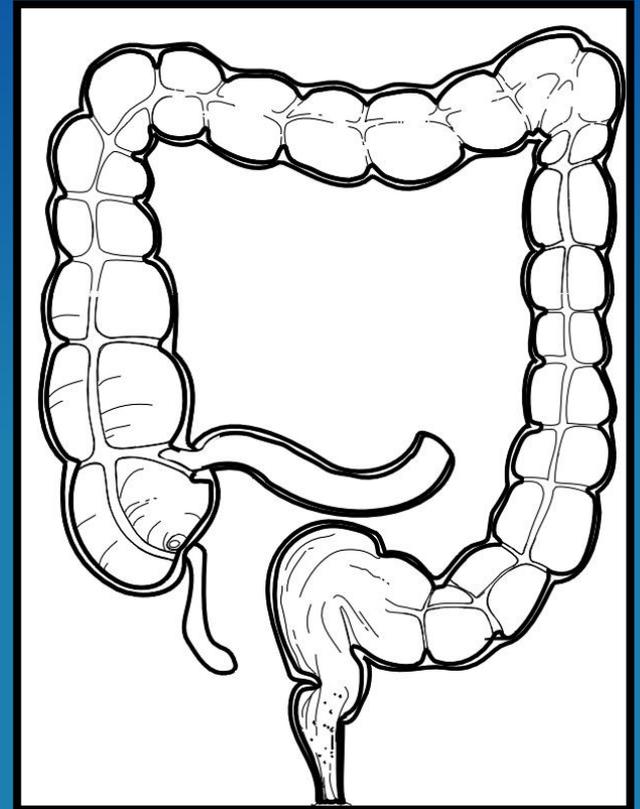


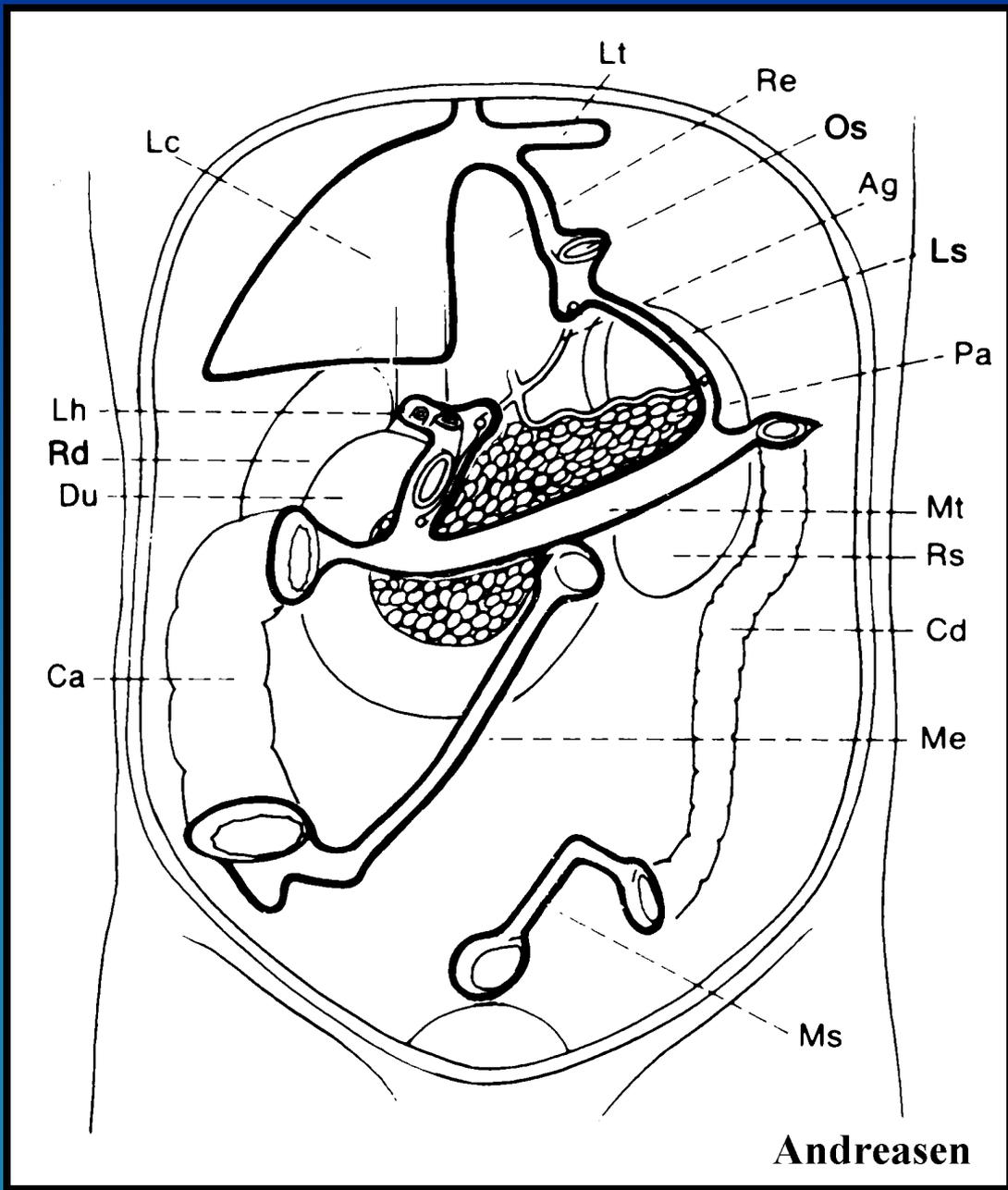
Abdomen 2

Michel Bach Hellfritsch

Intestinum crassum

- Caecum med appendix vermiformis
- Colon (ascendens, transversum, descendens og sigmoideum).
- Rectum med canalis analis



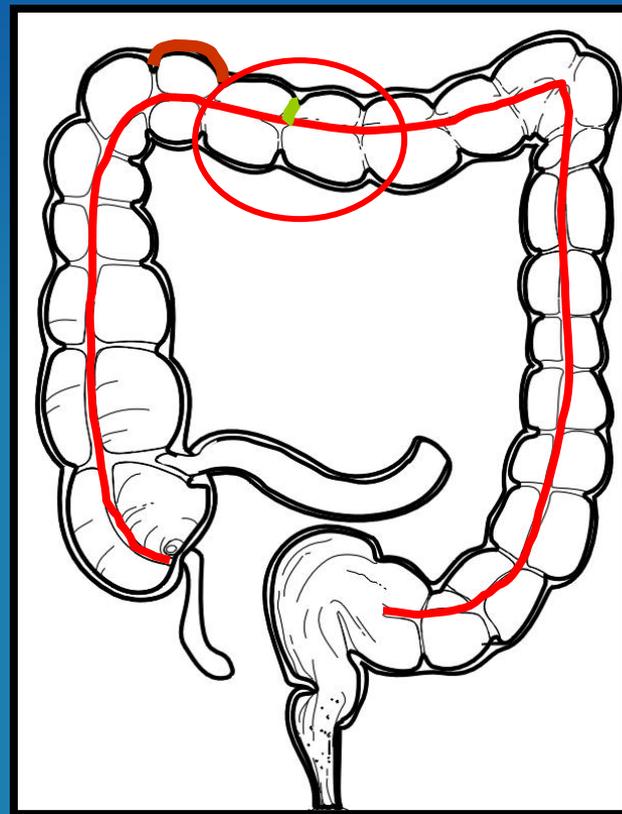


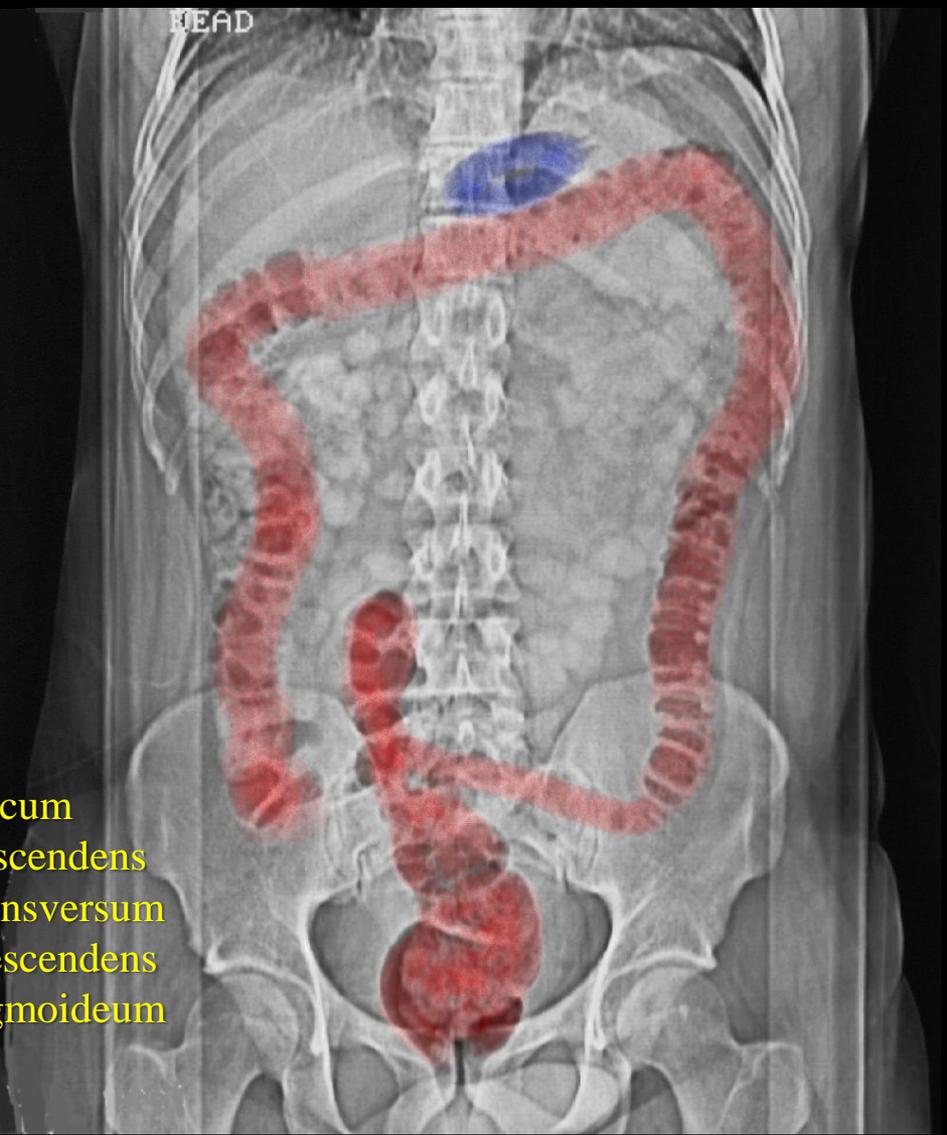
(Taeniae coli)

Haustrae coli

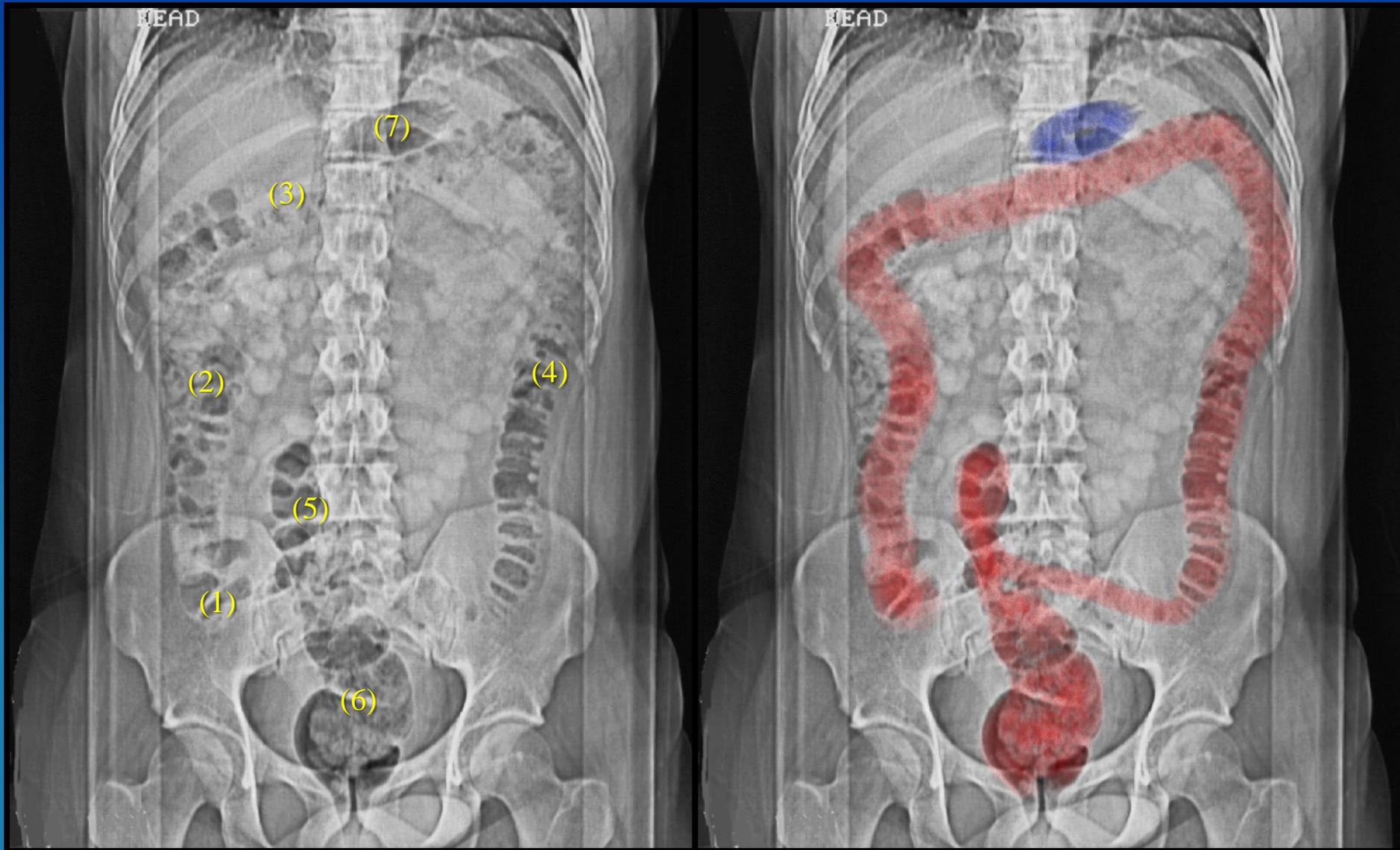
(Appendices epiploicae)

