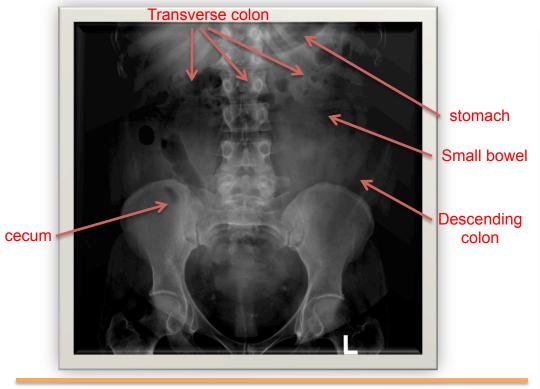


Radiology practical



In this team work:

- ✓ We tried our best to put what is important.
- ✓ We didn't include some of the information about the machine, advantages and disadvantages because he doctor said that they will focus on the ANATOMY, not even THE PATHOLOGY but incase we added both.







Polyp s

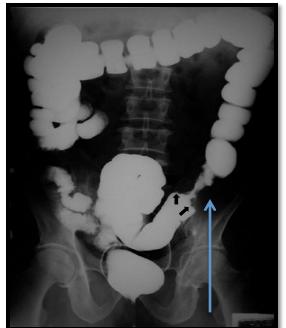


- 1- Liver
- 2- Spleen
- 3- Kidneys
- 4- Psoas muscles



Ulcerative colitis

•Feature-less colon (lead-pipe appearance)

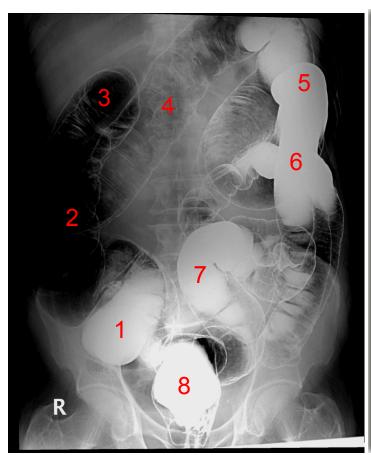


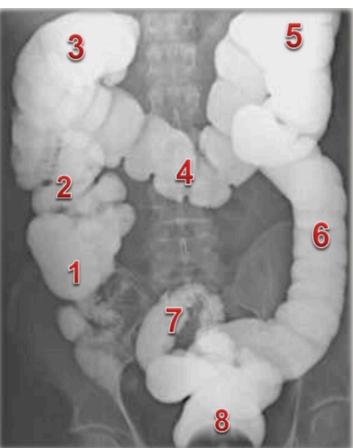


Colon Carcinoma

(apple core sign)



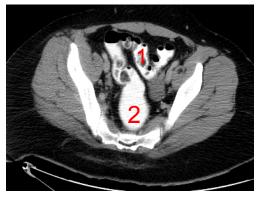




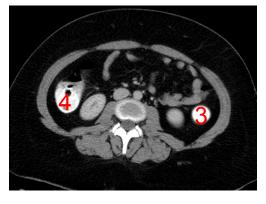
^ From Our Slides

^ This PIC came an 432 OSPE

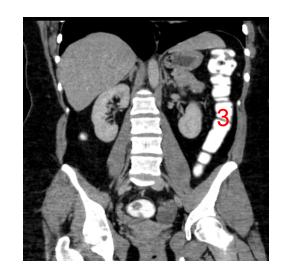
- 1. Cecum
- 2. Ascending colon
- 3. Hepatic flexure
- 4. Transverse colon
- 5. Splenic flexure
- 6. Descending colon
- 7. Sigmoid colon
- 8. Rectum





