

## Case Reports: Tales from the Trenches

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# Vscan\* aids in the diagnosis of a pancreatic pseudocyst

A 55-year-old man arrived at the Emergency Department complaining of three weeks of progressively worsening, severe abdominal pain radiating to the back. On exam, his abdomen was firm, rigid, and tender from the epigastrium to the umbilicus.

Due to his age and severe pain, the emergency physicians needed to quickly rule out an abdominal aortic aneurysm (AAA). Obtaining a CT scan would require a trip away from the ED resuscitation bay, and the cart-based ultrasound system was locked in the OB room. To avoid any delay in diagnosis, an emergent ultrasound was immediately performed utilizing a pocket-sized Vscan.

The exam began with a rapid assessment of the aorta for evidence of an AAA (Figs. 1 and 2). Upon visualizing a normal aorta, other etiologies were sought. Just above the proximal aorta, there was a large anechoic area with superficial fluid extending from the region of the pancreas to just above the umbilicus (Fig. 3). Finally, sludge and early stone formation were visualized in the gall bladder, but wall thickness was normal and there was no sonographic Murphy's Sign (Fig. 4).

As a result of this initial ultrasound, an AAA was excluded and a pancreatic pseudocyst was suspected. A CT scan later enabled confirmation of the diagnosis. After admission, a cystgastrostomy was performed to evacuate the fluid from the cyst, and the patient recovered fully.

### Discussion

In this case, the Vscan once again helped the Emergency Department team to rapidly rule out a potentially deadly AAA, then quickly arrive at the correct diagnosis and treatment plan, literally in seconds.



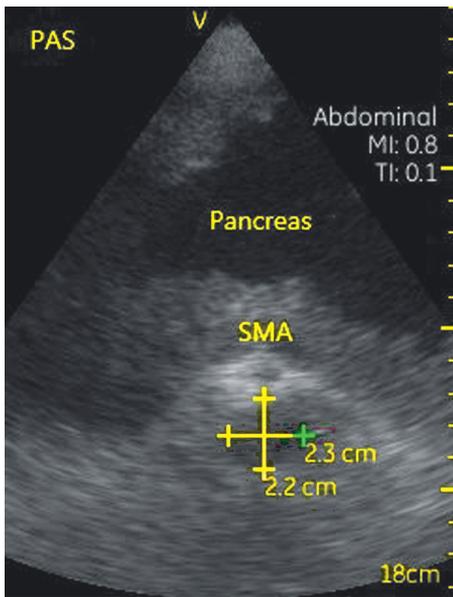
### High-quality ultrasound, literally at your fingertips.

Emergency Department physicians don't always have immediate access to comprehensive ultrasound exams. The solution? GE Healthcare's new, pocket-sized Vscan ultrasound device.

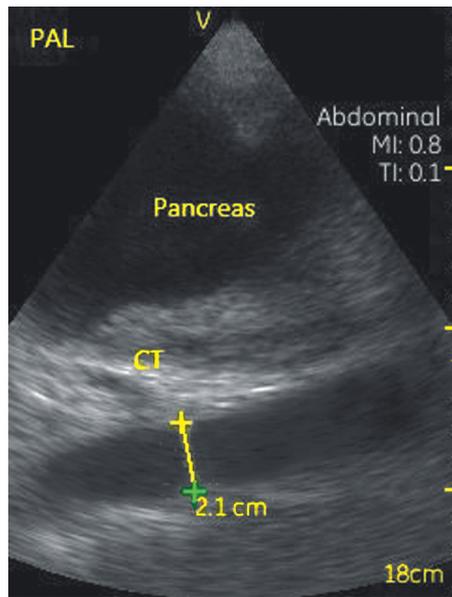
The Vscan is portable enough to slip into the pocket of a lab coat for on-the-spot evaluations.

In fact, Emergency Medicine physicians are finding that its performance and excellent image quality can speed diagnosis and initiation of the appropriate treatment, supporting the goals of improving outcomes and streamlining patient management.

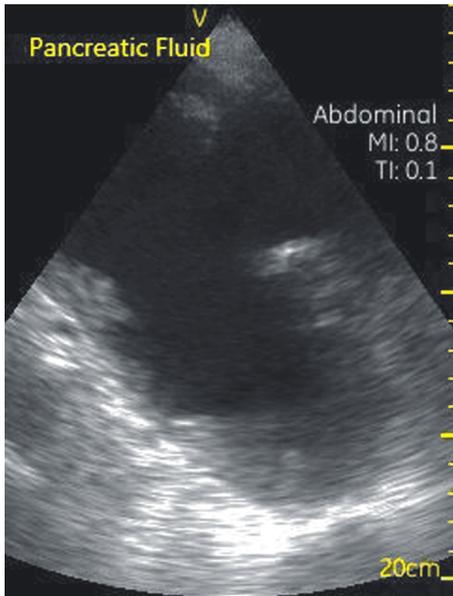




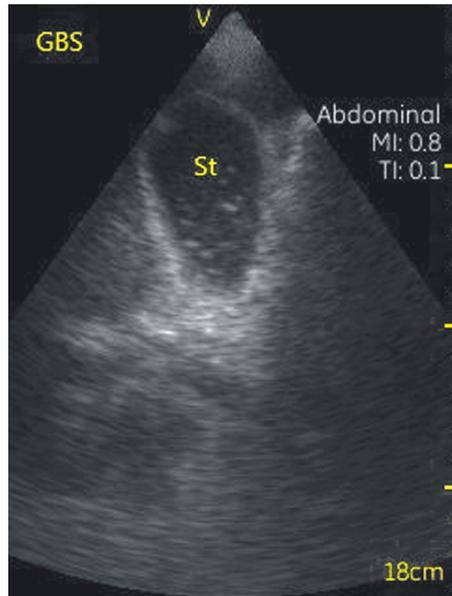
**Figure 1:** Proximal aorta short view demonstrating the superior mesenteric artery (SMA) just above the aorta, measuring 2.3 x 2.2 cm. Large area of anechoic fluid is noted just above the SMA in the area of the pancreas.



**Figure 2:** Proximal aorta long view demonstrating the celiac trunk (CT) just above the aorta, measuring 2.1 cm. Large area of anechoic fluid is again noted just above the aorta in the area of the pancreas.



**Figure 3:** Longitudinal view of the abdomen just midway between the xiphoid process and umbilicus demonstrating a large anechoic collection of suspected pancreatic fluid.



**Figure 4:** Gallbladder short view with sludge and early stone formation within the gallbladder.

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