

## **X-RAY PNS - AP (WATER'S VIEW)**

### **Findings:**

Both maxillary, ethmoid and frontal sinuses are well aerated.

No abnormal radio-opacity seen in the visualized paranasal sinuses.

The nasal cavities and septum appear normal.

The bony orbit, maxilla and mandible appear normal.

### **IMPRESSION:**

**No abnormality detected in the paranasal sinuses.**

## **X-RAY SKULL - TOWNE'S VIEW FOR STYLOID PROCESS**

### **Findings:**

No evidence of enlarged styloid process noted.  
Both the petrous temporal bones appear normal.  
Dorsum sellae and clinoid processes are normal.  
No abnormal soft tissue mass seen.  
Visualised mastoid air cells and mandible are normal.

### **IMPRESSION:**

**No significant abnormality detected.**

Please correlate clinically.

## **X-RAY of CERVICAL SPINE - AP and Lateral**

### **Findings:**

Curvature and alignment of the cervical spine is normal.

The vertebrae are of normal height and density.

The disc spaces are normal.

Posterior elements are normal.

Atlanto-dental interspace is normal.

Craniovertebral junction is normal.

### **IMPRESSION:**

**No significant abnormality detected.**

## **CHEST X-RAY (PA VIEW)**

### **Findings:**

Rotation to the left.

Both the lung fields are clear.

Trachea and major bronchi are normal.

Cardiac and mediastinal silhouette cannot be commented upon due to rotation but appears grossly normal.

Both the costo-phrenic angles are clear.

The thoracic bony cage and the diaphragms appear normal.

### **IMPRESSION:**

**No significant abnormality detected.**

## **X-RAY RETROGRADE URETHROGRAM AND MICTURATING CYSTOURETHROGRAM (RGU AND MCU)**

### **PROCEDURE:**

Both, right and left oblique views are taken, following retrograde injection of contrast and during micturation. Full bladder and Post void film also obtained.

### **REPORT:**

The penile, bulbar, membranous urethra are normal in caliber.

Mild dilatation of the prostatic urethra on the MCU study.

No abrupt narrowing of the urethra to indicate stricture.

There is no evidence of diverticulae, calculi or false passage seen.

Urinary bladder is well distended and of smooth outline.

No significant post void residue seen.

### **CONCLUSION:**

**Mild dilatation of the prostatic urethra on the MCU study, however no abrupt narrowing of the urethra to indicate stricture.**

Please correlate clinically.

## **INTRAVENOUS PYELOGRAM (IVP)**

**CLINICAL INFORMATION:** Known case of Right Pelvi-ureteric calculus with moderate hydronephrosis.

### **IVP reveals:**

Poor bowel preparation. Bowel gas especially obscuring right renal fossa.

Renal outlines are normal in size, shape, position and axis.

Both kidneys show prompt normal density nephrogram and good excretion of contrast.

No obvious radio opaque calculus is seen in the in the bilateral renal fossae & along the course of ureter & urinary bladder.

There is moderate dilatation of the right pelvicalyceal system. The calyces are clubbed with blunting of fornices.

On the pyelogram phase, a small filling defect is seen in right renal pelvis. This could be radiolucent calculus or incomplete filling.

A prominent extra-renal left pelvis seen. Left renal calyces and fornices are normal.

Left ureter is normal in caliber and course.

Right ureter is not opacified during the study.

Urinary bladder is well distended and of smooth outline. Post evacuation films reveal insignificant residual urine.

### **IMPRESSION:**

**In this known case of Right PUJ calculus with Moderate hydronephrosis, IVP reveals.**

- **Moderate right hydronephrosis.**
- No obvious radio opaque calculus is seen in the in the bilateral renal fossae & along the course of ureter & urinary bladder.
- On the pyelogram phase, a small filling defect is seen in right renal pelvis. This could be radiolucent calculus or incomplete filling.
- Right ureter is not opacified during the study.

Correlate with other renal imaging studies (USG, CT, etc)

### **BARIUM MEAL FOLLOW THROUGH STUDY**

**Clinical History: Post prandial pain.**

**Technique: Serial radiographs of the abdomen obtained after ingestion of barium.**

**Findings:**

The stomach is of normal capacity and lining. No filling defect within.

The jejunal and ileal small bowel loops are of normal caliber.

Mucosal pattern appears normal.

No evidence of filling defects, mucosal lesion or stricture noted.

Cecum is partially opacified with contrast. IC junction is not visualised due to overlap.

Rest of colon is not opacified. Colonic and rectal gas shadows appear normal.

**IMPRESSION:**

**No significant abnormality detected in the Barium meal follow through study.**

## **BILATERAL X-RAY MAMMOGRAM**

**Clinical Information:** Left Breast Pain

**Prior Mammograms:** Not available for comparison.

**Protocol:** Bilateral breast cranio-caudal and medio-lateral oblique projections obtained.

**Observations:**

Both the breasts are heterogeneously dense.

This may lower the sensitivity of mammography.

No significant masses, calcifications, or other abnormalities are present.

**Impression:**

**No abnormality detected. (BI-RADS Category 1: Negative.)**

Please correlate clinically.

Further evaluation with Ultrasound if a focal palpable abnormality is detected in the breasts.

## **HYSTEROSALPINGOGRAM (HSG)**

**Technique:** Radiograph have taken been taken after introducing contrast medium in the uterine cavity through cannula.

### **Findings:**

Uterus appears unremarkable.

Both fallopian tubes are visualised.

Free peritoneal spill of contrast is seen on either side.

### **IMPRESSION:**

- Free peritoneal spill of contrast on either side.

Please correlate clinically.