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## Aiden Firth

MRN 4063633  
Male

9 Years Old  
DOB 6/2/05

Hudson, MA

### US-Abdomen Complete

February 25, 2015 · Outpatient, Radiology/intervention  
Signed by Radurl Contributor\_system

This report is designated as: Attention: Concerning or indeterminate finding. See report below.

### US-Abdomen Complete ULTRASOUND ABDOMEN

**INDICATION:** This 9-year-old boy has a complex medical history including heterotaxy syndrome with partial anomalous pulmonary venous return, status post correction, azygous continuation of the IVC to a left SVC, and polysplenia. At 16 months of age, he underwent Ladd's procedure for malrotation. This was complicated by small bowel obstruction into 2006. He has had recurrent episodes of abdominal pain. Review of this child's imaging records and medical records also reveals a history of right ureteropelvic junction obstruction.

**FINDINGS:** Comparison is made with the upper GI small bowel follow-through 2/27/09, the renal ultrasound 5/28/08, and the abdominal ultrasound from 11/4/06.

The liver has a midline, worse on the configuration. The echotexture is normal and there are no intrahepatic lesions present. Although Doppler evaluation of the liver was not requested, the hepatic and portal veins appear widely patent. A small, nonpathologic sized 1 cm lymph node is noted within the porta hepatis.

The pancreas is well visualized and normal-appearing. The stomach is on the right.

The gallbladder contains anechoic bile and is without abnormality. There is no intra or extrahepatic biliary ductal dilatation. No gallstones are present.

The right renal pelvis and calyces are severely dilated, significantly worse than when compared to the prior renal ultrasound from 5/28/08. There is compression of the right renal cortex. No associated right ureteral dilatation is evident. The right kidney measures approximately 11.2 cm in maximal length. The left kidney is normal in size, contour, and position and measures 9.4 cm in maximal length. There is no left hydronephrosis. On the prior examination, the kidneys measured 8.0 and 7.2 cm in length on the right and left respectively.

A somewhat large, multilobular focus of soft tissue is present in the right upper quadrant posterior to the liver, superior to the right kidney, and posterior and medial to the stomach. This measures approximately 8 cm in maximal dimension and has echotexture in keeping with splenic tissue.

No free fluid is seen within the abdomen or pelvis.

The upper abdominal aorta and IVC are widely patent. The IVC is located to the left of the aorta and is interrupted superiorly with azygos continuation. Distally, the IVC is obscured by bowel gas.

The urinary bladder is decompressed at the time of this examination.

**IMPRESSION:**

1. Marked interval progression of the right hydronephrosis, now moderate to severe, in this patient with a known history of right ureteropelvic junction obstruction. This could certainly explain the patient's pain and urology referral is recommended.
2. Manifestations of this patient's known heterotaxy with midline liver, right-sided stomach, azygos continuation of the IVC. Right upper quadrant soft tissue mass likely represents enlargement of the previously seen multifocal splenic tissue.
3. Normal gallbladder and no biliary ductal dilatation.