



Fig. 5.22: CT scan showing narrowing and irregularity of the rectal mucosa – a feature of carcinoma rectum.



Fig. 5.23: CT scan showing pelvic tumour



Figs 5.24A and B: CT scan showing renal cell carcinoma (RCC) right side.



Fig. 5.25: CT scan showing retroperitoneal tumour left sided

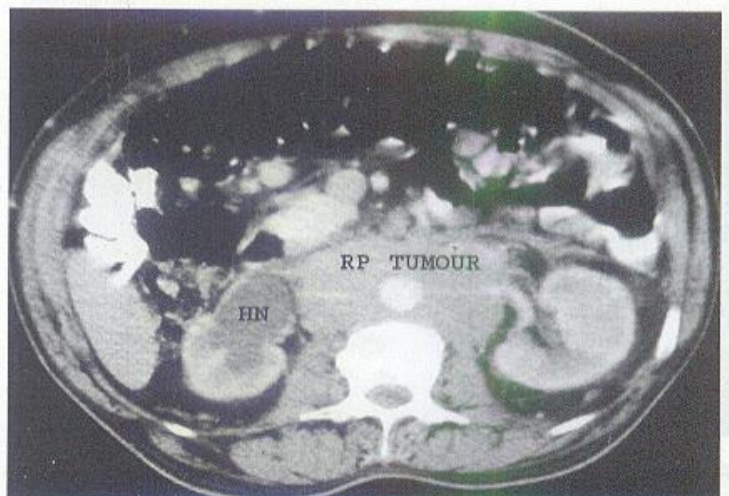


Fig. 5.26: CT scan showing retroperitoneal tumour encasing the aorta with hydronephrosis of right kidney due to ureteral obstruction.

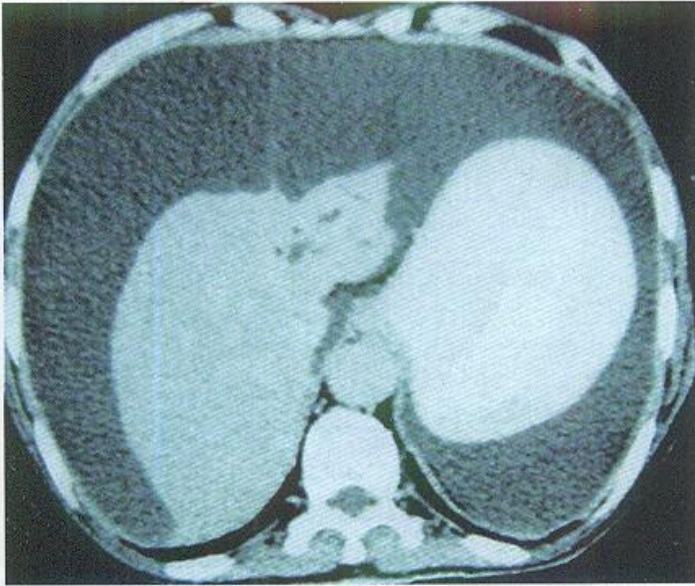
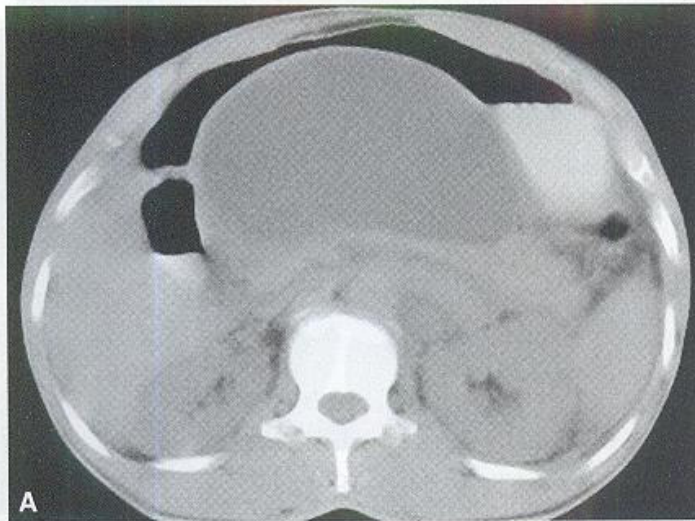
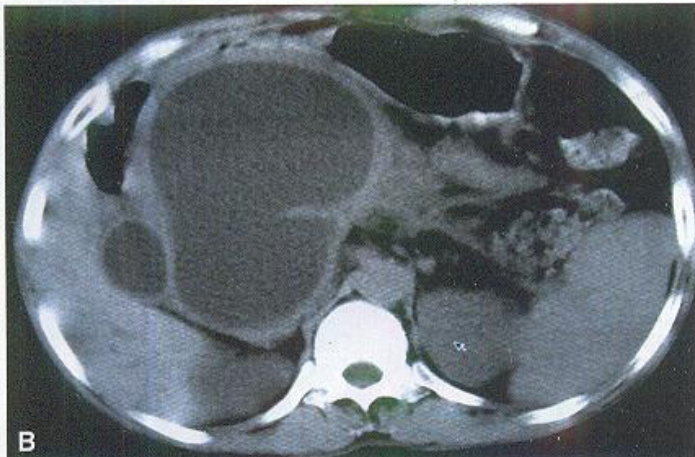


