

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Radiology Review

For 6th year Students
2019



BY
DR. AHMAD MOKHTAR ABODAHAB

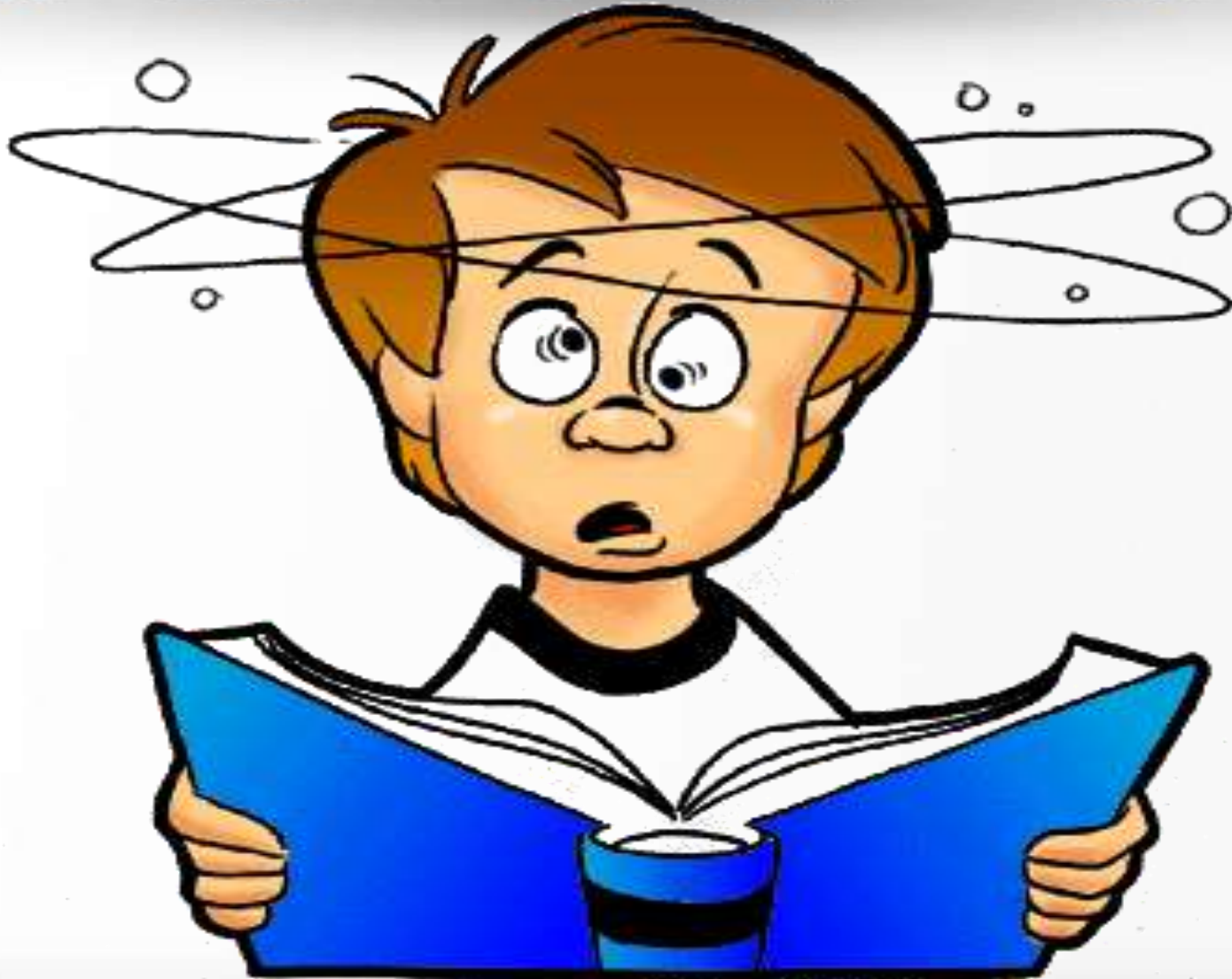
Speaker

Dr. Ahmad Mokhtar Abodahab

- ✓ **Lecturer Assistant of Radiology – Faculty of Medicine
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- ✓ **Radio diagnosis Specialist - Sohag Military Hospital.**
- ✓ **Radio diagnosis Specialist -Sohag Police Clinics.**
- **Teleradiology & PACS Expert – Telemedicine Technologies Co.
– Almadinah Almounawarrah , KSA**



Study Vs Exam



Which way will we choose?

Exam Film Way

X ray

CT



EXAM FILM WAY

X Ray

**without
Contrast**

**+
Contrast**



EXAM FILM WAY

CT

**without
Contrast**

**+
Contrast**



Plain X ray

- Skull
- CXR
- Abdomen
- PUT
- Spine
- others



X ray with contrast

- **GIT Barium:**
 - Swallow
 - Meal
 - Follow through
 - Enema
- **T tube cholangiogram**
- **Urinary Tract Urographin:**
 - IVU
 - Ascending
 - Descending

Steps of Viewing Film in Radiology Exam

Don't Panic

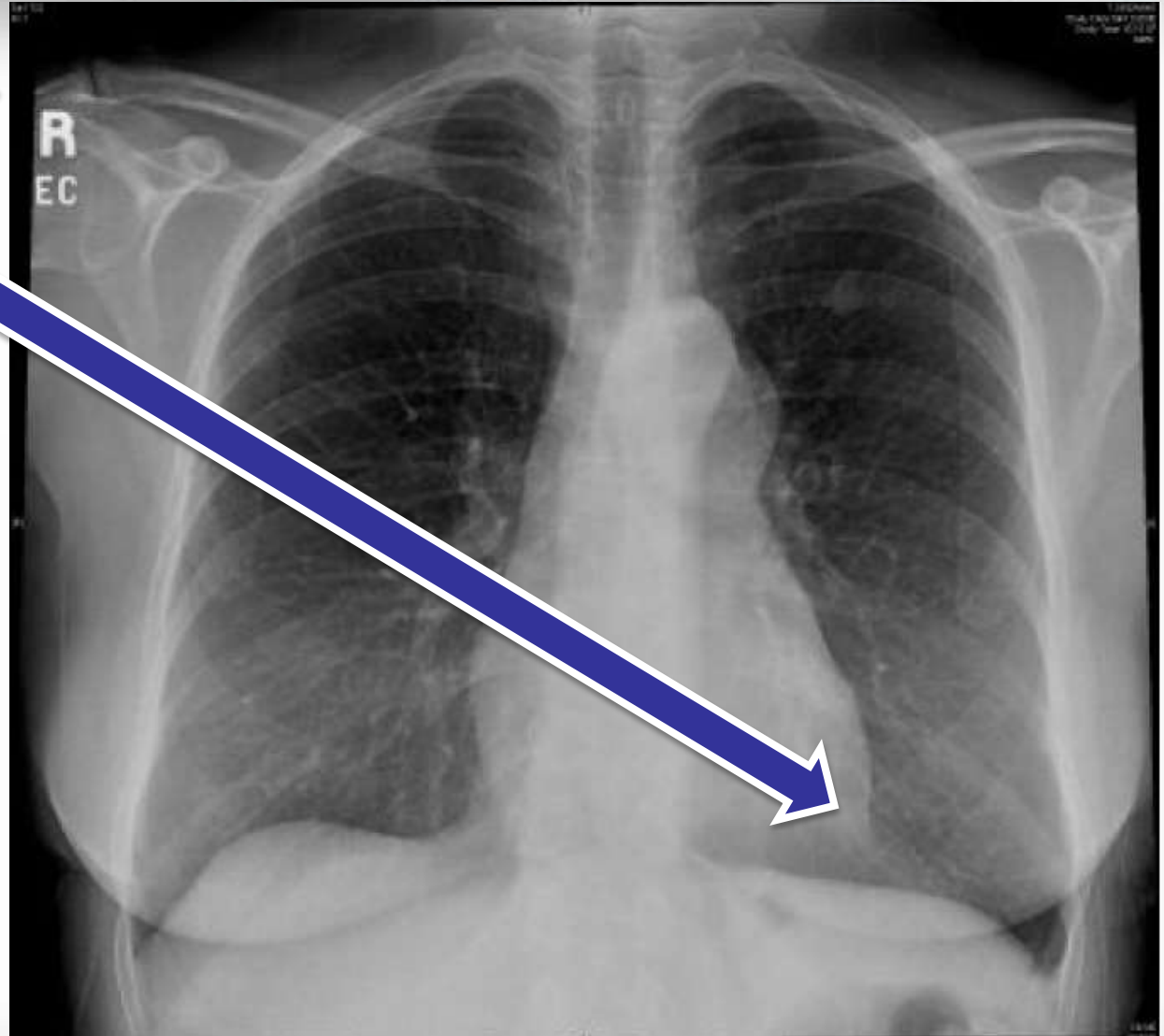
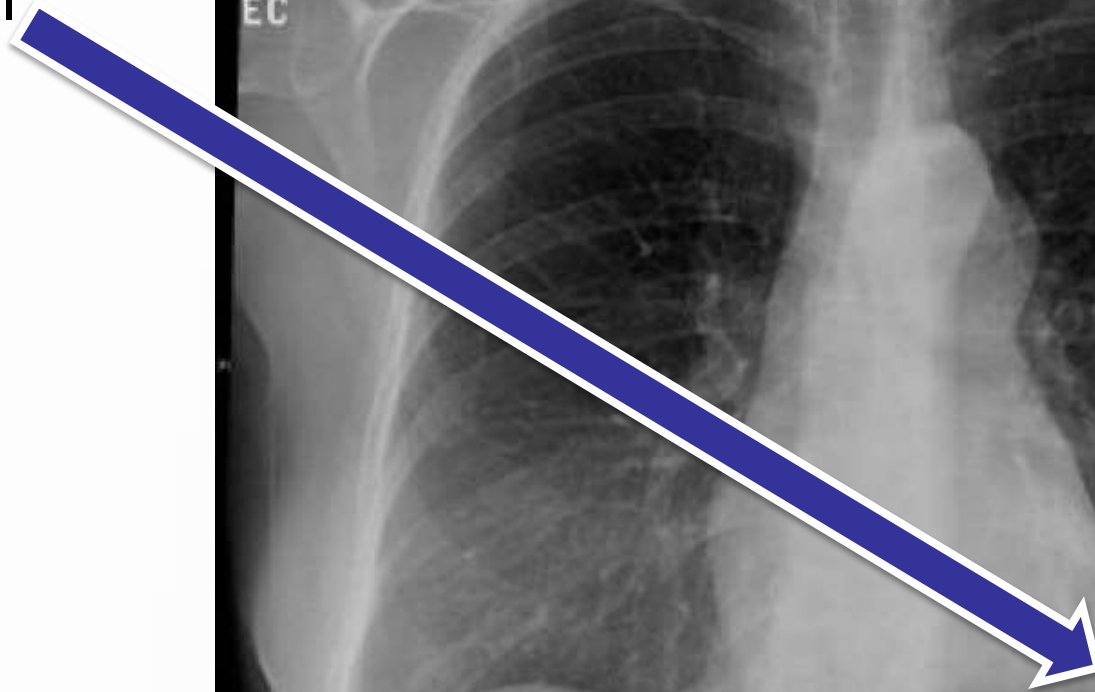


Steps of Radiology Exam

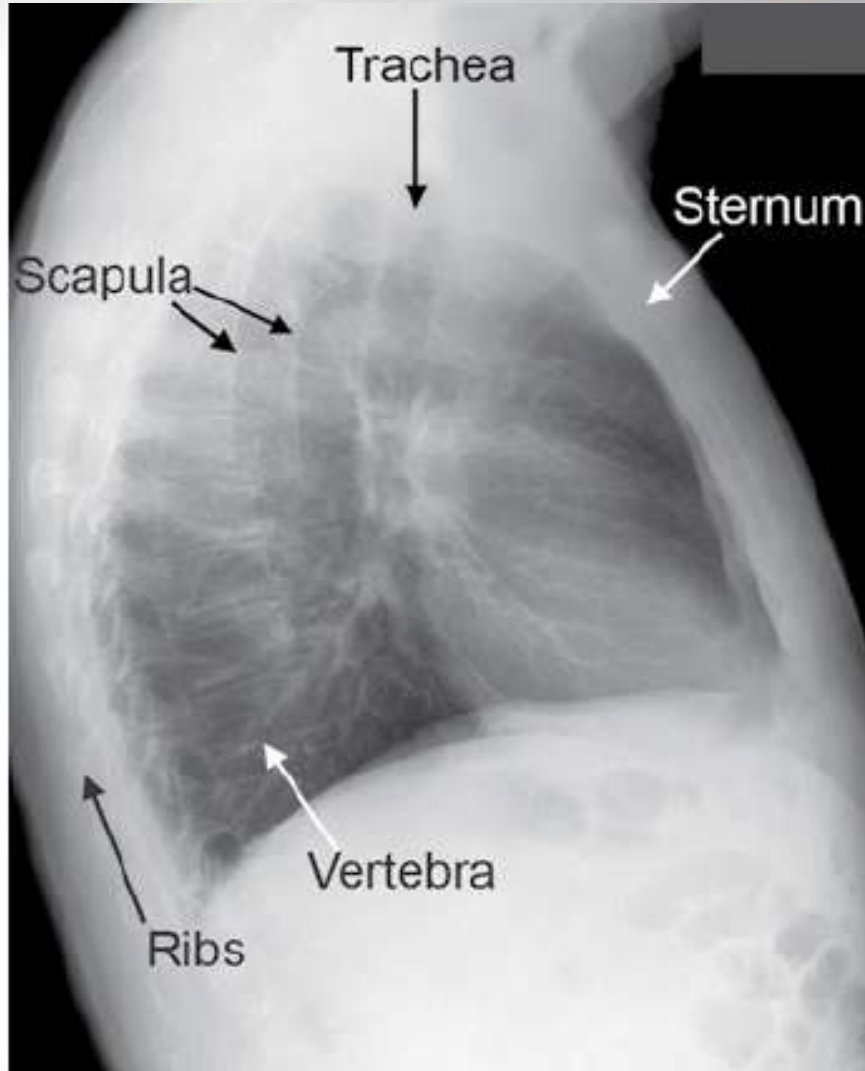
1. **Film position : Rt / Lt – Up / Down**
2. **Anatomical site & View**
3. **Contrast : With or With out**
4. **Pathological Finding**
5. **Suggestive Diagnosis**

