



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

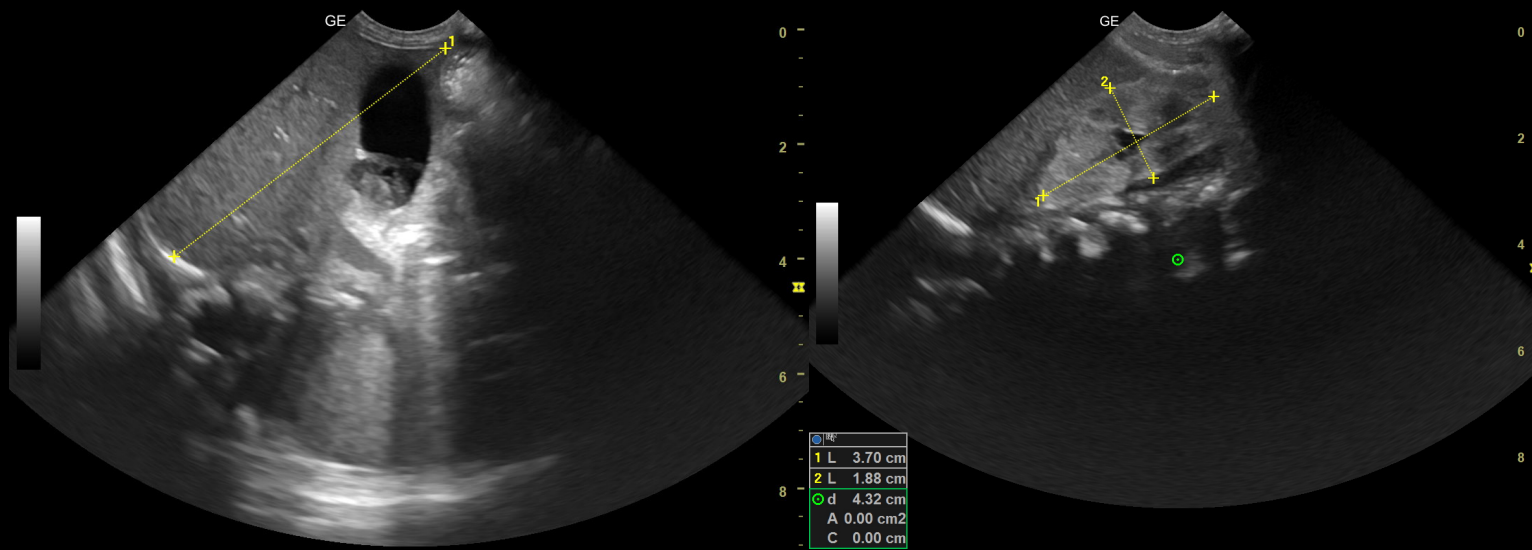
**MENTOR : Dr. Jeevika M U, Professor and HOD,
Dept. of Radio-diagnosis**

