

UROGENITAL TRACT IMAGING Interactive session

Dr. Husain Alturkistani Assistant Professor & Consultant

CASE (1)

Young Adult presented with right loin pain and microscopic hematuria. Ultrasound Exam was performed.

Which of the following is the likely finding?

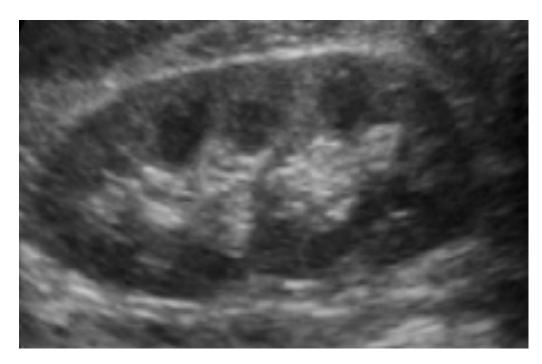


- a- Hydronephrosis
- b- Normal
- c- Renal mass
- d- Upper pole renal stone

CASE (1)

Young Adult presented with right loin pain and microscopic hematuria. Ultrasound Exam was performed.

Which of the following is the likely finding?



a- Hydronephrosis

b- Normal

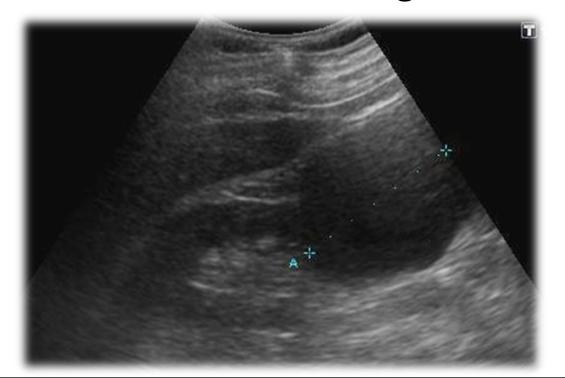
c- Renal mass

d- Upper pole renal stone

Case (2)

Young Adult presented with right loin pain. Ultrasound Exam was performed.

Which of the following is the likely finding?

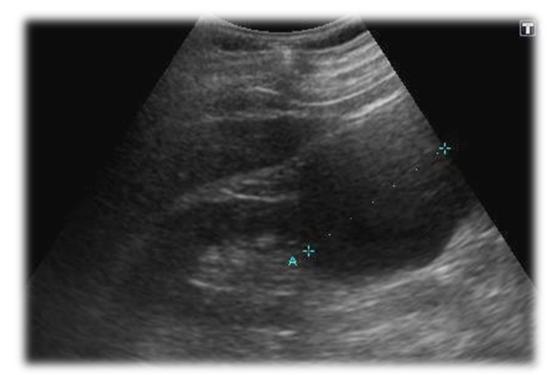


- a- Normal
- b- Hydronephrosis
- c- Renal cyst
- d- Lower pole renal stone

Case (2)

Young Adult presented with right loin pain. Ultrasound Exam was performed.

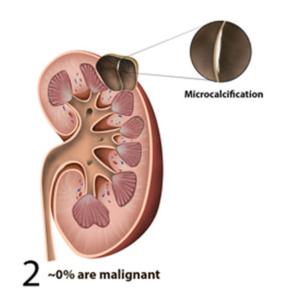
Which of the following is the likely finding?