1- Film Position

- Film Mark
- Anatomical Mark



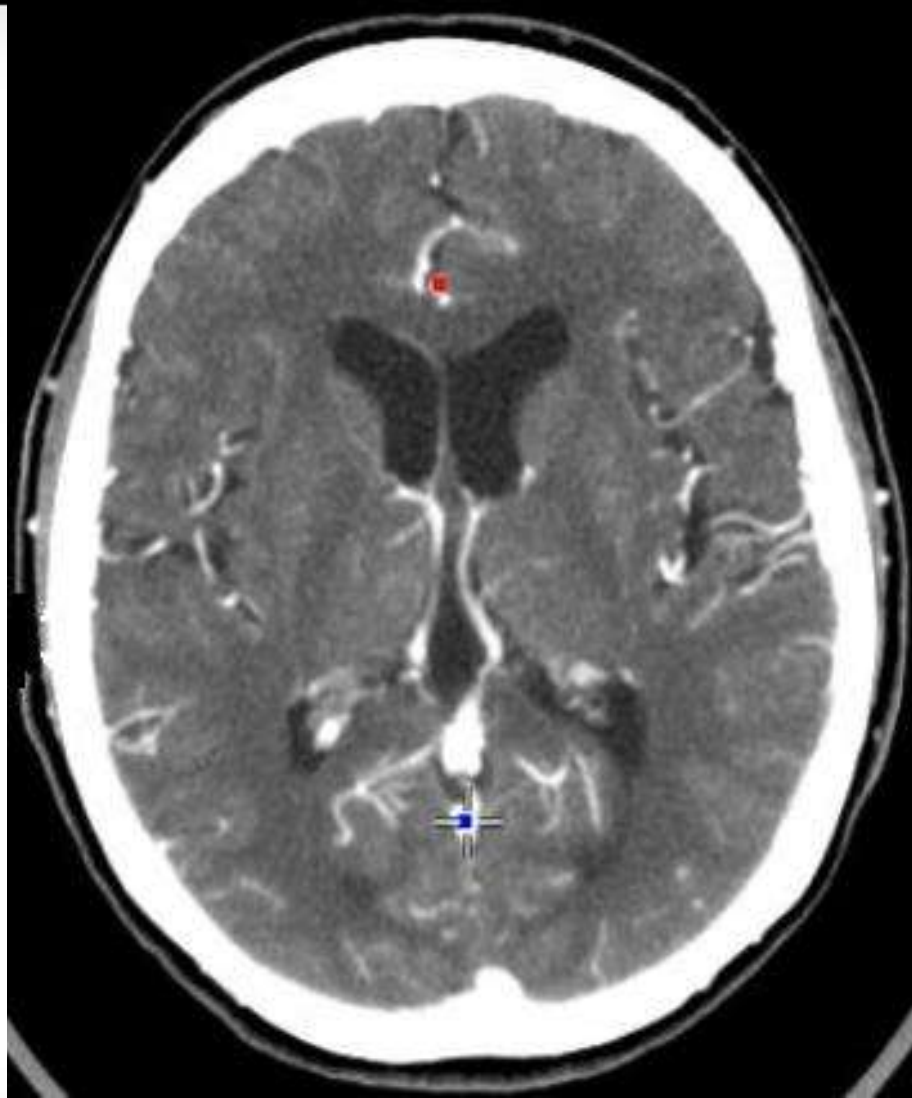
2- Anatomical Site & View



3 -Contrast With / without









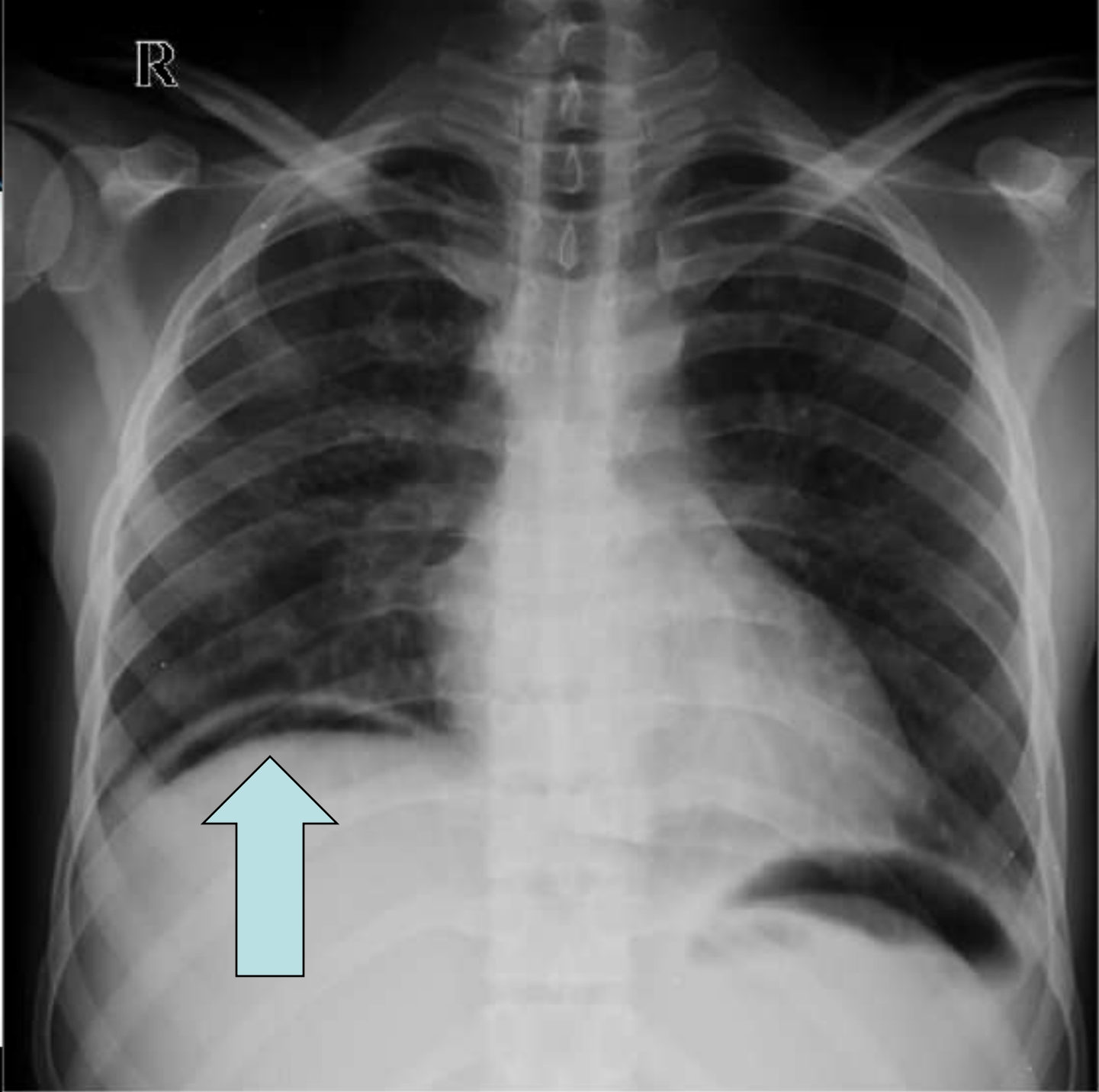
-

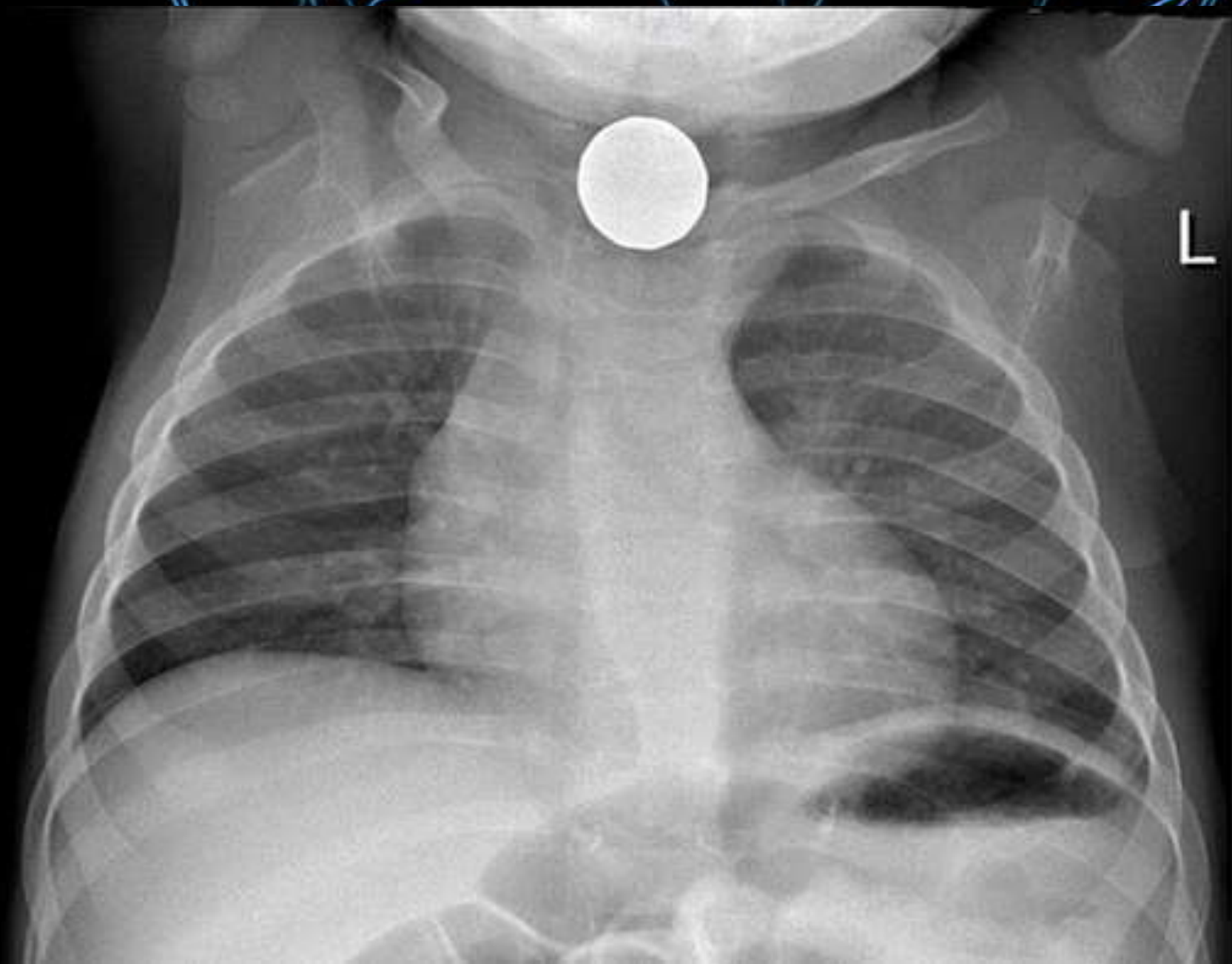
PATHOLOGICAL FINDING

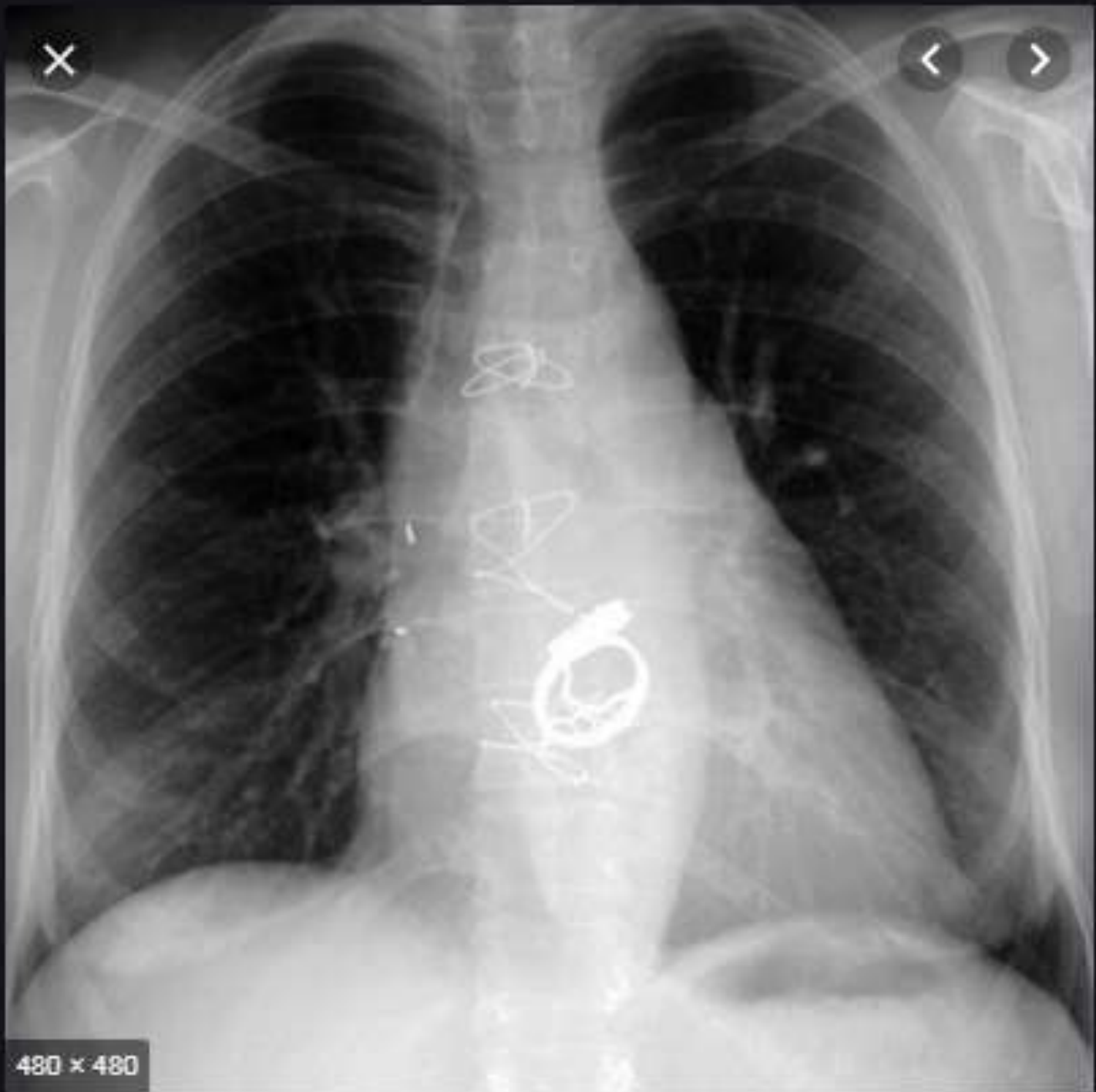
LET US GUESS..... !!!