**Dr. Sowmya J , Assistant professor, Dept. of Radio-diagnosis
JJMMC, DAVANGERE**

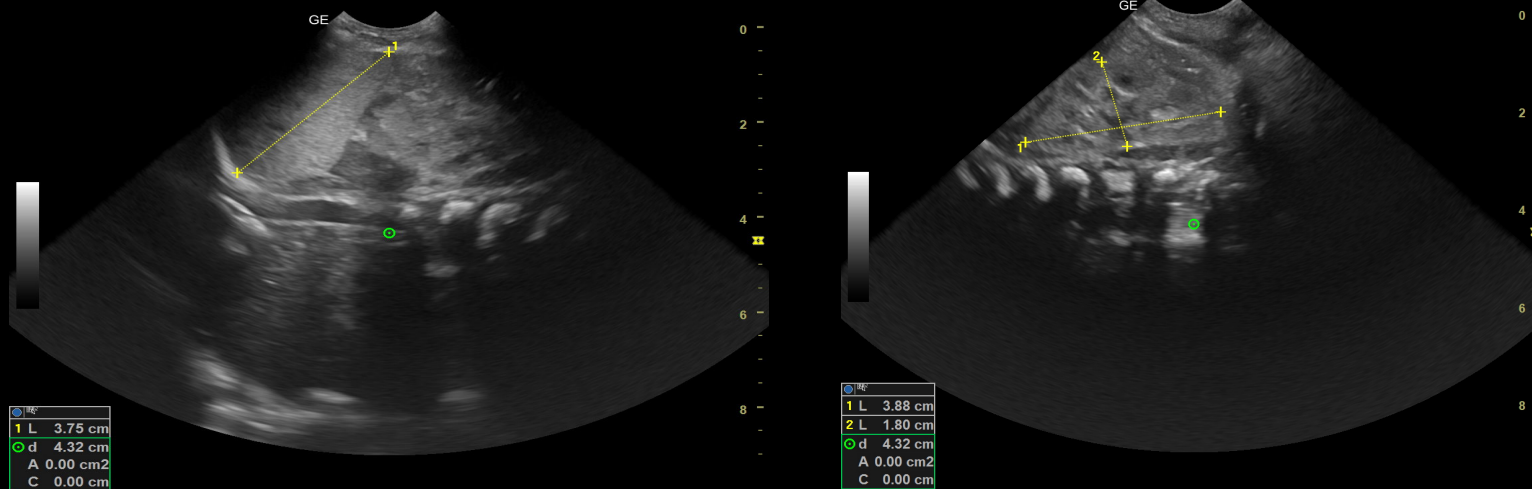
PRESENTOR: Dr Sumanth, PG resident

HISTORY

- Preterm (T1)(34 Weeks 6 Days) born through LSCS (due to uteroplacental insufficiency) was admitted to hospital in view of respiratory distress .The neonate was started on CPAP with minimal settings and was started on antibiotics .Septic screen was negative .The neonate was started on minimal feeds on 3ml on day 2 of life after which neonate developed abdominal distension and altered aspirate was noted(Blood tinged).
- On 7th day of life -Lab investigations showed TLC raised-21670,CRP- Raised(68.5),other investigations were normal.
- Clinicians suspected Necrotizing entero colitis and USG was requested for the case on bedside .