Plicae semilunares coli

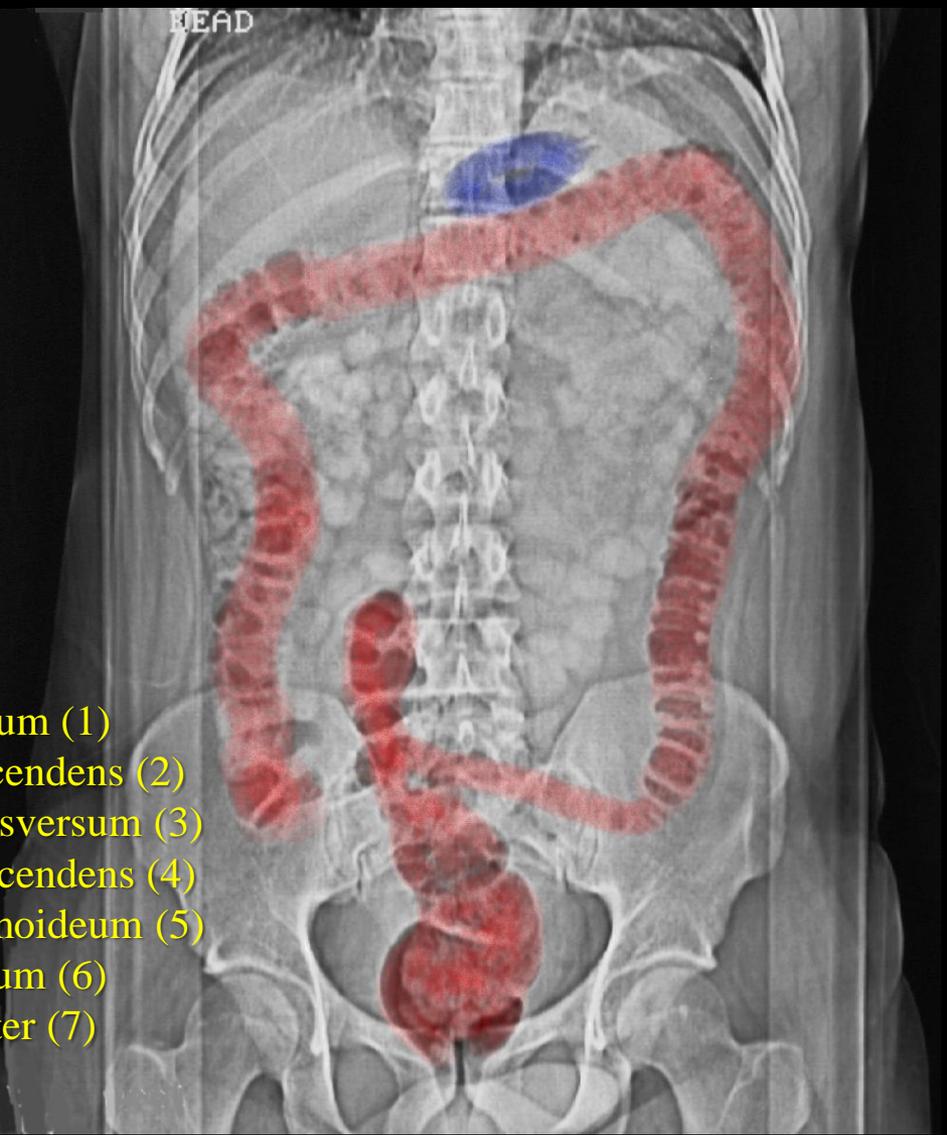
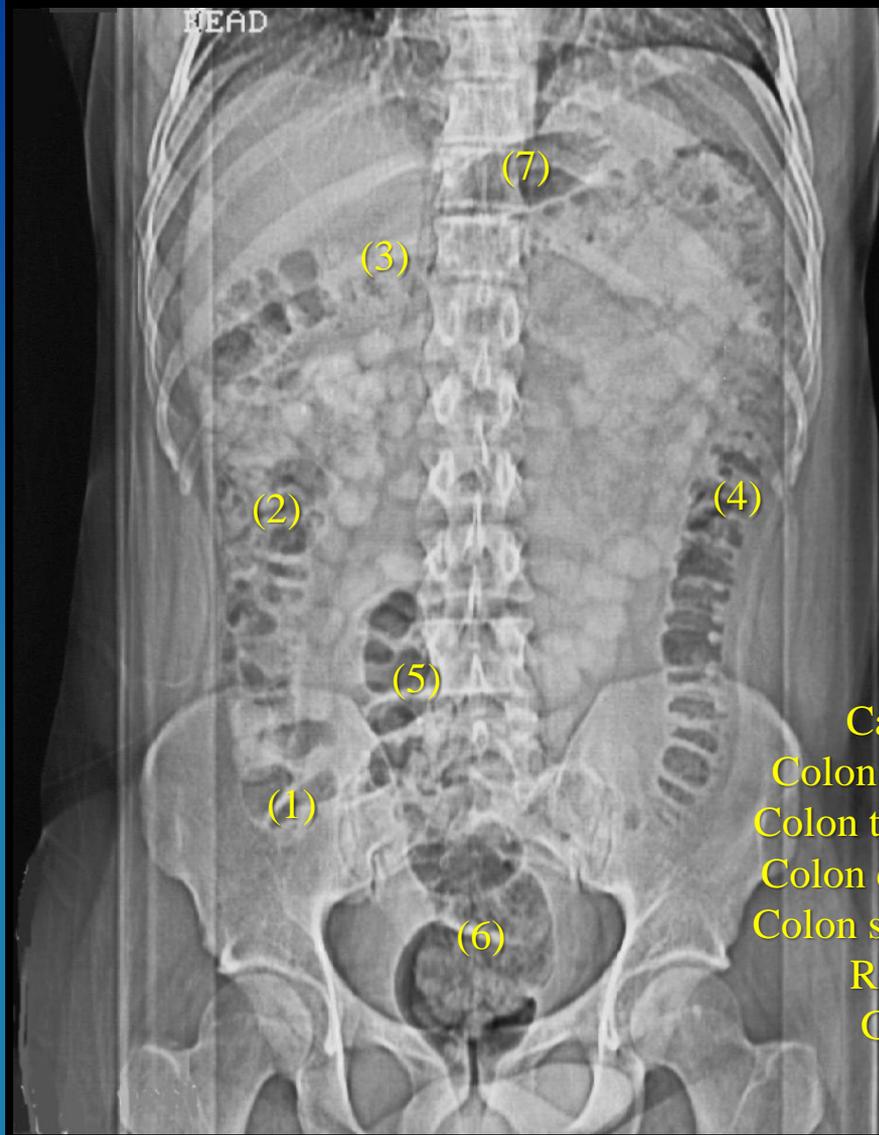




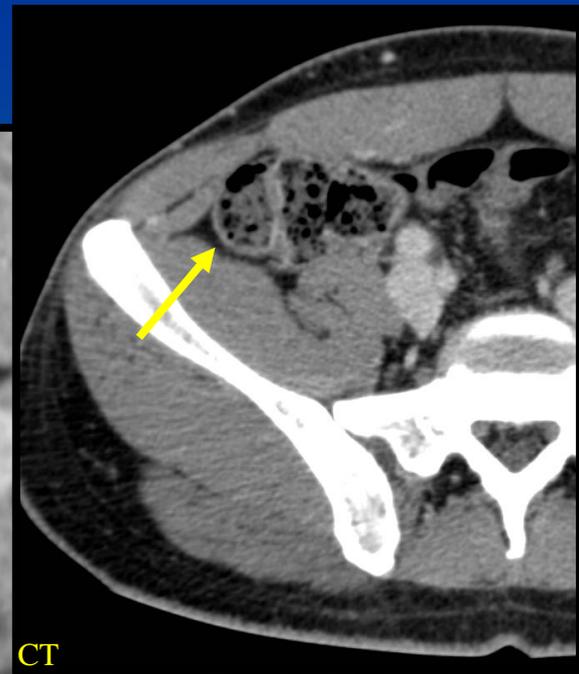
Caecum
Colon ascendens
Colon transversum
Colon descendens
Colon sigmoideum



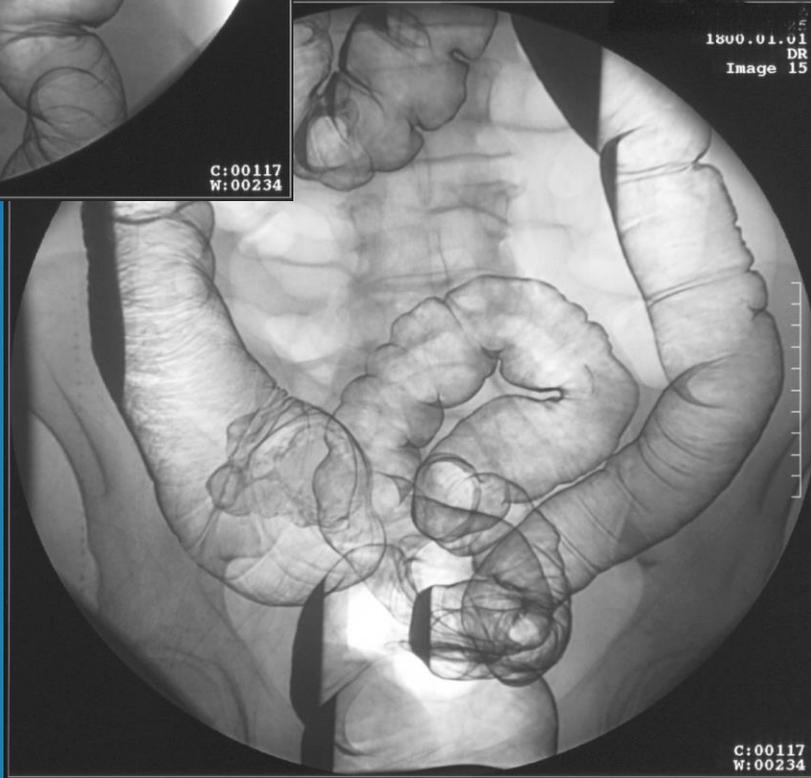
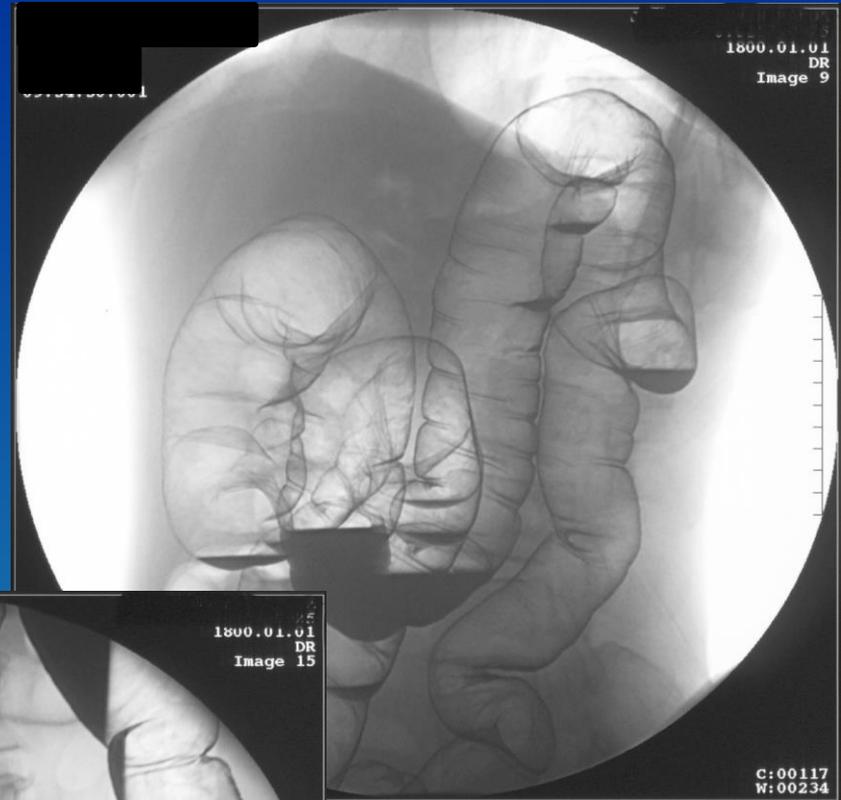
CT oversigtsbillede til planlægning af selve skanningen, også kaldet "Scout billede" eller "Tomogram".

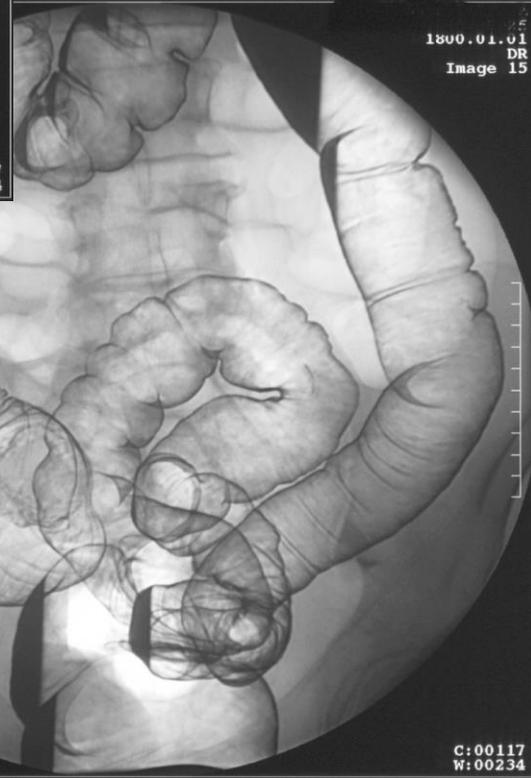
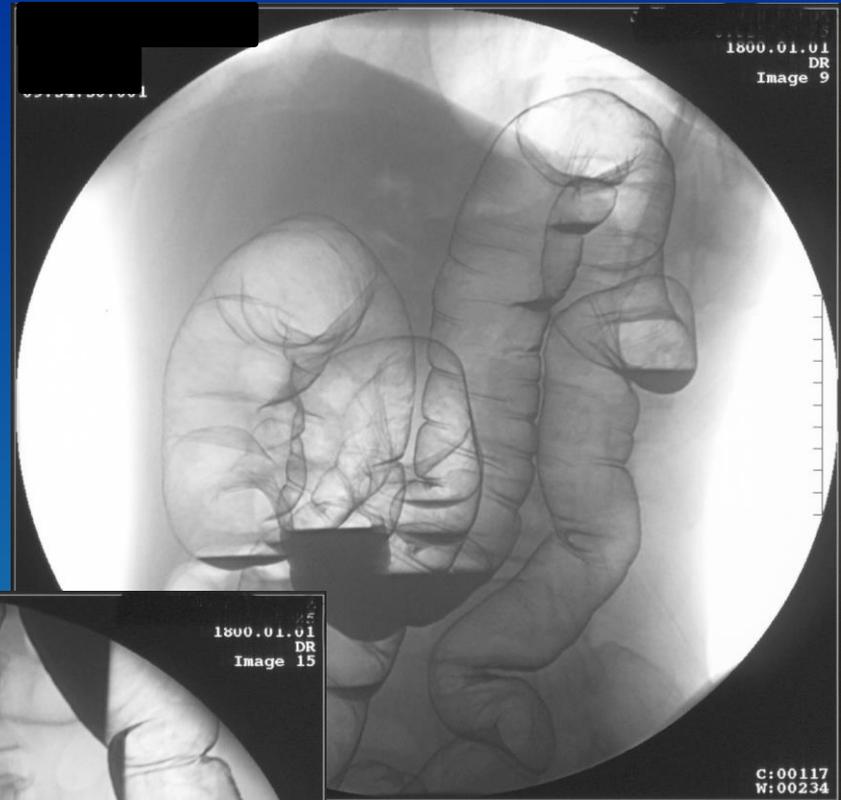


- Caecum (1)
- Colon ascendens (2)
- Colon transversum (3)
- Colon descendens (4)
- Colon sigmoideum (5)
- Rectum (6)
- Gaster (7)