R







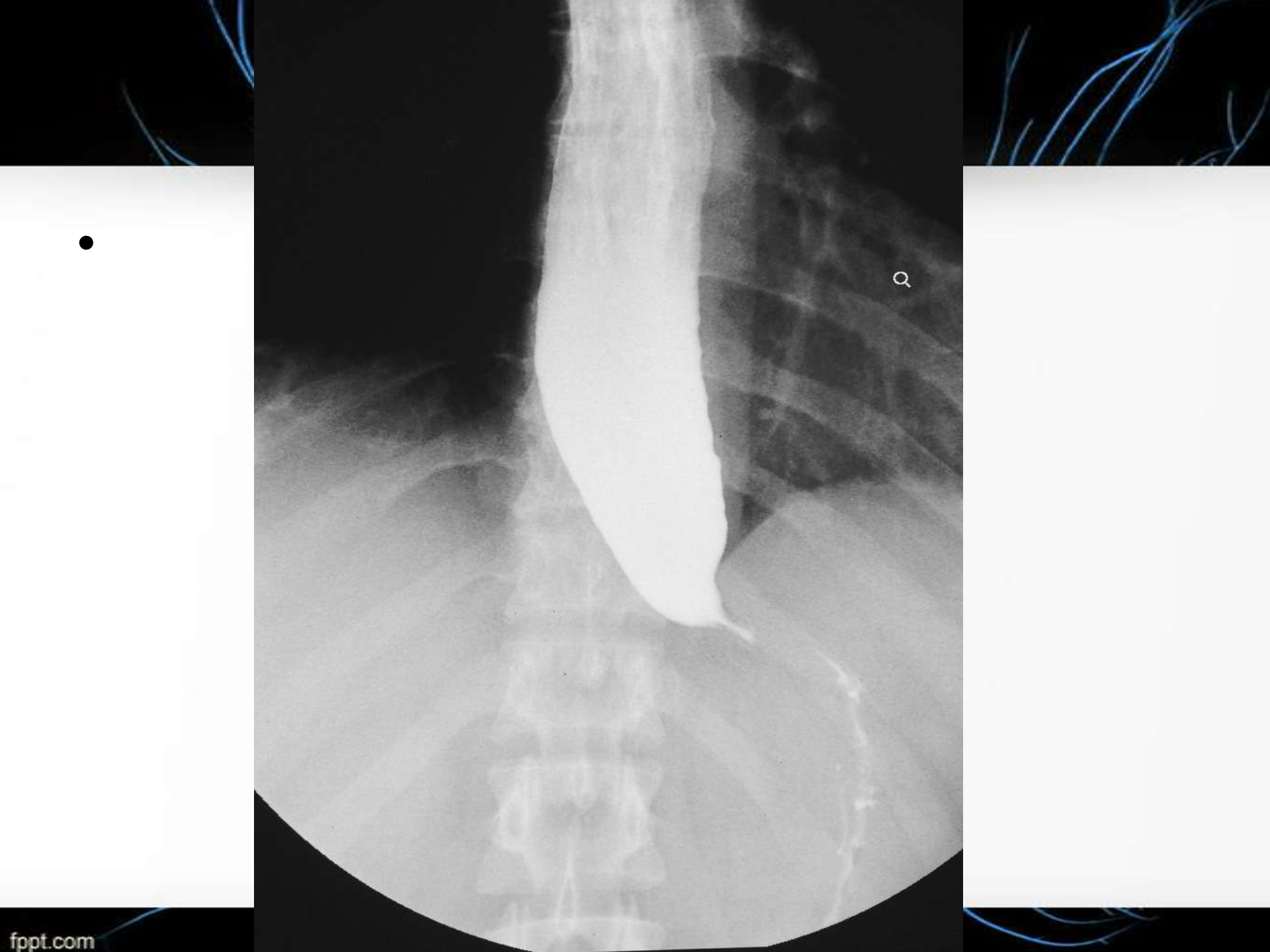
480 x 480



شام

Imaging of FB Swallow must be from
Mouth to Anus!!!





Q

- ◆ Configuration changes
- ◆ Filling defects
- ◆ Ulcerations
- ◆ Diverticulae
- ◆ Strictures





Achalasia









shouldering

fracture





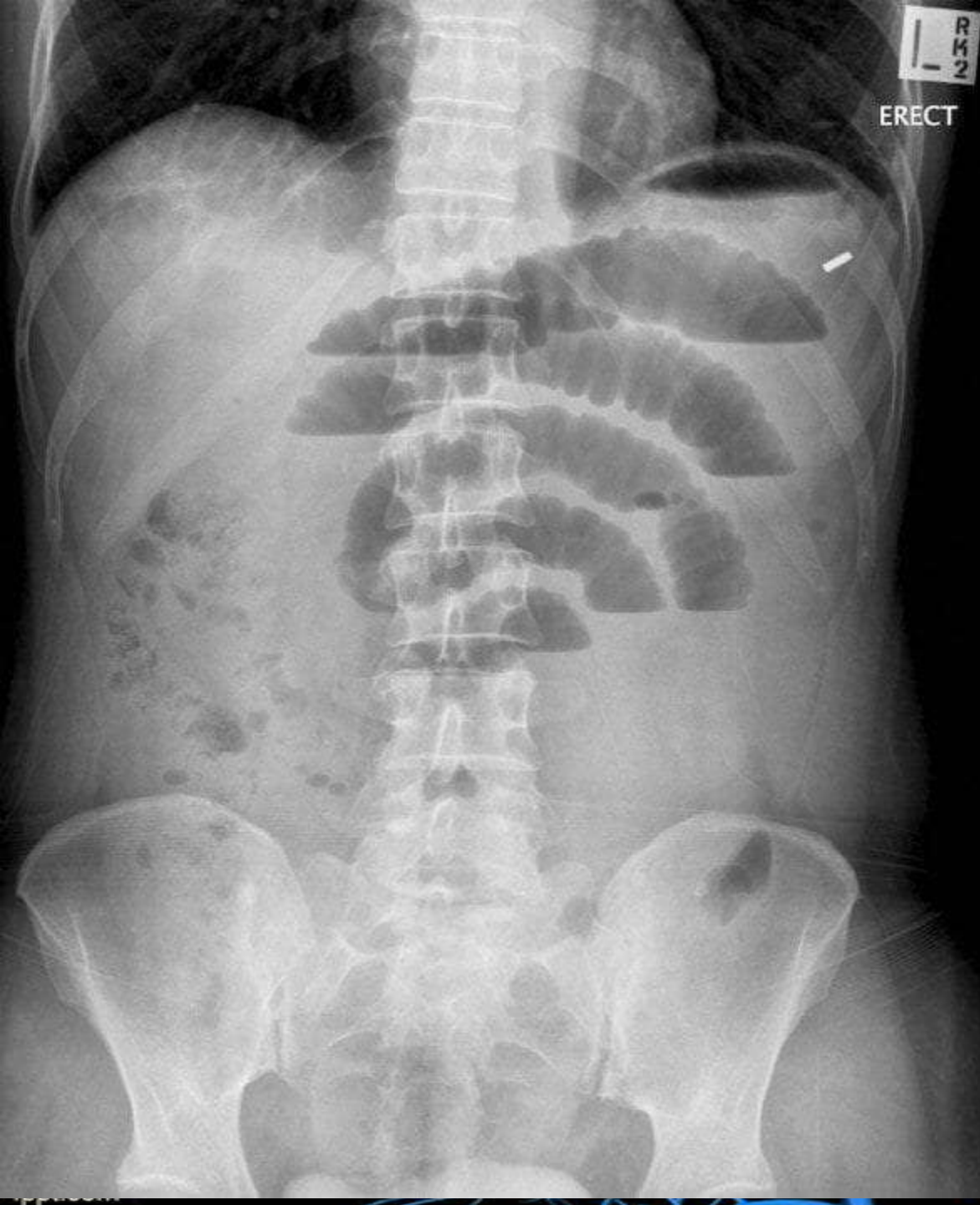
Der





R

SUPINE



- Multiple
Air Fluid Levels

“Intestinal Obstruction”



Figure 1

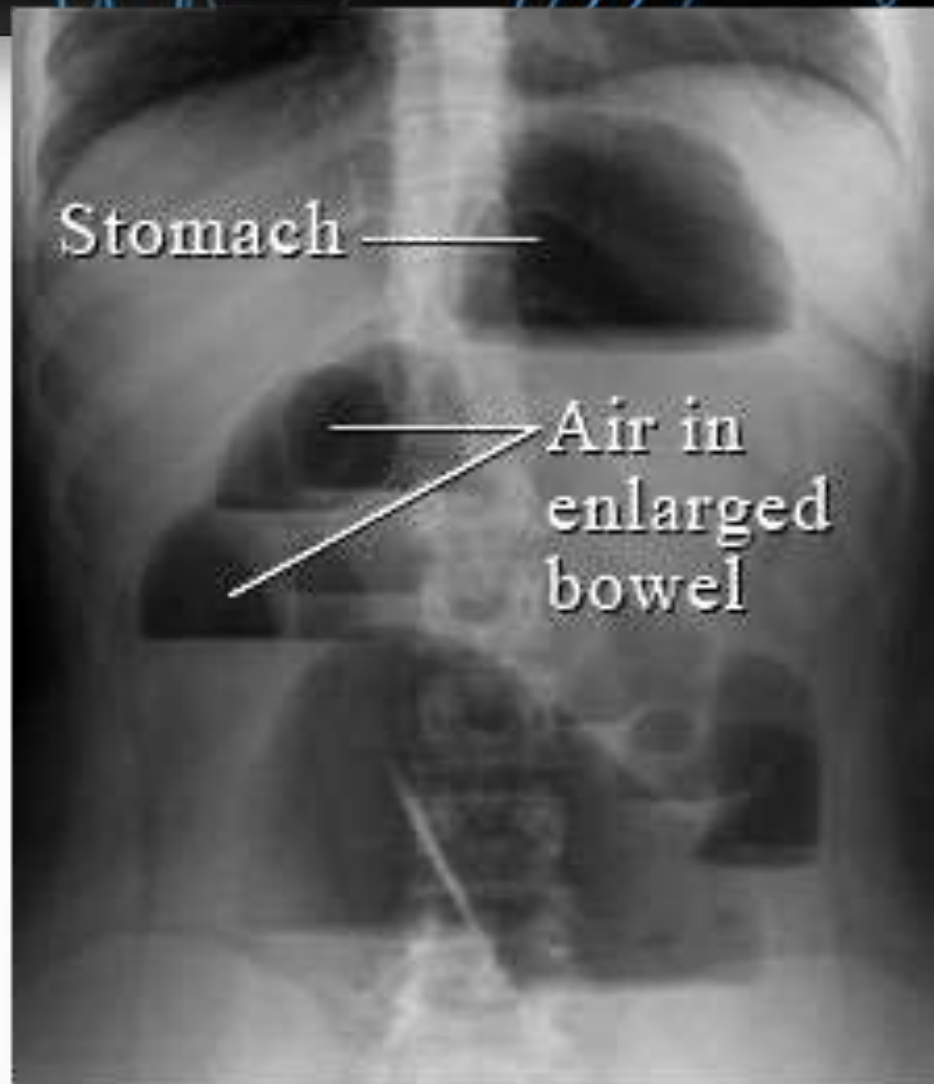


Figure 2

3/28/1940

M

XR ABDOMEN-W/DECUB \TV\ ERECT
Abdomen ap
7/10/2007 3:54:34 PM
28063XR07



upright

ap

RIGHT

S: 320
Z: 0.69
C: 16383
W: 32767
Compressed 21:1
IM: 0



- **For Diagnosing Pneumoperitoneum ?**

→ CXR or Abdomen ?