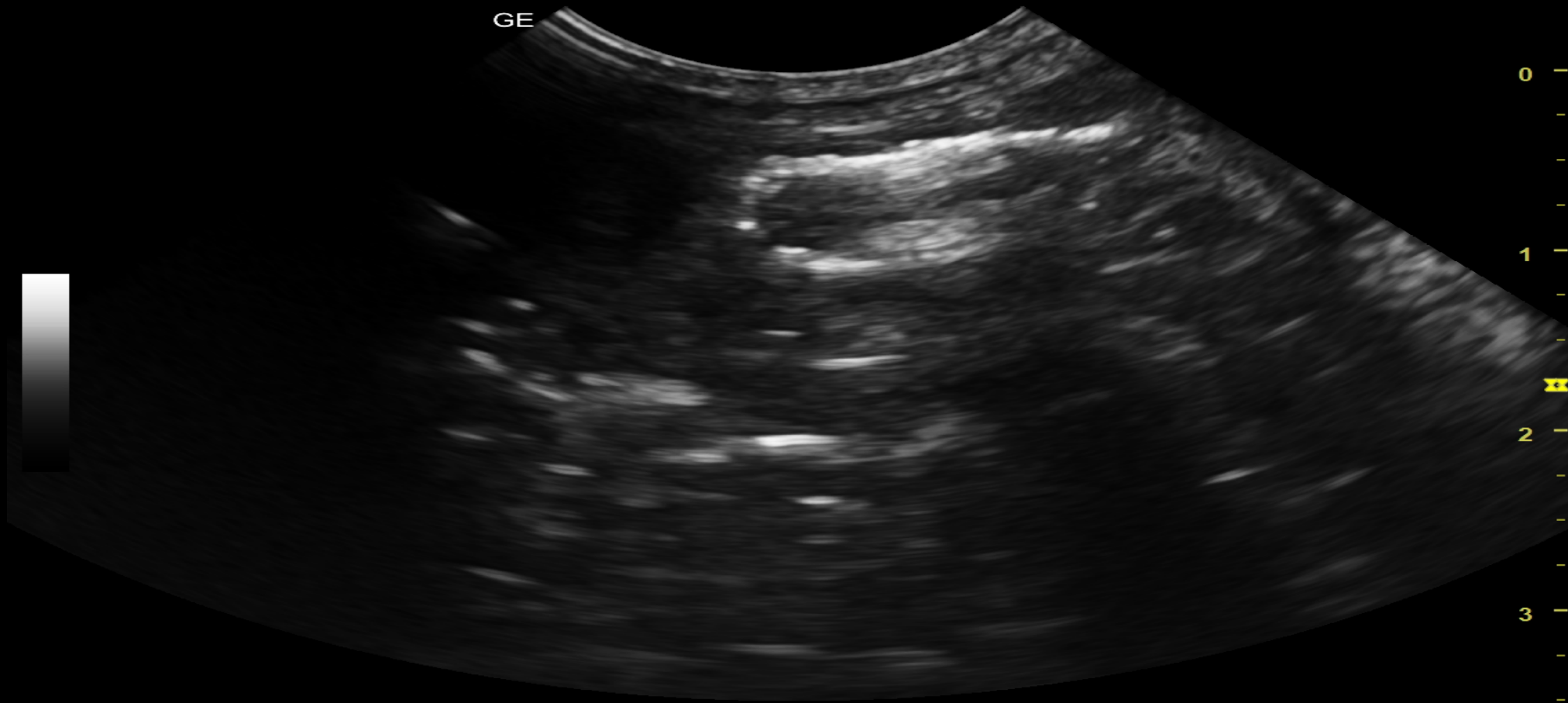
Place the first point of the closed trace



Place the first point of the closed trace

Place the first point of the closed trace

USG findings showed gall bladder sludge with normal abdominal organs sizes are appropriate for age.



bowel ultrasound imaging bowel shows linear hyperechoic foci noted with no evidence of posterior accoustic shadowing suggestive of intra mural air foci