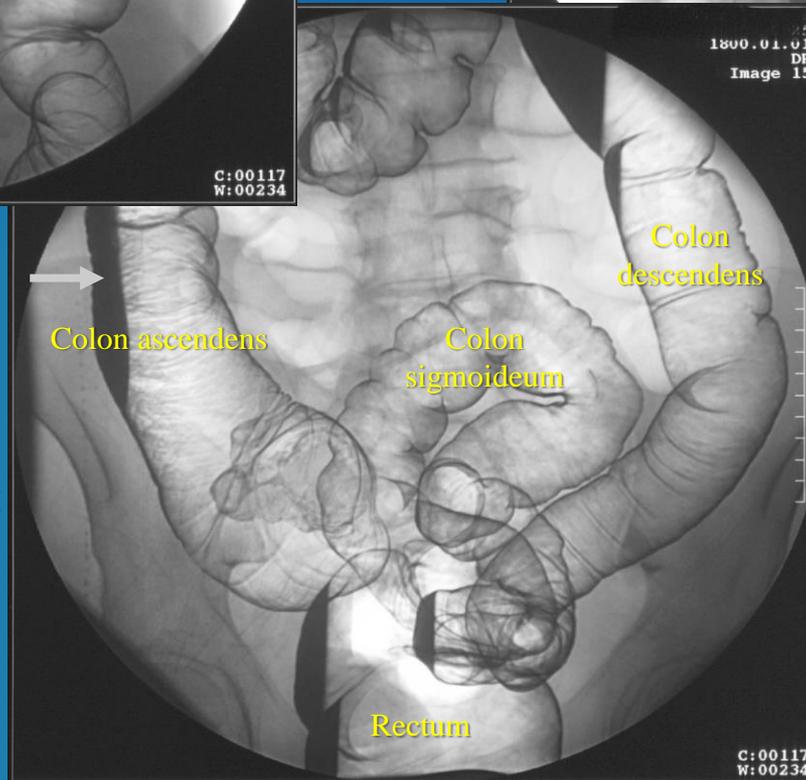
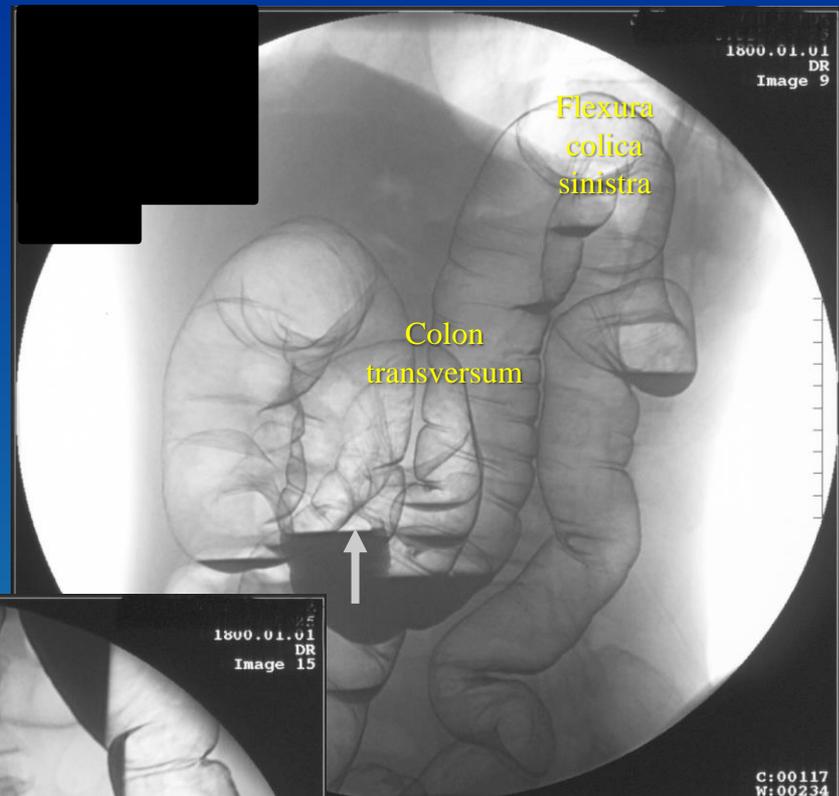
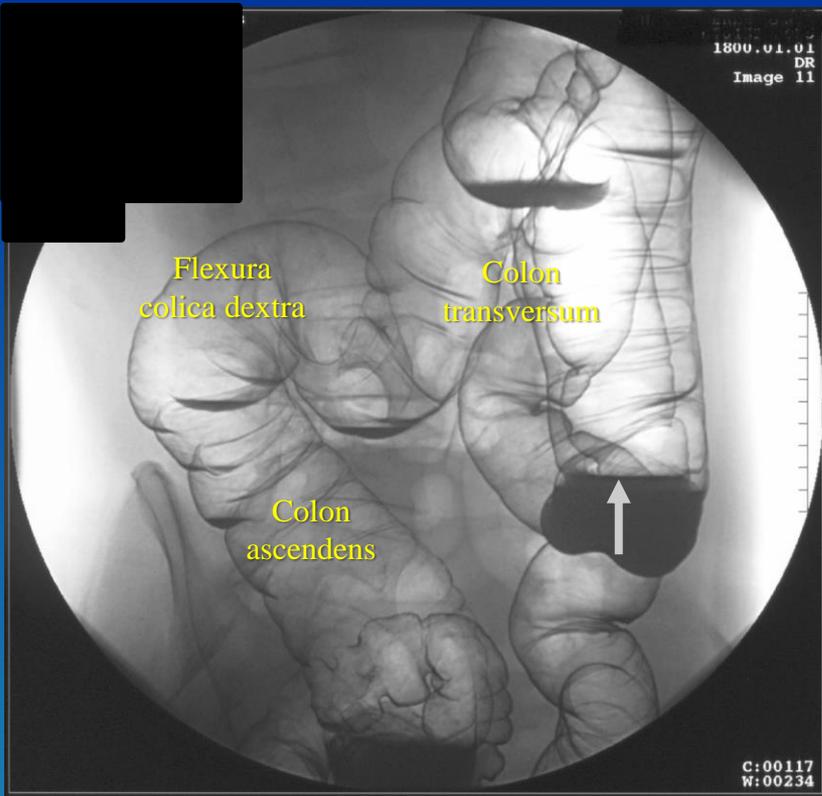


Røntgen af colon ad modum Welin



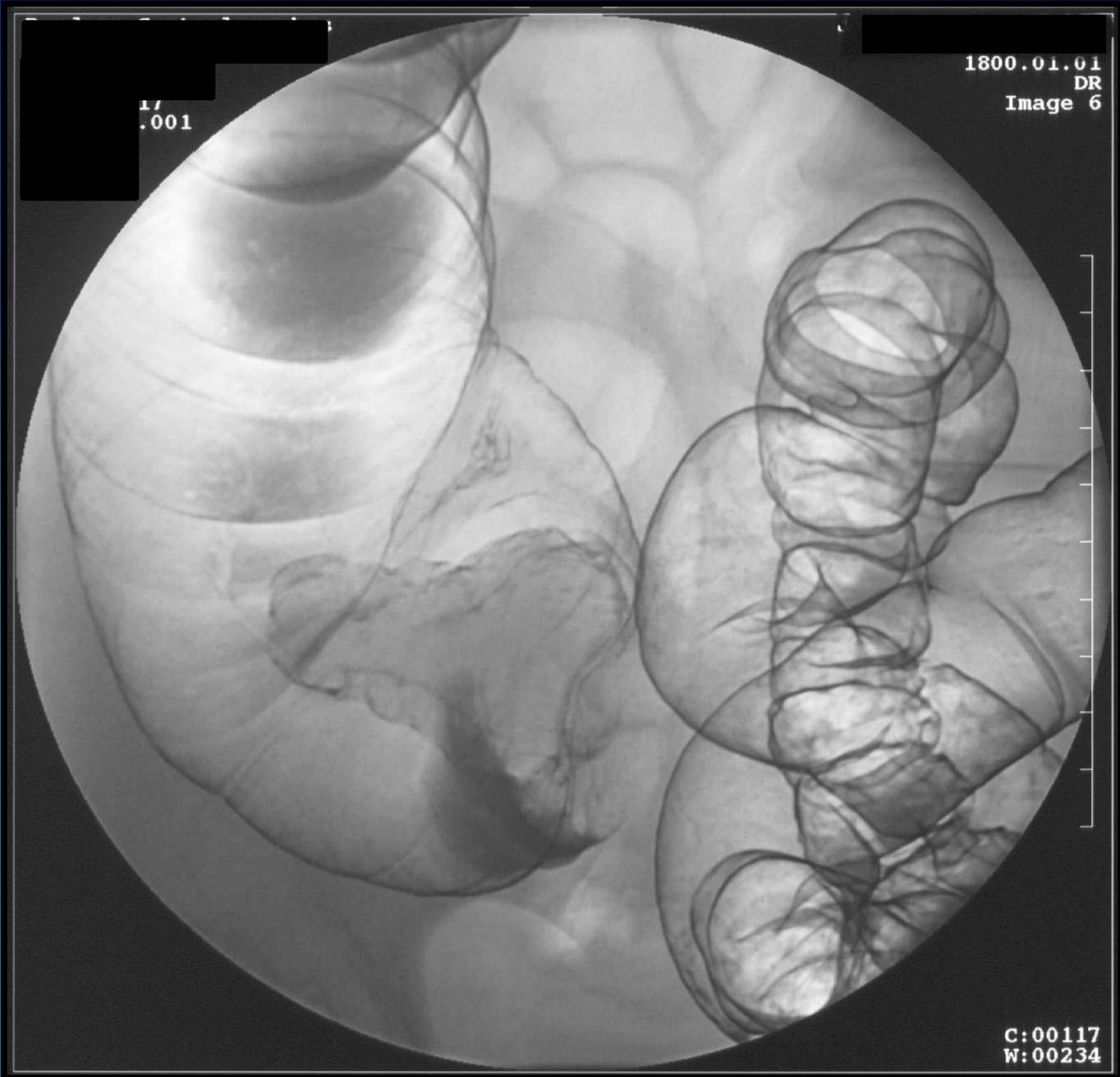


Ad modum Welin: Efter Welins metode. Barium holdig kontrast hældes gennem rektum i colon, og efterfølgende indblæses luft.



Der er tale om gennemlysningsbilleder, derfor er der "byttet om" på farverne i forhold til det vanlige, således luft ses som lyst og den indhældte bariumsulfat som sort.

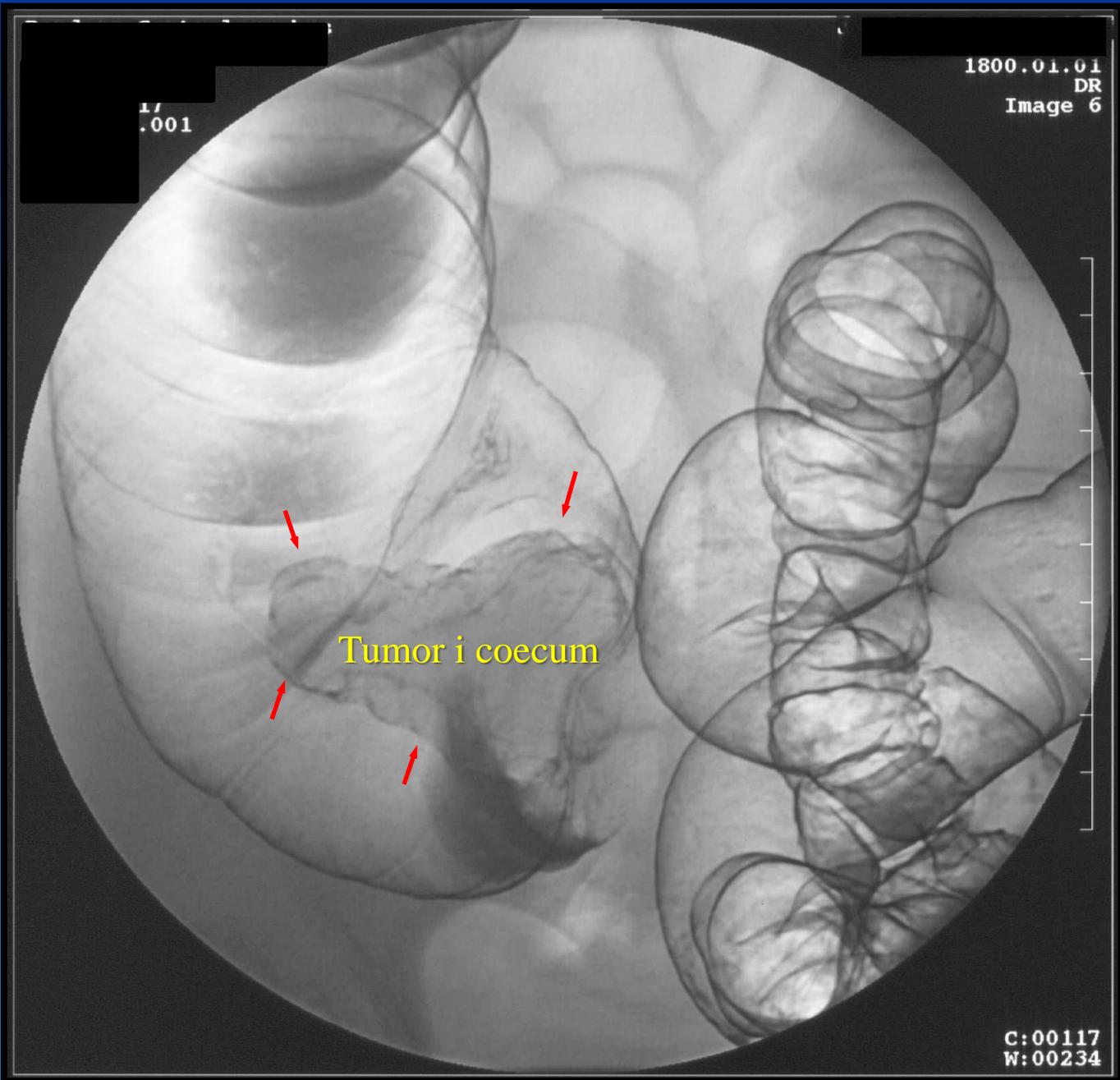
Der er ikke så tydelig hastrering pga. kraftig luftindblæsning. De hvide pile viser væskespejlene. Det er således muligt at vurdere personens lejrning under undersøgelsen.



