A 71-year-old male came to the emergency room complaining of weakness, nausea and pain in the left flank and groin irradiating into his left hemiscrotum. Clinical examination revealed arterial hypotension and tachycardia. Because of the patient’s history of urolithiasis in the past, left renal colic was suspected and non-enhanced computed tomography (CT) was requested. The CT scan confirmed nephrolithiasis, but the crucial finding was an aneurysm of the abdominal aorta measuring 95 mm in diameter. Furthermore, the dorsal wall of the aorta was in direct contact with the spine, creating a “draped aorta sign” (Figure 1a). There were hyperdense bands along the aorta, the psoas muscles and the Gerota’s fascia corresponding to retroperitoneal hematoma (Figure 2b)(1). The CT finding was immediately reviewed and CT angiography was promptly performed to evaluate the suspected acute aortic rupture. Contrast-enhanced angiography confirmed an aortic rupture with fistula to the inferior vena cava.
cava (Figure 2), and the lumen of the vein was homogeneously enhanced in arterial phase (Figure 3). The patient underwent urgent surgery with partial resection of the aneurysm and implantation of an aorto-iliac bypass graft. This case illustrates the broad and tricky differential diagnosis of renal colic and also the diagnostic capabilities of non-enhanced CT.

ACKNOWLEDGMENTS
“Supported by Palacky University grant IGA_LF_2018_002”.

REFERENCES