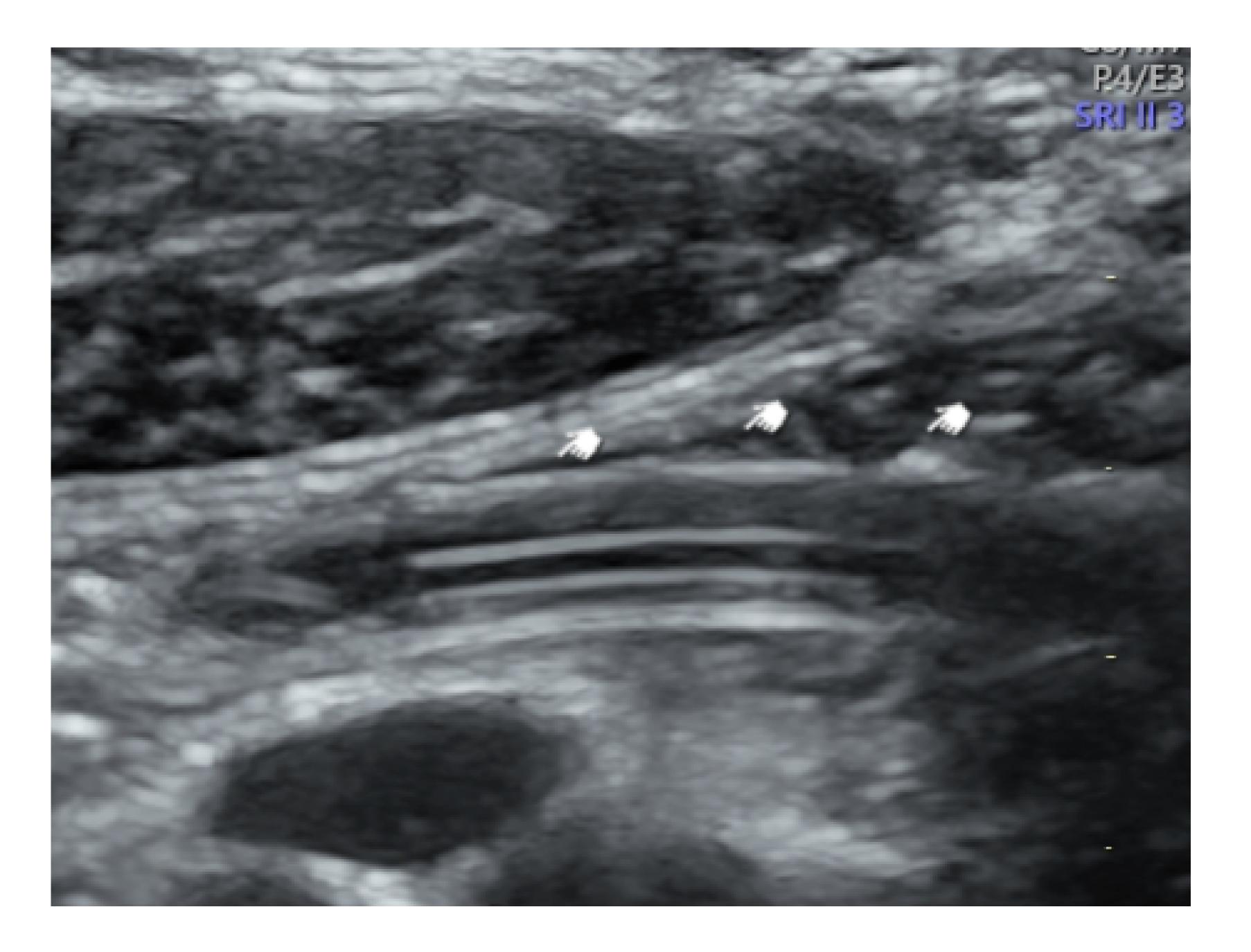
- 21year old, male presented with
- c/o pain abdomen intermittent
- c/o few episodes of loose stools
 - Since past 20days
- No h/o fever/blood in stools/constipation/weight loss
- No h/o prev surgeries/hospitalisation/habits
- On examination, no e/o tenderness/guarding, normal bowel sounds were heard