1/
.001

1800.01.01
DR
Image 6

C:00117
W:00234

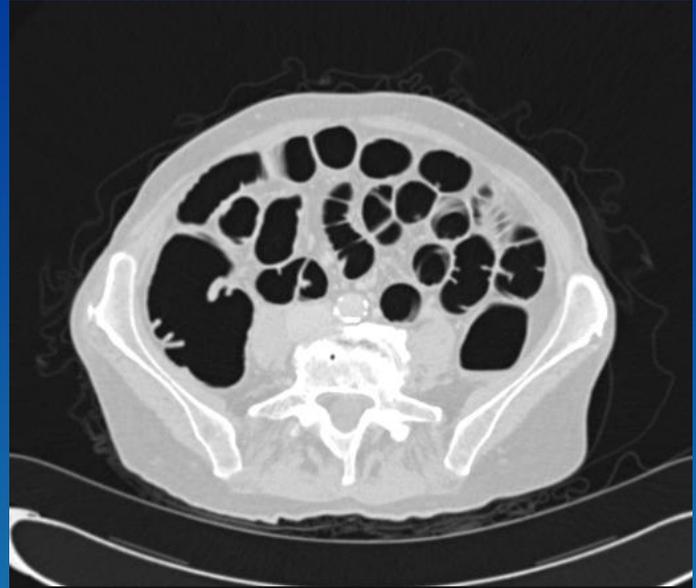
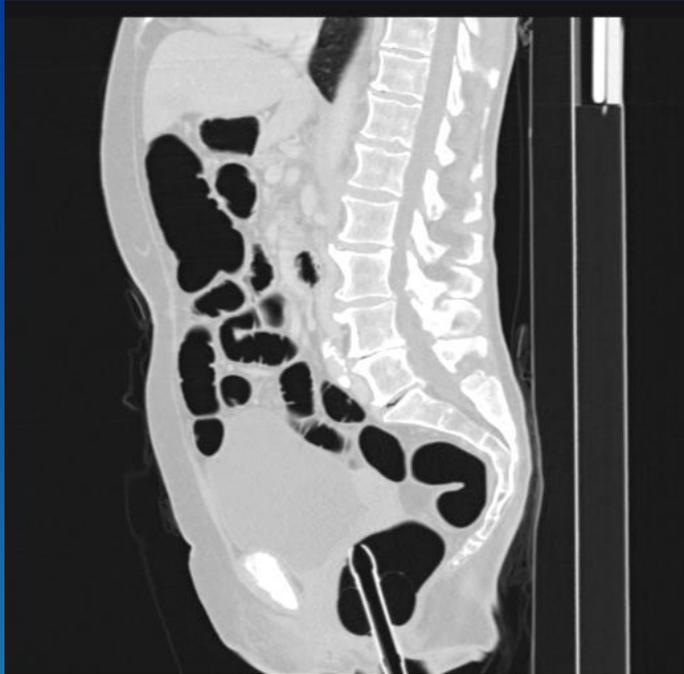


17
.001

1800.01.01
DR
Image 6

Tumor i coecum

C:00117
W:00234



CT-colografii

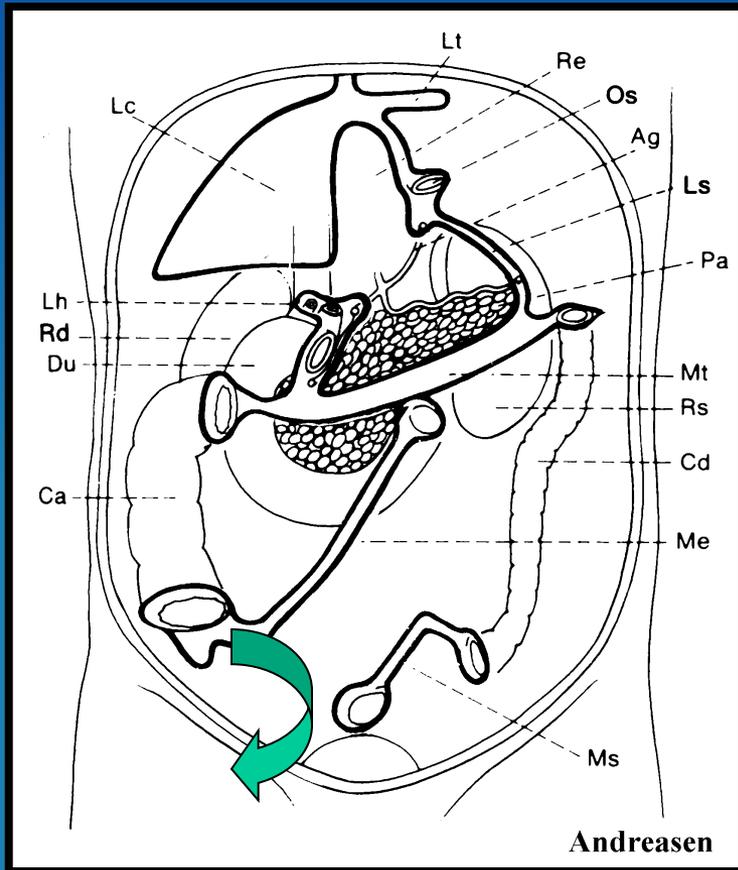


CT-colografi

Der er som ved røntgen af colon ad modum Welin, foretaget udrensning af tarmen, således indholdet i tarmen er tømt ud evt. med lidt væske tilbage. Via et plastikstykke der føres op i rectum indblæses luft, der fungerer som kontrast. Ofte vil luften fortsætte over i tyndtarmen, som i dette tilfælde.



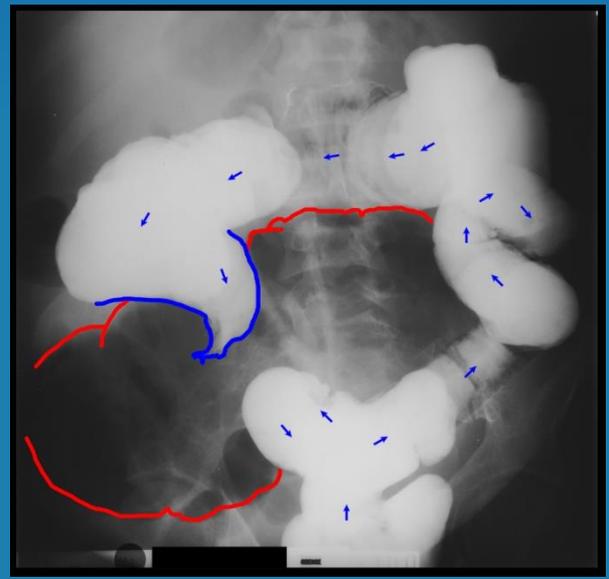
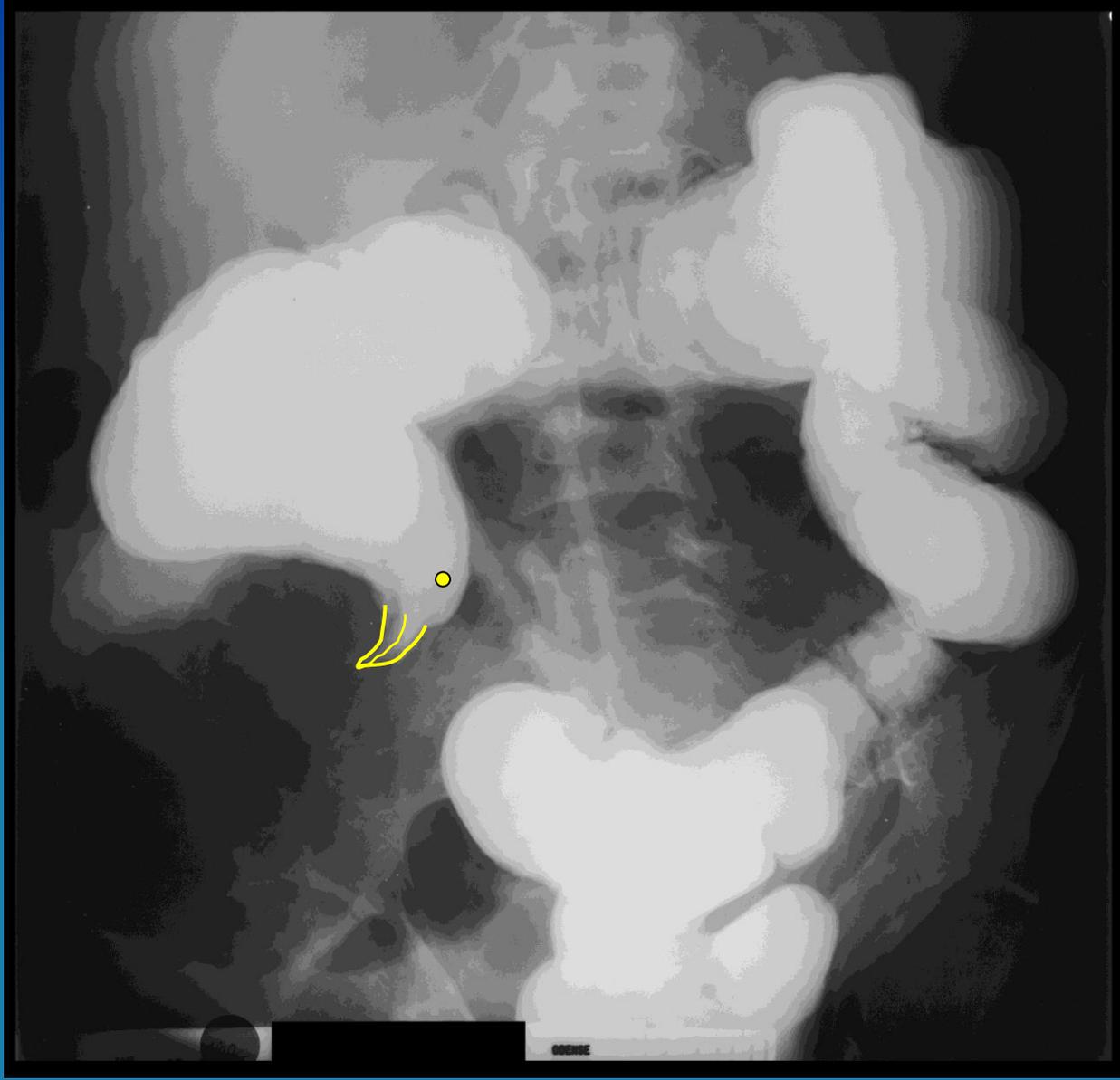
Caecum volvulus (Tarmslyng)

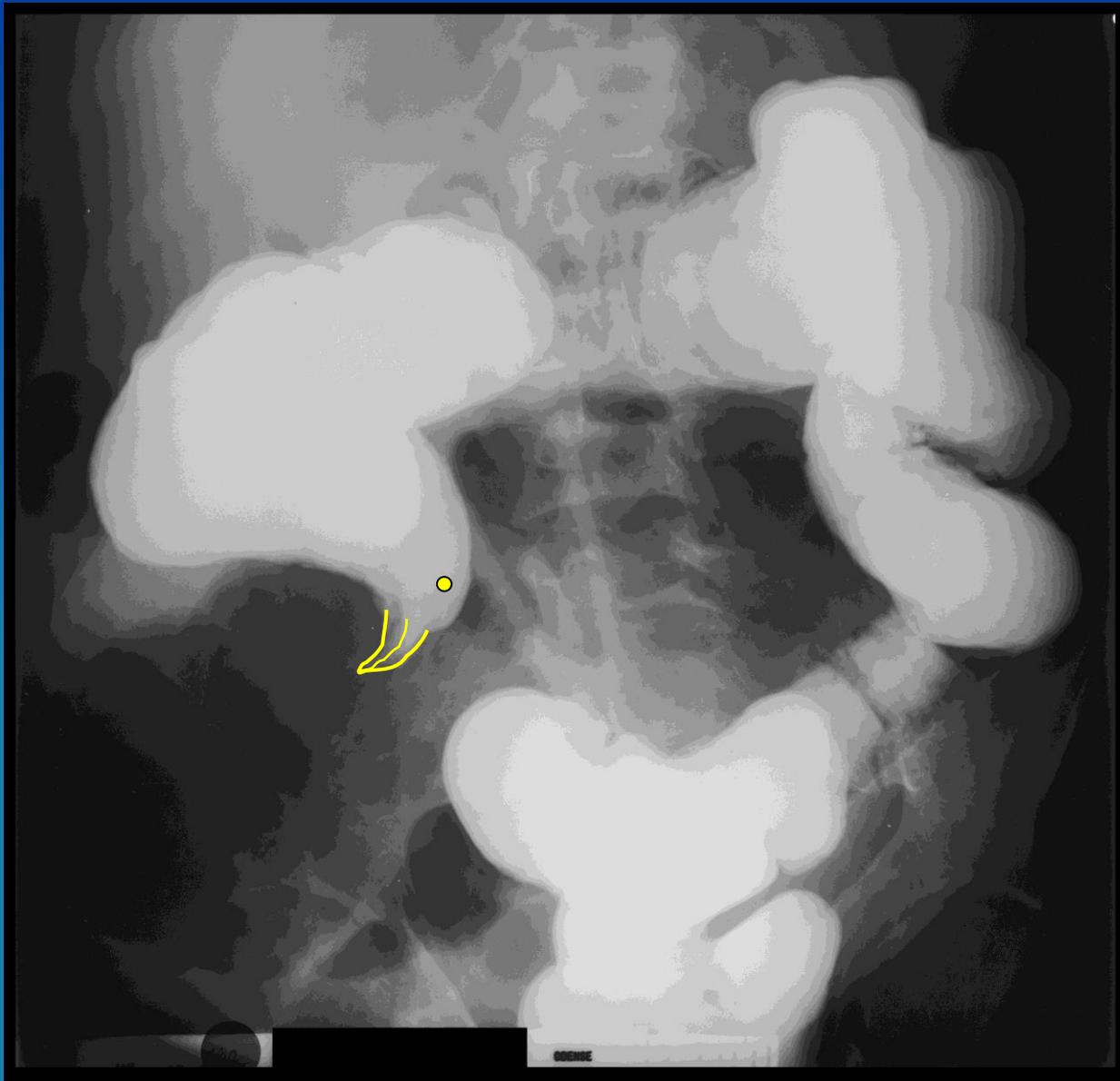


Volvere: Dreje

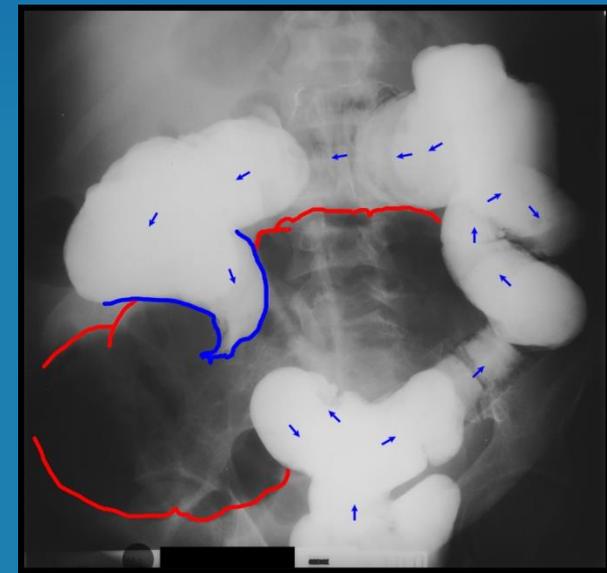
Lokalisation:

- Colon sigmoideum: 75%
- Caecum: 22%
- Colon transversum og venstre fleksur: 2%





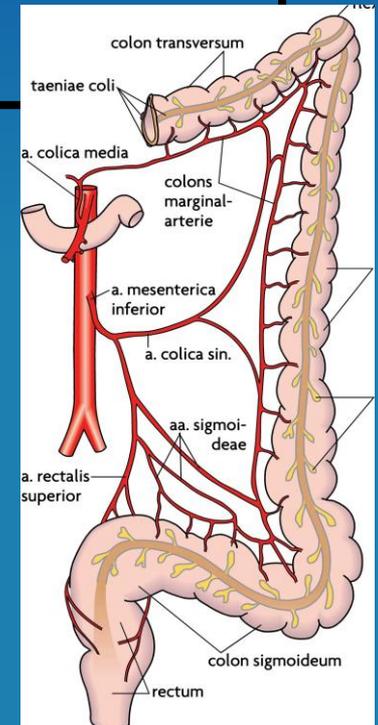
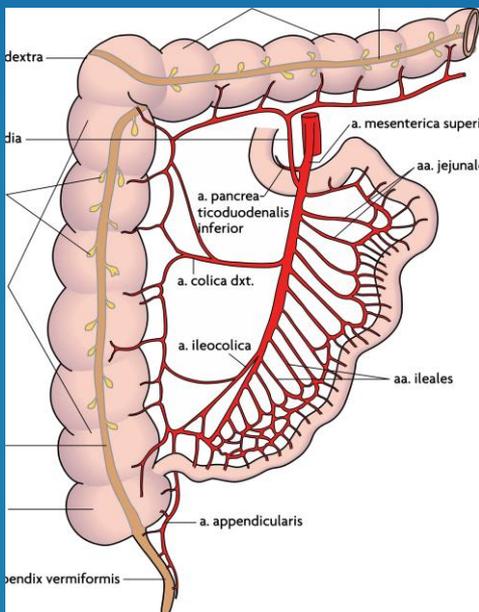
Der er hældt kontrast ind via rektum. Kontrasten kan pga. volvulus ikke passere ned i colon ascendens. Der ses endvidere en stor luftfyldt coecum (Rød farve).