- a- Normal
- b- Hydronephrosis
- c- Renal cyst
- d- Lower pole renal stone

Bosniak classification of renal cysts



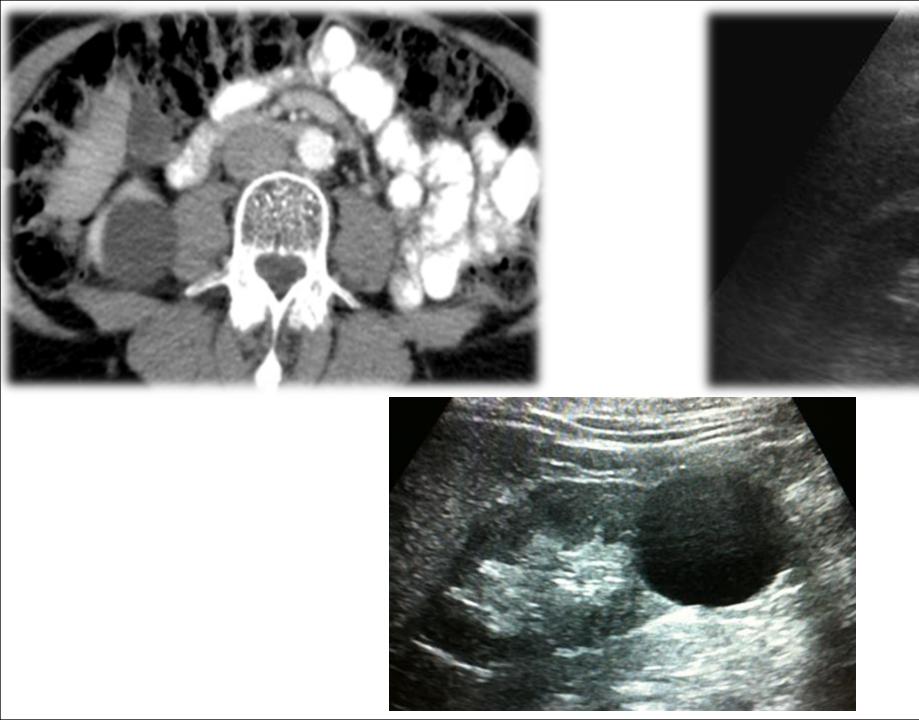








Radiopaedia.org



29 y/o female presented to the ER c/o sudden acute left flank pain radiated to the groin associated with hematuria



What is the name of the exam presented?

- a- IVU
- b- KUB
- c- Double contrast exam
- d- Single contrast exam

29 y/o female presented to the ER c/o sudden acute left flank pain radiated to the groin associated with hematuria



What is the name of the exam presented?

- a- IVU
- b- KUB
- c- Double contrast exam
- d- Single contrast exam

29 y/o female presented to the ER c/o sudden acute left flank pain radiated to the groin associated with hematuria

