

Name

Ajil Khan

ID

15022

Dept

BS radiology

Semster

4th

Date

25/0/2020

(1)

Q) If there is non visualization of ureteral segment on IVP and CTU which alternative procedure will you perform? What is the general protocol for performing the procedure?

Ans Retrograde Pyelography:

is also referred to as retrograde pyelography. In this study the collecting is evaluated by directly injecting radiographic contrast through catheters rather than utilizing the excretory phase of contrast excretion after intravenous injection as with CT urogram CTU or intravenous urogram (IVU).

→ Normally urine is produced in the kidney and travels down the ureter in antegrade fashion and is then stored in the bladder. The term retrograde (moving backward) used refers to the direction the contrast is introduced.

(2)

- This test is performed in the hospital radiology department by urologist and is typically carried out under general anaesthesia.

⇒ Indication:

- Demonstration of the site length lower limit and if possible the nature of an obstructive lesion
- Demonstration of the pelvic/ureteral system after an unsatisfactory excretion urogram
- Nonvisualization of ureteral segment on IVP and CTU if there is still clinical concern for evaluating the collecting system after IVP or CTU retrograde pyelogram may be able better image the segment of ureter
- Better characterization of ureteral or pelvic/ureteral abnormalities on IVP or CTU.

- Acute urinary tract infection
- Pregnancy
- Recent instrumentation
- HOCM or LOCM 150-200 not too dense to obscure small lesion

• Equipment

Fluoroscopy unit

• Patient Preparation:

As per surgery.

Preliminary films:

DW. length supine AP abdomen
the examination is performed in
the X-ray department

• Technique:

- After the patient has been anesthetized the procedure begins by ensuring proper positioning of the patient in the dorsal lithotomy position
- Once positioning is complete cystoscopy is performed the physician uses the cystoscope the left and right ureteral orifices
- At this point radiography are taken to ensure proper placement of the catheter.

(4)

Film:

- using the under couch tube
- supine PA of the ureter
- both 35° anterior obliques of the ureter
- NB: the catheter may left in the pelvis to drain pelvoureteric obstruction in this case with drawn latroform are not possible.

After Care: post-anaesthetic

- observation
- prophylactic antibiotics may be used.

Complications:

- Due to the anaesthetic complications of general anaesthesia
- Due to the technique
- Introduction of infection
- mucosal damage to the ureter
- Perforation of the ureter or pelvis by the catheter.



(5)

Q2 Which radiological procedure is commonly used for assessing congenital anomalies of renal system? Explain in detail the whole procedure.

Ans Indication:

Check for normal function of kidney

Check for anatomical variant or congenital anomalies (e.g. horseshoe kidney)

Check the course of the ureters

Assess for synchronous upper tract disease in those with bladder transitional cell carcinoma TCC

Contraindications:

- Contrast allergy
- Hepato renal syndrome
- Thrombocytopenia
- Raised serum creatinine

(b)

Contrast media:

- Infants and small children and elderly
- those with renal and/or cardiac failure
- poorly hydrated patients
- patient with diabetes myelomatosis or sickle cell anaemia
- patient who have a previous severe contrast medium reaction with look at those with stroke allergic history

Complication:

Due to the contrast medium
due to the incorrectly applied
abdominal compression may
produce intolerable discomfort
or ~~hypo~~ hypotension.



Q3

which procedure is performed for investigation of extrahepatic biliary obstruction Discuss the general protocol followed for that procedure.

Ans

Endoscopic retrograde cholangiopancreatography is technique that combined the use of endoscopy and fluoroscopy to diagnose biliary or pancreatic ductal system.

The ability to visualize and biopsy ampullary lesion, the demonstration of biliary tree pancreatic duct

Greater is usually performed by physicians rather than radiologists

Indication:

- Investigation of extrahepatic biliary obstruction
- Post cholecystectomy syndrome
- Investigation of diffuse biliary disease, e.g Sclerosing cholangitis

Equipment:

- side-viewing endoscope
- polythene catheters
- fluoroscopic unit with spot film facilities

patient:

- will orally for 4 h prior to procedure
- premedication
- Antibiotic cover

Preliminary films:

Prone AP and LAO of the upper abdomen to check for opaque gallstone and pancreatic calculi

Technique

- The patient is anesthetized with 4% cocaine spray and the patient is given diazepam 5mg.
- The patient then lies on the left side the endoscope is introduced
- A small test injection of contrast under fluoroscopic control is made to determine the position of the cannula.

(9)

it is important to avoid
over filling of the pancreas
in the biliary tree and
pancreatic duct then the
latter should cannulated
A sample be sent for
culture and sensitivity if
there evidence of biliary.



Q4 Which radiological procedure is recommended for evaluating the cause of female infertility. Explain the procedure details.

Ans The most common types of diagnostic radiology. Computed tomography (CT) also renal angiography fluoroscopy GI and barium enema. magnetic resonance imaging & Hysterosalpingography also known as hysterosalpingogram is fluoroscopic examination of the uterus and fallopian tube. It is performed to investigate the uterine and the shape and patency of the fallopian tube.

Contraindications:

Pregnancy:

A purulent discharge on inspection of the vulva or cervix or diagnosed PID in the preceding 6 months

Recent dilatation curettage or abortion or immediately post menstruation this applies only to oily contrast medium because of risk intravasation

Contrast Sensitivity.

Equipment:

Fluoroscopy unit with spot film

Vaginal Speculum

Curettum forceps

Uterine Cannula Leech

Wilkinson Cannula olive

OR 8-F Paediatric Foley

Catheter

Tubal pathologies

Obliteration Fallopian tube
 usually second to previous
 pelvic inflammation it must
 different from incomplete
 tubal opacification due
 tubal spasm or unfilling
 of the uterus contrast

tubal polyps

tubal malignancy

hydrosalpinx

salpingitis isthmica nodosa (SIN)

tubal spasm can be physiologic
 salpingectomy.



Q5

Explain in detail conventional radiological procedure used for diagnosing the disorder of joint ligament or tendons.

Ans Conventional radiography is the use of x-ray to visualize the internal structure of a patient. x-rays are form of electromagnetic radiation produced by an x-ray tube. The x-ray the patient by detector film sensitive to x-ray or a digital detector.

Indications

Joint capsule torn

Joint cavity

Synovial membrane

Articular cartilage labrum

Ligament

Tendon

Loose bodies with in joint

Prosthesis assessment

(classifying infection)

Contraindications

Active arthritis

Joint infection

Bleeding problem

Previous sensitivity to

Contrast media

→ joint ligament Tendon disorder:

joint disorder

Skeleton
joint
Arthritis

- Rheumatoid arthritis
- Gout
- Tennis elbow
- Osteoarthritis

ligament disorder

Tmj disorder

Sprain ankle

Plantar Fasciitis

Shoulder Separation

Tendon disorder

Tendon disorder or tendinopathy are medical conditions that result in the tendon not functioning normally Tendinitis

is discovered of tendons with out sheath and tenosynovitis tendons with sheath.