Karforsyning til colon

- A. mesenterica superior
 - A. iliocolica
 - A. colica dextra
 - A. colica media

- A. mesenterica inferior
 - A. colica sinistra
 - Aa. sigmoideae



Anastomose med
marginal arterie

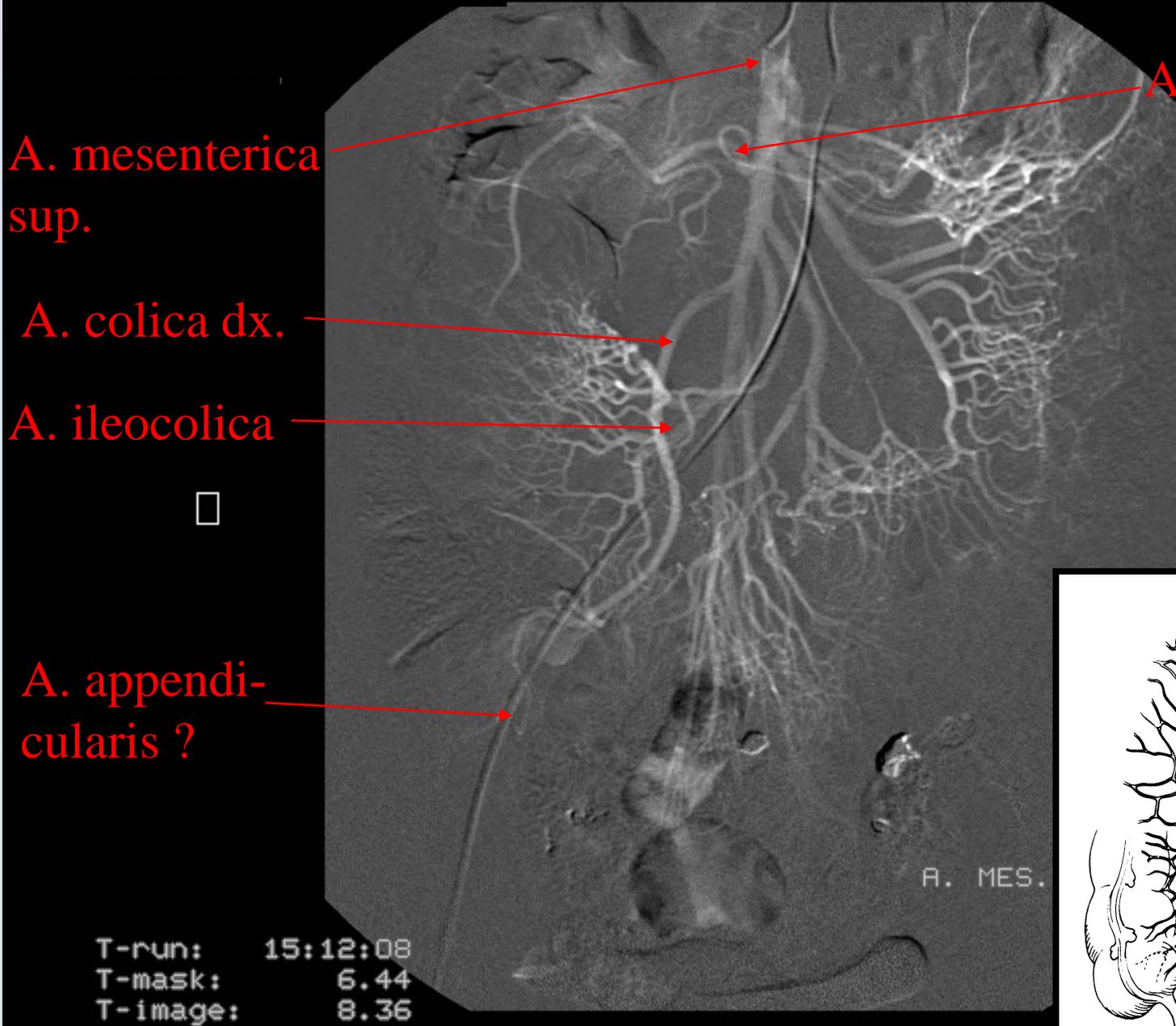
A. mesenterica
sup.

A. colica dx.

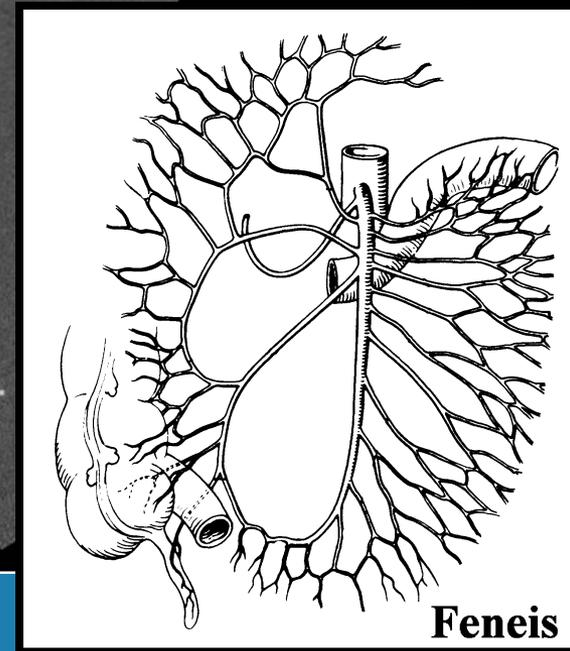
A. ileocolica

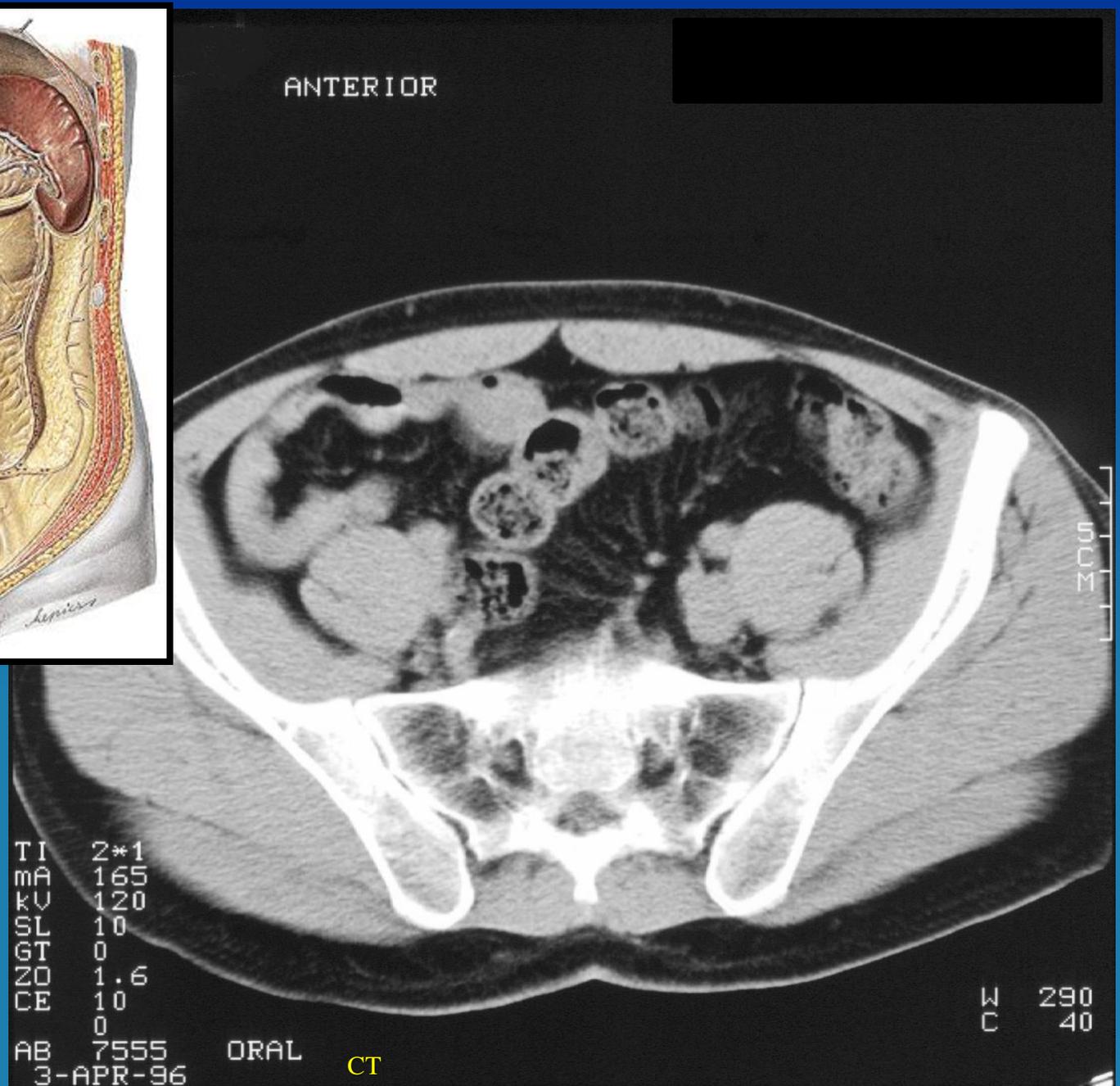
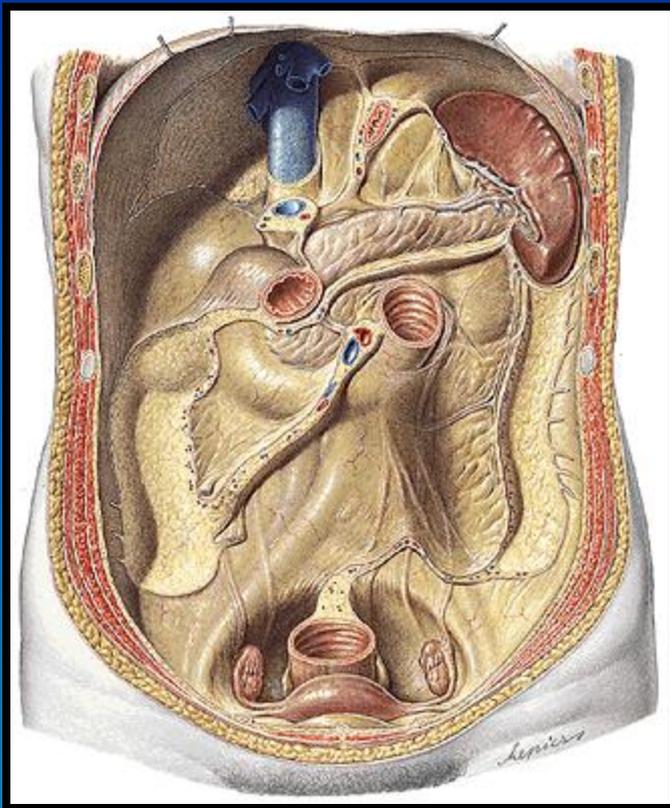
A. appendi-
cularis ?

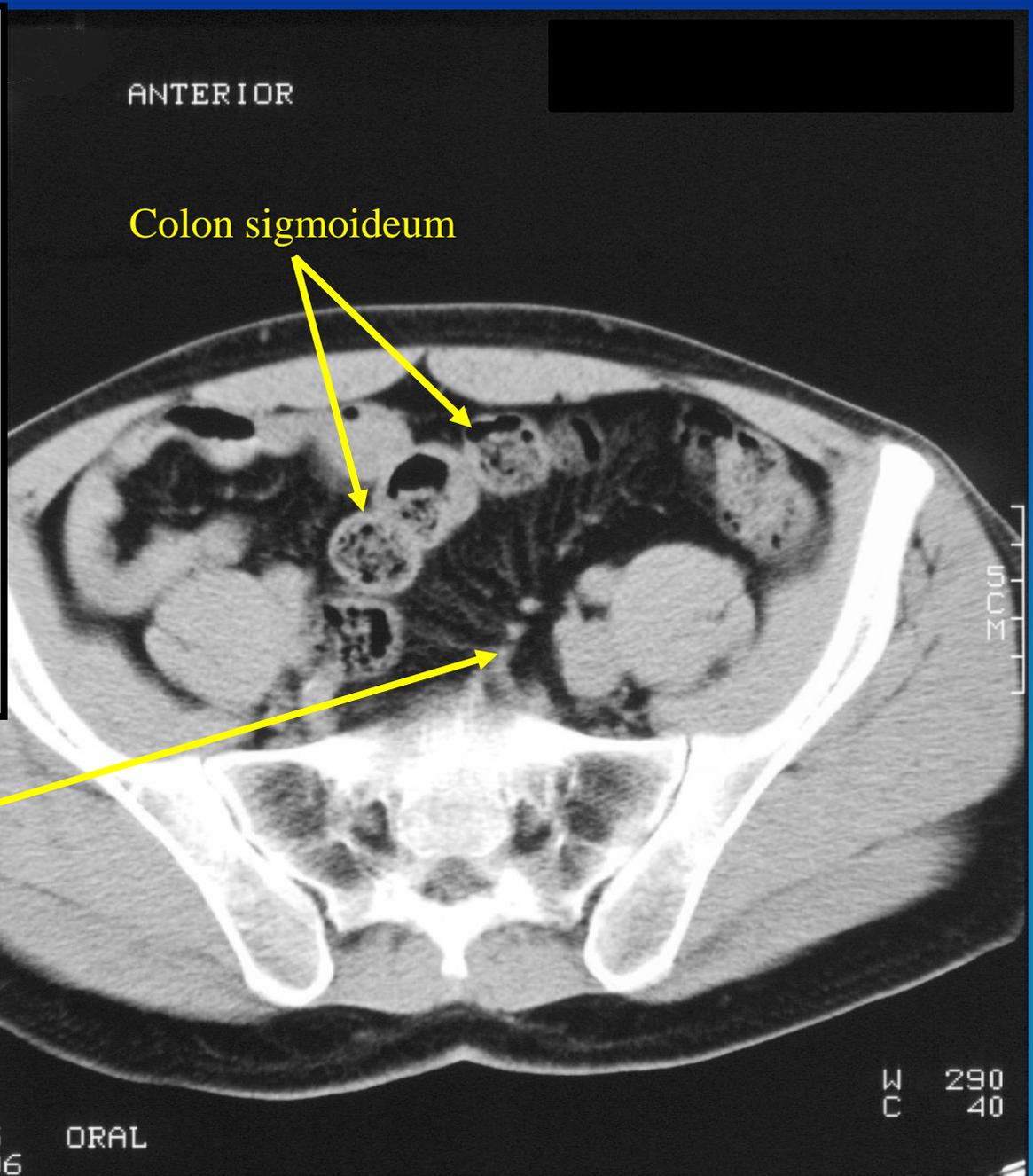
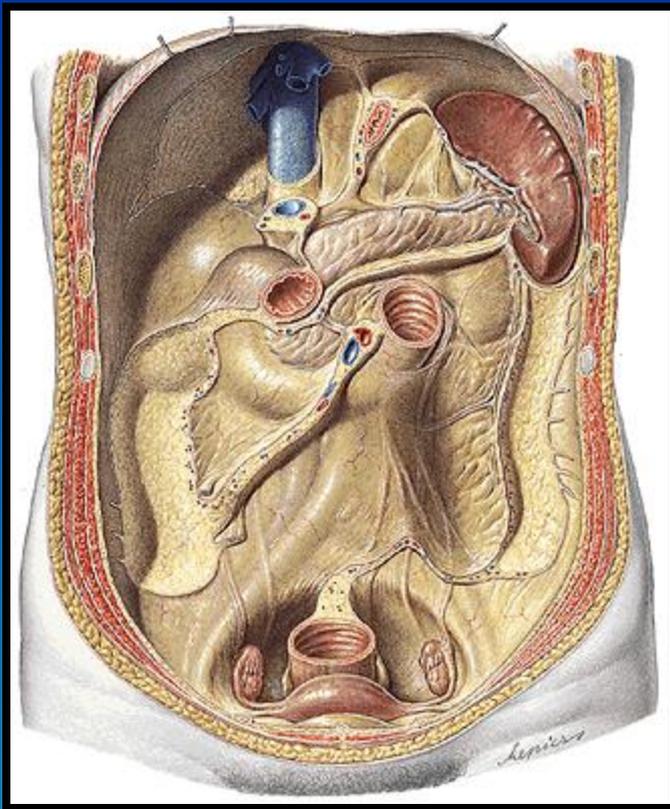
A. colica media



