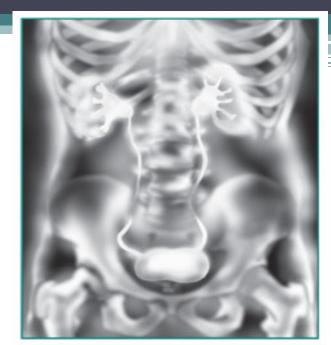
Radiology Renal System



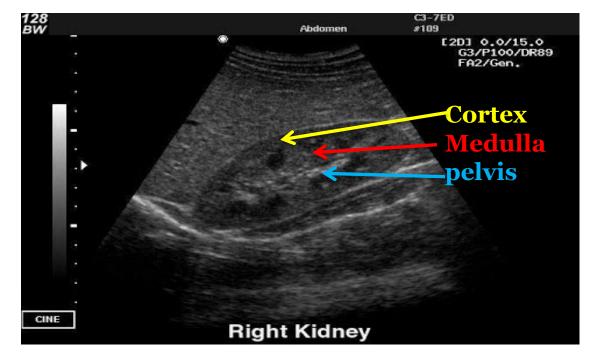
Objectives:

- Modality used for assessment of the urinary system
 - X-ray
 - us
 - Ct
 - MRI
 - Nuclear
- Normal anatomy
- Common pathologies
 - Kidney
 - Ureter
 - Bladder
 - Urethra

• US

- Pros: (no ionizing radiation, inexpensive, portable)
- Cons :(operator dependent, time consuming)

Image Key: White = stones and calcification. Grey = soft tissue. Black = fluid.



• X rays

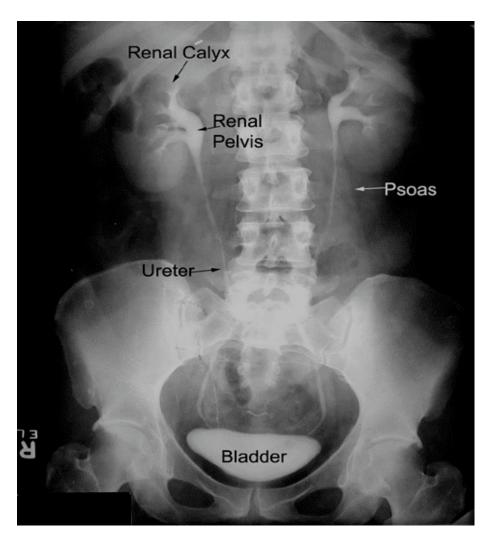
- Pros (inexpensive , quick)
- Cons (ionizing radiation, not definitive)

Image Key: White = bone and calcification. **Grey** = soft tissue. **Black** = air.



IVP



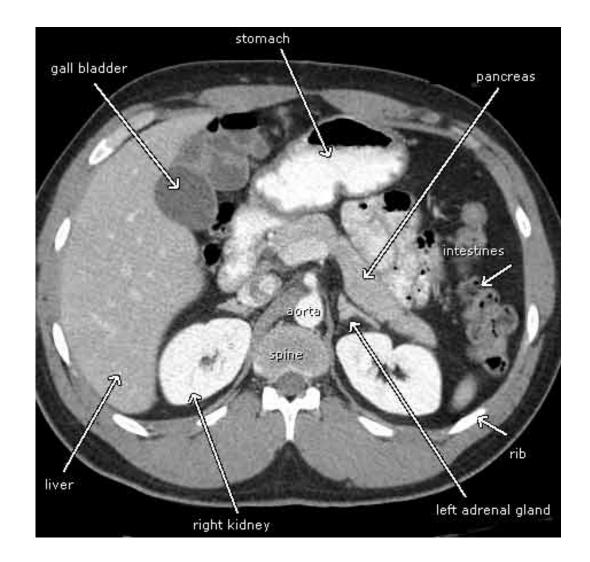


• **CT**

- Pros (quick , a lot of information)
- Cons (ionizing radiation , expensive)

Image key: White = bones and calcification. Grey = soft tissue. Black = air.

