



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

## CASE PRESENTATION

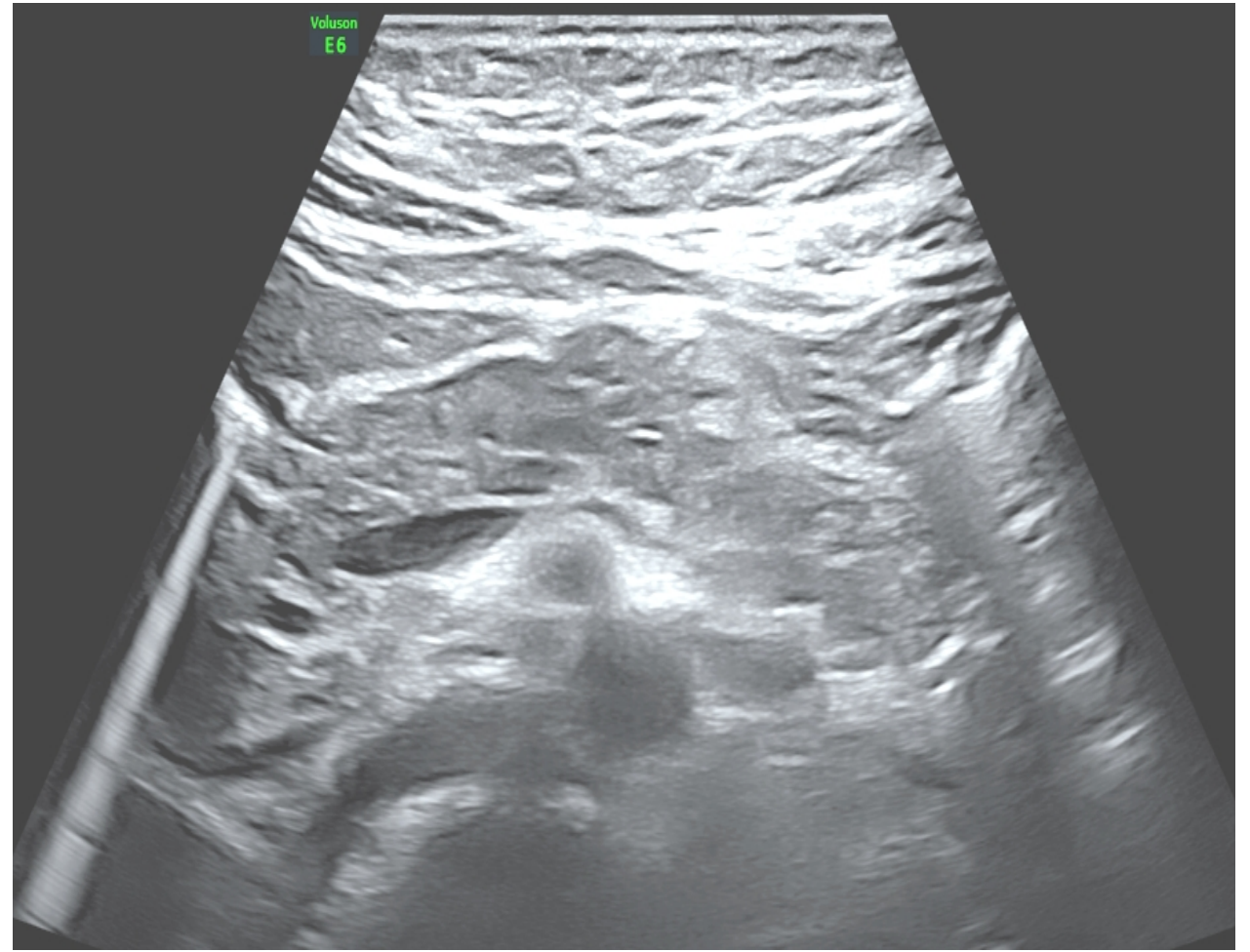
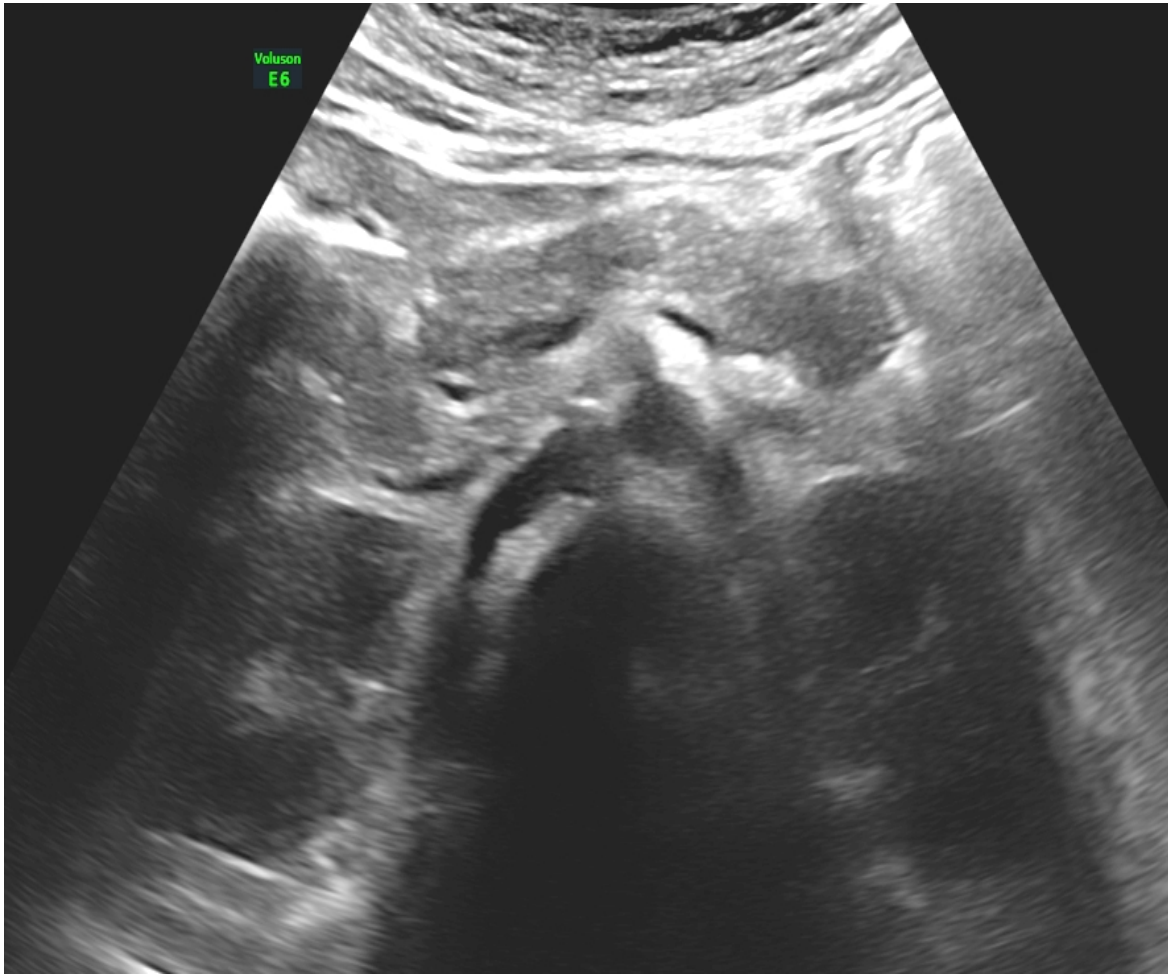
**MENTOR : Dr. M B Siddesh, Professor, Dept. of radiodiagnosis**