T-run: 15:12:08
T-mask: 6.44
T-image: 8.36







ANTERIOR

Colon sigmoideum

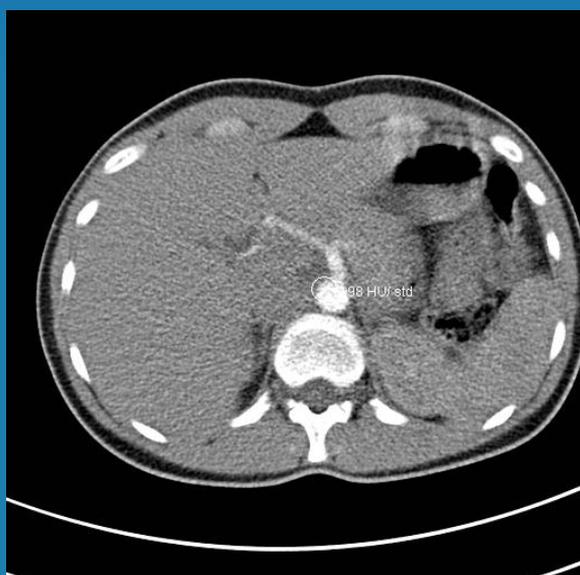
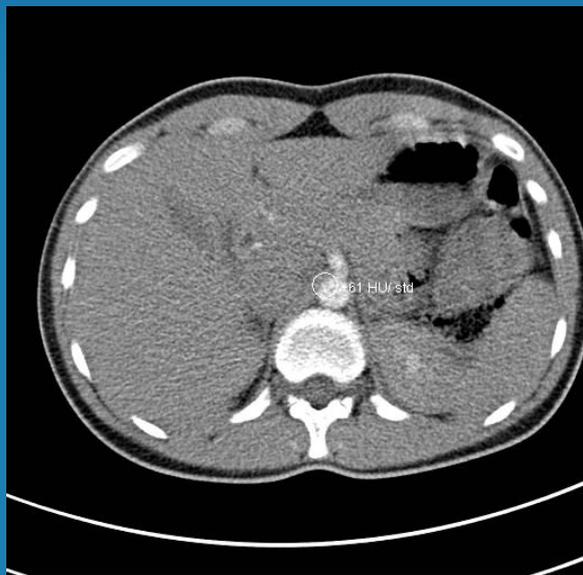
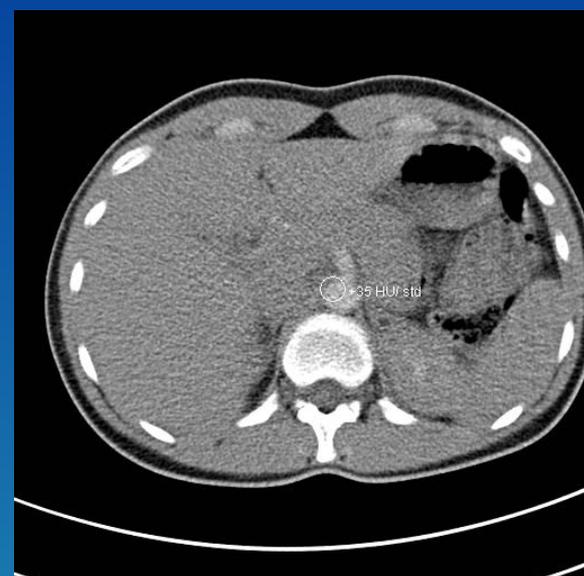
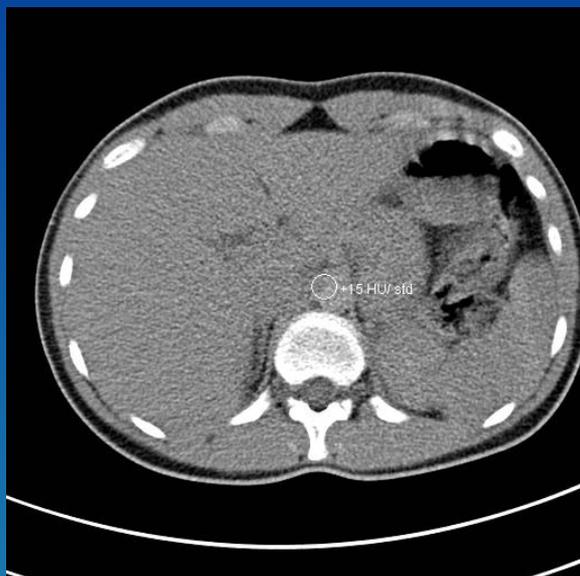
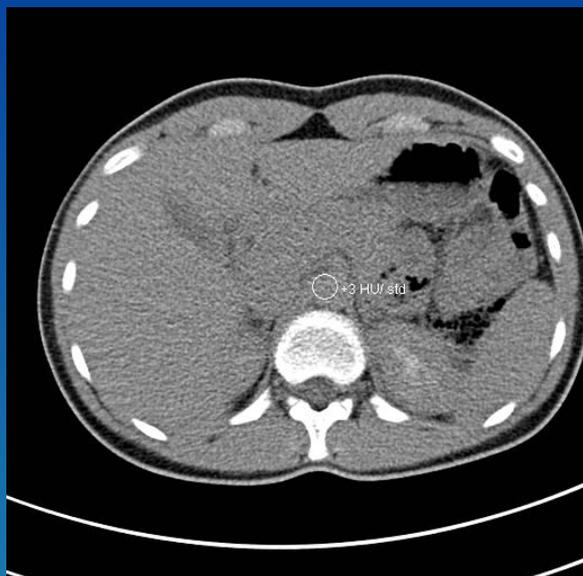
TI 2*1
mA 165
kV 120
SL 10
GT 0
ZO 1.6
CE 10
0
AB 7555 ORAL
3-APR-96

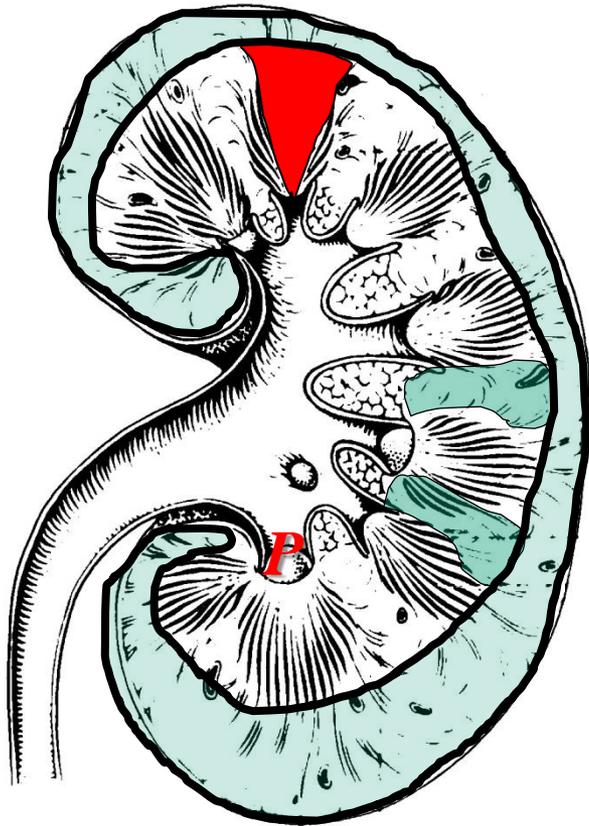
W 290
C 40

Aa. sigmoidea ses beliggende i mesocolon sigmoideum, omgivet af krøsfedt.

Nyrer og urinveje

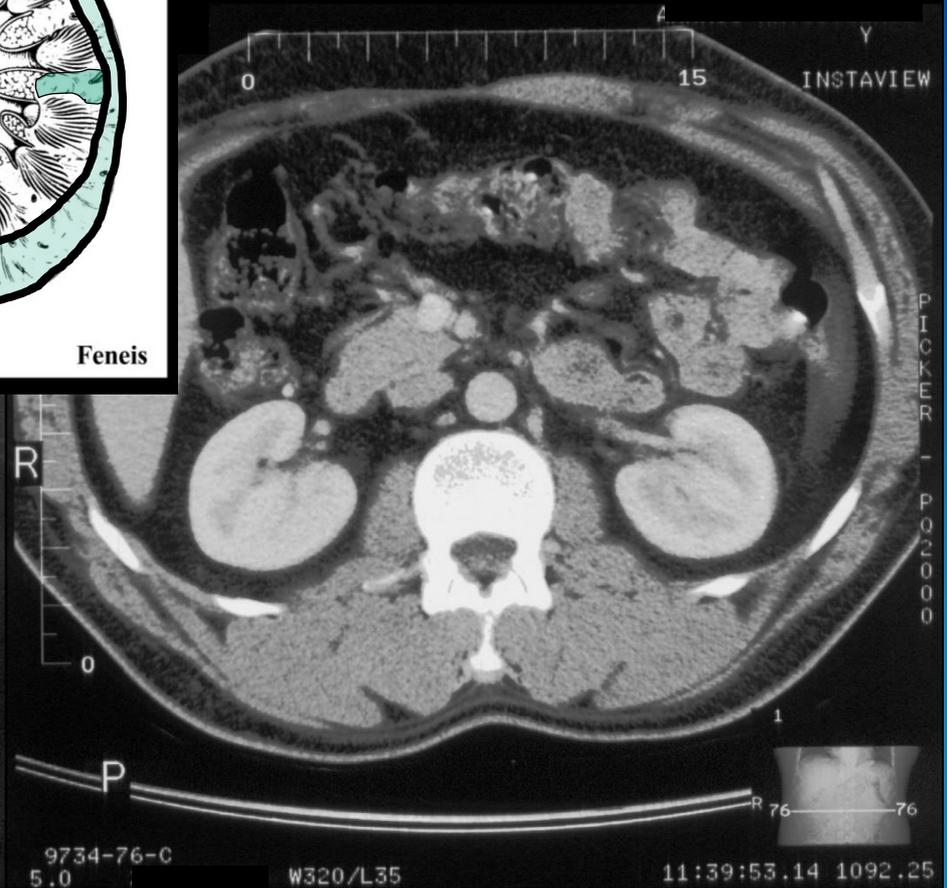
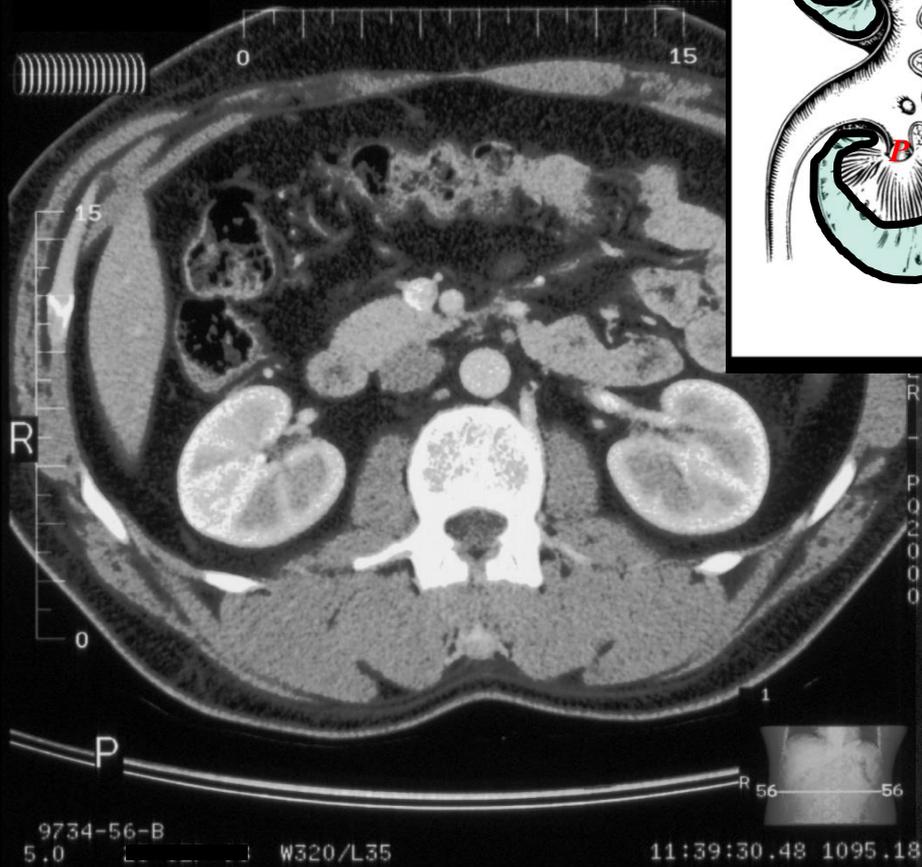
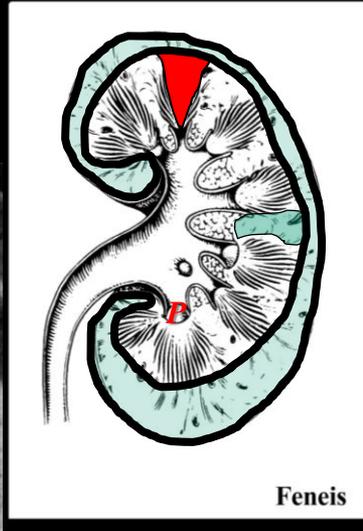
Kontrast opladning i aorta abdominalis, efter kontrast injektion i cubital vene