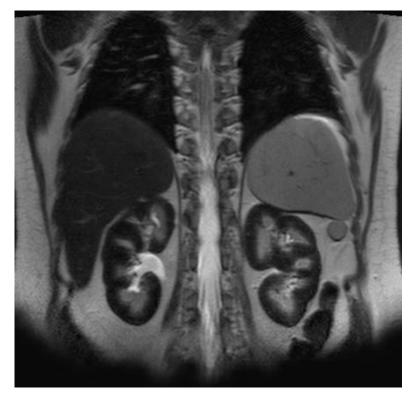




• MRI

- Pros (no ionizing radiation , a lot of information)
- Cons (expensive , time consuming)

Image key: White = high intensity. Grey to black = low intensity.



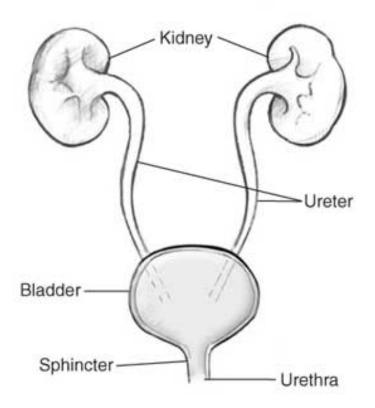
• Nuclear scans

- Pros (assess the <u>function</u>)
- Cons (time consuming , radioactive materials)



modality	US	X-ray	СТ	MRI	Nuclear
Pros	 No lonized radiation. Cheep. Portable. 	 Cheep. Quick. 	 Quick. Gives lots of information. 	 No lonized radiation. Gives lots of information. 	 Assess the function.
Cons	 Operator dependent. Time consuming. 	 Ionized radiation. Not defective. 	 Expensive. Ionized radiation. 	 Expensive. Time consuming. 	 Time consuming. Radioactive materials.

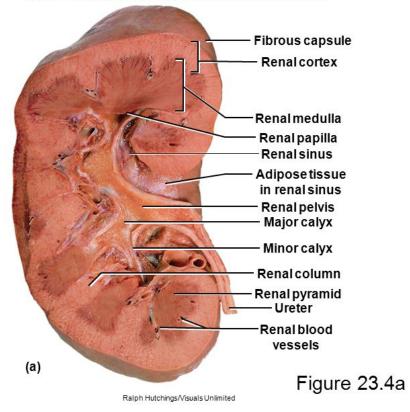
Anatomy of the urinary system

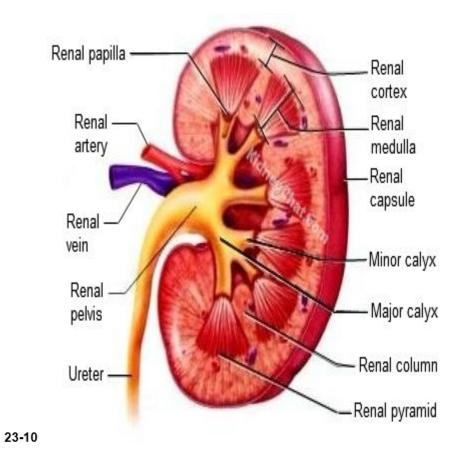


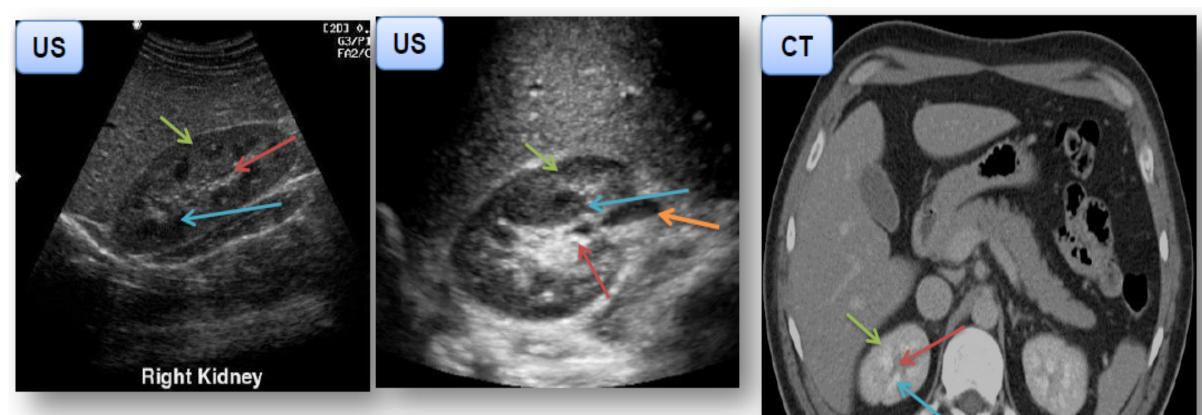
Kidneys:

Gross Anatomy of Kidney

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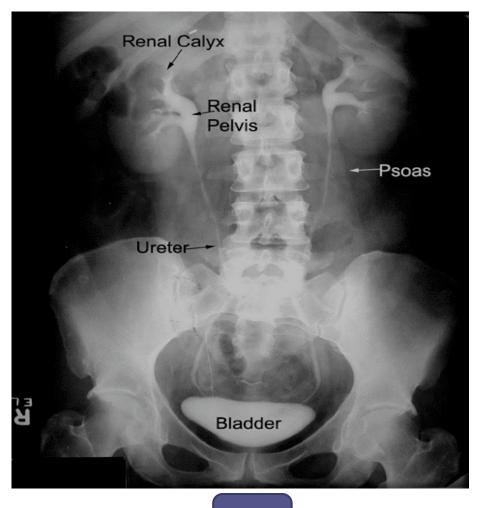






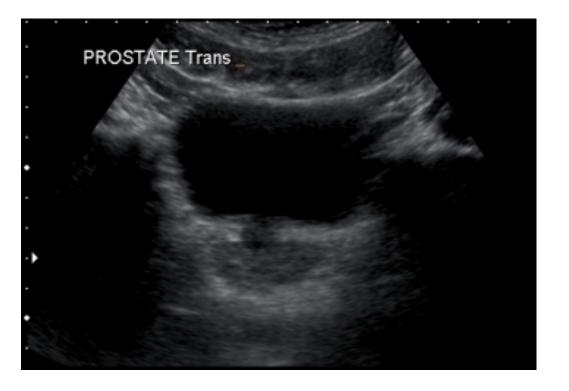
- Renal Cortex.
- $\boldsymbol{\cdot}$ Renal Permed or Medulla.
- $\cdot\,$ Hilum or Pelvis.
- Ureter

Ureters:



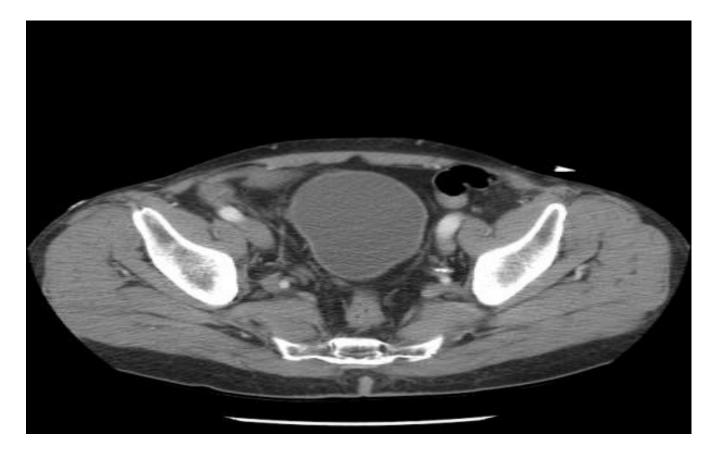
IVP

Urinary bladder



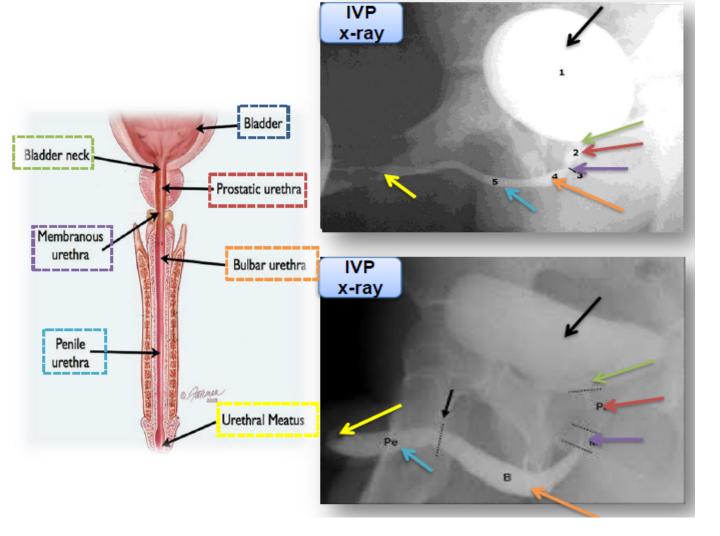


Urinary bladder



Urethra

- Bladder.
- Bladder neck.
- Prostatic urethra.
- Membranous urethra.
- Bulbar urethra.
- Penile urethra.
- Urethral meatus.