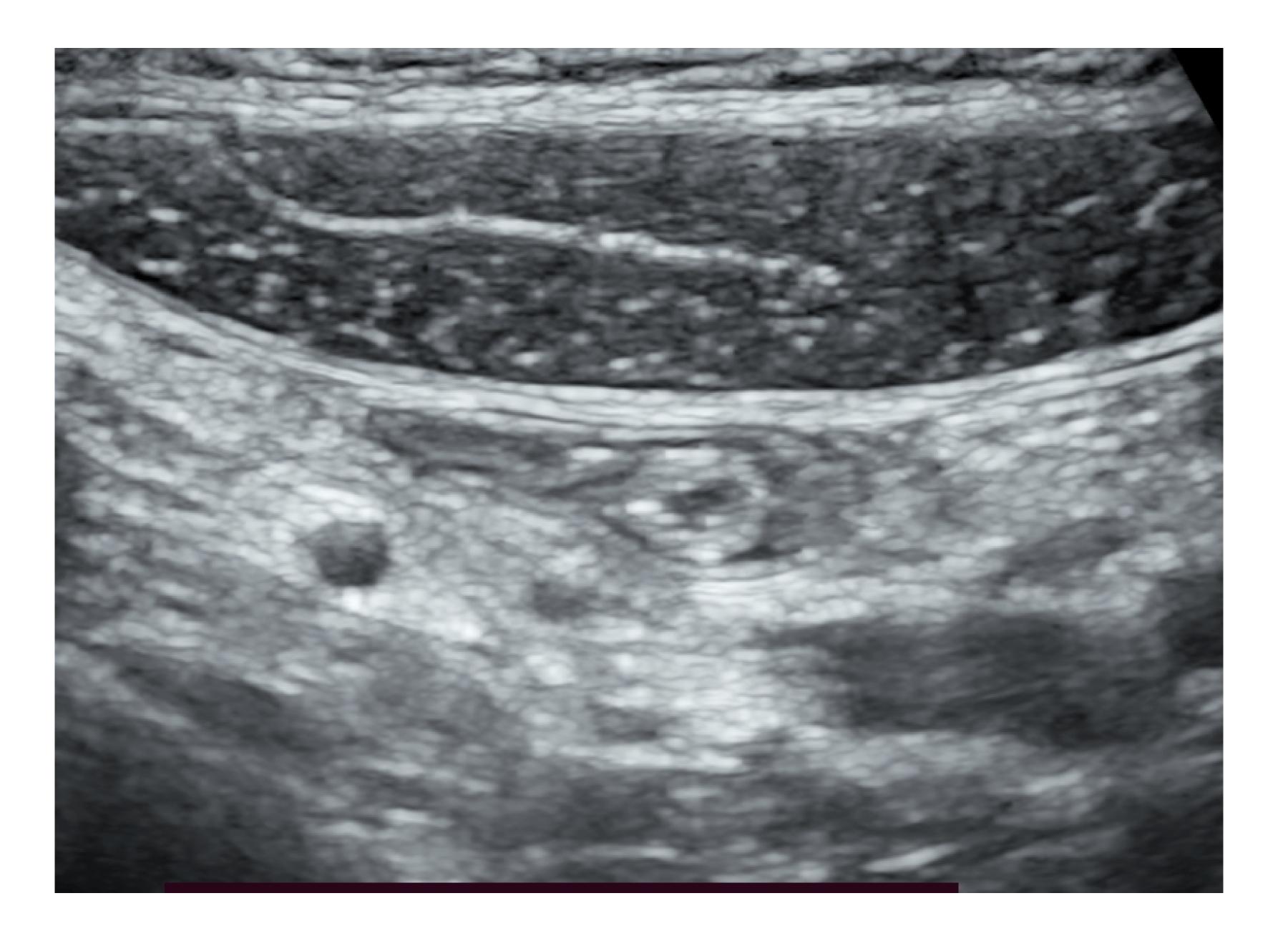
Visualized solid organs, pancreas and bladder appeared normal in size, shape and echopattern.