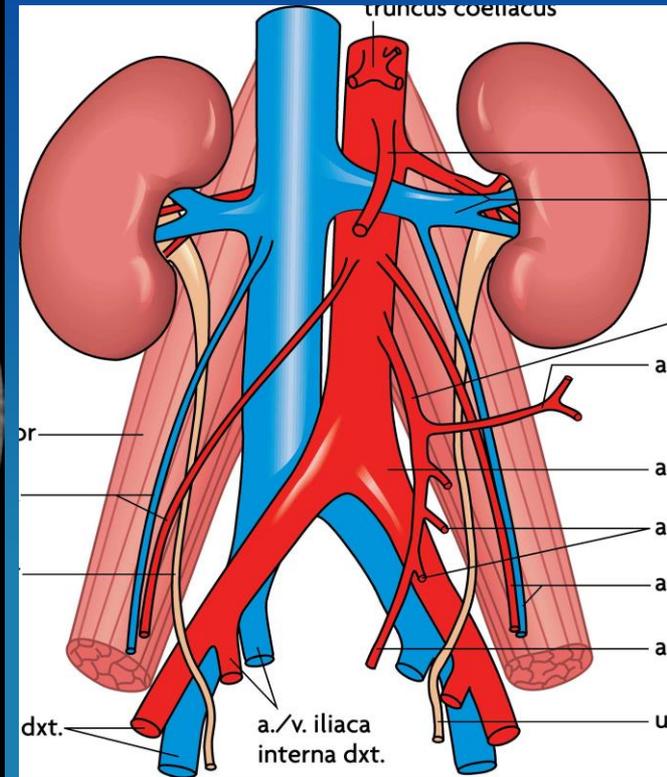


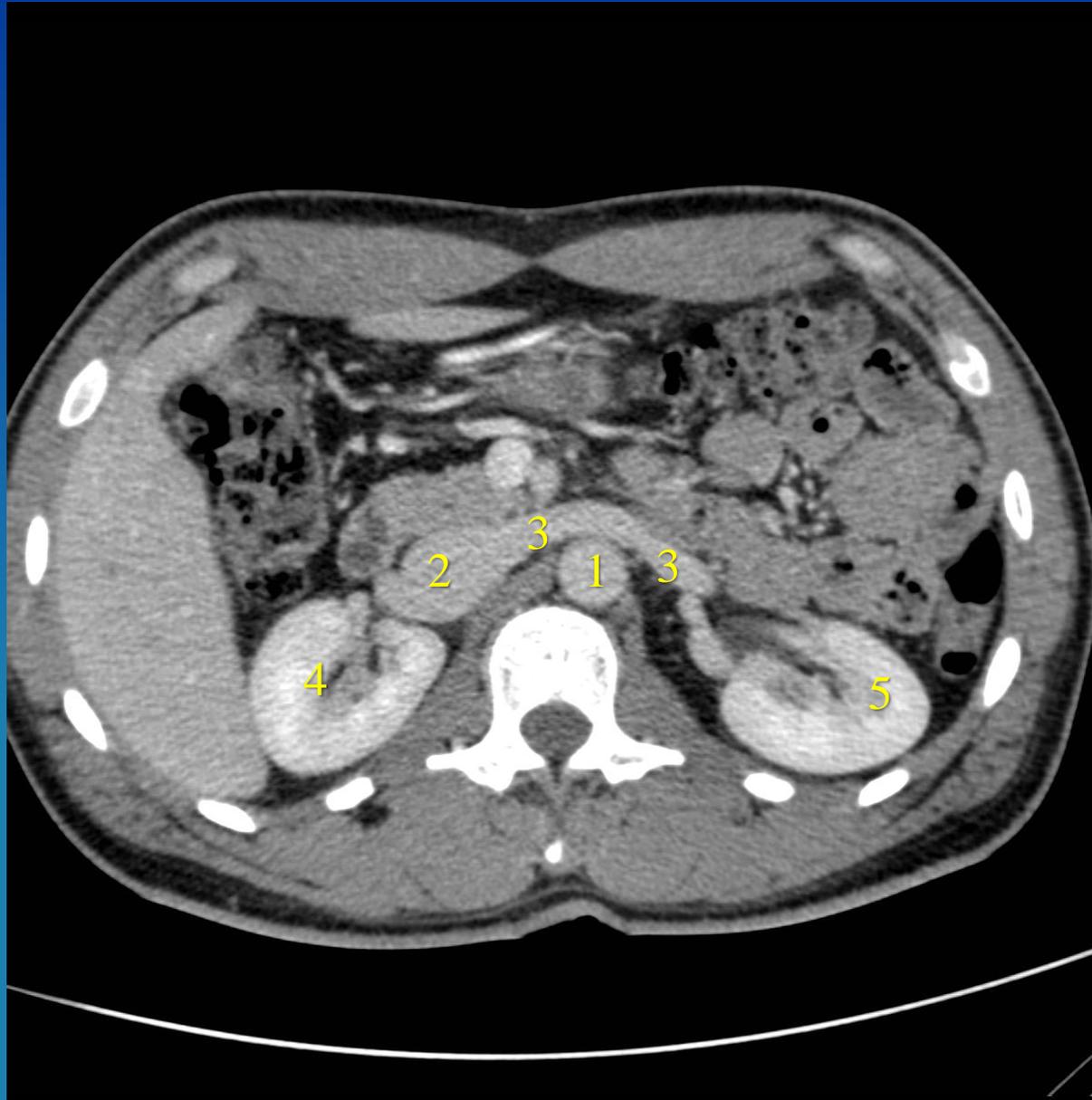
Feneis

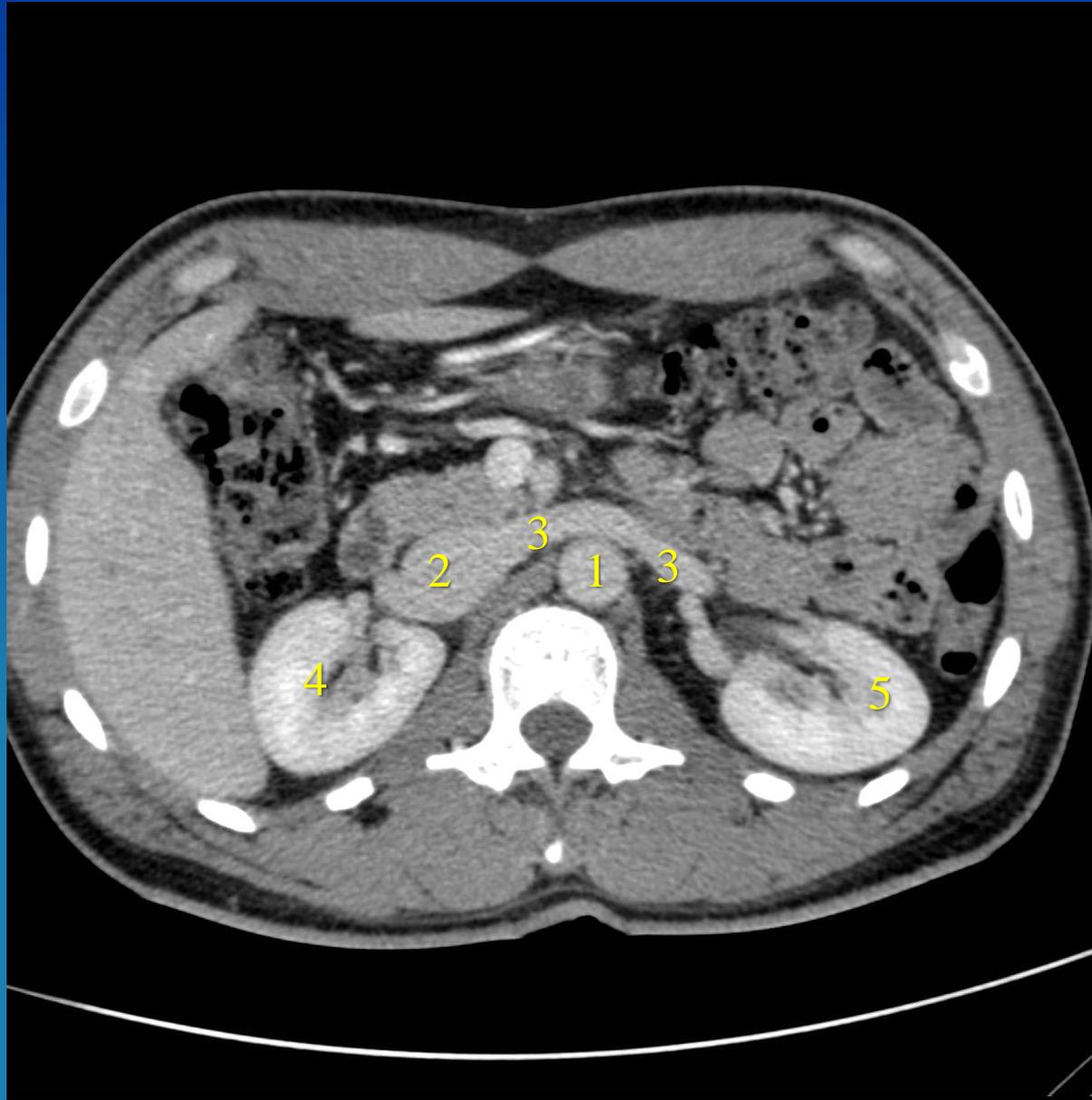
- Cortex renalis
- Columna reanlis
(Cortex)
- Pyramis renalis
(Medulla)
- Papilla renalis



+ 23 sek.

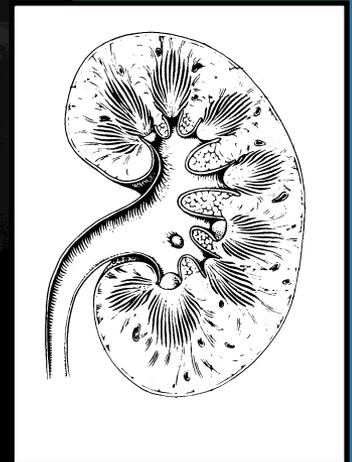
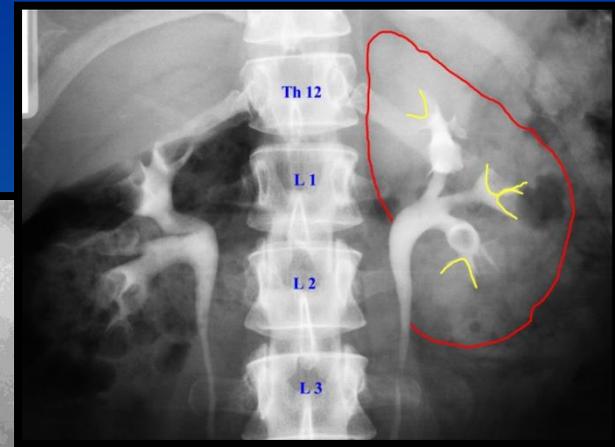
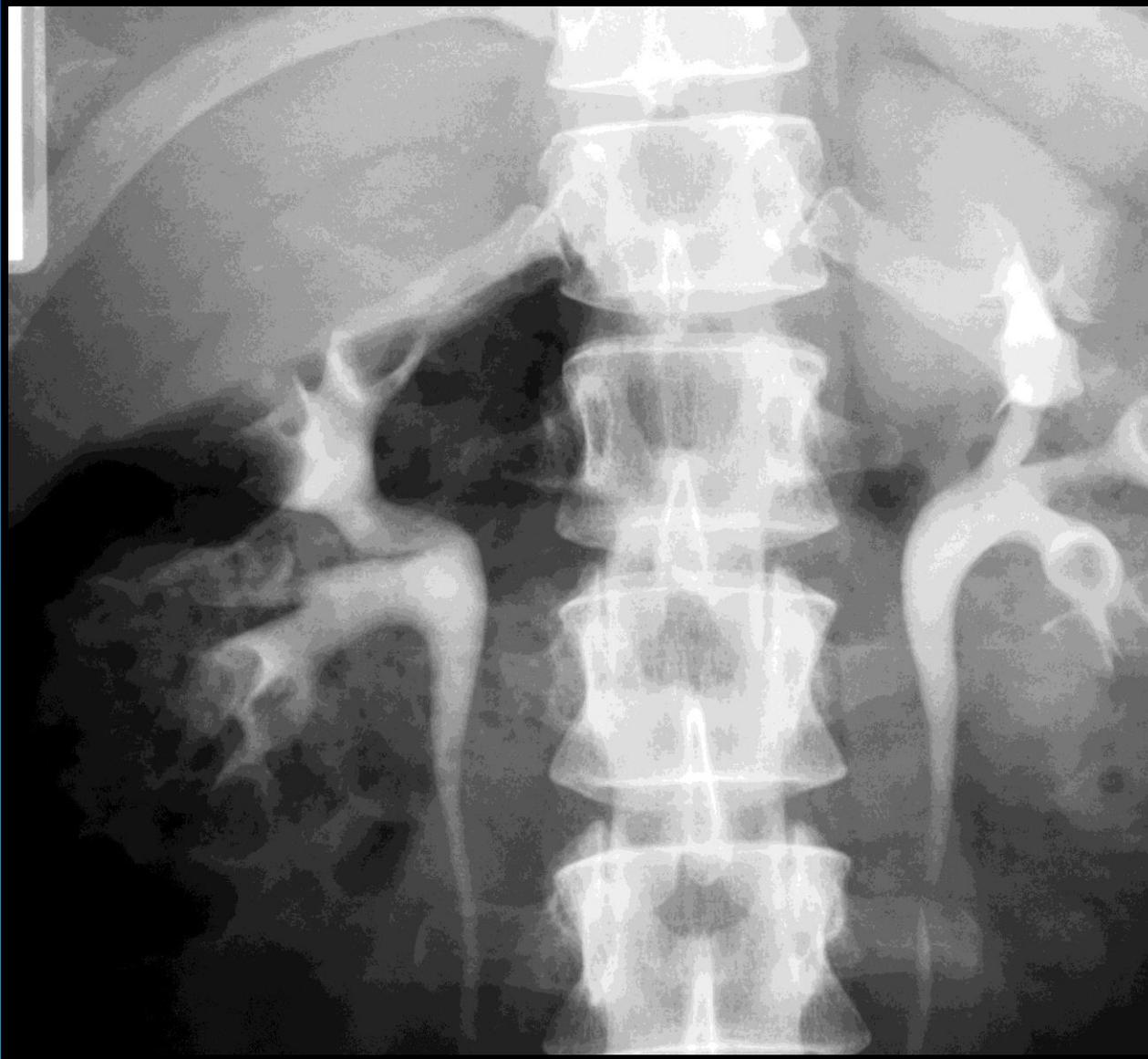