**JJM MEDICAL COLLEGE, DAVANAGERE**

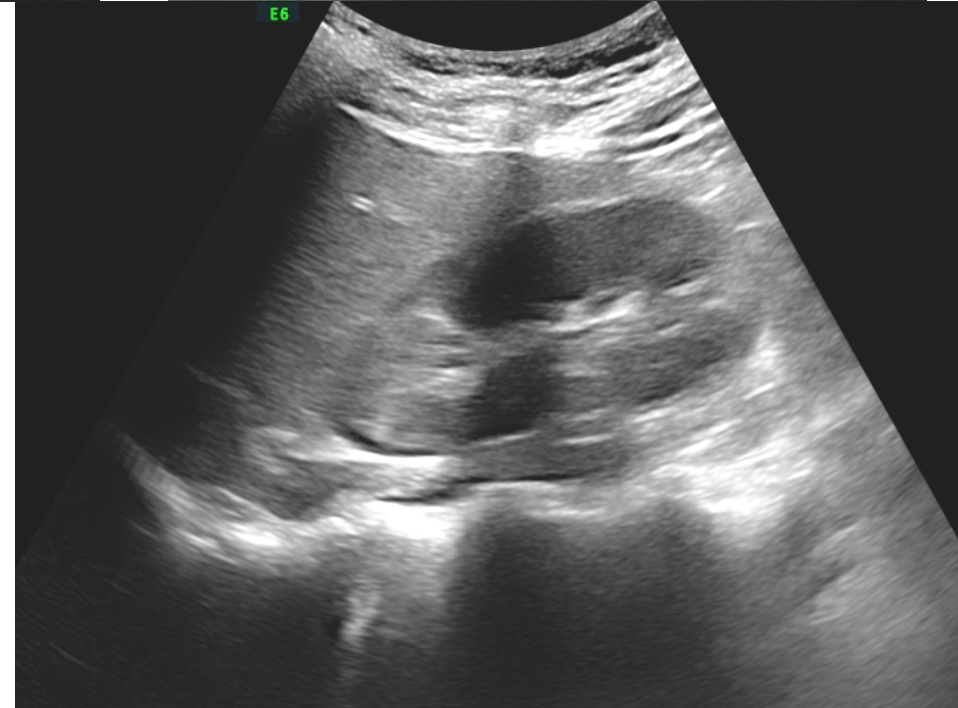
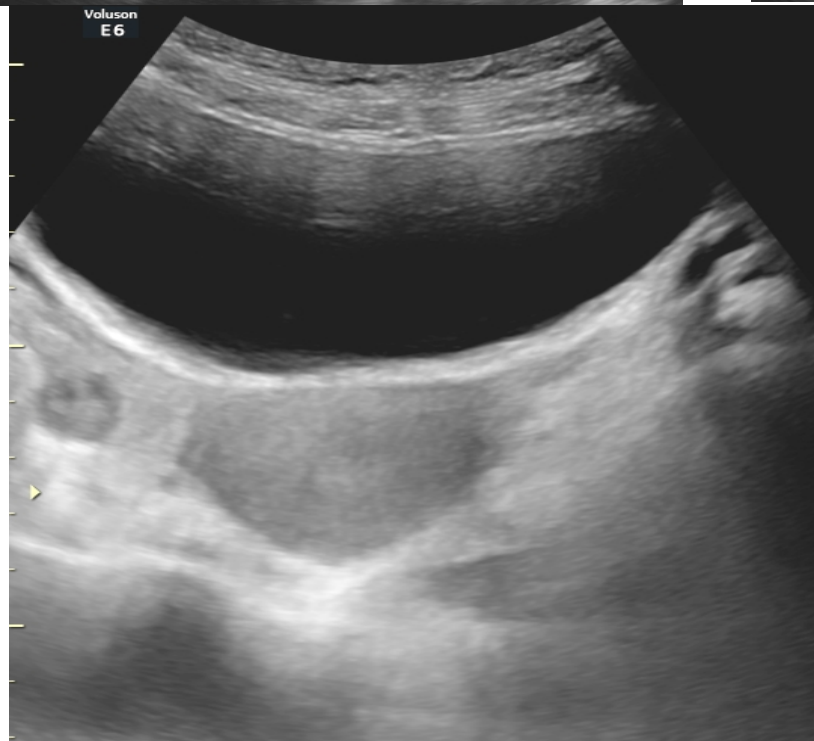
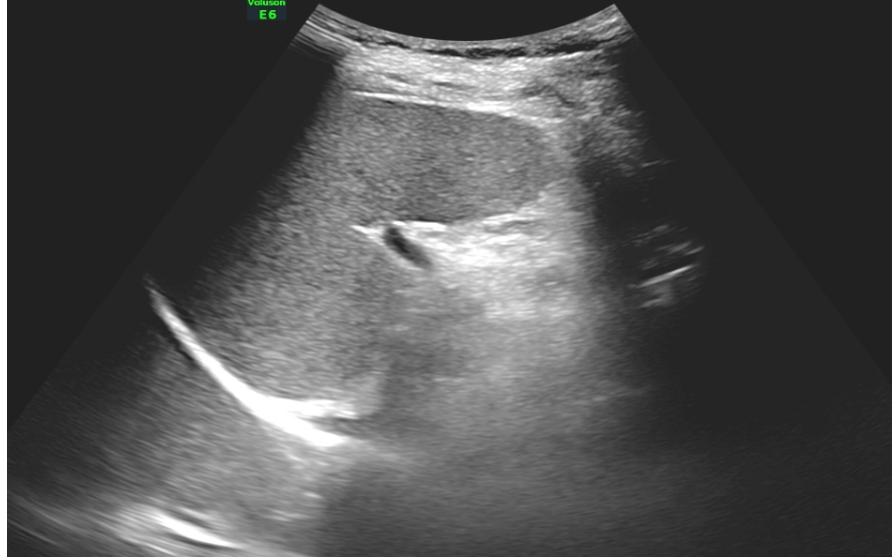
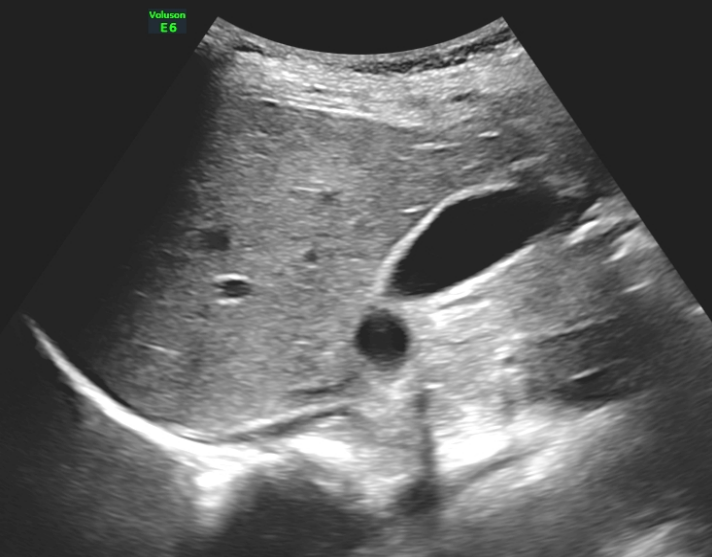
**PRESENTER: Dr Rashmi , PG Resident**