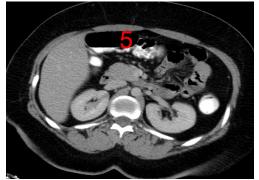


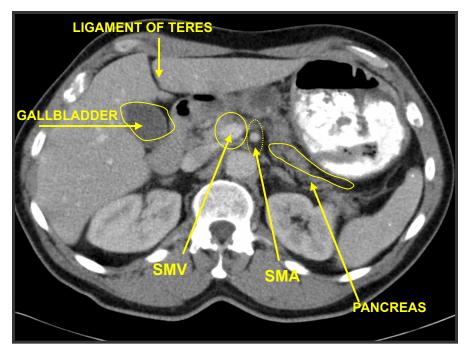


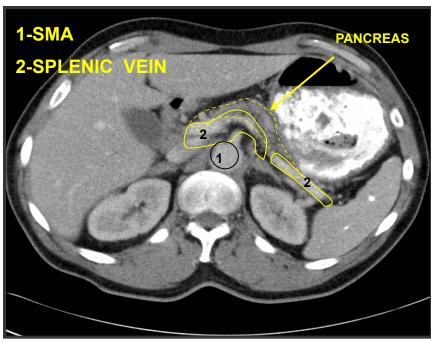




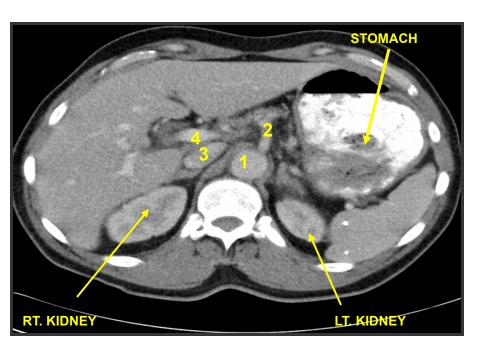


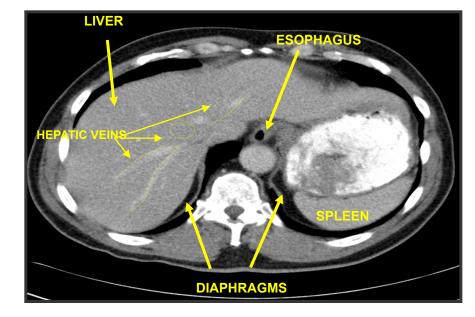






SMA: Superior Mesenteric Artery SMV: Superior Mesenteric Vein

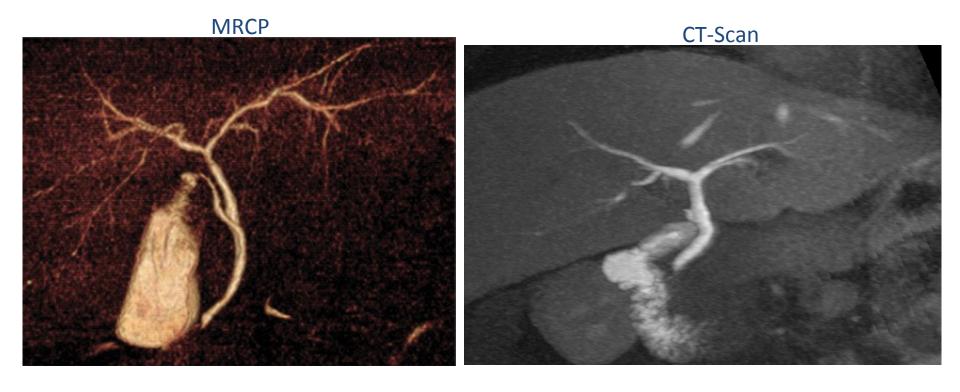




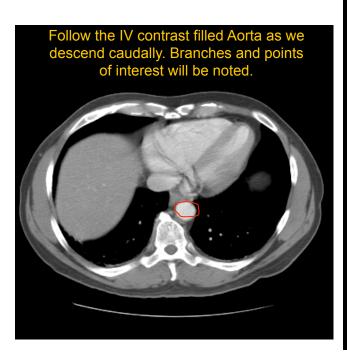
- 1- AORTA
- 2- CELIAC ARTERY
- 3-IVC
- **4- PORTAL VEIN**