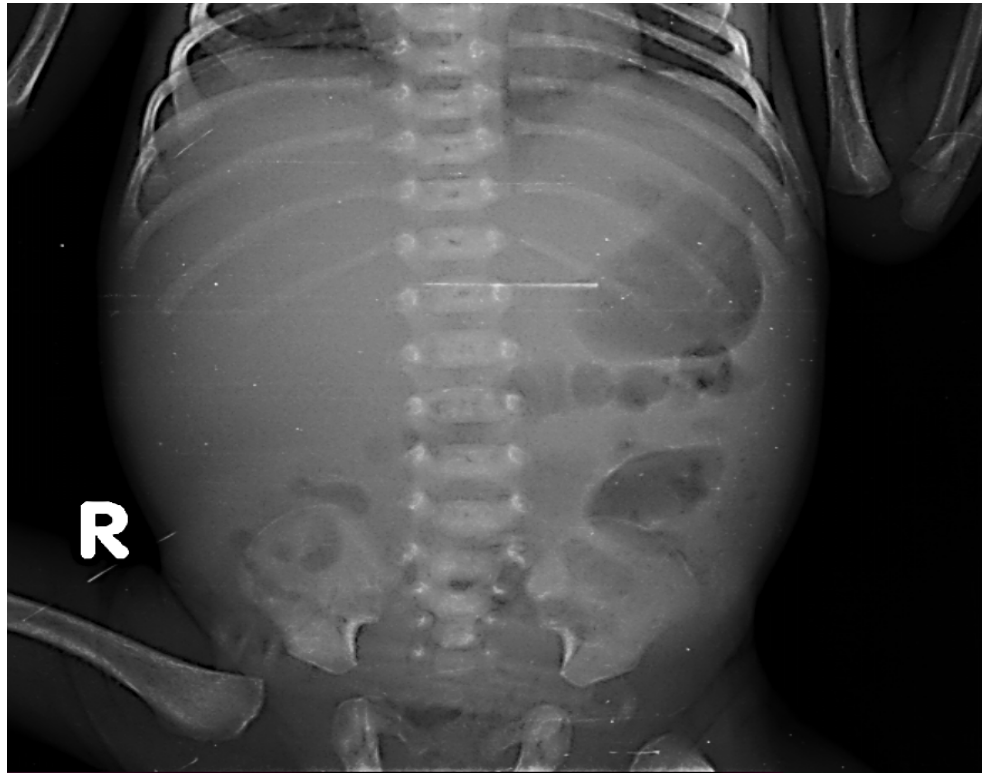


This is a frontal abdominal radiograph of a neonate showing multiple thin linear air lucencies in the bowel wall suggestive of pneumatosis intestinalis however there is no evidence of portal venous gas seen .

Diagnosis

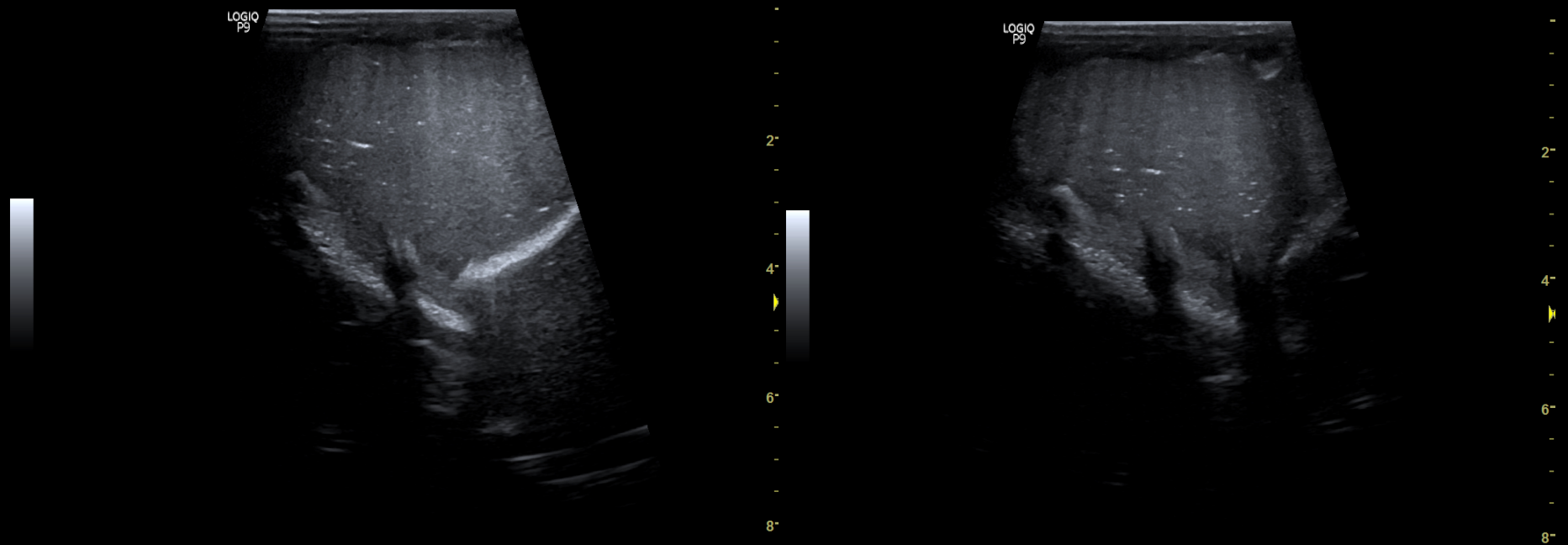
- Stage II A Necrotizing enterocolitis(according to Modified Bells Criteria)

