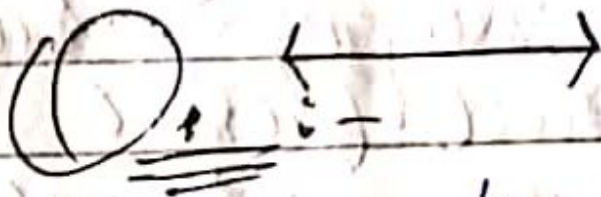


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Paper Conventional
Radiological Procedures
And Clinical
Practice



In this study
The collecting system is
Evaluated by directly
Injection radiography contrast
- through catheters
Rather than utilizing the
of Excretory phase
of contrast excretion
After intravenous injection
As with Urogram (CIV)
OR Intervenous Urogram
(IUV) Normally, Urine is
Produced in the kidney

And travel down the
Ureter in an antegrade
fashion and then it

is stored in the bladder.
A retrograde Pyelogram (RPG)

is an imaging test that
uses contrast dye

in your urinary tract
to take a better

X-ray image of urinary
system. An RPG is

done by cystoscopy
which involves

injecting contrast dye
directly in to

your urinary tract.

Protocol:- 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, a cystoscopy is performed. The physician uses the cystoscope to identify the left and right ureteral orifices. The physician then uses a CF or GF open ended or cone-tipped catheter to cannulate the ureter. Then needed to
→ At this point radiography

are taken to ensure
Proper Placement
of the Catheter
Film:-

- Supine PA of
the Ureter
 - Both 35° anterior
Obliques of the
Ureter
- The catheter may be
left in place
to drain a pelvico-ureteral
Obstruction in this
Case (with drawn)
Ureterograms are not
Possible.

←————→
Or:- Radiological
Investigation provide

A foundation for diagnosing
these conditions
giving vital clinical
information.

The various
imaging modalities used
to diagnose these
anomalies are

Intravenous
Urography (IVU) voiding
Cystourethrography
(VCUG) ~~Computed tomography~~
(CT) Magnetic
Resonance (MRI)

And Nuclear Imaging

Some of the most
prevalent congenital diseases
of the kidney
include

Polycystic kidney disease
(PKD). PKD is a genetic
condition in which
multiple cysts abnormal

Now containing fluid grows

- Unilateral renal agenesis
- Bilateral renal agenesis

Film-

A Compression band is now applied around the patient's abdomen and the ball is positioned midway between the anterior superior iliac spine & precisely over the ureters as they cross the pelvic brim. The aim is to produce better pelvic calyceal distension.

P.T.O.

"Compression
Contraindication" is

- After recent abdominal surgery
- After Orrenal Trauma.
- if there is a large Abdominal mass
- when the 5-min film shows already Distended Calyces.

Film:-

AP of the renal Area 15 min film.

This is usually Adequate distention of the pelvicalyceal system has been Achieved.

Released film:-

Supine AP Abdomen. These film

It is taken to show the whole urinary tract. If this film is satisfactory, the patient is asked to empty their bladder.

→ After micturition film: Based on the clinical findings and the radiological findings on the earlier film, this will be either full-length abdominal film or coned view of the bladder with the tube angled 15° caudad and centred 5cm above the symphysis pubis.

→ The principal value of

of this firm to assess
 Bladder emptying to
 Demonstrate a return to
 Normal of dilated
 Upper tract with relief
 of bladder pressure.
 To aid the diagnosis
 of bladder tumours,
 To confirm Uterovesical
 Junction Calculi And
 Uncommonly to demonstrate
 A Urethral diverticulum
 in females.

Q38 :-

The study of
 Bile duct is directly
 By cholangiography
 Modality - PTC or ERCP
 PTC emerged as the
 superior Test in our

Study The Common bile
Duct or the
Pancreatic duct was
Around 75%
whereas it now approaches
91%. It has been
suggested that
ERCP be carried
out in patients
A standard approach
investigation the
lead to rapid
evaluation of the
patient with
suspected biliary
obstruction is often
the first direct
test Ultrasonography
OR (CT) can
be done on an
out patient basis

Q3b :-

The percutaneous transhepatic cholangiography (PTC) has higher success rate for

Demonstrate bile duct
ERCP has three

Advantage over PTC :-

→ The ability to visualize and biopsy ampullary lesion

→ The demonstrate of Biliary tree and Pancreatic ducts.

→ Greater therapeutic potential
ERCP is usually performed by Physicians or Surgeon rather than Radiologist

Contrast Medium
Pancreas mainly used 840
LOCM.

Bile Duct:-

LOCM 150
Use dilute Contrast
mediums ensures that
Calculi will not ~~absorb~~
absorbed.

Technique:-

- The Pharynx
is an anesthetized with
4% Xylocaine spray
And the Patient is
Given diazepam 5mg
min 1 I.V. until sedated
- The Patient then lies
on the left side And
The endoscope is introduced
 - The ampulla of Vater
is located and the
Patient is turned Prone.
 - A small test Injection
of Contrast Under fluoroscopy

Control is made to
Determine the position
of cannula. A sample
of bile should be
sent for culture and
sensitivity if there is
evidence of
Biliary Obstruction

Film: Pancrease mainly
used focal spot.

→ Prone both Posterior
Oblique

Bile duct:-

→ Early filling films to
show calculi

→ Prone straight and
Posterior Oblique

→ Supine straight both
Oblique Trendelenburg
to fill Intrahepatic

1 Duct. joins erect to
of common bile duct
and gallbladder.

Q4:-

Hysterosalpingo-
graphy (HSG) to
performed
the investigation - the
shaped of the
uterine cavity and
shape & patency
of the fallopian
tube. Hystero-
Utrus and U Salpingo
fallopian tubes.

HSG are mainly
used for
Infertility, Recurrent miscarriage

Tubal Surgery, and Assessment of the Integrity of Caesarean Uterine Scar.

Techniques:-

The patient lies supine on the table with knees flexed, legs abducted and heels together.

→ Using aseptic technique the operator inserts a speculum and cleans vagina - the cannula and cervix with

Chlorhexidine

→ Spasm of the uterine cornu may be

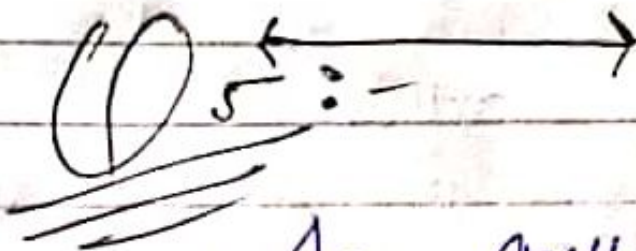
Relieved by low glucose.

→ Operates hypercalcaemia

By Stimulating Smooth Muscle Contraction

Film: -

As the tubes
Being fill
→ when peritoneal
Spill has occurred
And with all instrument
Remove.



An arthrogram is
Series of images of
Joints after injection
of contrast medium,
Usually done by
fluoroscopy or MRI. The
Injection is normally
Done Under Local
Anesthetic such as

Novocain or lidocaine
it can also use
for loose joints
such as shoulder, knee
or hip. it may be
Done in standard x-ray
Do not show the
needed detail of the
Joint structure
And function.

- Film Preliminary
- Routine plain film Radiography.
 - AP and true lateral of the joint of interest
 - Axial in shoulder and oblique view/Inversion/Eversion in ankle
 - Radial and ulnar

Deviation in wrist joint