

Abnormal pt  
requires more  
images

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# History:

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15 year old female  
right uretrohydronephrosis  
For follow up

# PLAIN FILM

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## FULL KUB:

To make sure pt is prepared & to Rule out stone

If pt is prepared, nurse will place the needle

In a proper vein to be ready for injecting

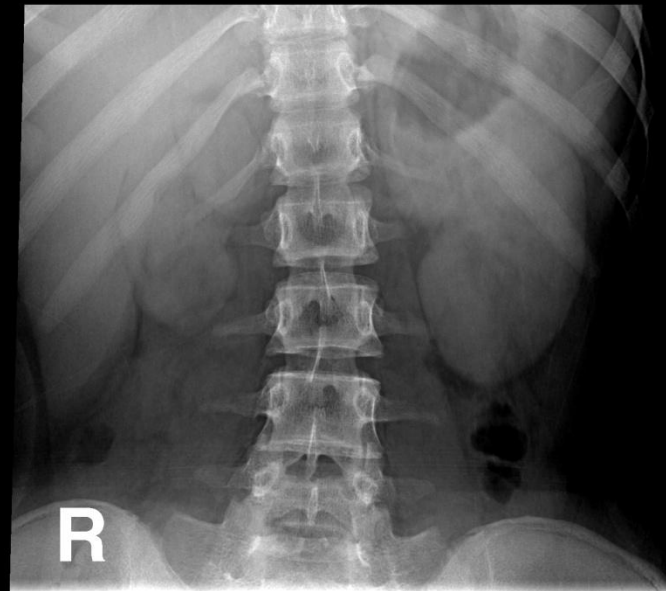


There are no radiopaque shadows + pt is well prepared

# Immediate nephrogram

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Only for kidney area ■

