

## Right Lower Quadrant Pain

Right lower quadrant (RLQ) abdominal pain accounts for nearly 50% of patients who go to the emergency department with abdominal pain. Appendicitis (<https://www.radiologyinfo.org/en/info/appendicitis>) is the most common reason for RLQ pain in the United States requiring surgery.

Appendicitis is inflammation of the appendix, a finger-shaped pouch in the lower right side of the abdomen. The pain typically starts with a dull pain in the middle or right side of the abdomen and moves down to the lower right abdomen.

Other less frequent causes of RLQ pain include diverticulitis (<https://www.radiologyinfo.org/en/info/diverticulitis>) of the colon, kidney stone (<https://www.radiologyinfo.org/en/info/stones-renal>), colitis, and an intestinal blockage.

CT abdomen and pelvis (<https://www.radiologyinfo.org/en/info/abdominct>) with intravenous (IV) contrast is usually appropriate as the initial imaging test for RLQ pain. Ultrasound (US) abdomen (<https://www.radiologyinfo.org/en/info/abdominus>), US pelvis (<https://www.radiologyinfo.org/en/info/pelvus>), MRI abdomen and pelvis (<https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis>) without and with contrast, MRI abdomen and pelvis without contrast, and CT abdomen and pelvis without contrast may also be appropriate.

For individuals with fever and high white blood cell count (leukocytosis), when appendicitis is thought to be the cause, CT scan abdomen and pelvis with contrast is usually appropriate. CT abdomen and pelvis without contrast, US abdomen, US pelvis, MRI abdomen and pelvis without and with IV contrast, and MRI abdomen and pelvis without contrast may also be appropriate.

For women who are pregnant with fever and leukocytosis with suspected appendicitis, US abdomen and MRI abdomen and pelvis without contrast are usually appropriate. US pelvis, CT of the abdomen and pelvis with IV contrast, and CT abdomen and pelvis without contrast may also be appropriate.

For more information, see the Appendicitis (<https://www.radiologyinfo.org/en/info/appendicitis>) page.

— By Patti Brossard, RT® ARRT and Luke Ledbetter, MD. This information originally appeared in the *Journal of the American College of Radiology*.

### Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

**Note:** Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

### Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2026 Radiological Society of North America, Inc.