Common Renal system Pathologies

Common <u>Kidney</u> pathologies:

• Cysts (benign, common, bosniak classification)



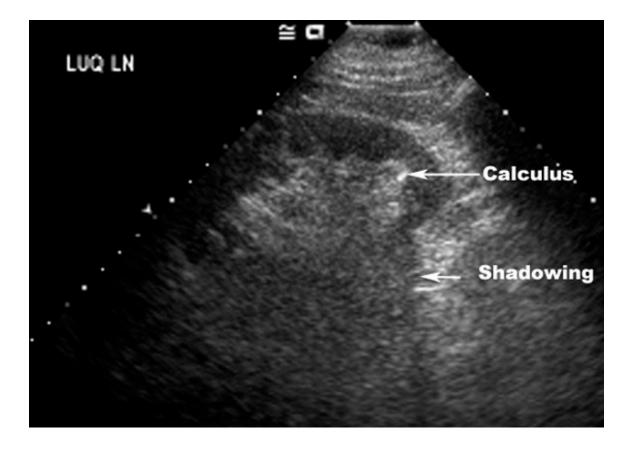


Common Kidney pathologies:

• Stones :

- Radio-opaque (calcium, struvite)
- Radio-lucent (uric acid, cysteine)

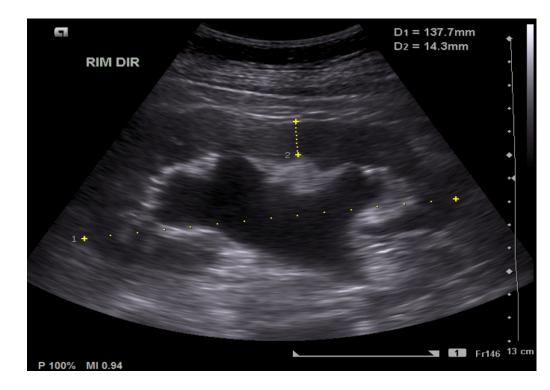






Common Kidney pathologies:

Hydronephrosis





Common <u>Kidney</u> pathologies:

Pyelonephritis:

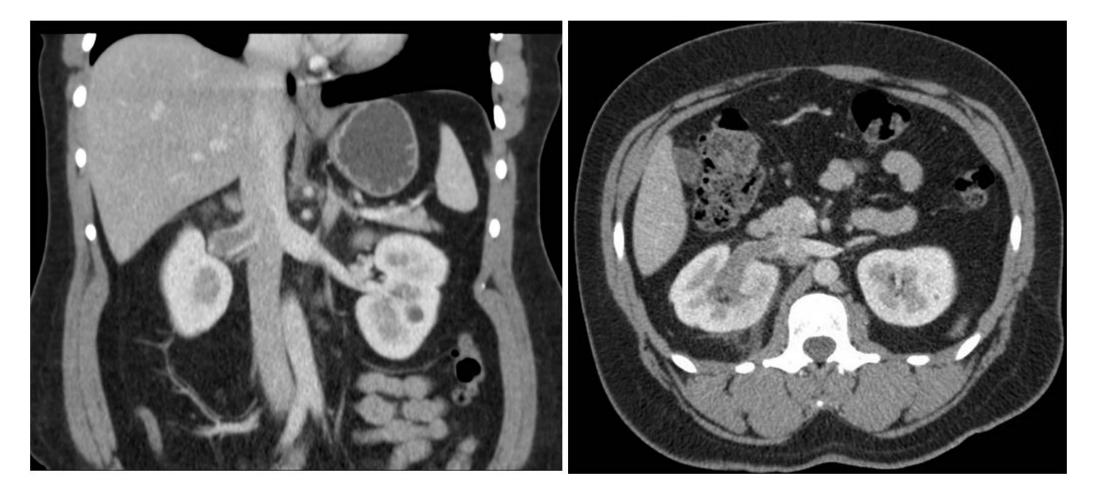
- is the infection of the kidney.
- Acute pyelonephritis results from bacterial invasion of the renal parenchyma. Bacteria usually reach the kidney by ascending from the lower urinary tract.
- CT scan for a patient with pyelonephritis, we do it only if the patient doesn't respond to the treatment or he had a recurrent pyelonephritis.