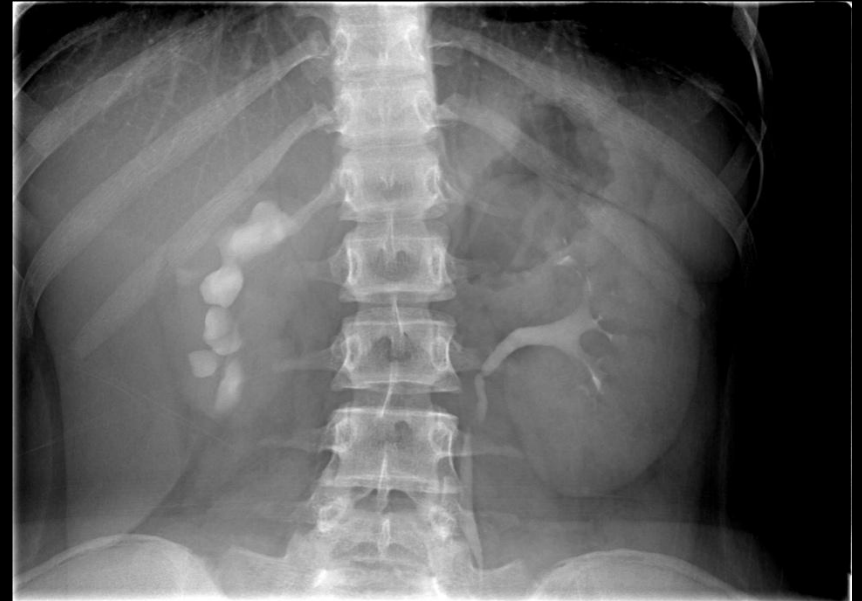


Right kidney is small +compensatory hypertrophy of left

# 5 min film

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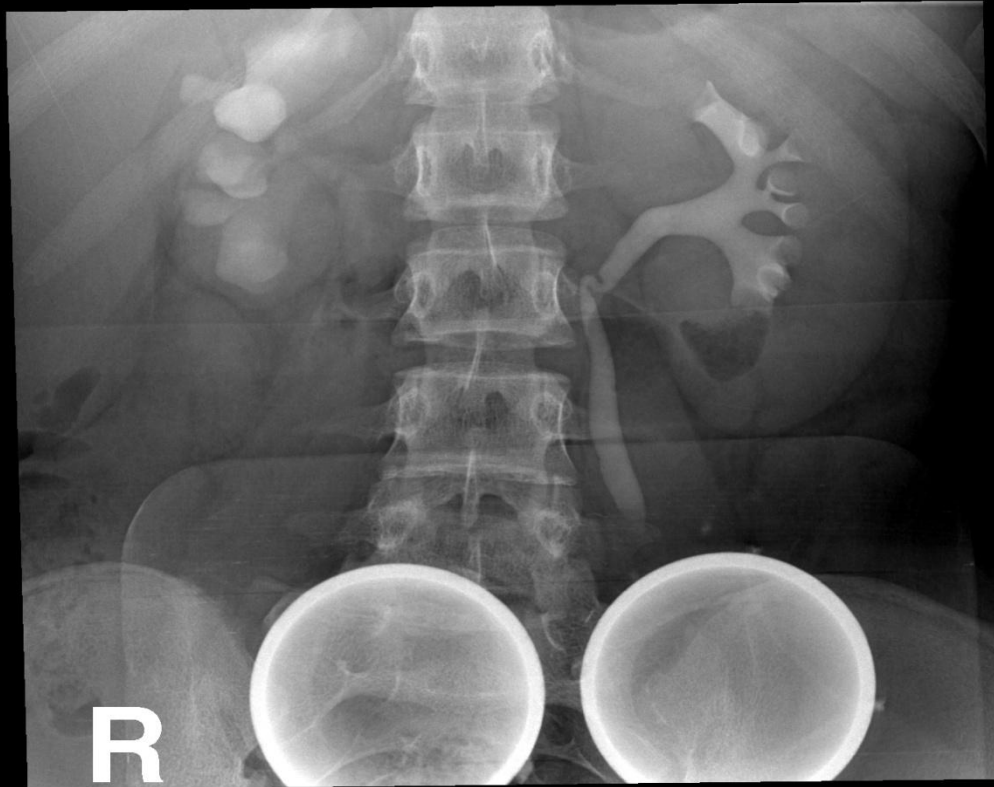
Kidney area



abnormal shaped calyces

# Compression if required

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To see filling in kidney

10-15 min (from beginning of injecting)

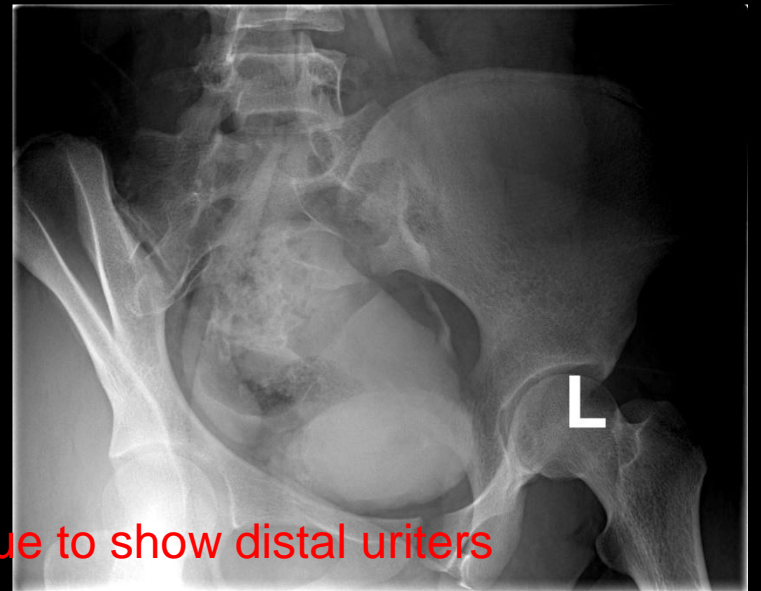
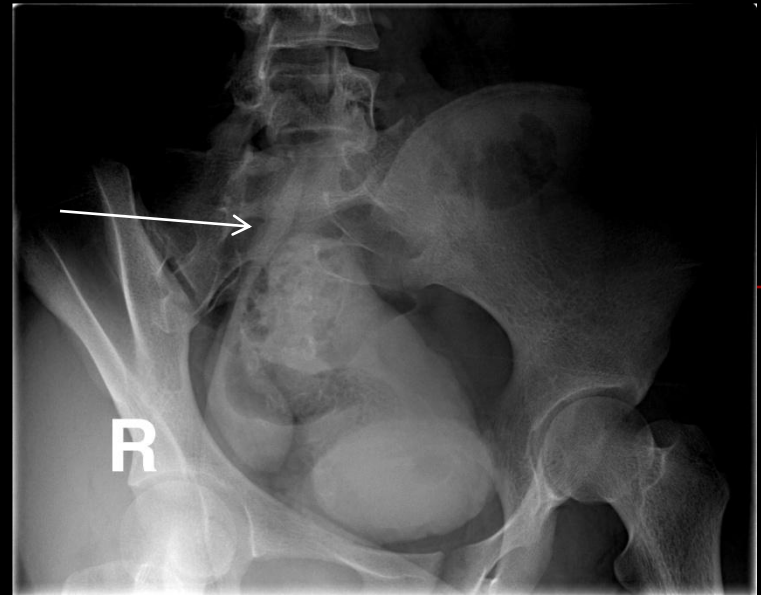
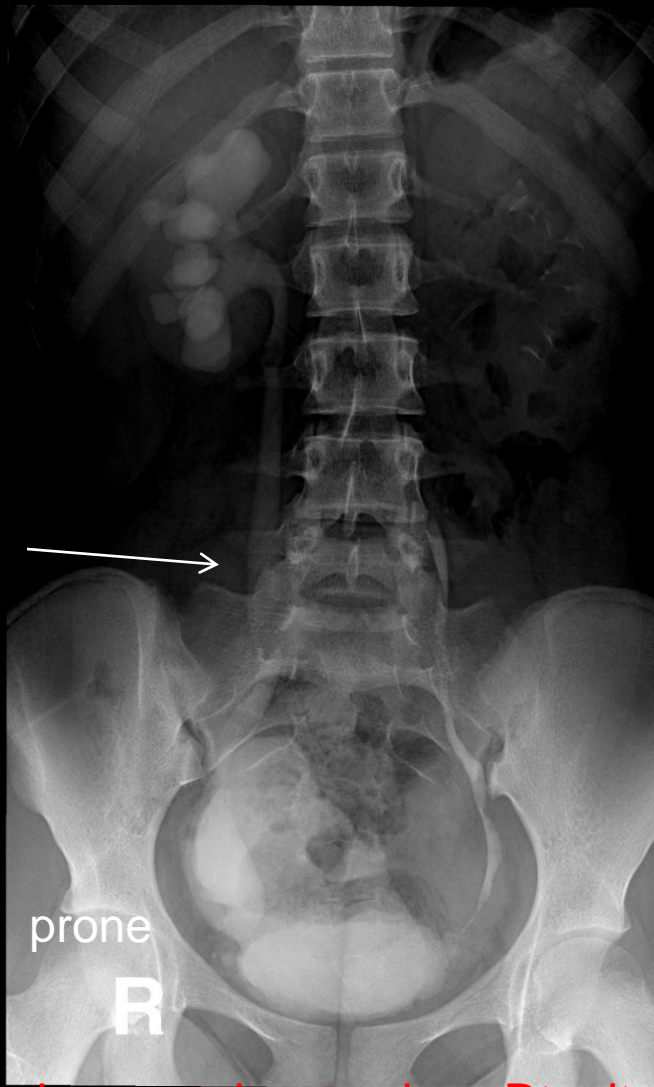
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Full KUB