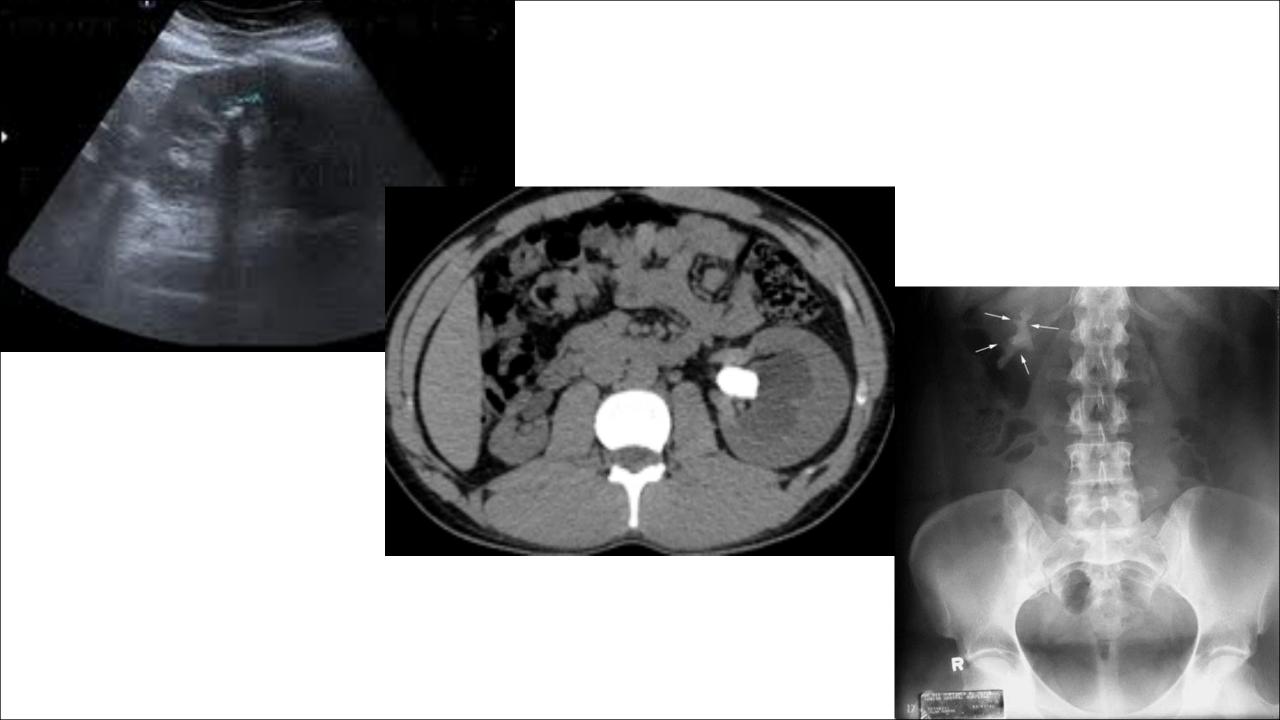


- a- Renal mass
- b- Renal cyst
- c- Renal stone
- d- Renal hemorrhage

29 y/o female presented to the ER c/o sudden acute left flank pain radiated to the groin associated with hematuria

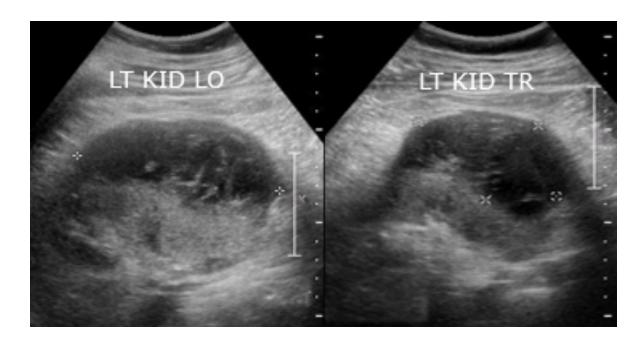


- a- Renal mass
- b- Renal cyst
- c- Renal stone
- d- Renal hemorrhage



Case (4)

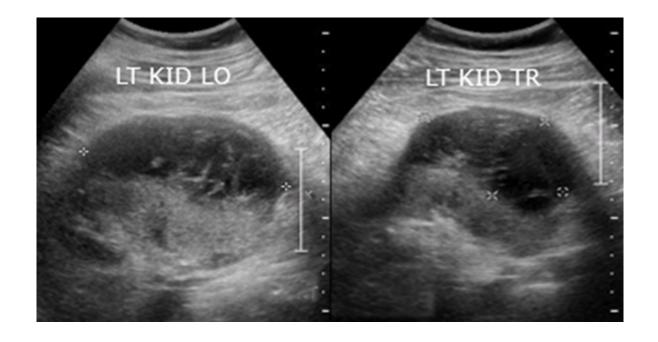
36 y/o male presented to the ER c/o acute sudden left flank pain radiated to the groin associated with hematuria post RTA. US was performed.



- a- Renal mass
- b- Renal cyst
- c- Renal abscess
- d- Renal hemorrhage

Case (4)

36 y/o male presented to the ER c/o acute sudden left flank pain radiated to the groin associated with hematuria post RTA. US was performed.