14year girl came with complaints of

- Pain abdomen since 1month
- Vomiting since 1month
- No history of similar episodes in the past
- No comorbidities/ surgeries/prior hospitalization
- O/E: Tenderness in the epigastric region.
- S.Amylase:800u/l (30-110U/L)
- S.Lipase:8827u/l (23-300U/L)
- USG: Pancreas appears mildly bulky and hypoechoic with minimal peripancreatic inflammatory changes- Mild acute pancreatitis



On ultrasound examination: Head of pancreas appears mildly bulky, MPD not dilated.  
No e/o peripancreatic free fluid/echogenic fat. No evidence of any collection.  
No evidence of calcification.  
Portal vein and splenic veins were normal in caliber with normal color uptake on doppler study



All other solid organs were normal in size, shape and echo pattern  
No evidence of ascites/effusion



Im: 113/140  
Se: 901  
Lossy compression (JPEG 2000)

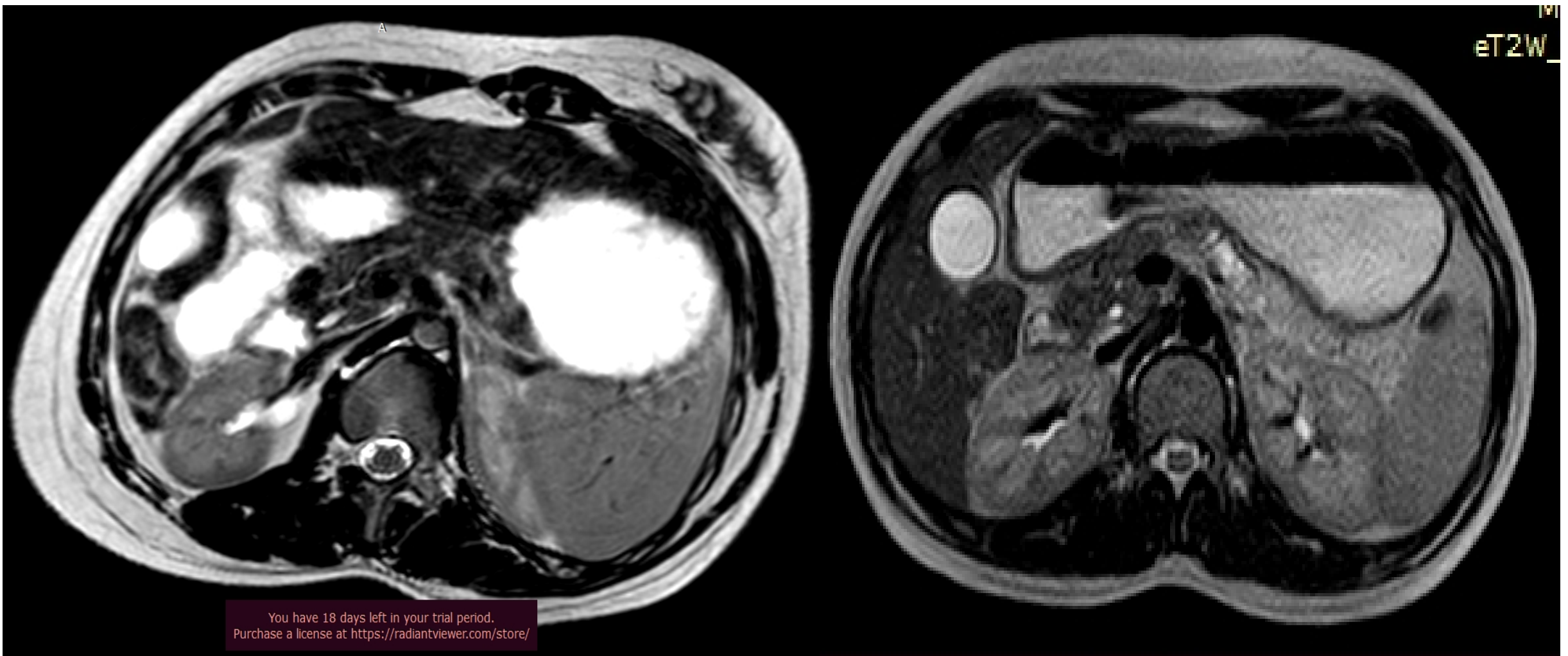
A

KUM.USHA 14YRS F.  
MRI - 5466  
01-01-2010 F  
JJM  
758531608  
MRCP  
VISTA



Cine clip of MRCP : Pancreas appears mildly bulky in size (head: 1.7cm, body: 2.2cm, tail: 1.4cm) with mild loss of surface lobulations and normal uniform homogenous contrast enhancement.