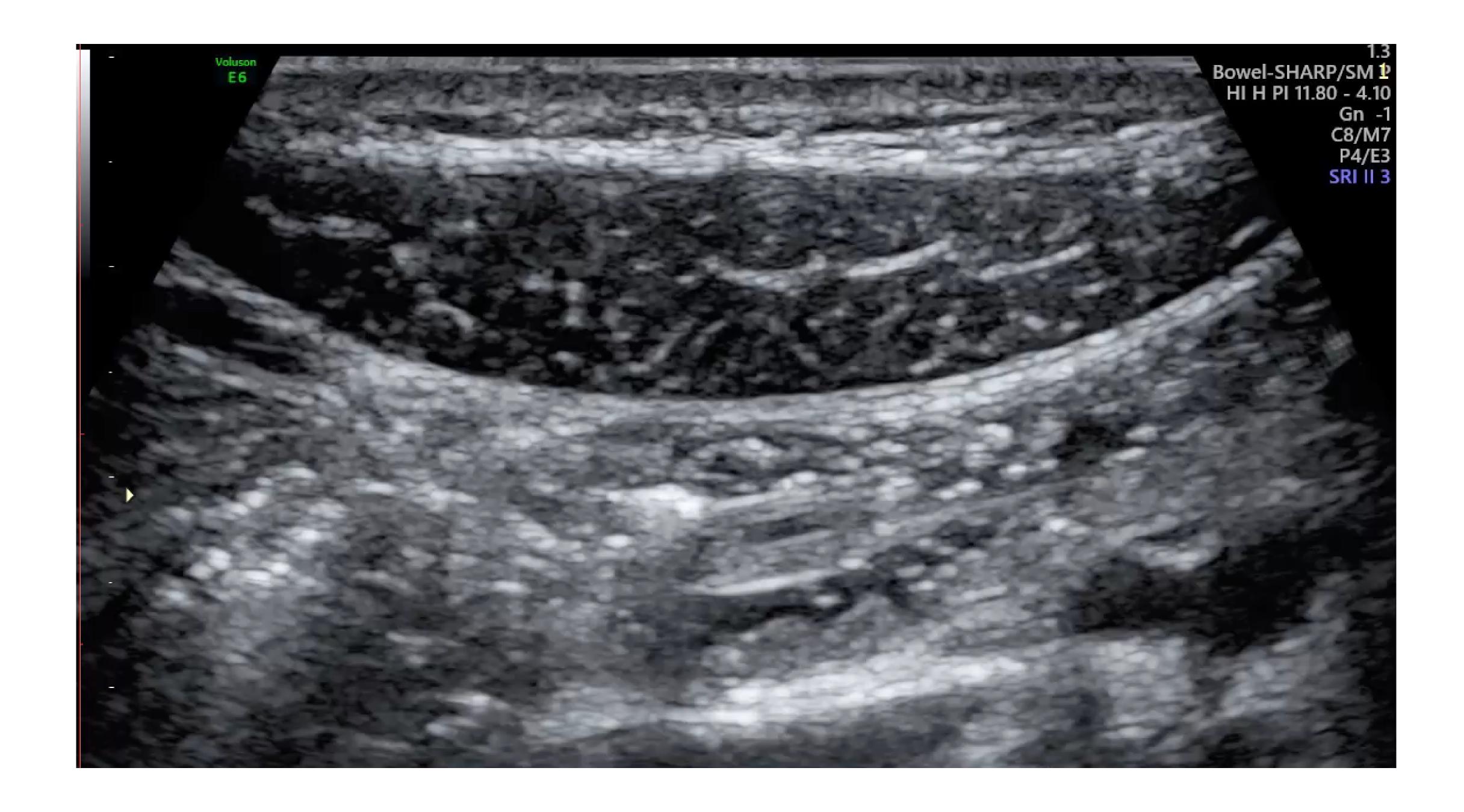
On visualizing distal ileal loops, long well define hypoechoic - anechoic tubular structure was noted within the lumen - worm