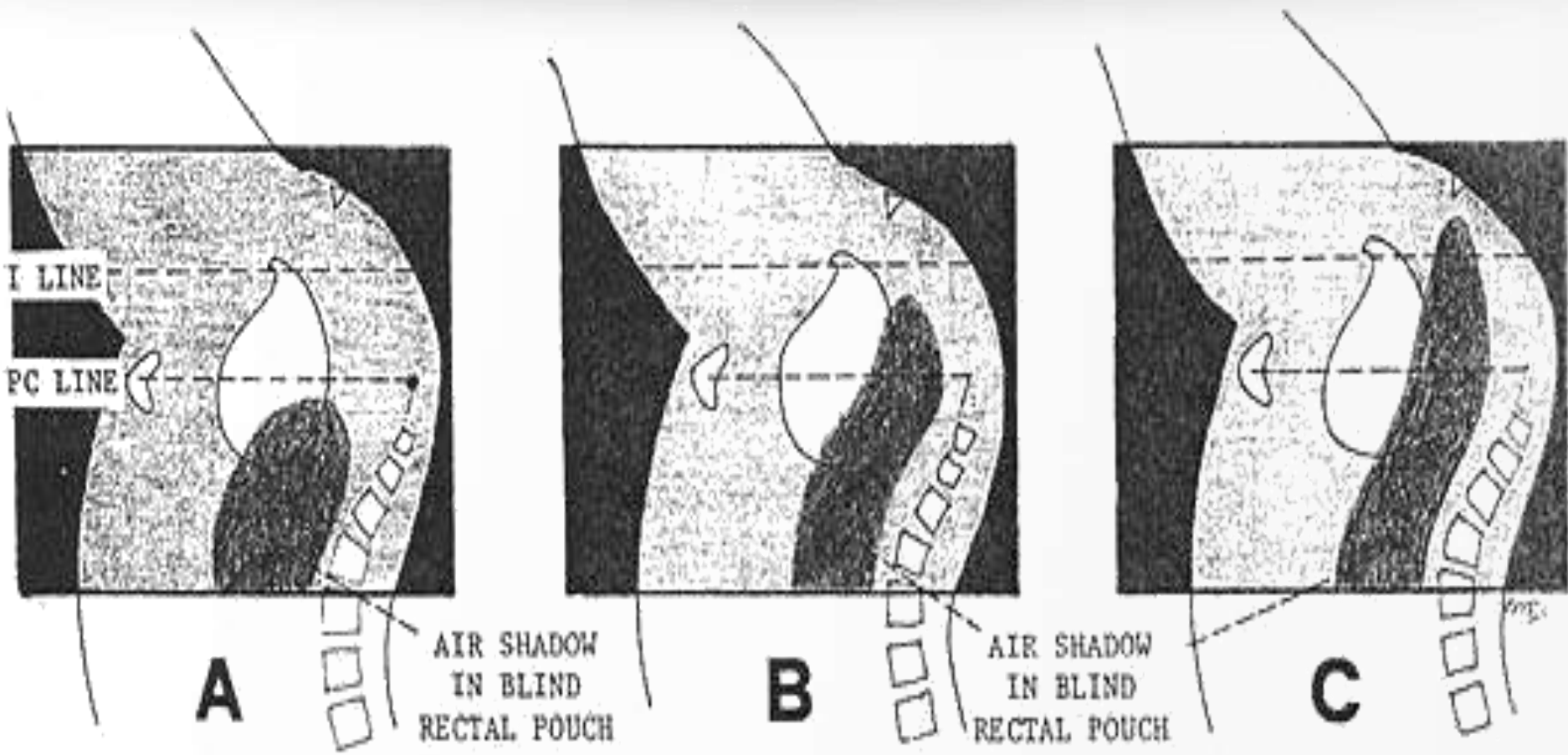
A: CXR

CXR gives better Viewing of Air under diaphragm





Invertogram





Original



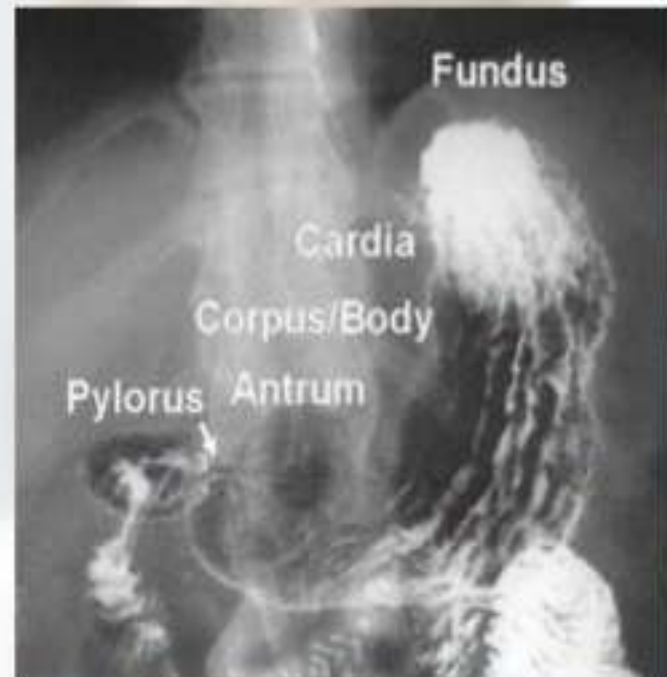


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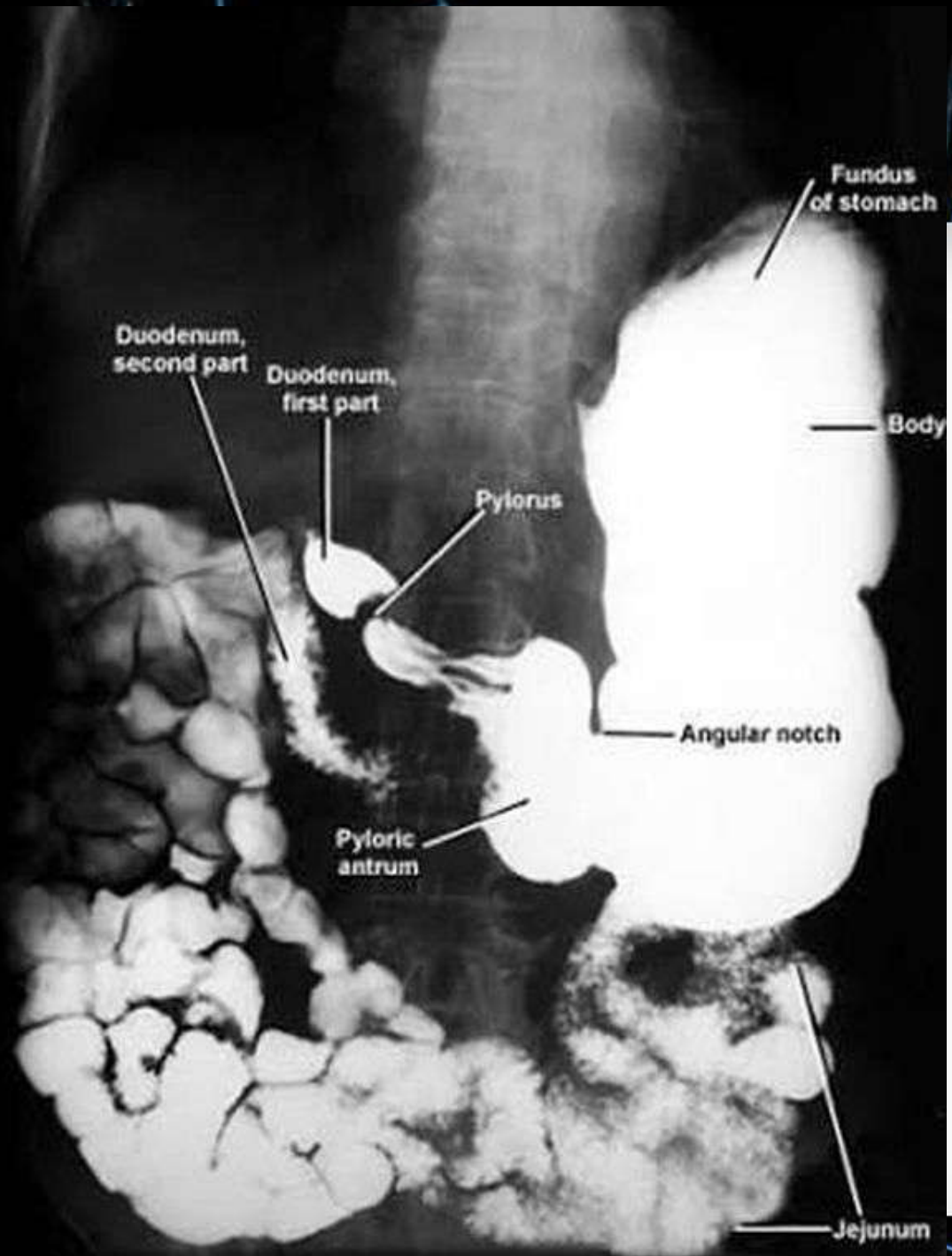
NORMAL BARIUM MEAL



SINGLE contrast



DOUBLE contrast



Fundus of stomach

Body

Angular notch

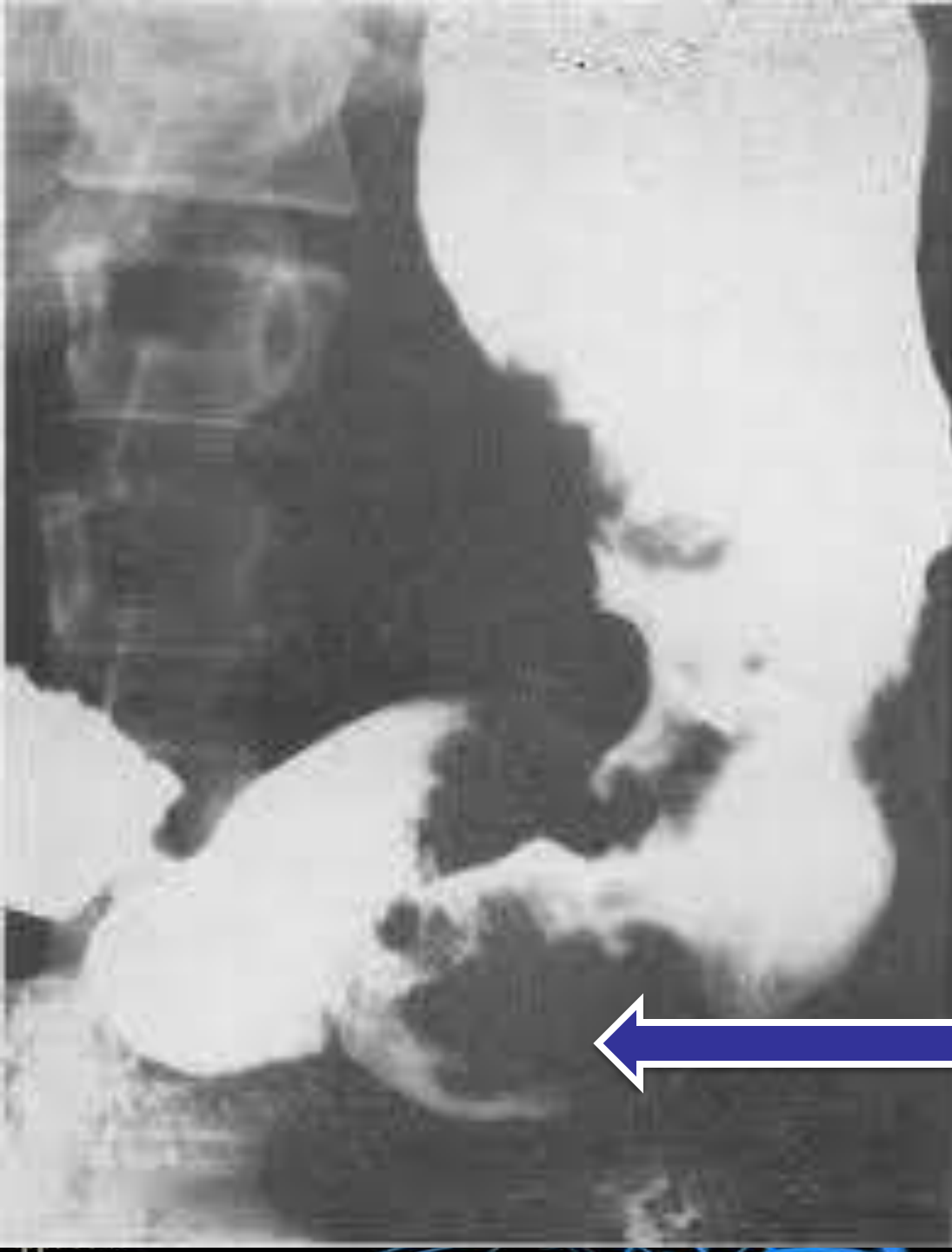
Pyloric antrum

Pylorus

Duodenum, first part

Duodenum, second part

Jejunum



• Filling Defect

→ **Gastric
mass**



What is the noticed finding ?