If the contrast did not move place pt in prone position & let him\her cough



+ mild to moderate dilation of pelvicalyceal



prone image taken to show Rt uriter oblique to show distal uriters

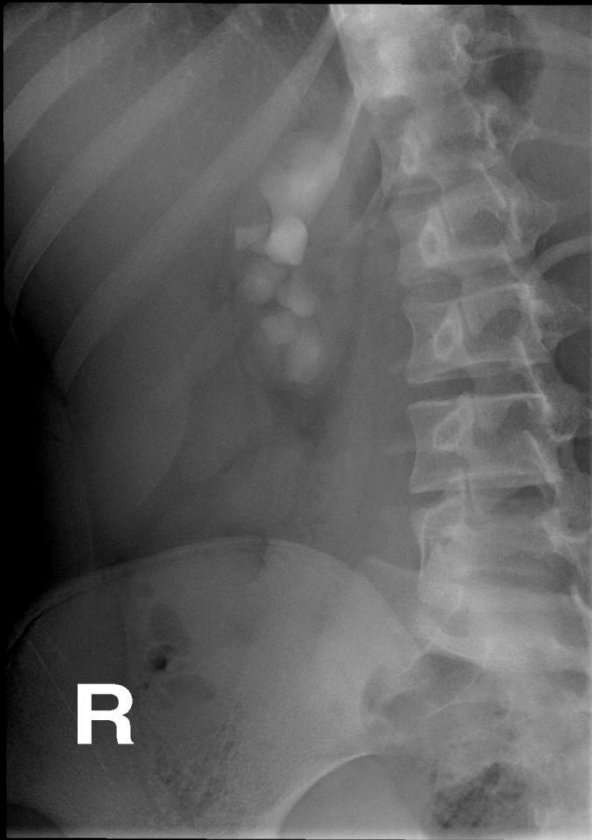
Dilation of right distal uriter ,but no evidence of stone ,mass.

Lt uriter is unremarkable



# Oblique if required

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If the writers don't show take oblique veiws

# Full bladder+Post void

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