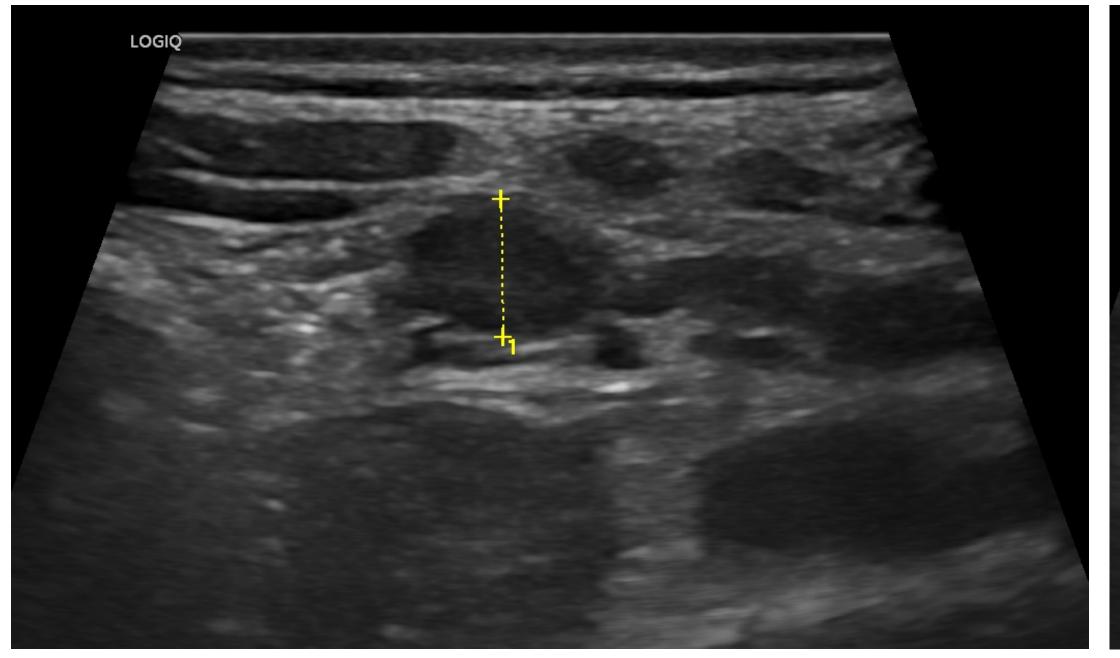


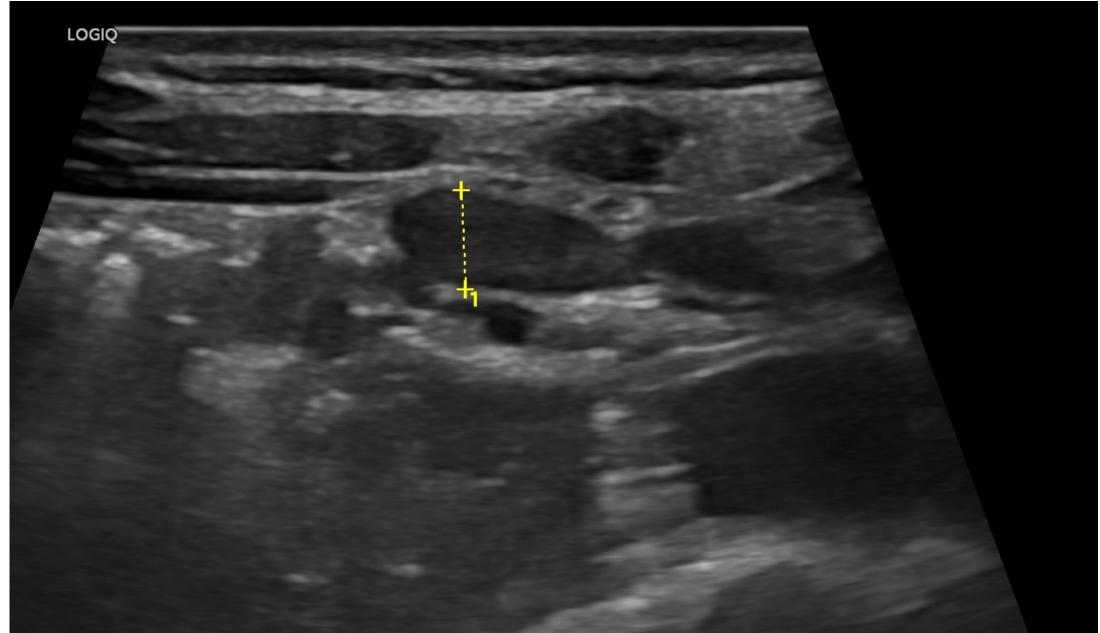
In long axis, the worm appeared as four echogenic parallel lines separated by three anechoic bands. The inner anechoic band represents distended fluid filled alimentary canal of the worm - "inner tube sign".