Left colic
flexure

Transverse colon

Right colic
flexure

Descending colon

Ascending colon

Sigmoid

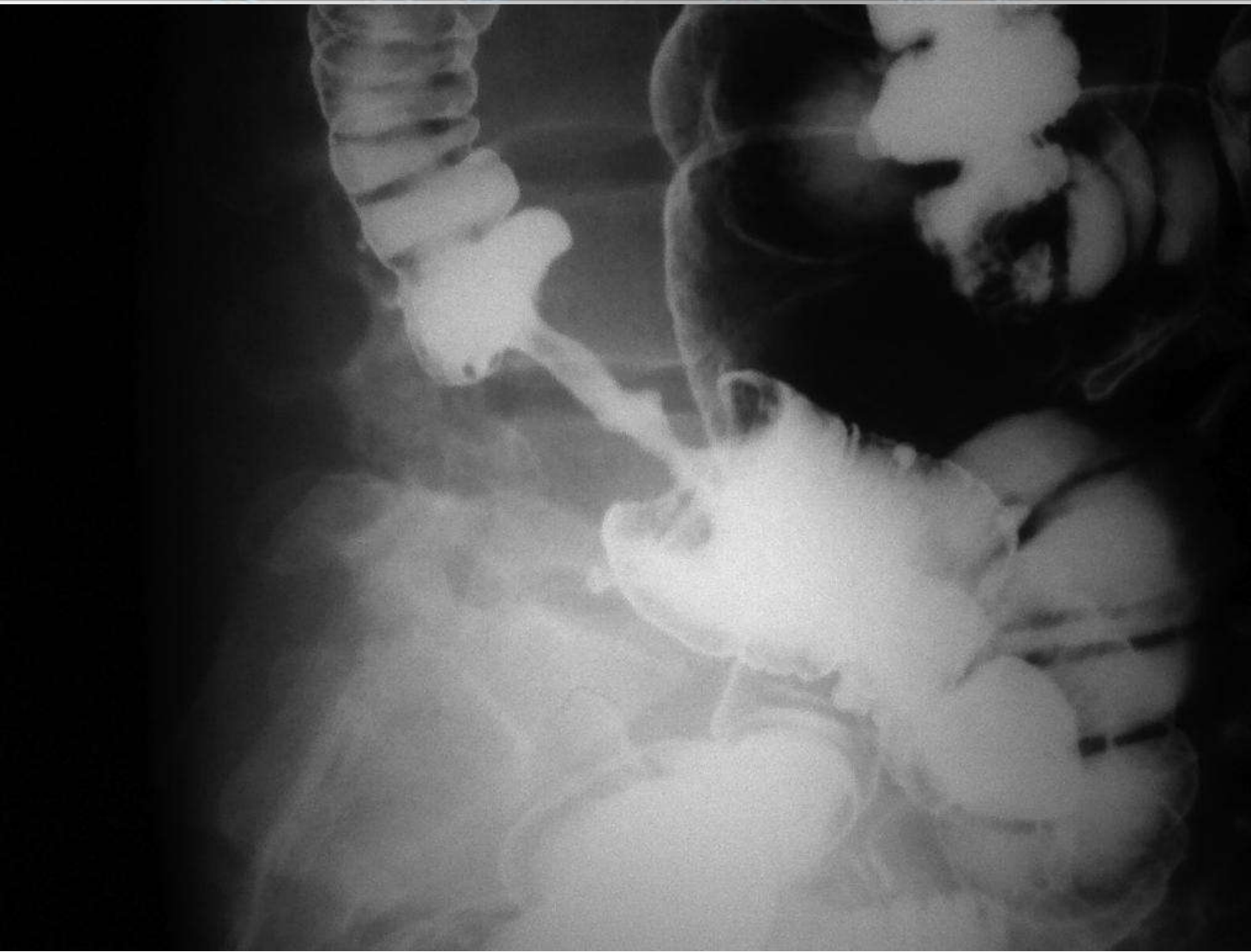




→ **Lead Pipe or
Featureless Colon**

= UC

Ulcerative Colitis

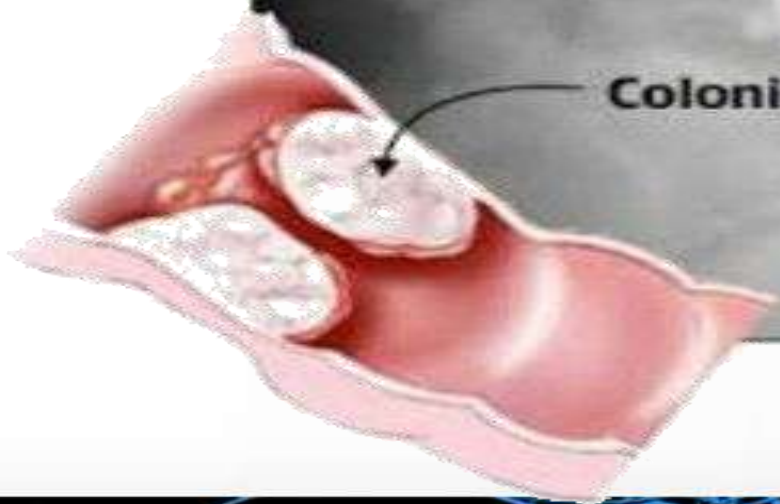
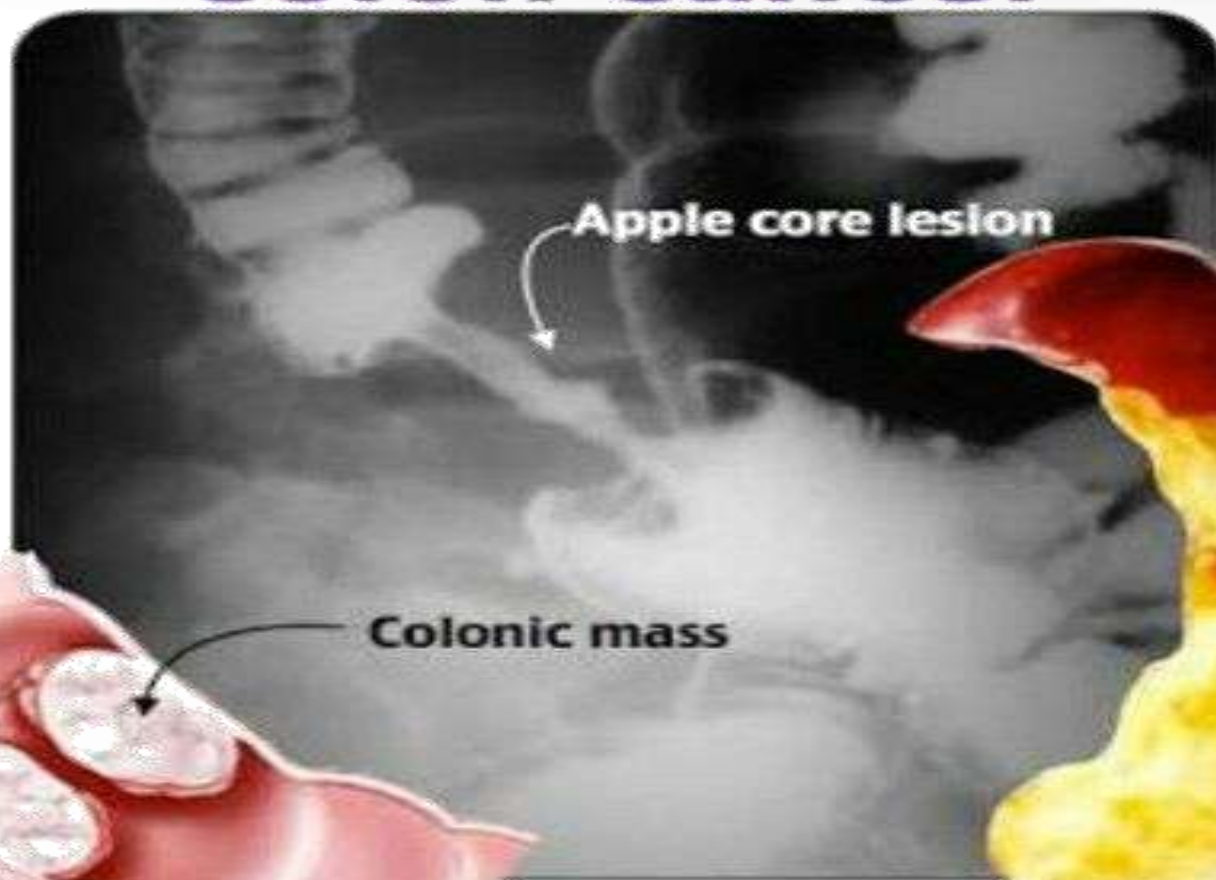


- Land mark?
- Examined organ ?
- Study Type?
- Finding ?