Follow up radiograph

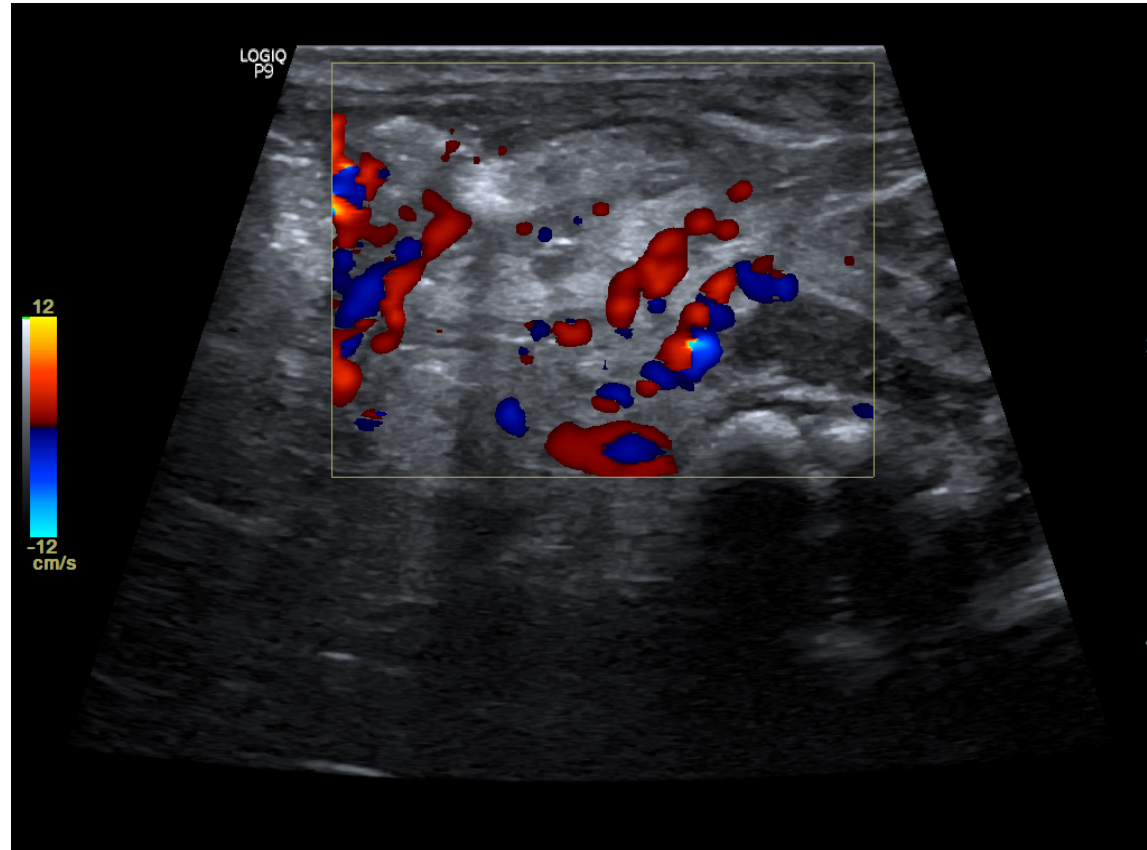


Follow up radiograph on 12th day of life shows no pneumatosis intestinalis, baby was started on feeds with reduced signs of sepsis.