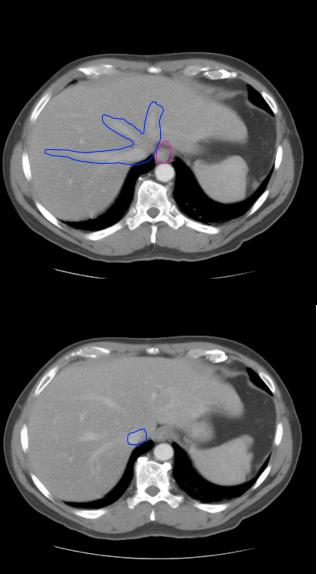
Biliary tract anatomy

- •The right and left main hepatic ducts fuse at the hilum, anterior to the bifurcation of the portal vein, to form the common hepatic duct.
- •In ultrasound and CT it is visible in 50% of cases
- •In MRCP almost always visible



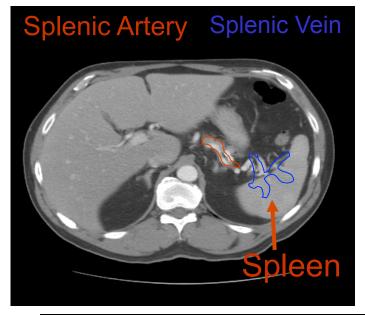
This slide and the next,
Just go through them



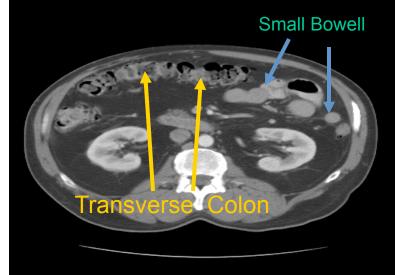


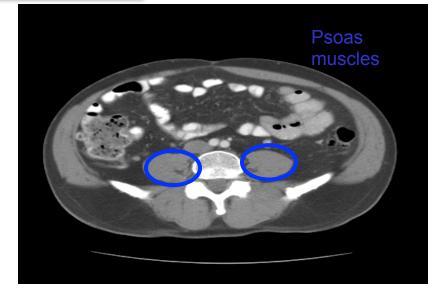
This is an excellent image of the right, middle and left hepatic veins draining into the Inferior Vena Cava. Don't confuse this structure with the IVC, this is the esophagus at the level of the Lower esophageal sphincter, page up and down to confirm this.

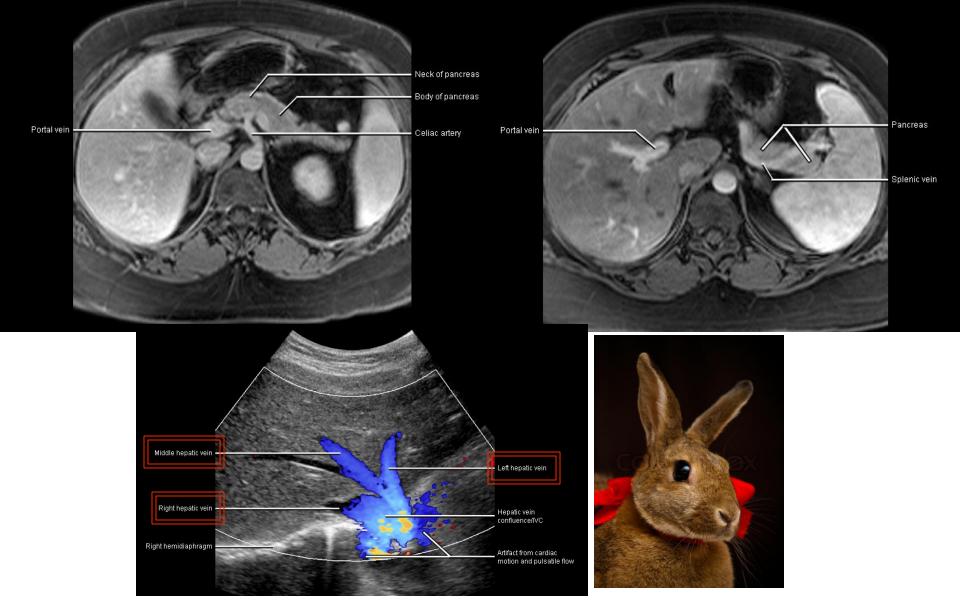
The outline of the Inferior Vena Cava is more distinct in this image.











Best Of Luck

Hope our work was helpful,,

Felwa Al-Harthi Faisal S. AlGhamdi

If you have any Questions or comments please contact us:

Contact us: 433radiology@gmail.com