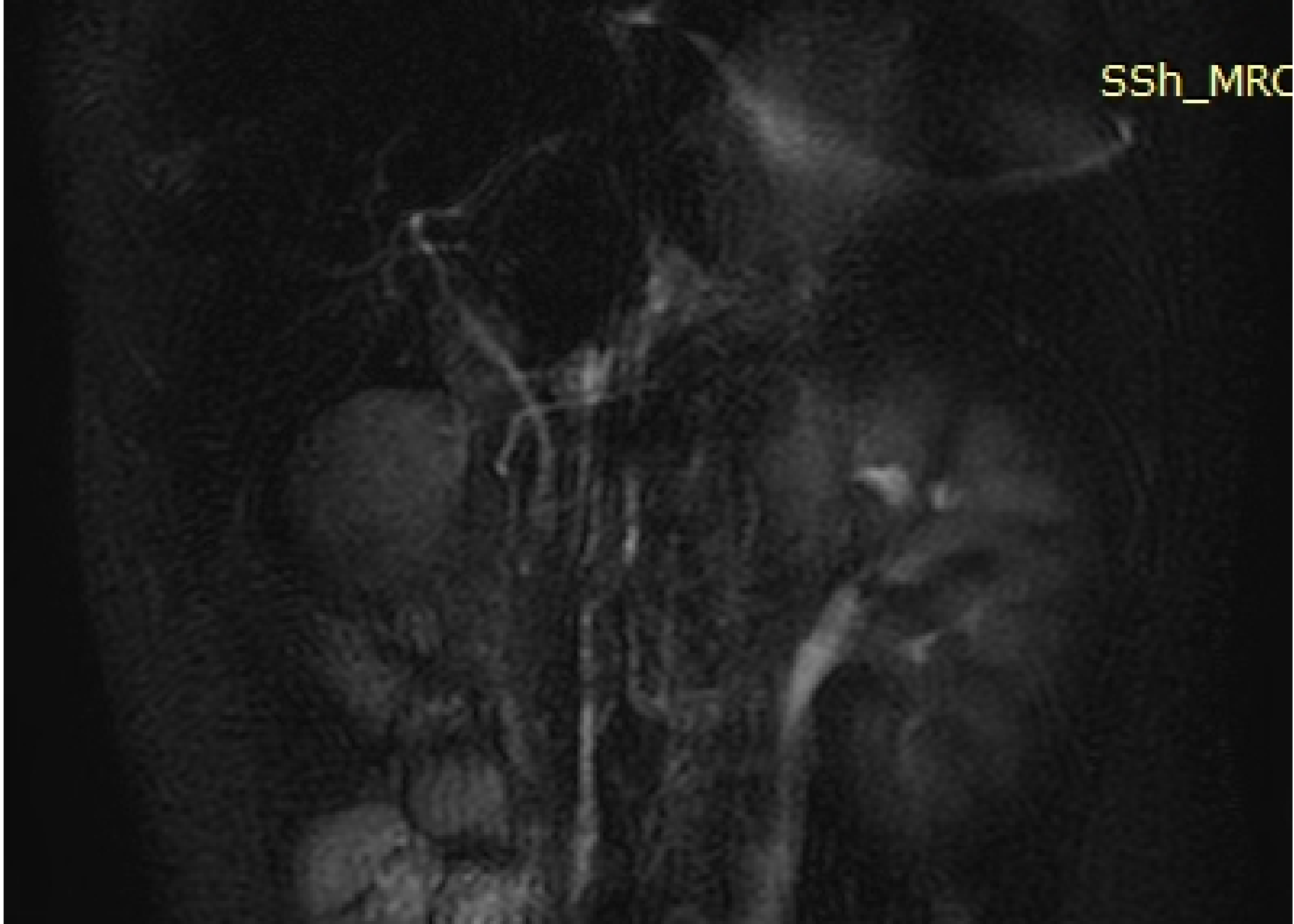
Right and left hepatic ducts fuse to form common hepatic duct and fuse with cystic duct and becomes common bile duct which travels down and open in the medial wall of duodenum separately at major ampulla. The MPD travels superior to CBD and opens separately above the CBD and opens into minor papilla.



