

**Patient Results**

All Excluding POCT results - Performed since 01-Aug-10

**Endoscopy-STH**

**M**

**30-Apr-12 13:41 Small bowel meal - MRI**

**1 or more Final Results Received.**

Small bowel meal - MRI

Final

(Click to expand)

Clinical Details: Known Crohn's. Prev IC resection. Now increased frequency of abdo pain. Balloated ++

Question/s: ? active Crohn's? underlying stricture

No buscopan given as patient already on Loperamide, which slows the bowel movement. Discussed with DS

MRI Small bowel study :

Note is made of previous ileocolic resection. Mural thickening, oedema and increased mural enhancement is seen in the sigmoid colon and rectum in keeping with an active distal colitis. There are adhesions demonstrated between the rectum and sigmoid raising the possibility of fistula formation. Fibrofatty proliferation within the mesorectum is noted. Further mural thickening and luminal stenosis is seen within the proximal colon and transverse colon with contiguous involvement of the neoterminal ileum also. There is no significant prestenotic dilatation. There is prominence of the vascular arcades. The rest of the small bowel appears unremarkable.

The spleen is enlarged at 17 cm. The remaining solid organs are unremarkable. There is a dependant 8 mm intermediate signal area at the fundus of the gallbladder, most likely to represent a small gallstone.

No significant para-aortic, pelvic or inguinal adenopathy is seen. There is no free fluid.

**CONCLUSION:**

Evidence of active Crohn's with active colitis demonstrated with relative sparing of the splenic flexure and possible fistulation within the distal colon as described. There is contiguous involvement of the neoterminal ileum also. No significant prestenotic dilatation is seen.