Fig. 5.27: CT picture showing ascites.



A



B

Figs 5.28A and B: CT scan showing pseudocyst of pancreas. It needs cystogastrostomy/cystojejunostomy.

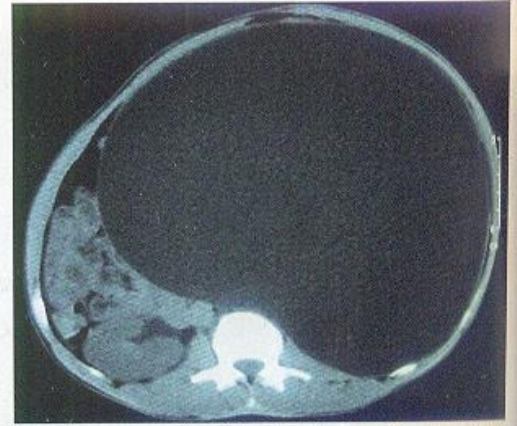
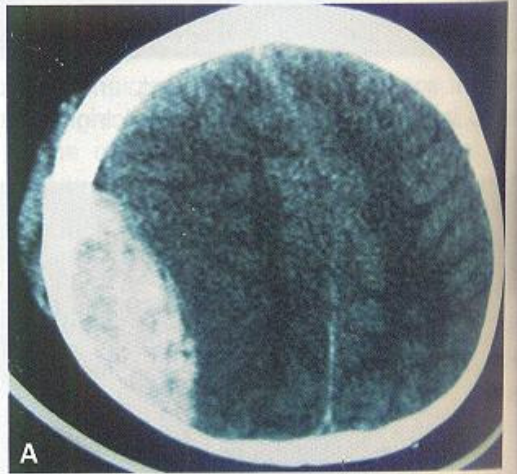
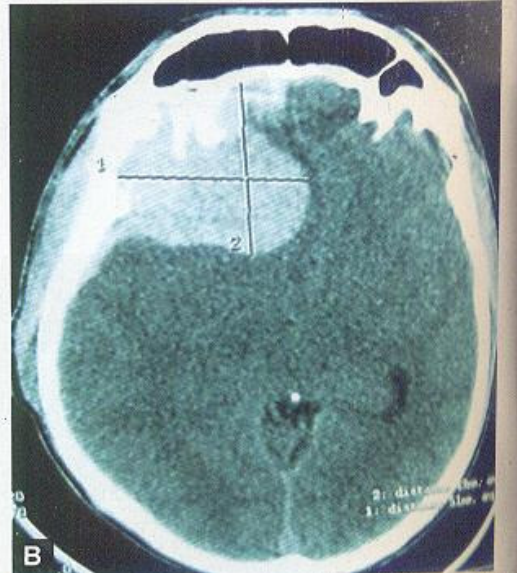


Fig. 5.29: CT scan showing hydronephrosis of left kidney.

