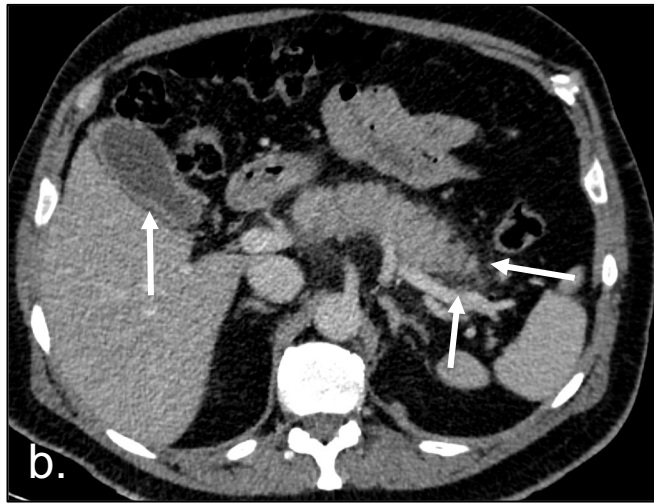
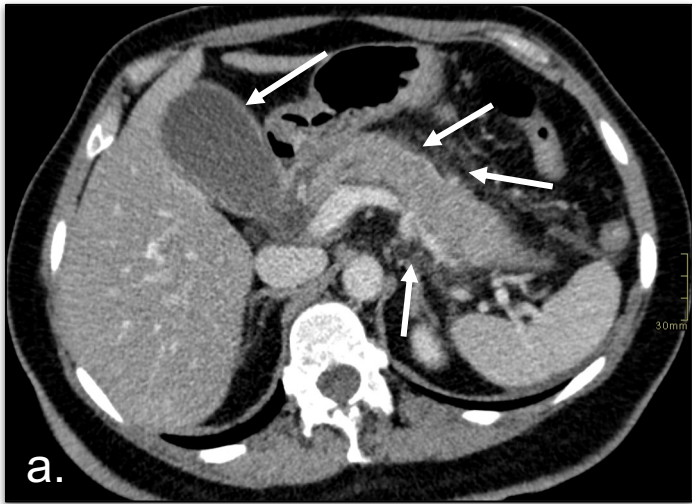




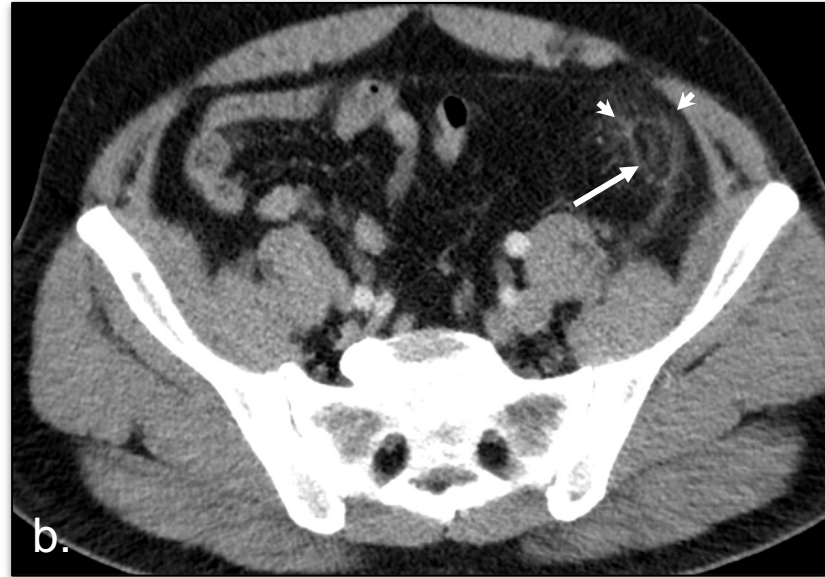
**Figure 1.** Axial (a, c) and coronal (b) abdominal CT of a 65-year-old patient with acute abdominal pain. **(a)** Thrombosis of the superior mesenteric vein (open arrow) associated to surrounding fat stranding (arrows). **(b)** Non-opacification of the superior mesenteric vein (open arrows) and mesenteric edema. **(c)** Thickened distal ileum wall (arrowheads) associated to fat stranding (arrow).