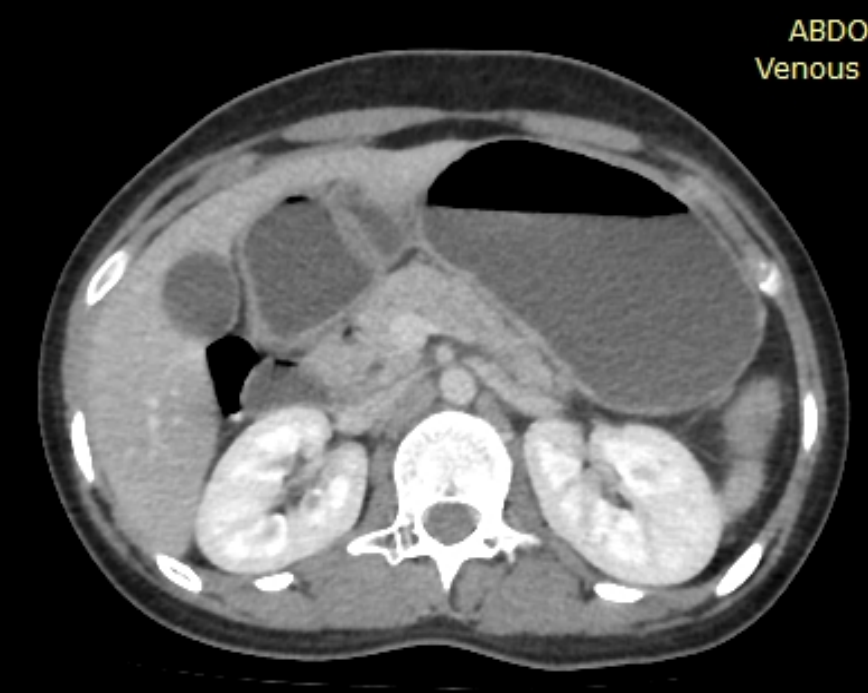
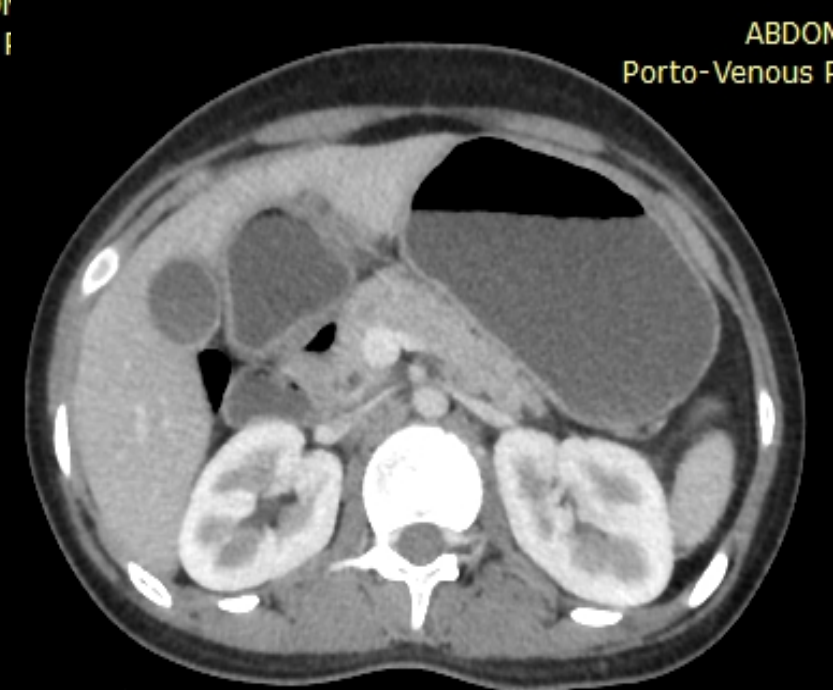
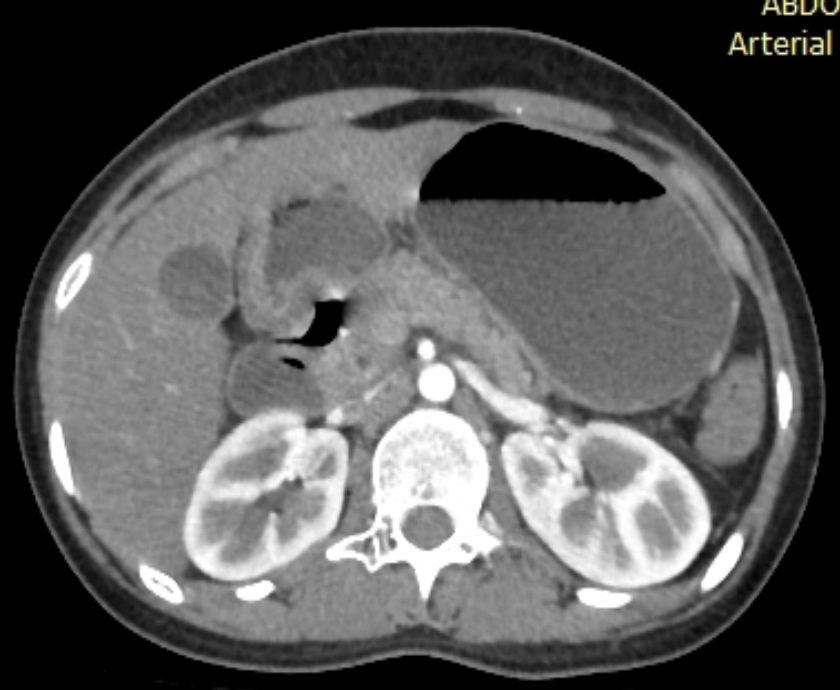
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**Reformatted MRCP images :** The dorsal pancreatic duct, measures 1.4 mm and is in direct continuity with the duct of Santorini, which drains into the minor papilla.

The ventral pancreatic duct (duct of Wirsung) measures 2.4 mm does not show obvious communication with the dorsal pancreatic duct but joins with the distal common bile duct(measures 3.0 mm) to enter the major papilla.