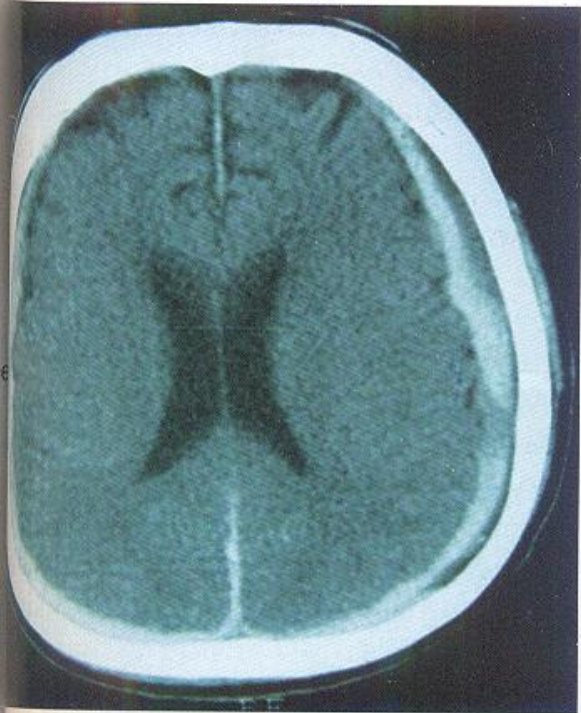


A



B

Figs 5.30A and B: CT scan of head showing extradural haematoma. EDH is biconvex in CT. It needs immediate burr hole surgery to decompress. Same side weakness, same side ocular constriction with altered reflex (Kernohan's notch effect), features of intracranial hypertension like hypertension, vomiting and headache and often with 'lucid interval' are the features. In 'lucid interval' patient after trauma becomes alert and in 12-24 hours again develops features of compression and deteriorates. It is due to slow bleeding causing late compression features. It is dangerous as while symptoms develop patient may be away from hospital.



ft kidney

Fig. 5.31: CT scan of head showing concavo-convex appearance on both sides – feature of bilateral subdural hematoma.



Fig. 5.33: CT picture showing astrocytoma—common primary malignant tumour of brain.



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Fig. 5.32: CT head showing hydrocephalous.

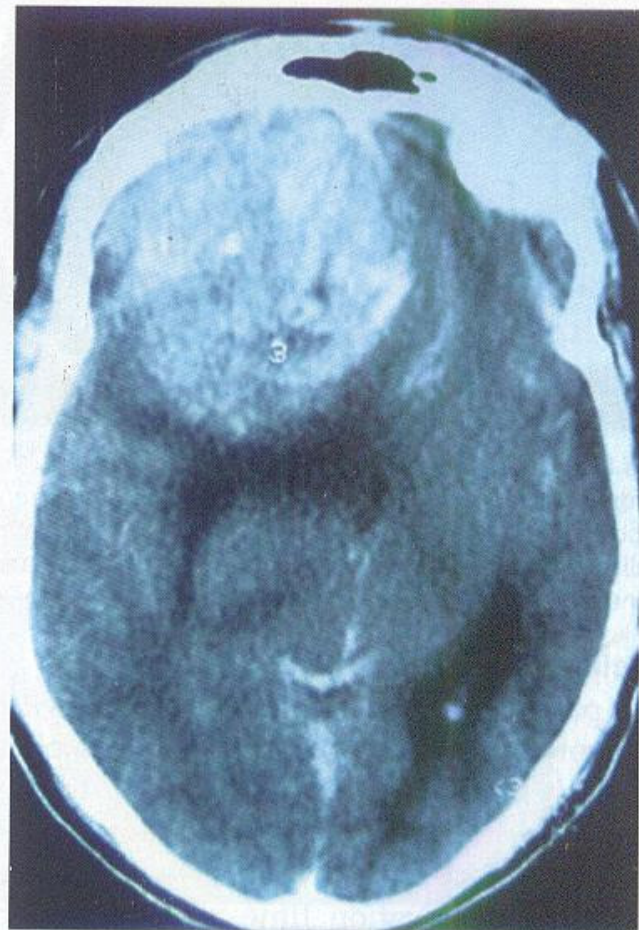


Fig. 5.34: CT scan showing features of meningioma.