- a- Renal mass
- b- Renal cyst
- c- Renal abscess
- d- Renal hemorrhage



SUBCAPSULAR RENAL HAEMATOMA

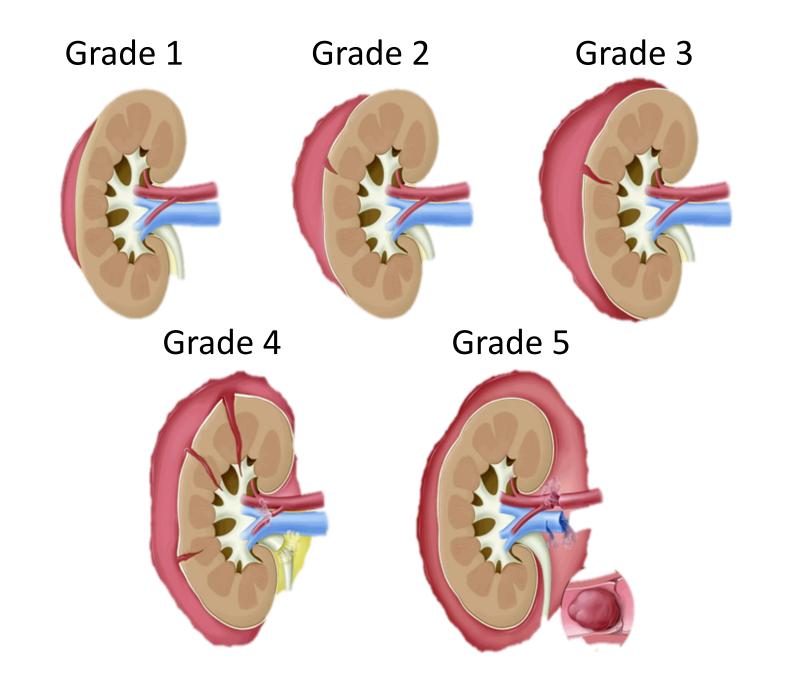


Table 11. Renal Injury Grades

Grade	Extent of renal injury
1	Contusion: microscopic or gross hematuria, no depiction of injury with any imaging method Hematoma: subscapular hematoma with no parenchymal
	laceration
2	Nonexpanding perirenal hematoma or cortical laceration less than 1 cm deep with no urinary extravasation
3	Parenchymal laceration extending greater than 1 cm into the cortex with no urinary extravasation
4	Parenchymal laceration extending through the cortico- medullary junction and into the collecting system
5	Multiple major lacerations resulting in a shattered kidney or avulsion of renal hilum that devascularizes the kidney

One month old boy with recurrent UTI.



What type of imaging is this?

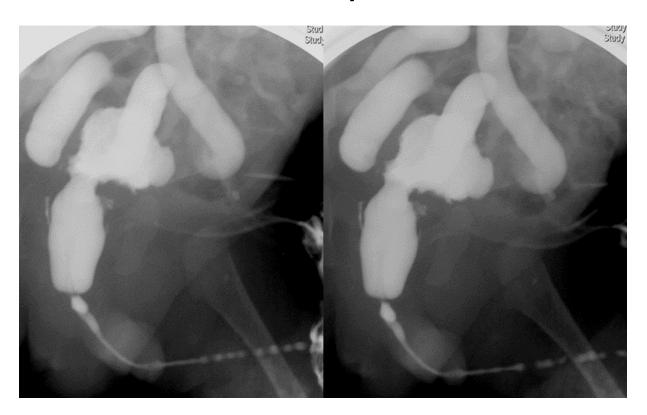
a- Intravenous urography (IVU)

b- CT with IV contrast

c- Voiding cystourethrogram

d-scintigraphy

One month old boy with recurrent UTI.



What type of imaging is this?

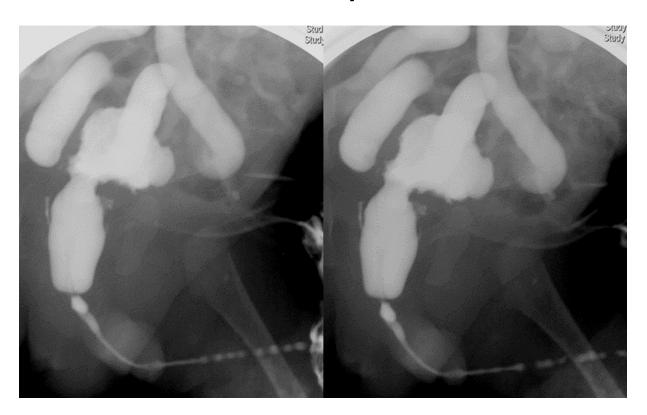
a- Intravenous urography (IVU)

b- CT with IV contrast

c- Voiding cystourethrogram

d-scintigraphy

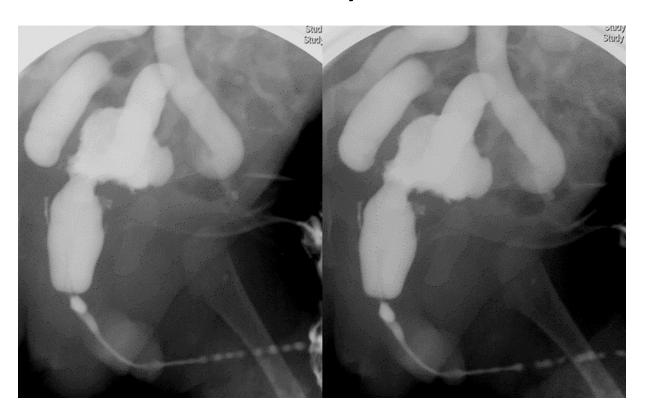
One month old boy with recurrent UTI.



What is the abnormality seen?

- a- Normal VCUG
- b- Vesico-colonic fistula
- c- Beaded urethral strictures
- d- Vesicoureteric reflux

One month old boy with recurrent UTI.