Reformatted MIP image in oblique coronal view showing dorsal pancreatic duct is not joining the CBD. Its is going anterosuperior to the CBD and draining separately. CBD is draining separately



- CT axial views pre-contrast, arterial, porto-venous and venous phases.
- Pancreas Appears mildly bulky in size (head: 2.7cm, body: 2.2cm, tail: 1.4cm) with mild loss of surface lobulations and normal uniform homogenous contrast enhancement. MPD not dilated. No evidence of peripancreatic free fluid/fatstranding. No evidence of any collection noted
- No evidence of calcifications noted.
- Portal vein, splenic veins were normal in caliber and contrast uptake. No evidence of filling defects
- No evidence of ascites/effusion



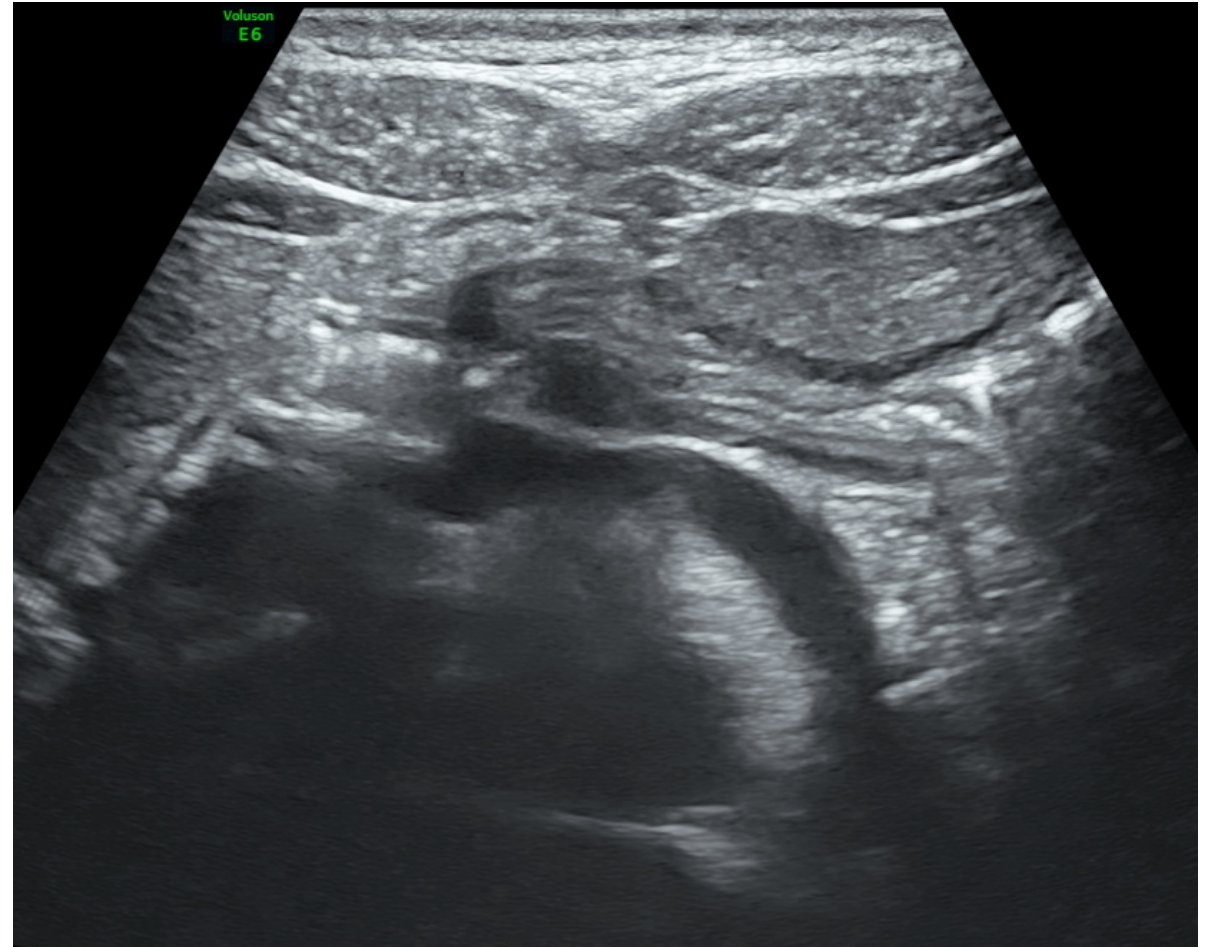
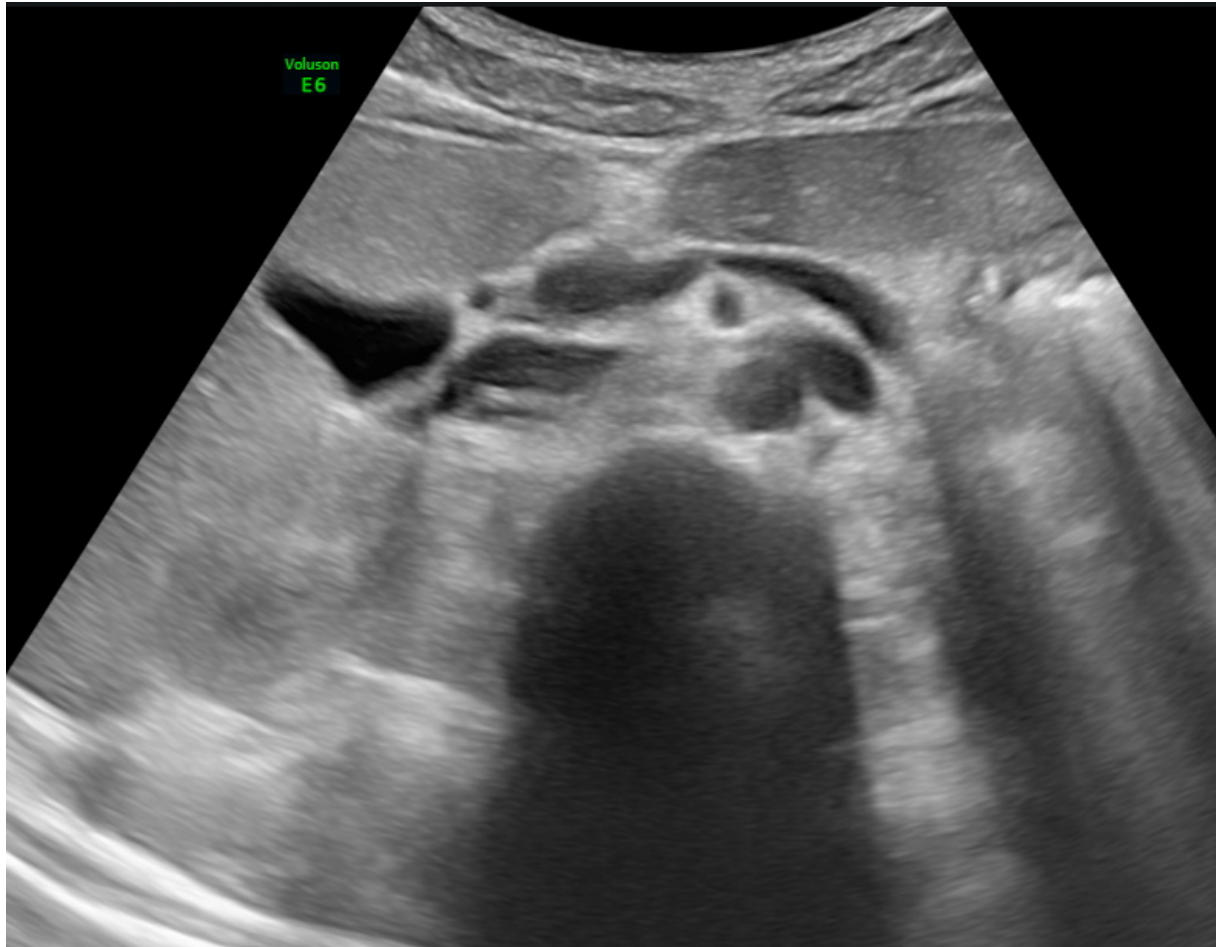
## **IMPRESSION: CECT Abdomen with MRCP study:**