Common Kidney pathologies:



Common <u>Kidney</u> pathologies:



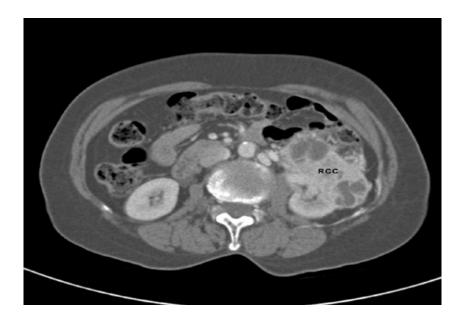
Common <u>Kidney</u> pathologies:

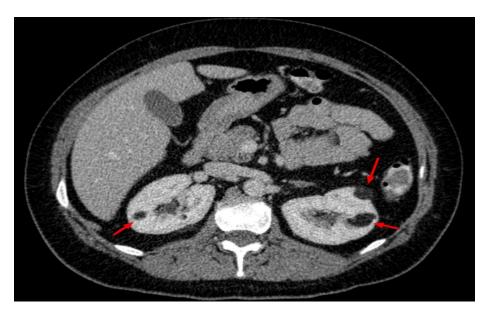
• ESRD



Common Kidney pathologies:

- Tumors:
 - Benign, most common benign is angiomyolipoma
 - Malignant, most common type is renal cell carcinoma





Common Kidney pathologies:

Congenital

Horseshoe Kidney



Ectopic Kidney



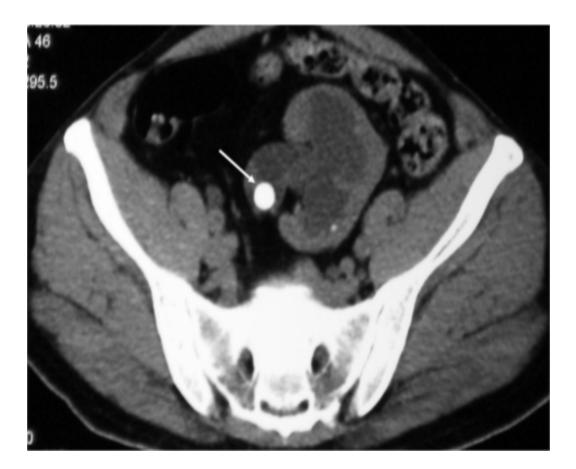
Polycystic Kidney Disease



Common Ureter Pathologies:

•Ureteric Stone:

stones in the ureter will make a obstruction and block the urines way to the bladder, which may cause Hydronephrosis.