What is the abnormality seen?

- a- Normal VCUG
- b- Vesico-colonic fistula
- c- Beaded urethral strictures
- d- Vesicoureteric reflux

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.

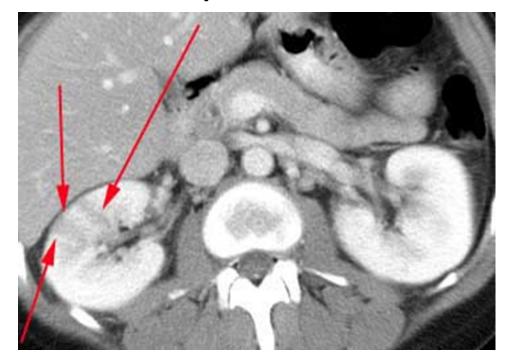
What is the most likely clinical diagnosis?

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.

What is the most likely clinical diagnosis?

Pyelonephritis

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.



What is this imaging modality?

- a- MRI with contrast
- b- MRI without contrast
- c- CT with contrast
- d- CT without contrast

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.



What is this imaging modality?

- a- MRI with contrast
- b- MRI without contrast
- c- CT with contrast
- d- CT without contrast

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.



How do you describe this abnormality?

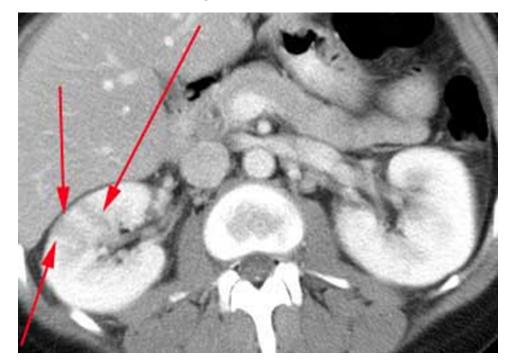
A- cortical mass

B- pelvicalicial dilatation

C- hypo perfused lesion

D- perirenal hematoma

31 y/o female patient came to ER with high grade fever, right flank pain and vomiting. In addition, she has urinary frequency since 3 days.



How do you describe this abnormality?

A- cortical mass

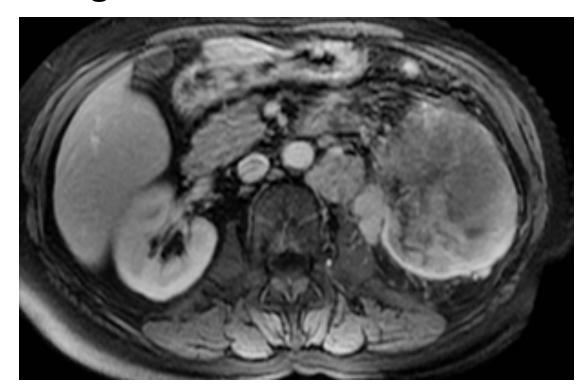
B- pelvicalicial dilatation

C- hypo perfused lesion

D- perirenal hematoma

Case (7)

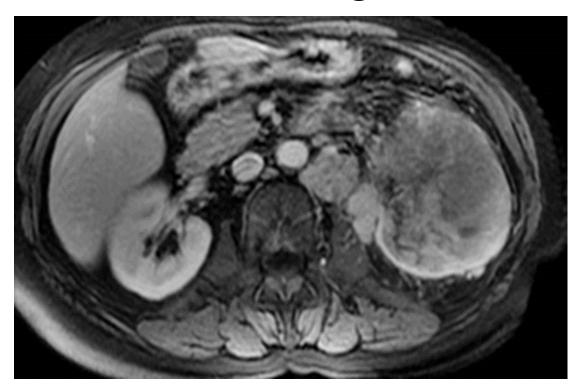
76 y/o male patient presented with painless hematuria and weight loss.



How do you describe this lesion?

Case (7)

76 y/o smoker male patient presented with painless hematuria and weight loss.



What is the most likely diagnosis?