Apple core stricture – Cancer colon



Colon Cancer

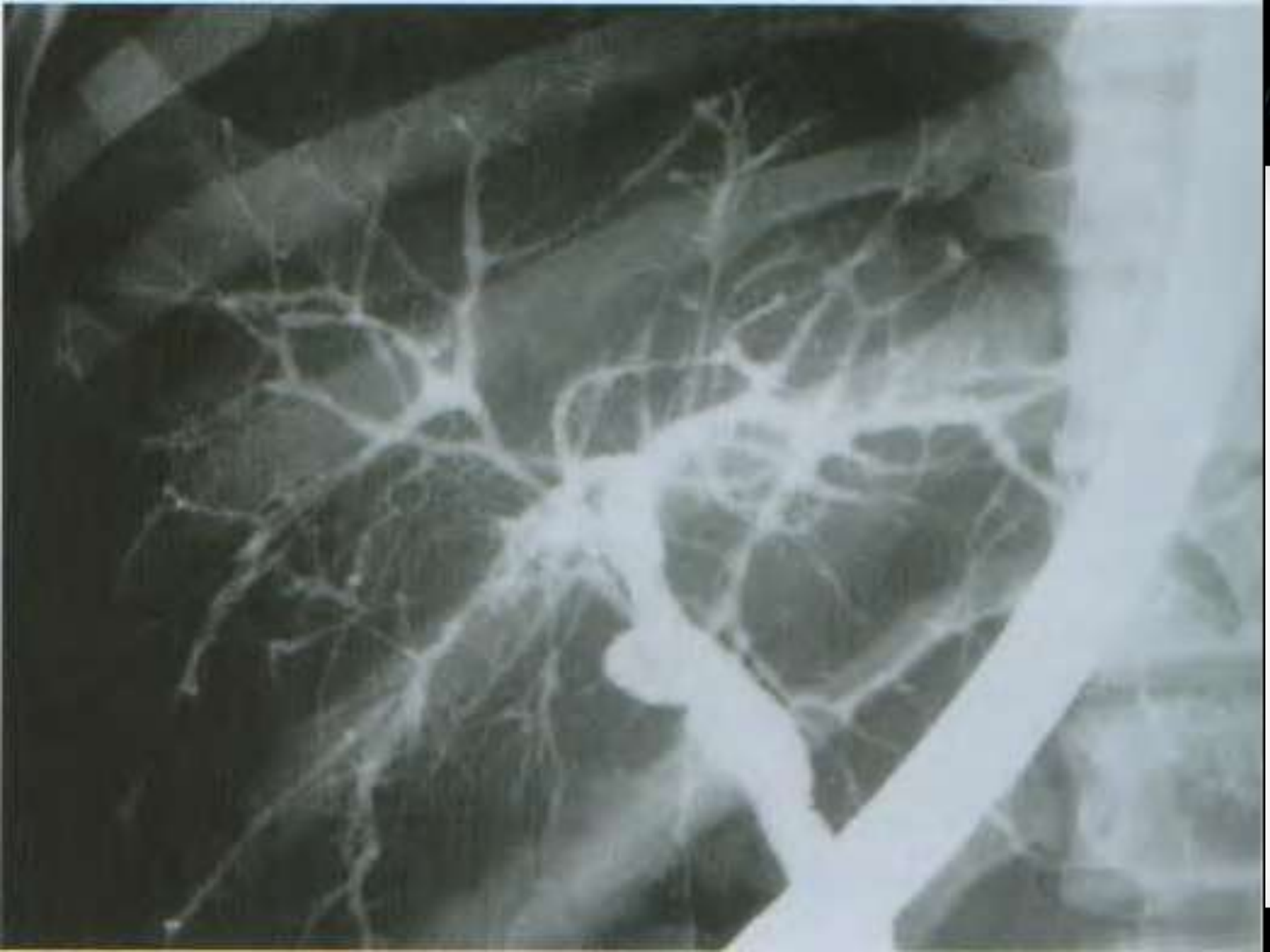


Colon Diverticulosis

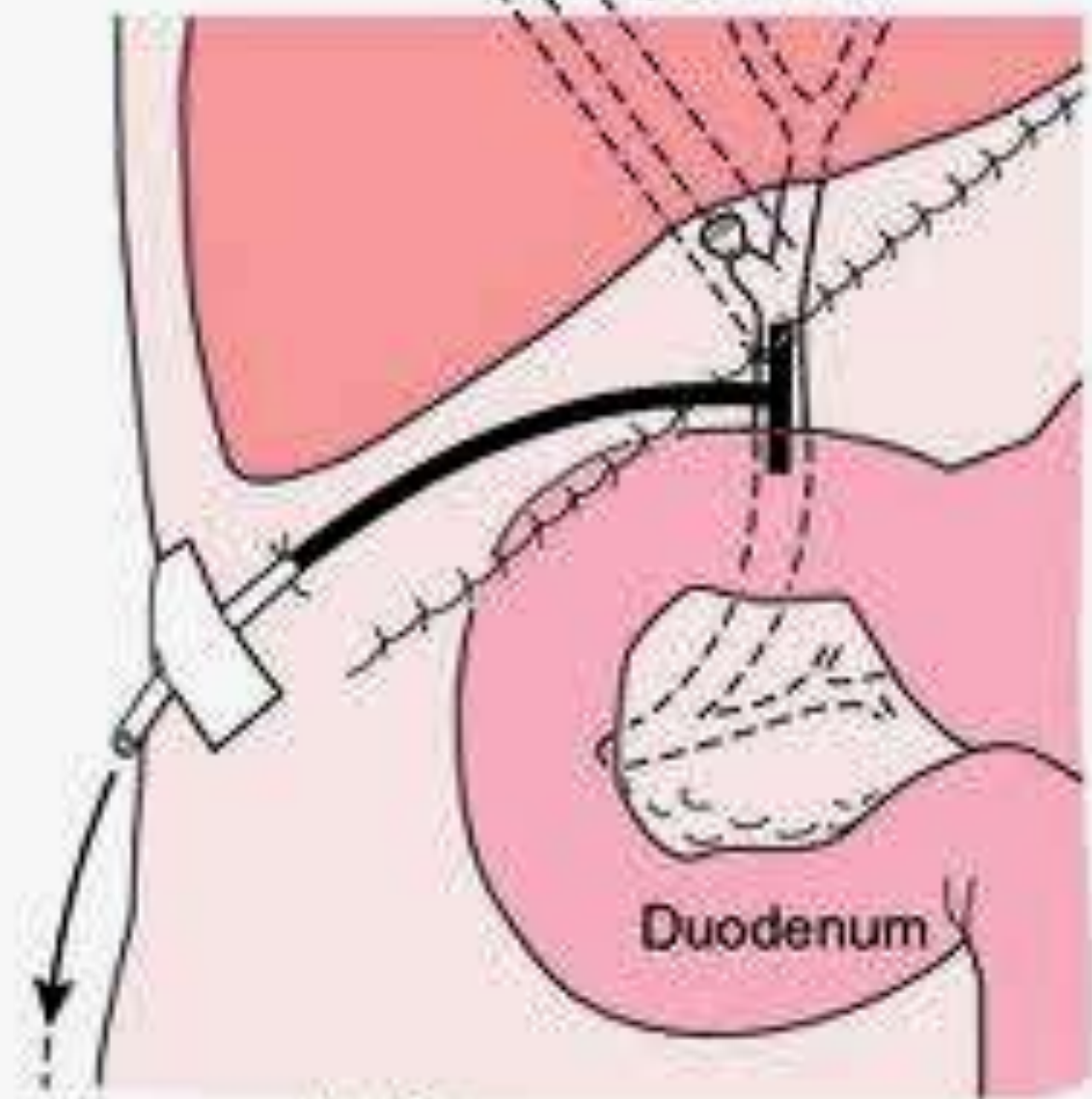


miss



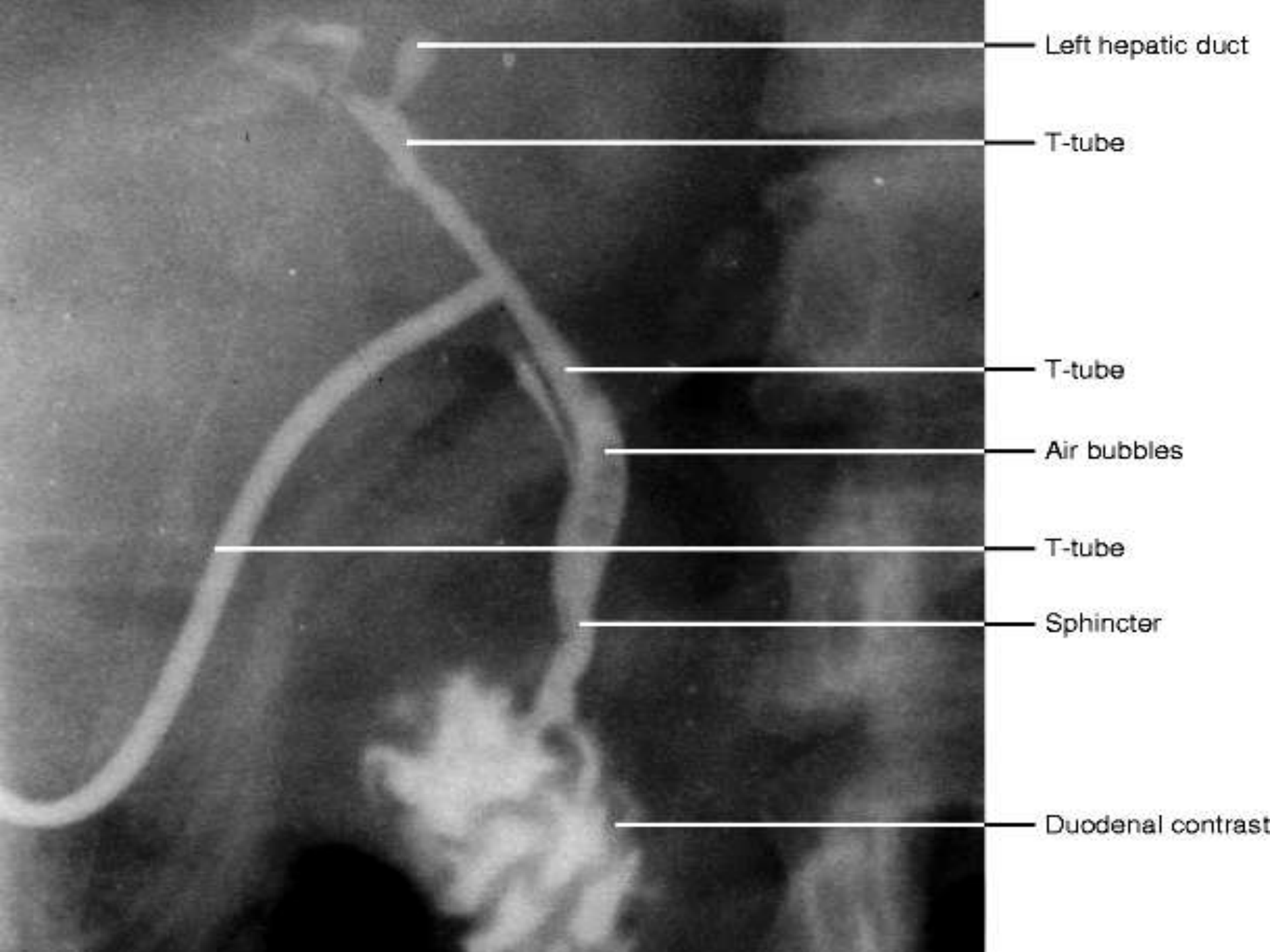


T-tube in common bile duct
Cystic duct tied off
Hepatic duct



Duodenum

To drainage collection



Left hepatic duct

T-tube

T-tube

Air bubbles

T-tube

Sphincter

Duodenal contrast



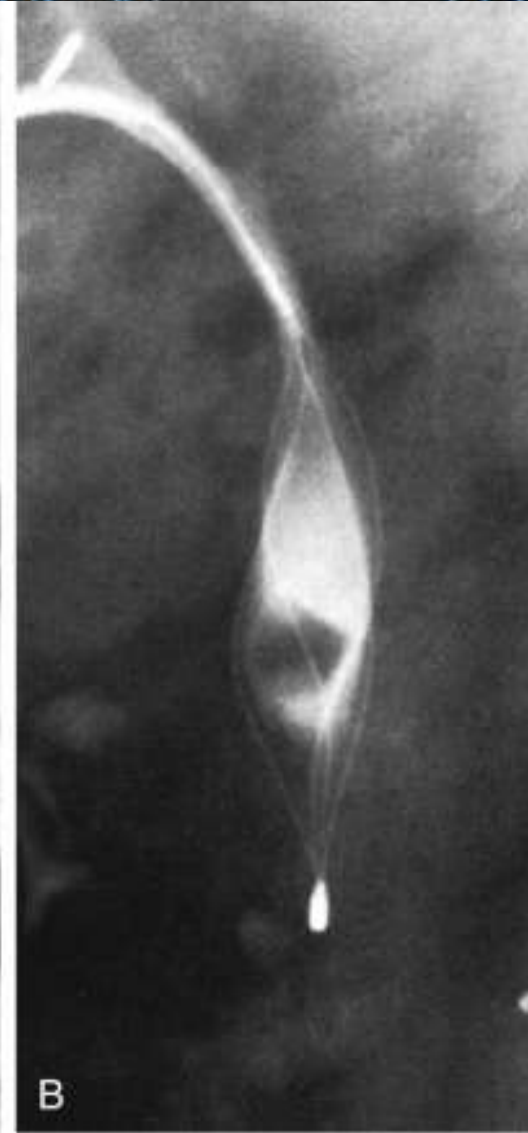
[make a gif.com](https://makeagif.com)





12-11-03PM

th-kandiel.com



BBC



- KUB / PUT
- UB stone

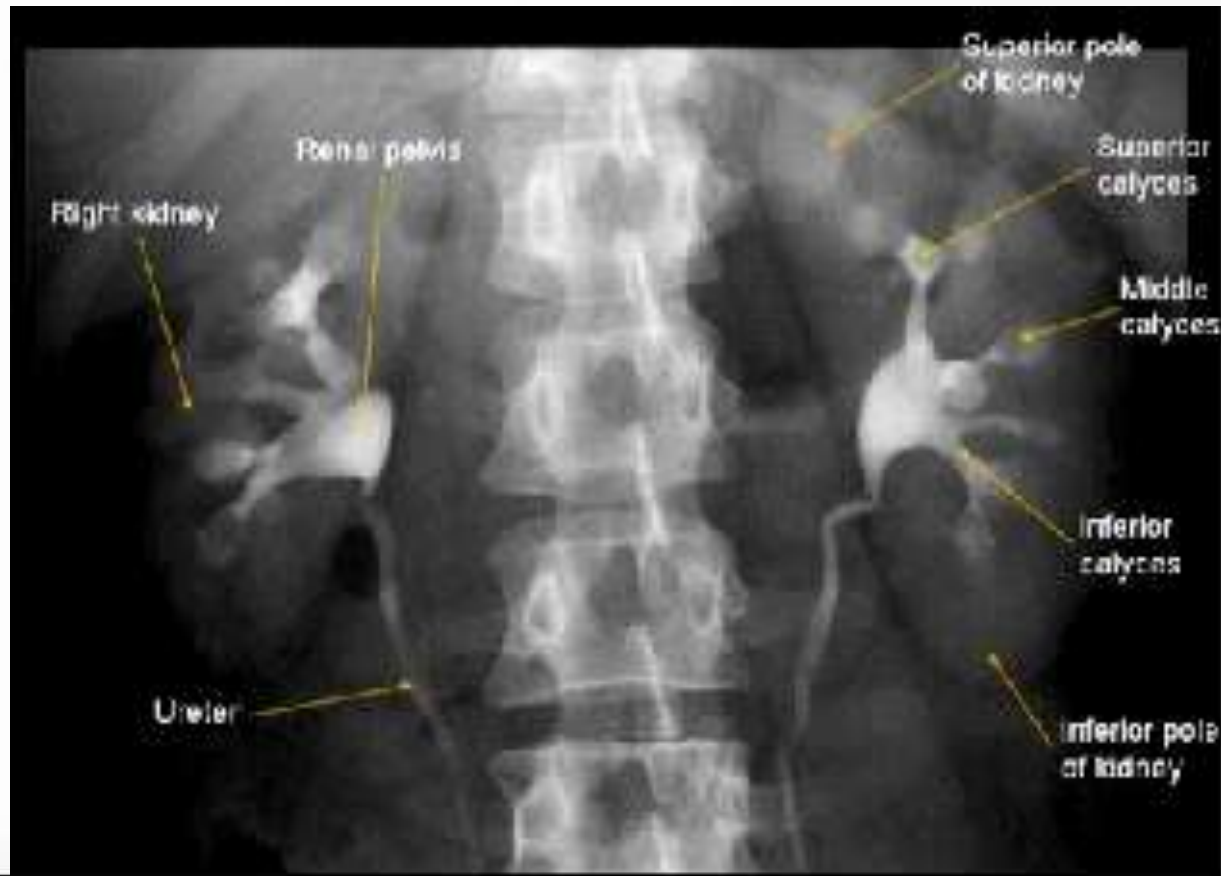




-

IVP = Intra venous Pyelogram

IVU = Intra Venous Urography



- **IVU Sequences**



a



- **Kidney :**

- **Site:** normal , Ectopic, malrotated ...horse shoe
- **Size :** Normal , enlarged , Small
- **Function :** Good, delayed or Absent
- Backpressure

- **UB:**

- Capacity
- Wall thickness
- Out pouching
- Filling defect

→ Loss of cupping
→ Clubbing

= Early
Backpressure



Non contrast film

- **Bilateral**
- **Staghorn stone**
- **Pelvic stone**



- Marked
- Lt
- Backpressure





Horse shoe kidney



Duplex bilateral



- **Lt**
- **Low position**
- **Mall rotated**

- **UB**
Filling Defect

- Mass
- Lucent stone
- Hematoma
- Ballon



- **Positive Image**
- **UB Diverticulum**



- **Lt**
- **Ectopic Kidney**



15 Mins.

R

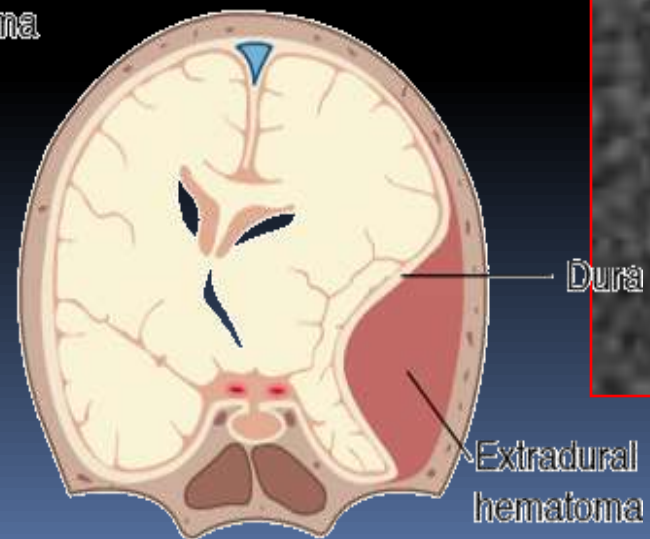
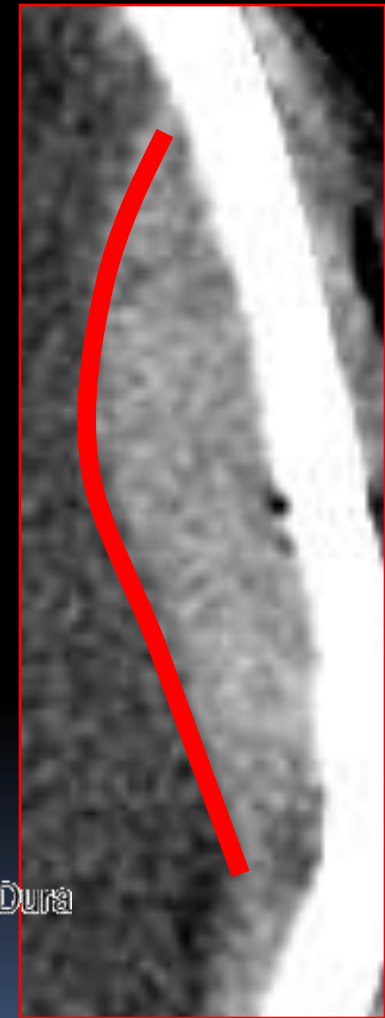
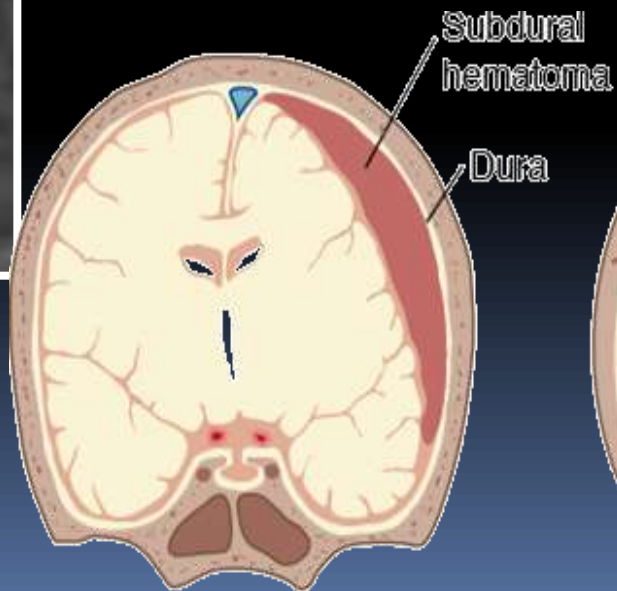
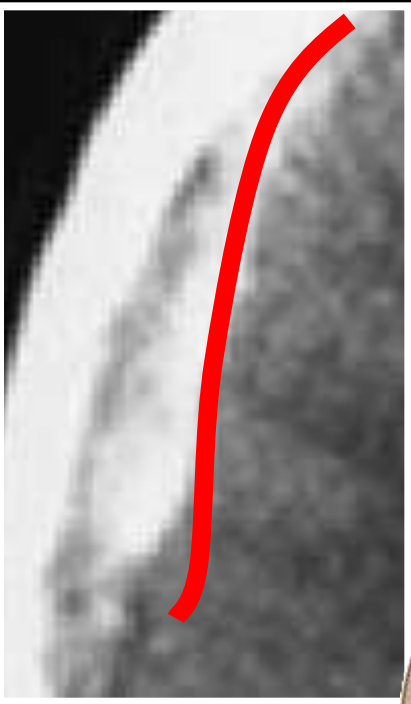