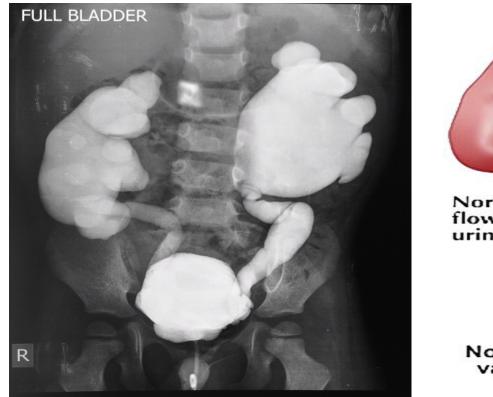


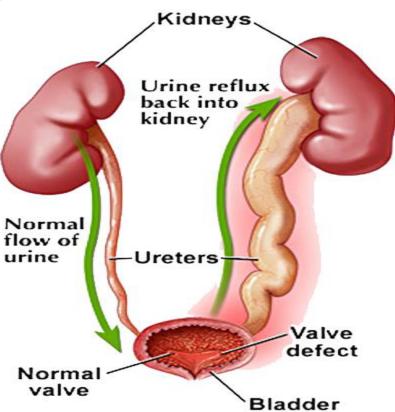




Common Ureter Pathologies

vesicoureteral reflux disease



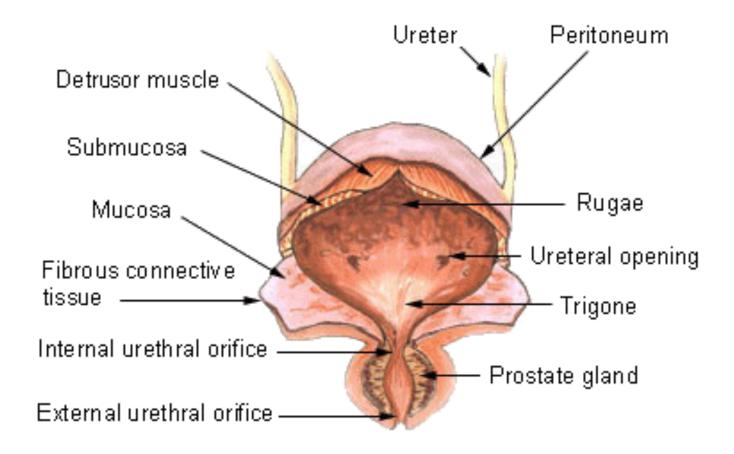


Common Ureter Pathologies

•Duplicating Collecting System.



Common Urinary Bladder Pathologies



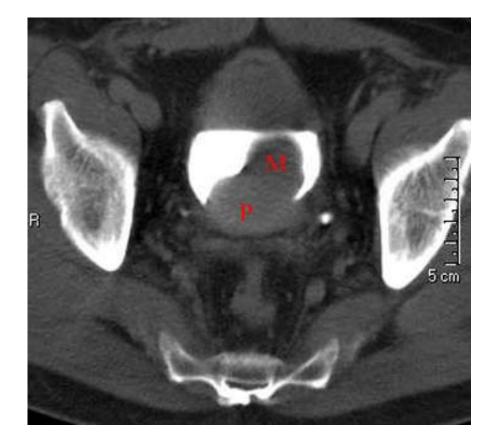
Common urinary bladder pathologies

- Cystitis:
 - Image 1: an inflamed urinary bladder (thick surrounding walls)
 - Image 2: This bladder has gas bubbles that could be due to inflammation or infection from 'gas producing' bacteria.

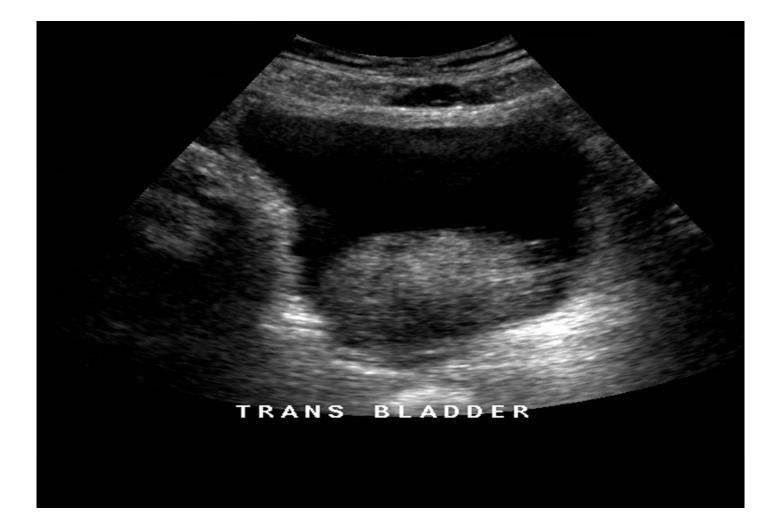




Benign Prostate Hypertrophy



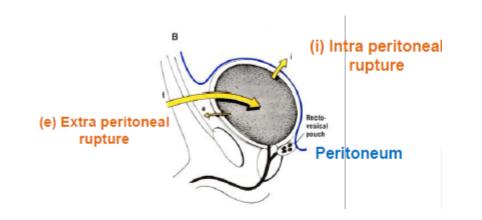




Common Urinary Bladder Pathologies

• Bladder rupture:

- The abdomen is lined with the peritoneum from inside.
- The bladder is located below the membrane of the peritoneum.



Common urinary bladder pathologies



Extra peritoneum: any rupture or leakage to the content of the bladder does not enter the peritoneum. Patient does not need surgery.



Intra peritoneum: there is a rupture in both bladder and peritoneum. In this case, patient will need surgery.

