Mass-like lesion enlarging the adrenal gland with hyperdense appearance

May be spontaneous (e.g. Waterhouse-Friderichsen syndrome in meningococcal sepsis) or into an abnormal adrenal gland (e.g. tumour or infection)

Enlarged swollen psoas muscles with hypodense centres and contrast enhancement

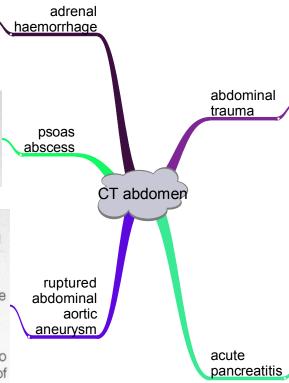
Associated causes—lumbar vertebral abscess, renal abscess, bowel perforation, metastatic infection (e.g. staphylococcal sepsis), tuberculosis

High-attenuation extravasated blood in acute rupture; iso- and low-attenuation appearance with subacute and chronic rupture

'Crescent' sign—enhancement within the mural thrombus of the aneurysm is a sign of impending rupture

Periaortic fibrosis outside subintimal calcification is a feature of an inflammatory aneurysm

Soft tissue inflammatory changes outside but adjacent to the aorta may be present with inflammatory processes of adjacent organs



## Solid organ injury:

 spleen, liver and renal injuries range from subcapsular haematomas, lacerations and major parenchymal disruption, hilar devascularisation, intraperitoneal bleeding; associated lower rib fractures

## Hollow organ injury:

 stomach, duodenal, bowel and mesenteric injuries may be missed, especially on early scans

Bladder and urethral injuries are better imaged with retrograde urethrography

## Other injuries:

- pancreatic injury associated with liver, spleen and duodenal (including common bile duct) injury
- diaphragm injury may be missed, especially with positive pressure ventilation
- retroperitoneal haematoma—may be due to injury to the lumbar spine, bony pelvis, kidney, intraperitoneal bladder or colon, pancreas, duodenum or major vascular injury

## Grades of peripancreatic inflammation:

- A-normal pancreas
- B-focal or diffuse pancreatic enlargement
- C—pancreatic gland abnormalities associated with peripancreatic inflammation
- D-single fluid collection
- E—two or more fluid collections and/or gas present in or adjacent to the pancreas