HEMORRHAGES



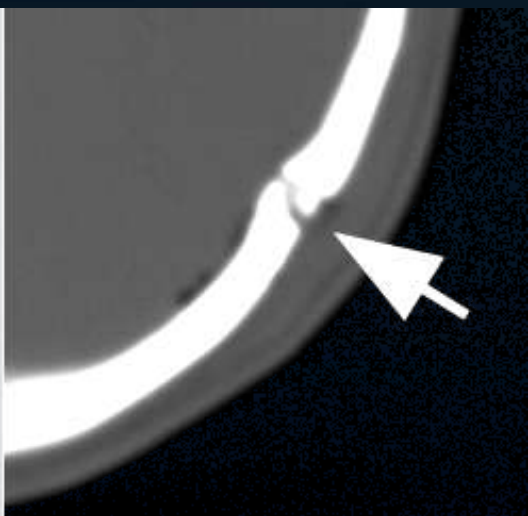
SUB

EXTRA

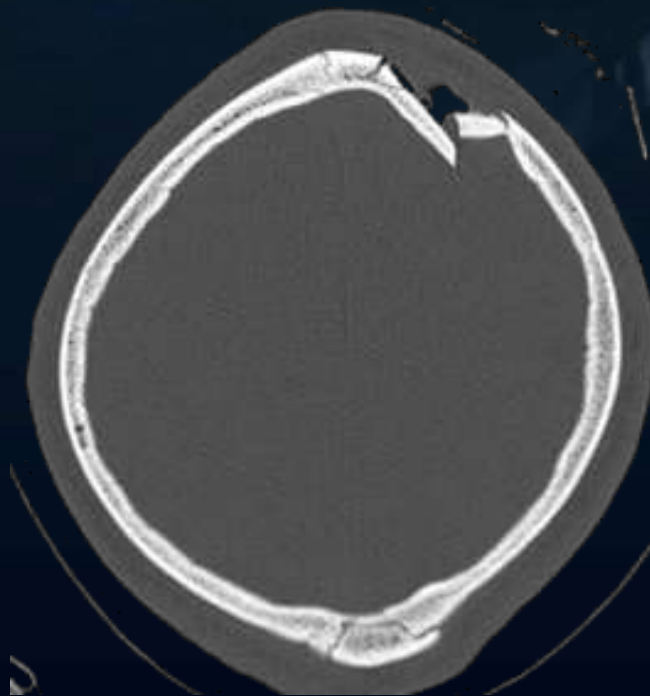


Skull Fractures

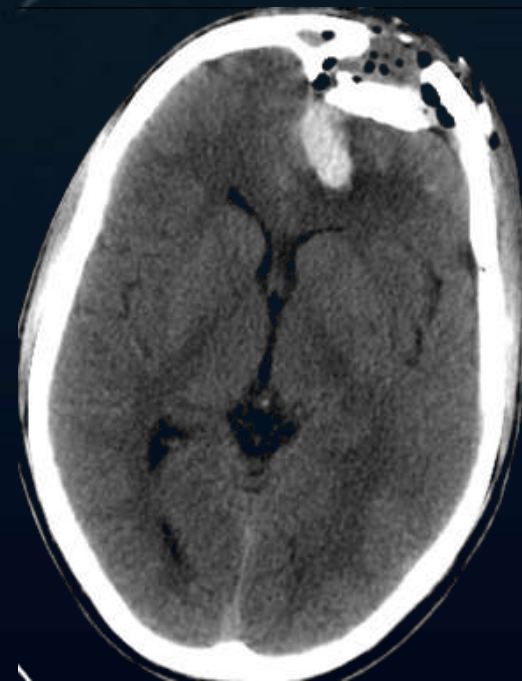
Fissure

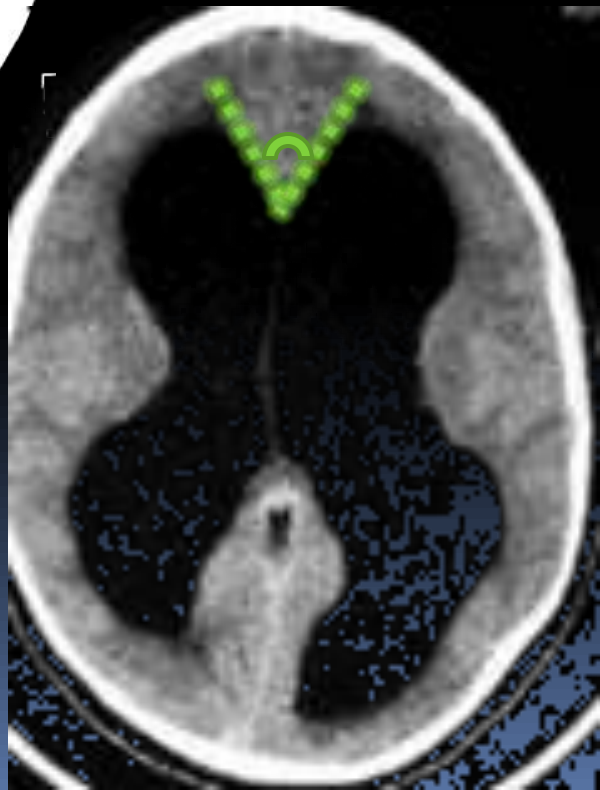
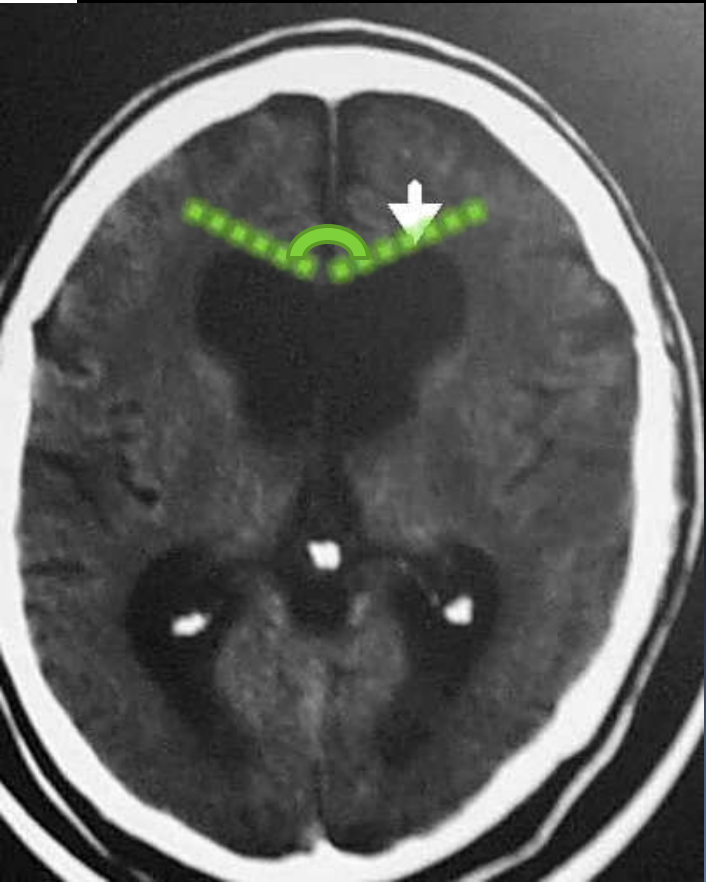
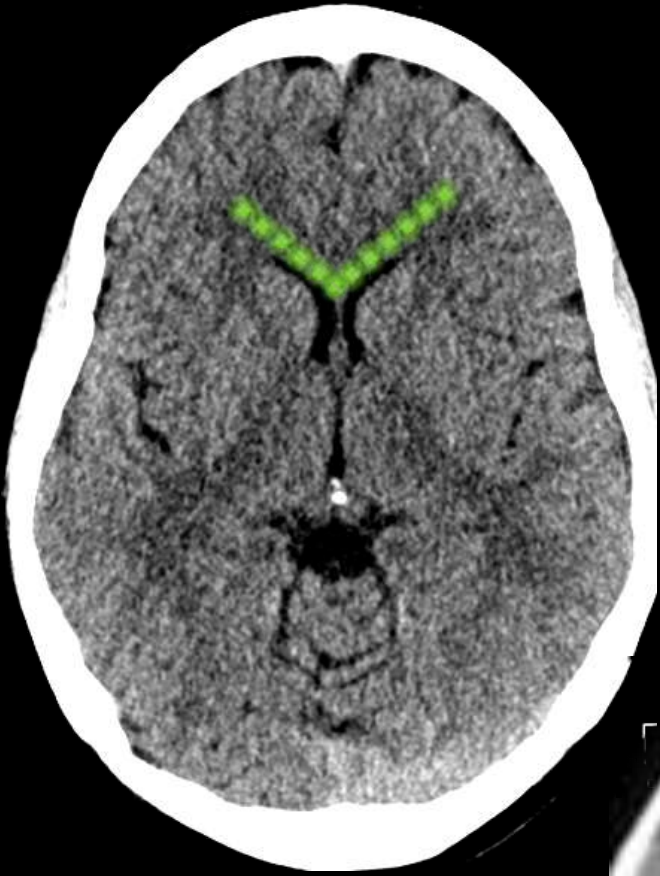


Depressed



Comminuted





Contrast Enhancing CT

Is Mandatory

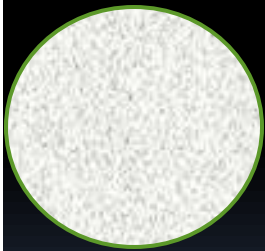
**BRAIN TUMORS
DIAGNOSIS or Follow up**

Patterns of contrast enhancing :



Non enhancing

ENHANCING



HOMO



HETERO



Uniform

MARGINAL



Non Uniform

CT Brain Basics , How to read

ABOUT THIS COURSE

CONTENT

COMMUNITY

Introduction

A brain computerized tomography (CT) scan is an important diagnostic tool to guide physicians in different disease diagnosis.


Basics of brain CT scan should be known by every medical student, resident, and physician


Join this introductory lecture to learn these basics.

Main theme

Free

Take This Course

 Certificat Available

 Online Recorded

 298

 Support

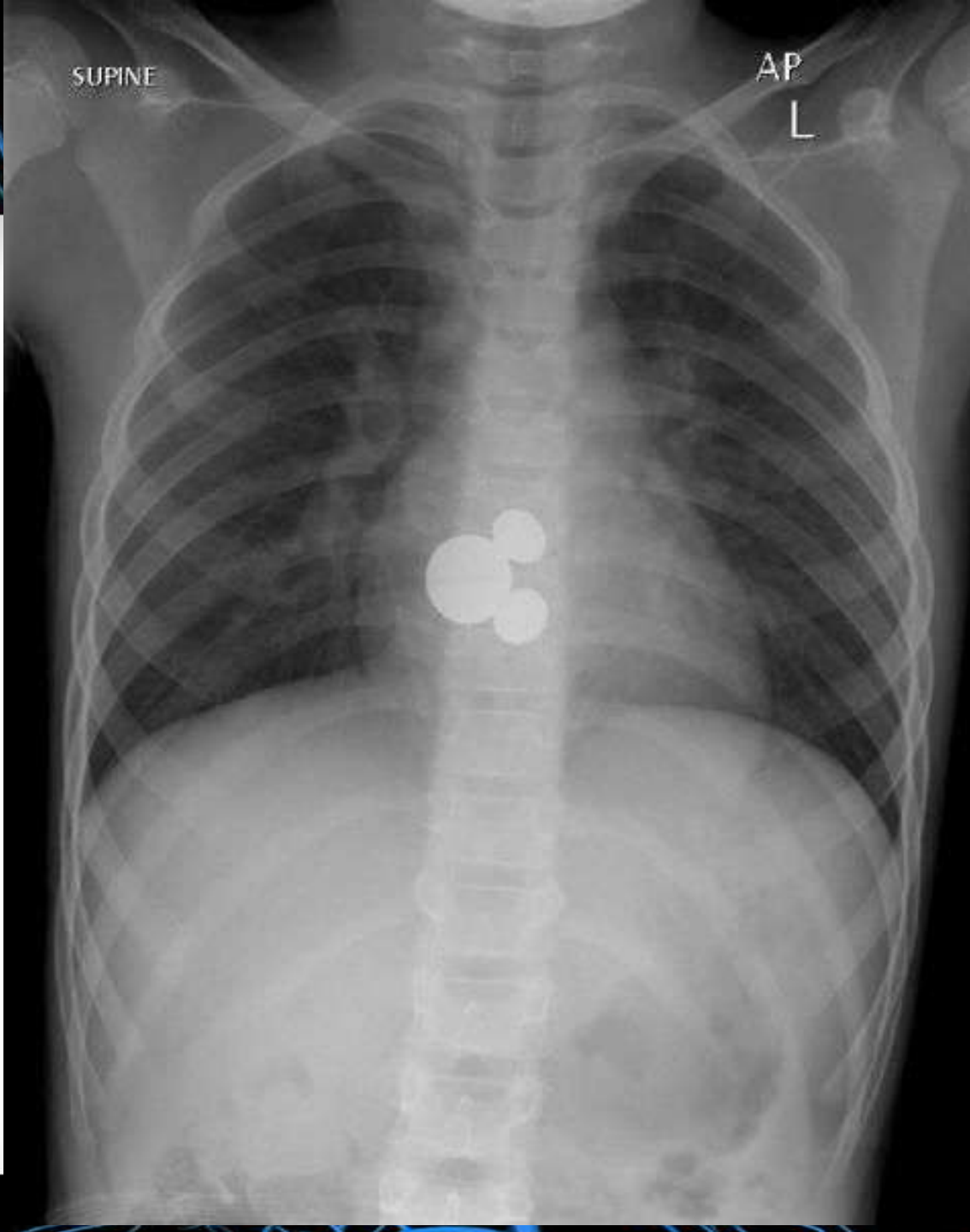
QUIZ ?