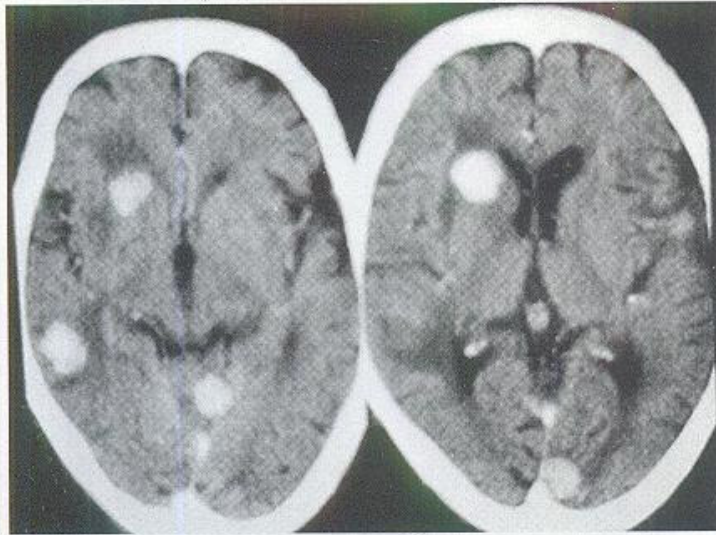


Fig. 5.35: CT showing secondaries in brain. Note the multiple lesions in brain. Secondaries are the commonest malignant tumour in brain. Primary may be from breast, lungs, thyroid or sarcomas. Treatment is external radiotherapy, chemotherapy, anticonvulsants. It has got poor prognosis.



Fig. 5.36: CT head showing secondaries in skull. It may be from follicular carcinoma of thyroid or from adrenal neuroblastoma. Secondary in skull with thyroid primary is well localised, warm, vascular and pulsatile. Secondaries in bone from other primaries are diffuse, hard and tender.

Principle

When patient is placed in an *external high magnetic field*, protons of hydrogen atoms rotate in phase with each other and gradually return to their original position releasing small amounts of energy which is detected by sensitive coils. Proton density and Relaxation time are assessed by Radiofrequency pulse and the computer generates a Grey scale image from this data.

- Magnetic field strength is measured in Tesla (T).
- T1 relaxation time is the time taken to return to original axis. **T1 images** are used to find out **normal anatomical detail**. It has got poor soft tissue discrimination. Here fluid (CSF) looks black. Fat is white in T1 images. It is spin lattice relaxation time.
- T2 relaxation time is the time taken by proton to diphas. It is used to assess **pathological processes**. In **T2 images** fluid water looks white. It is spin-spin relaxation time.
- In Proton density images fluid looks between black and white.
- The magnet is kept under intense cold conditions to maintain a state of super conductivity. Coiled wires rest inside a double walled apparatus that is bathed in liquid helium. The apparatus is kept in a vacuum which is left inside a liquid nitrogen filled tank. The scanner is enclosed in a stainless steel and copper shield called as *Faraday cage* which blocks the radiofrequency signals from local radio/TV stations. *Gradient coils* are used as magnetic devices. These coils because of immense magnetic forces bang against the mooring causing loud rhythmic noise. *Radiofrequency coils* transmit and receive radiofrequency signals.
- It can be **Plain MRI** or **Contrast MRI**. Contrast agent is Gadolinium given Intravenously.

Uses of MRI

- It is very useful in Intracranial, Spinal and Musculoskeletal lesions including joint pathologies.
- It gives direct anatomical sections of the area with lesions at a high resolution.
- *MR angiogram* is done without injecting contrast agents.
- *Cardiac MRI* is very useful.
- *Breast MRI* is used in multifocal recurrent cancers.
- *Magnetic resonance cholangiopancreatography (MRCP)* is a very useful noncontrast diagnostic