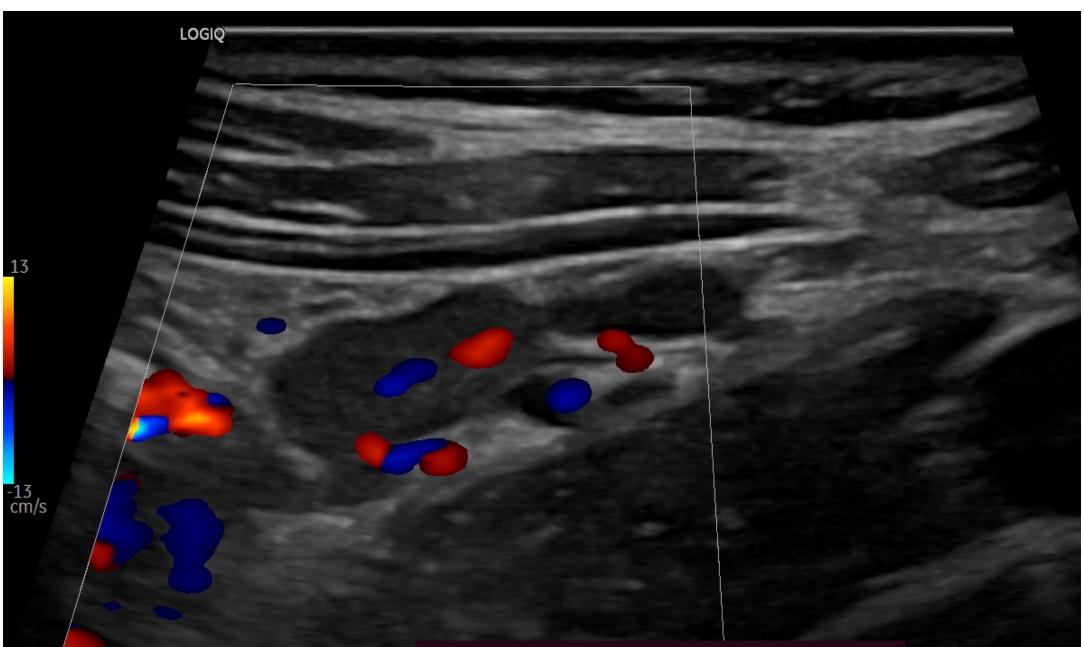


In cross section, it is round with central anechoic area giving "target sign"









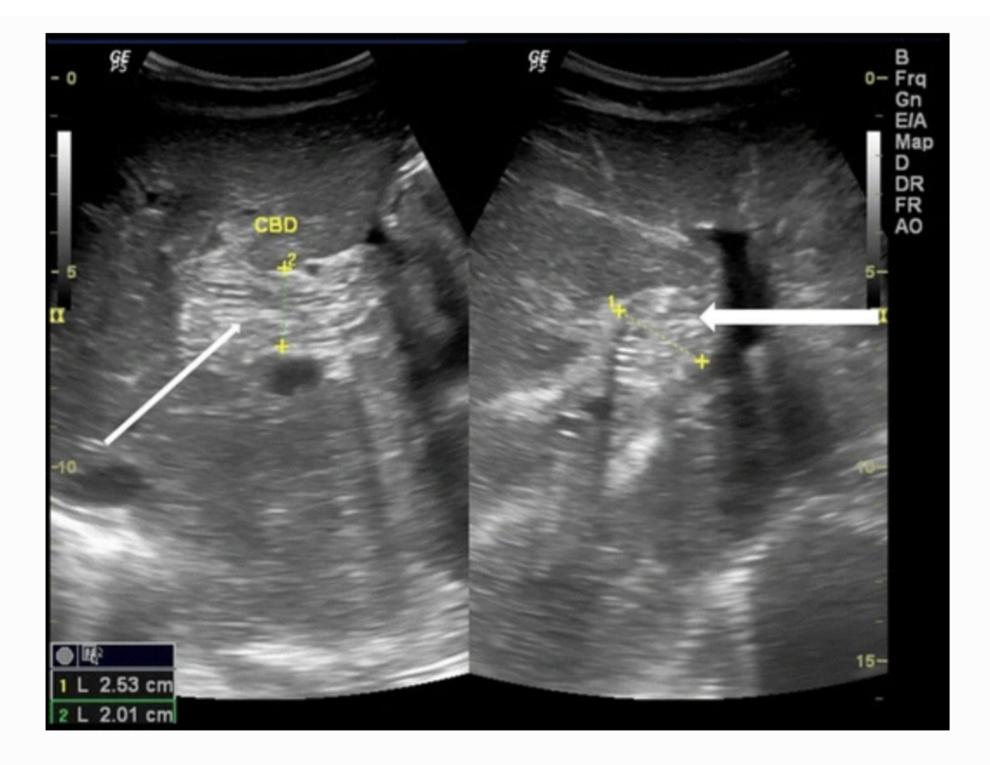
Multiple subcentrimetric and few enlarged lymph nodes noted in umbilical region and RIF with maintained hilar fat pad and vascularity.

Impression

- Hypoechoic to anechoic lengthy tubular structure with well defined echogenic walls within the lumen of small bowel, showing inner tube sign -S/O Parasitic intestinal infestation - Ascarisis
- Mesentric lymphadenopathy



A patient with acute epigastrium, CBD showing double linear echogenic wall indicating ascariasis"strip sign" (white arrow)



A 35-year-old male with acute abdomen showing pseudotumour-like shadows in the CBD (thick white arrow). Note that the spaghetti sign is seen in the long section (thin white arrow)