A- pyelonephritis

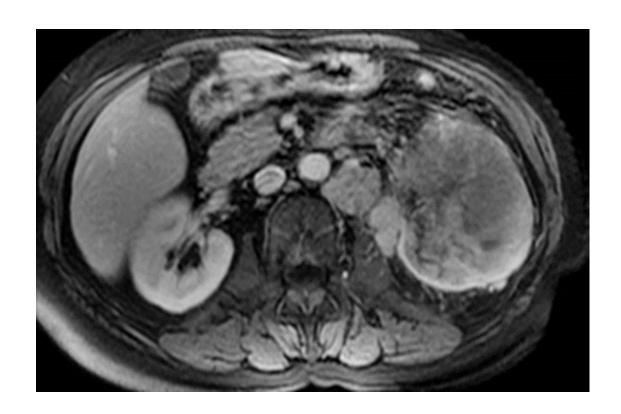
B- renal adenocarcinoma

C- transitional cell carcinoma

D- angiomyolipoma

Case (7)

76 y/o male patient presented with painless hematuria and weight loss.



What is the most likely diagnosis?

A- pyelonephritis

B- renal adenocarcinoma

C- transitional cell carcinoma

D- angiomyolipoma

Case (8)

81 y/o female diabetic patient came to clinic with general fatigue, itching, loss of appetite and easy bruising. Initial lab works show a creatinine level of 180 Umol/L.



What does US show?

A- normal kidney

B- hypoechogenic kidney

C- atrophic undifferentiated kidney

D- atrophic kidney with normal cortico-medullary differentiation

Case (8)

81 y/o female diabetic patient came to clinic with general fatigue, itching, loss of appetite and easy bruising. Initial lab works show a creatinine level of 180 Umol/L.



What does US show?

A- normal kidney

B- hypoechogenic kidney

C- atrophic undifferentiated kidney

D- atrophic kidney with normal cortico-medullary differentiation



Case (9)

67 y/o male patient came to ER with worsening hematuria.



What is this exam?

A- KUB

B- IVP

C- CT: coronal section

D- scintigraphy

Case (9)

67 y/o male patient came to ER with worsening hematuria



What is this exam?

A- KUB

B-IVP

C- CT: coronal section

D- scintigraphy

Case (9)

67 y/o male patient came to ER with worsening hematuria



What is the major finding?

A- normal

B- left pelvicalicial dilatation

C- right ureteral dilatation

D- filling defect in urinary bladder

Case (9)

67 y/o male patient came to ER with worsening hematuria



What is the major finding?

A- normal

B- left pelvicalicial dilatation

C- right ureteral dilatation

D- filling defect in urinary bladder



73 y/o female came with painless hematuria & general fatigue



What is the major finding?

A- Bosniak type II renal cyst

B- malignant tumor

C- focus of pyelonephritis

D- normal

73 y/o female came with painless hematuria & general fatigue



What is the major finding?

A- Bosniak type II renal cyst

B- malignant tumor

C- focus of pyelonephritis

D- normal

73 y/o female came with painless hematuria & general fatigue



What other secondary finding do you observe?

A- perirenal hemorrhage

B- mass effect on pancreas

C- renal vein filling defect

73 y/o female came with painless hematuria & general fatigue



What other secondary finding do you observe?

A- perirenal hemorrhage

B- mass effect on pancreas

C- renal vein filling defect

Case (11)

Middle aged diabetic male patient came to ER with a history of worsening fever and right abdominal pain since 2 weeks



How do you describe the lesion in right kidney?

Case (11)

Middle aged diabetic male patient came to ER with a history of worsening fever and right abdominal pain since 2 weeks



What is the most likely diagnosis in the right kidney?

A- pyelonephritis

B- renal abscess

C- simple cyst

Case (11)

Middle aged diabetic male patient came to ER with a history of worsening fever and right abdominal pain since 2 weeks



What is the most likely diagnosis in the right kidney?

A- pyelonephritis

B- renal abscess

C- simple cyst

The first preliminary imaging modality in emergency department for a renal colic patient to generally assess renal stones is one of the following:

- A- Intravenous urography (IVU)
- B- Plain X-ray (KUB)
- C- CT scan
- D- ultrasound

The first preliminary imaging modality in emergency department for a renal colic patient to generally assess renal stones is one of the following:

A- Intravenous urography (IVU)

B- Plain X-ray (KUB)

C- CT scan

D- ultrasound

One of the following is a common site of urinary stone obstruction:

- A- proximal ureter
- B- mid ureter
- C- junction of mid-distal ureter
- D- vesico-ureteric junction

One of the following is a common site of urinary stone obstruction:

- A- proximal ureter
- B- mid ureter
- C- junction of mid-distal ureter
- D- vesico-ureteric junction