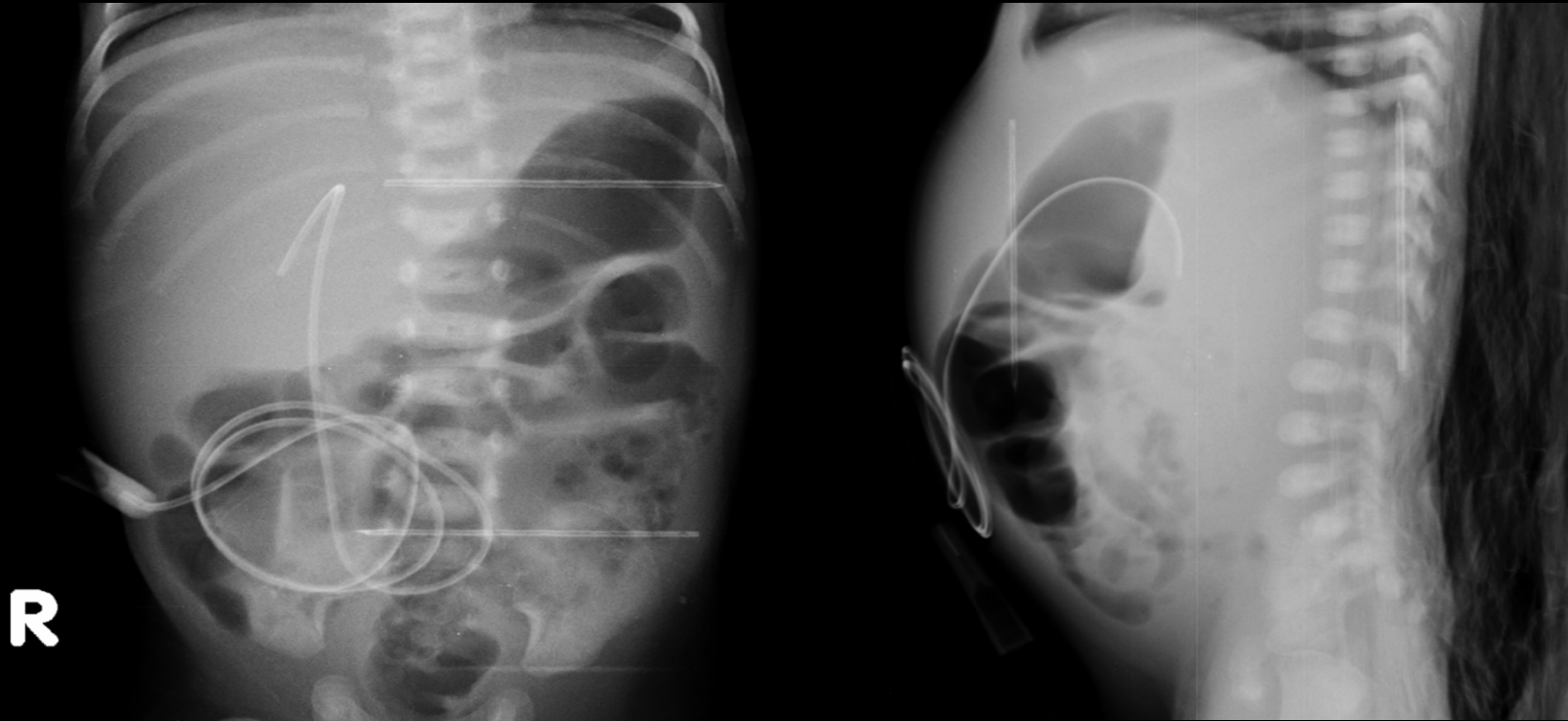
- On restarting feeds after NPO status on 18th day of life neonate developed abdominal distension .USG was requested
- USG findings include:



TINY SPECS OF HYPERECHOIC FOCI NOTED MORE TOWARDS
PHERIPHERY –s/o PORTAL VEINOUS GAS.



ON TRANSABDOMINAL ULTRASOUND IMAGING WITH COLOUR DOPPLER SHOWED –HYPEREMIA OF MESENTERY WITH REDUCED FLOW IN THICKENED BOWEL WALLS WITH LOSS OF NORMAL GUT MORPHOLOGY With Minimal Ascites Noted- suggestive of early stages of necrosis .



SUPINE ABDOMINAL RADIOGRAPH FINDINGS INCLUDE
-EVIDENCE OF FEW PROMINANT LOOPS NOTED WITH NO
EVIDENCE OF PNEUMATOSIS INTESTINALIS .
HORIZONTAL BEAM XRAY O BEDSIDE-THERE IS NO EVIDENCE OF
PNEUMOPERITONEUM NOTED.

- Based on the findings- NEC has progressed to STAGE II B Necrotizing enterocolitis (as there is evidence of portal venous gas)