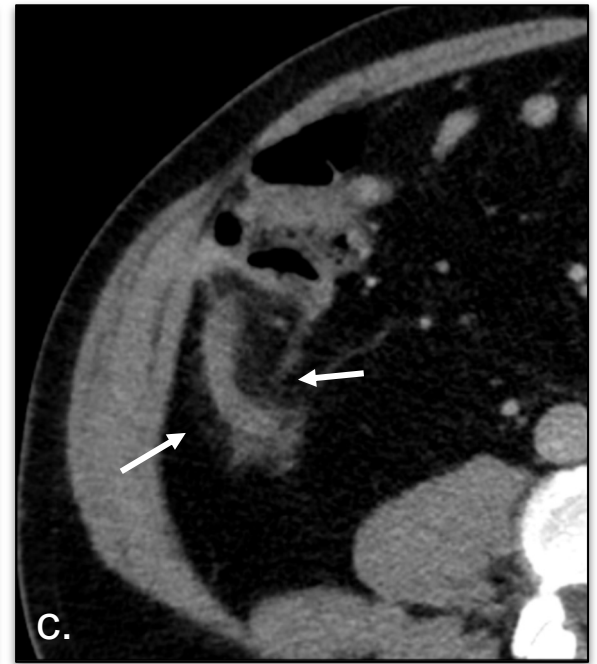
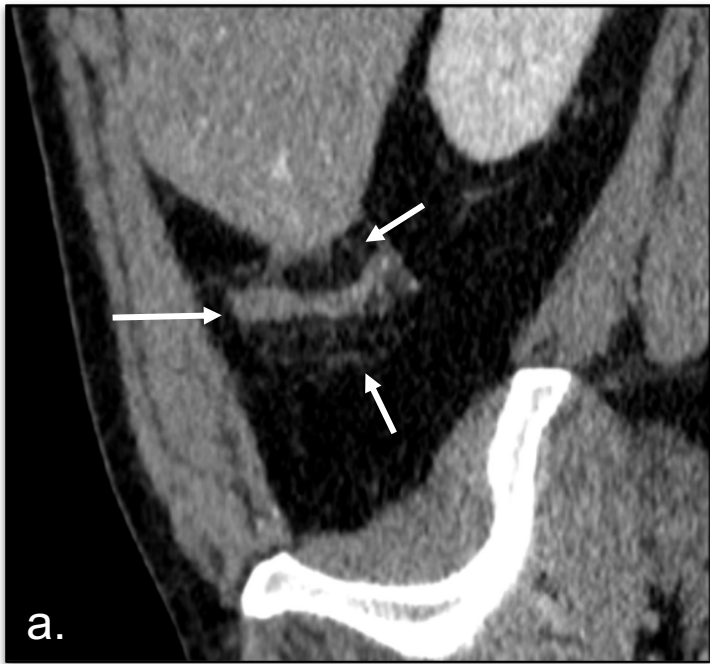


**Figure 2.** Axial (a, b) and coronal (c) abdominal CT. (a - b) Different patients with enlarged pancreas and diffuse fat stranding in the anterior pararenal space (arrow). Pericholecystic edema is also present (open arrows). Abdominal CT. (c) Distended gallbladder with a thickened wall with hyperenhancement of the mucosa (arrow), associated with pericholecystic edema (open arrow).



**Figure 3.** Coronal (a) and axial (b) abdominal CT. Fat density ovoid structure adjacent to the sigmoid (arrow) with a high density rim (open arrow) and central hyperdense line and surrounding inflammatory fat stranding (arrowheads).





**Figure 4.** Sagittal (a), coronal (b) and axial (c) abdominal CT of a 29-year-old patient with acute abdominal pain. Enlarged appendix, wall thickening and hyperenhancement (arrows). Periappendiceal and pericecal inflammatory fat stranding (open arrows).



**Figure 5.** Coronal (a) and axial (b) abdominal CT of a 88-year-old patient with mechanical bowel obstruction. (a) Fluid filled dilated loops of small bowel (arrows) and (b) submucosal edema (open arrows). Mesenteric edema and fat stranding (arrowheads).