1

SUPINE

AP
L



2

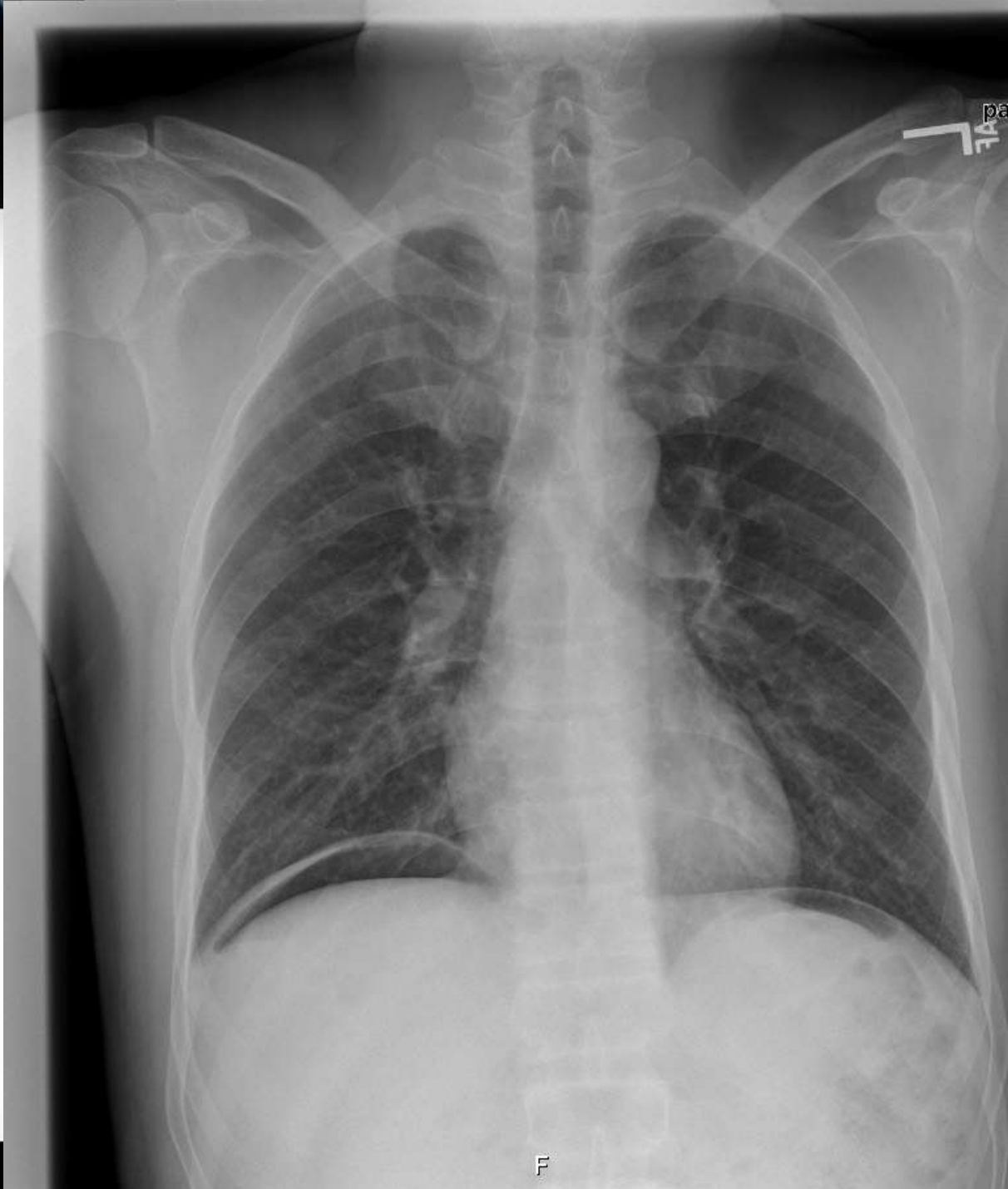


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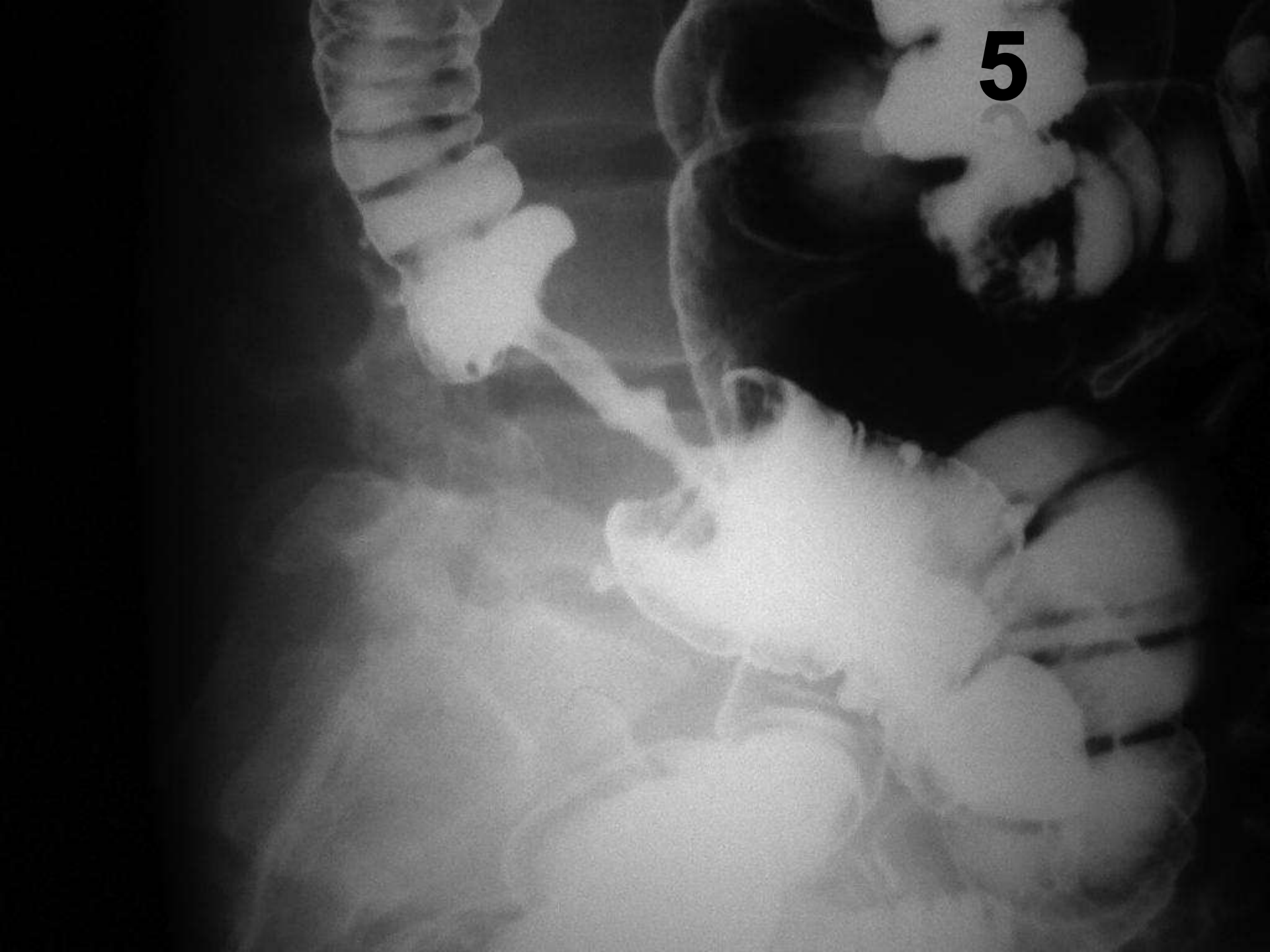


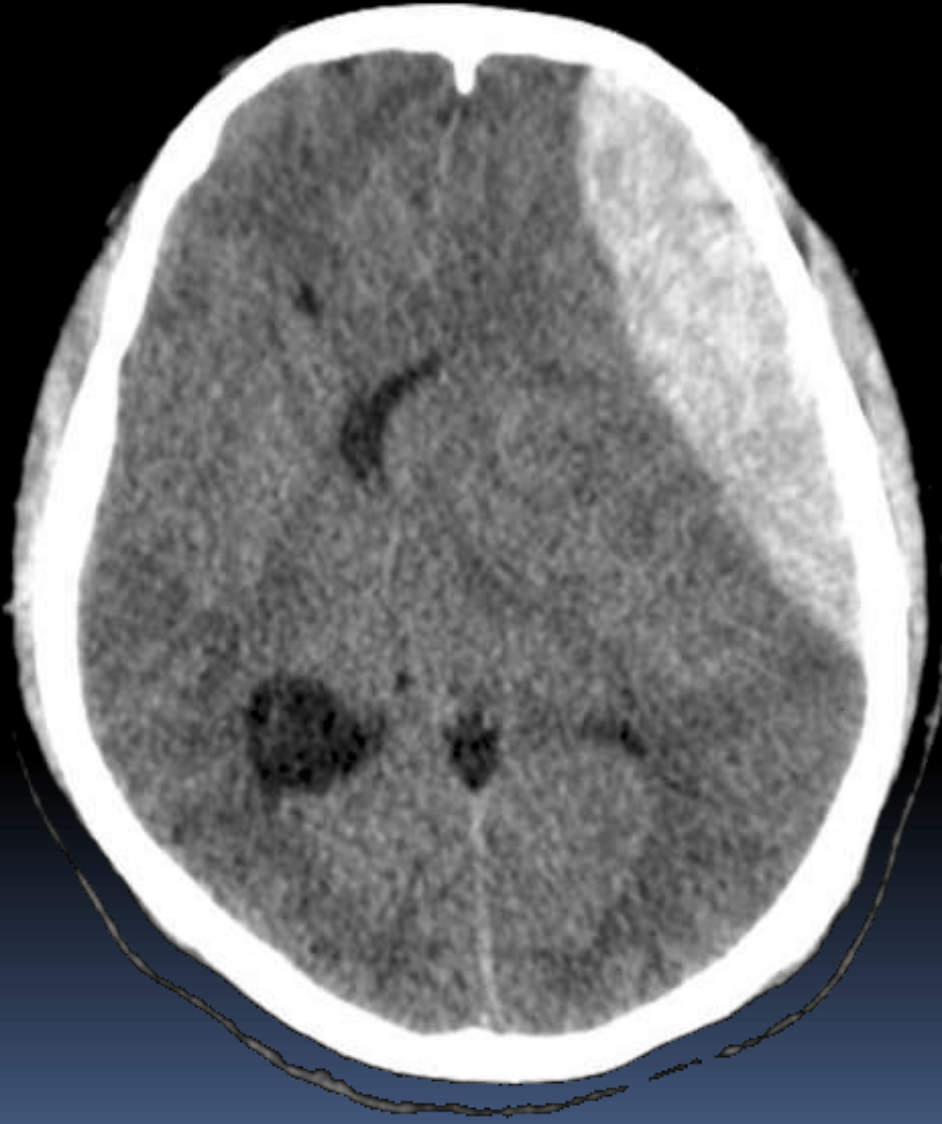
ERECT

4



5

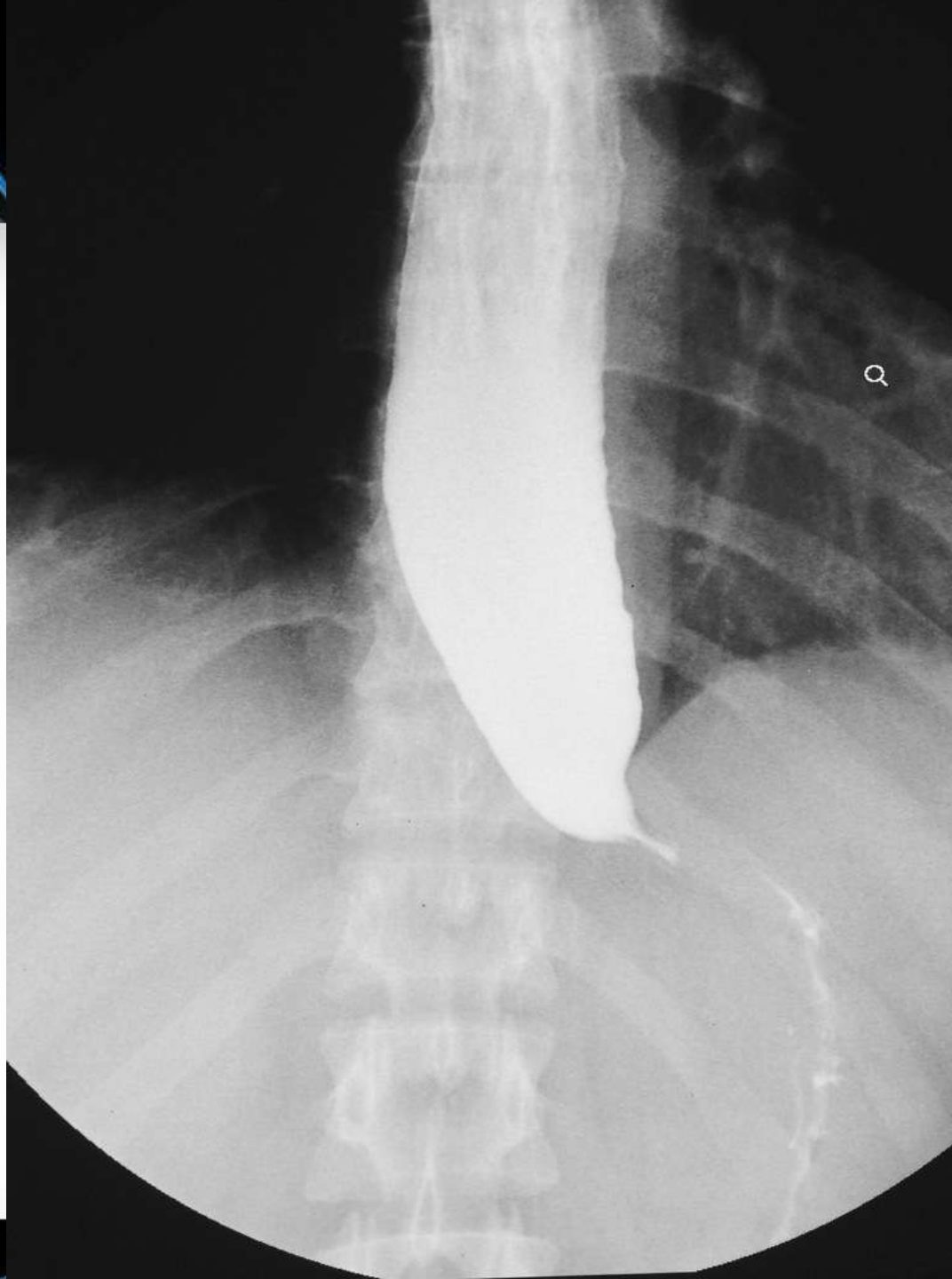




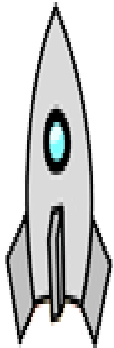
6



7



Answers



1. CXR - FB inhalation
2. IVU - Lt ectopic Kidney
3. Plain X ray Abd , erect - Multiple air-fluid levels
4. CXR - Air Under diaphragm
5. Br. Enema – **Apple Core Colon Stricture**
6. CT Brain - EDH
7. Br. Swallow - Achalasia

For more Explain

- <https://www.medicalacademy.org/portal/event/view/922/CT-Brain-Basics-,-How-to-read>
- [Dr. Ahmad Mokhtar Abodahab Youtube Channel](#)
“Lectures for Medical Students”
- <http://www.mediafire.com/file/y3ddiv9wwfwemtq/RENAL+IMAGING+-6th+year-+2017.pdf>
“Imaging of Renal System for 6th year students ”



Thank You

**A.M. Abodahab
Sept 2019**