- Pancreas is mildly bulky in size with mild loss of surface lobulations and normal uniform homogenous contrast enhancement  
– *S/o Pancreatitis.*
- The dorsal pancreatic duct is in direct continuity with the duct of Santorini, which drains into the minor papilla.
- The ventral pancreatic duct (duct of Wirsung) does not show obvious communication with the dorsal pancreatic duct but joins with the distal common bile duct to enter the major papilla.

**F/s/o Complete pancreatic divisum**

16year boy came with complaints of

- Vomiting since 4days 2-3episodes/day
- Pain abdomen since 4days
- Decreased appetite
- No h/o fever/loose stools
- No h/o similar complaints in the past
- Blood investigation: WNL RBS-75mg/dl(80-140mg/dl)
- USG: Pancreas not visualized-Possible atrophic



**USG examination: head and uncinate process of pancreas visualized. Neck, body and tail were not seen.  
MPD is also not visualized. No evidence of calcifications.  
No evidence of free fluid/any collections noted**

Im: 35/44  
Se: 402  
Lossy compression (JPEG 2000)

A

MR.VISHNU 35YRS/F  
MRI - 5492  
1/1/2008 F  
J1M  
757504745  
MRCP  
eT2W\_TSE



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Cine clip of MRCP: Pancreatic head and uncinate process is visualised and shows normal intensity.  
Biliary ductal system appeared normal. MPD not visualized  
Non visualization of pancreatic neck, body, tail and dorsal pancreatic duct.



MRCP  
T2W\_TSE



MRCP  
VISTA



Pancreatic head and uncinate process is visualised and shows normal intensity. Biliary ductal system appeared normal.  
MPD not visualized  
Non visualization of pancreatic neck, body, tail and dorsal pancreatic duct.  
Agenesis of dorsal pancreas



Abdomen  
Thin Plain



Abdomen  
Arterial Phase Thin



Abdomen  
Venous Phase Thin

- CT axial sections, precontrast, arterial and venous phases
- Pancreatic head and uncinate process is visualised and shows normal attenuation with post contrast homogenous enhancement.
- Non visualization of pancreatic neck, body, tail and dorsal pancreatic duct.
- Agenesis of dorsal pancreas

## **IMPRESSION:**

- **Non visualization of pancreatic neck, body tail and dorsal pancreatic duct with normal pancreatic head and uncinata process. No features of pancreatitis at the time of scan.**

**s/o Dorsal pancreatic agenesis**

**THANK YOU**