



Imaging Redefined

VITAL

IMAGING Newsletter

State-Of-The-Art Imaging in Urology

VITAL IMAGING

Urology Case Studies

Imaging Redefined

- MULTISLICE SPIRAL CT SCAN
- CT IVP
- DIGITAL KUB
- DIGITAL IVP
- DIGITAL HSG
- DENTAL CT
- DIGITAL OPG
- PORTABLE DIGITAL X-RAY
- SONOGRAPHY
- COLOR DOPPLER
- PATHOLOGY

VITAL IMAGING CENTRE

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8:30A.M. – 8:30P.M.

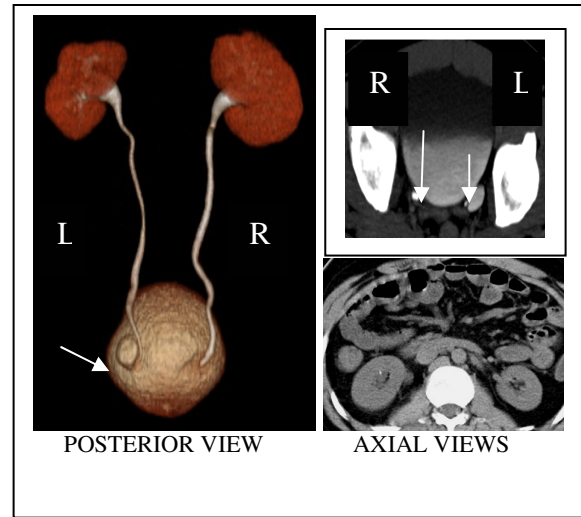
**24 HRS
EMERGENCY
SERVICE
AVAILABLE**

Interesting Case Studies:

Case Study 1: Role of CT UROGRAPHY / CT IVP

26 yr old with h/o right loin pain & hematuria. Patient underwent a USG KUB which showed a calculus in the Rt kidney (RK). Subsequently a KUB radiograph was obtained wherein a tiny calculus in the lower RK was visualized with no other significant abnormality.

The patient then underwent an IVP which showed a tiny calculus in the lower pole of RK with focal dilatation of the Lt lower ureter and a suspicion of? Megaloureter was raised.



The hematuria was persistent and the urologist asked for a **CT IVP**. On **Specialized CT IVP protocols** performed at **VITAL Imaging** besides the tiny calculus in the lower pole of RK, another 5 x 4 mm sized impacted calculus was visualized in the Rt Uretero-vesical junction with mild adjacent bladder wall thickening; however there was no proximal dilatation of the ureter and the PCS. In addition there was a bladder diverticulum (Hutch Diverticulum) seen adjacent to the Lt UV junction which was earlier thought as a Megaloureter. The opening of the Lt ureter and the bladder diverticulum were beautifully demonstrated on **CT Ureterscopy images**.

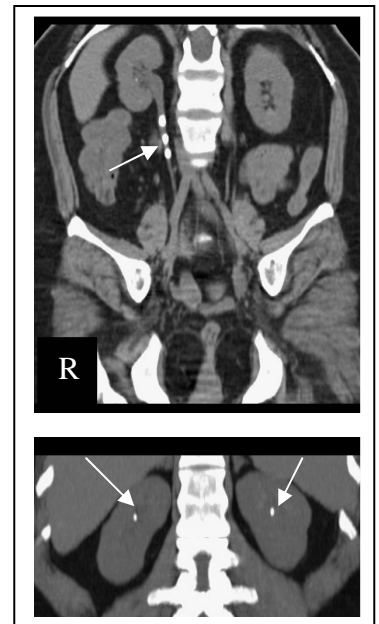
Case Study 2: Role of CT KUB (Plain)

43 yr old lady with h/o pain in the abdomen. Patient underwent a USG KUB which showed multiple bilateral renal calculi (R>L) and moderate right hydronephrosis with proximal hydroureter was noted; however no ureteric calculus could be visualized due to overlying bowel gas.

The patient went for a **Digital KUB radiograph** at Vital where multiple bilateral renal calculi with multiple (two) calculi visualized along the course of right ureter.

After a few days the patient was advised a Digital IVP, however the S. Creatinine was raised, hence the procedure was not performed.

On discussing with the concerned physician, since the prime requirement was to know the overall stone burden and the exact measurement with location of the calculi for lithotripsy, we at **VITAL Imaging** suggested the role of **CT KUB (Plain)** wherein Thin Axial Images were obtained and all the questions were answered with excellent coronal images giving an **IVP-like appearance**.



For more information, or for any questions, concerns or suggestions please do call us on Ph: 2630 1184 / 85