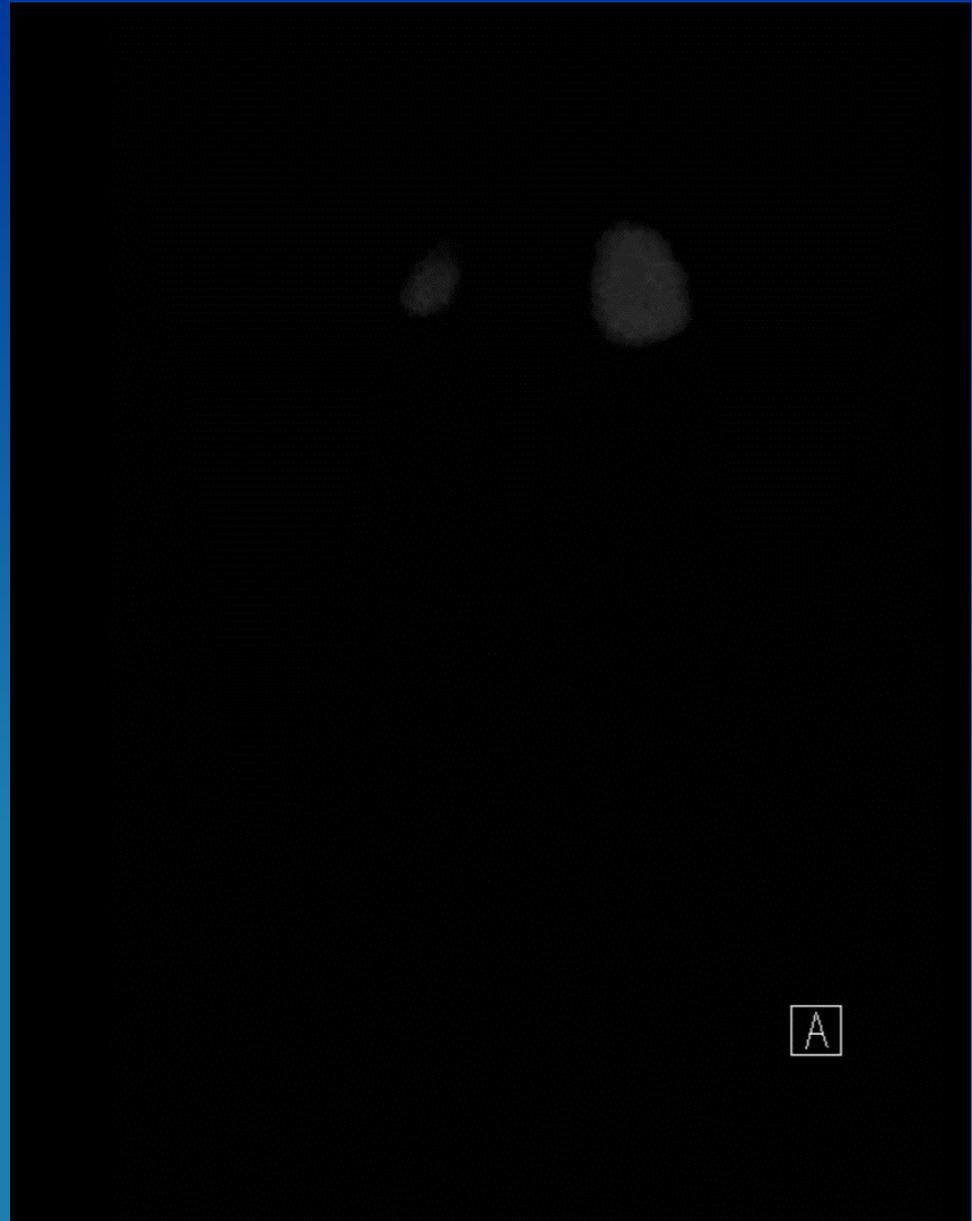


- 1: Aorta abdominalis
- 2: V. cava inferior
- 3: V. renalis sinistra
- 4: Ren dextrum
- 5: Ren sinistrum

7 min after i.v. kontrast (i.v. urografi)



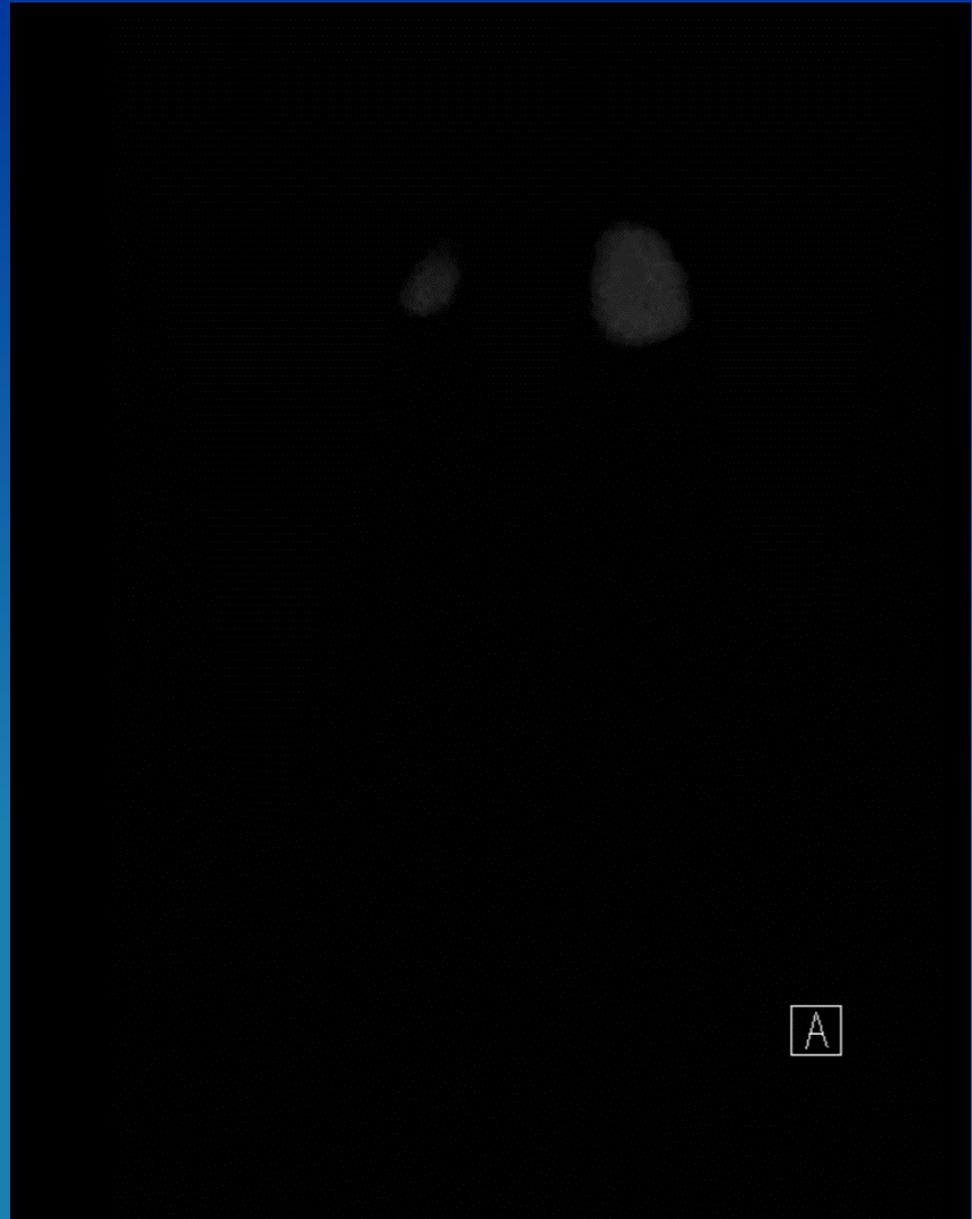
CT urografi (frontal)



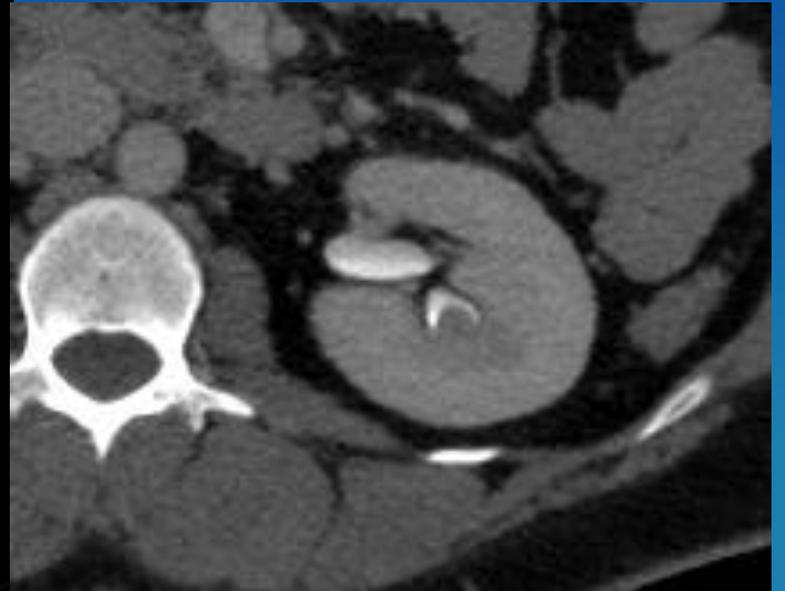
CT urografi (frontal)

Denne skanning kan ses som video på hjemmesiden.

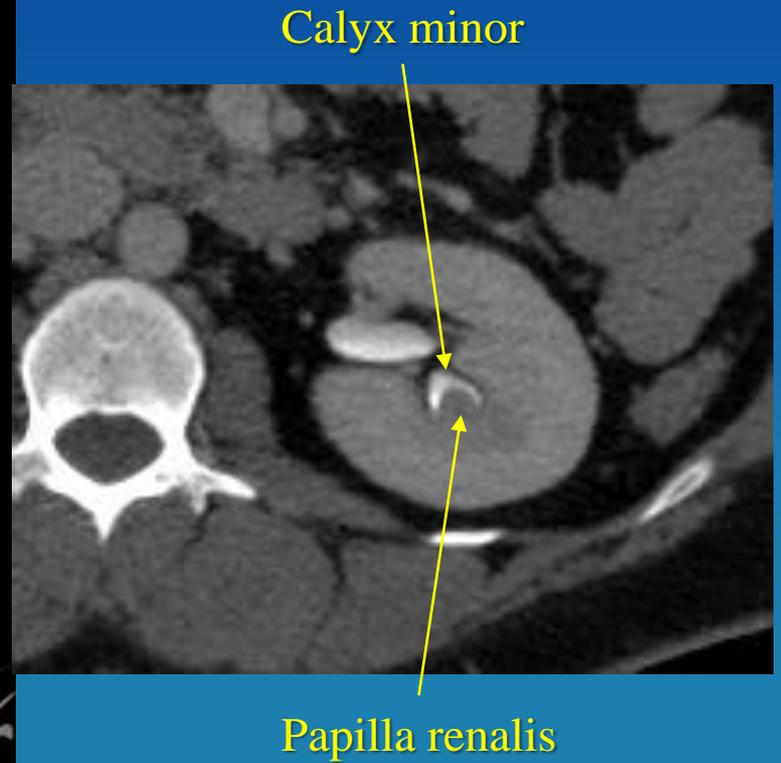
Der er tale om en sen fase, hvor kontrasten i nyrerne befinder sig i medulla og især i calices.



CT urografi



CT urografi



Nyrernes relationer

4D angio af truncus: Nyrenes relationer til columna og costae.

Mx8000
Ex: 10988
Se: 78693
Im:
DFOV mm



kV
mA
mm
Tilt: degrees
ms

W=256, L=128

Mx8000
Ex: 10988
Se: 78691
Im:
DFOV mm

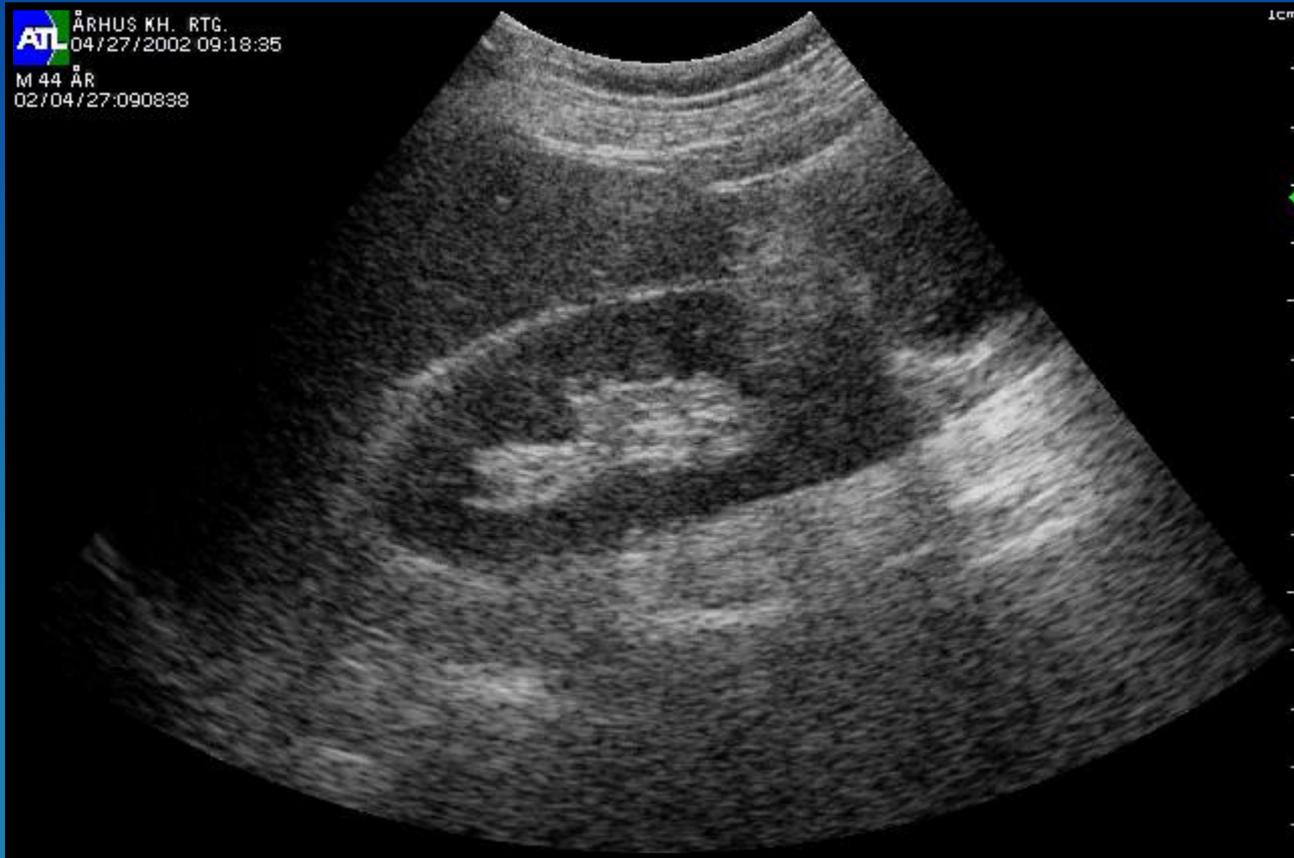


kV
mA
mm
Tilt: degrees
ms

W=256, L=128

20020210
512

44 årig mand ultralydskanning af højre nyre.

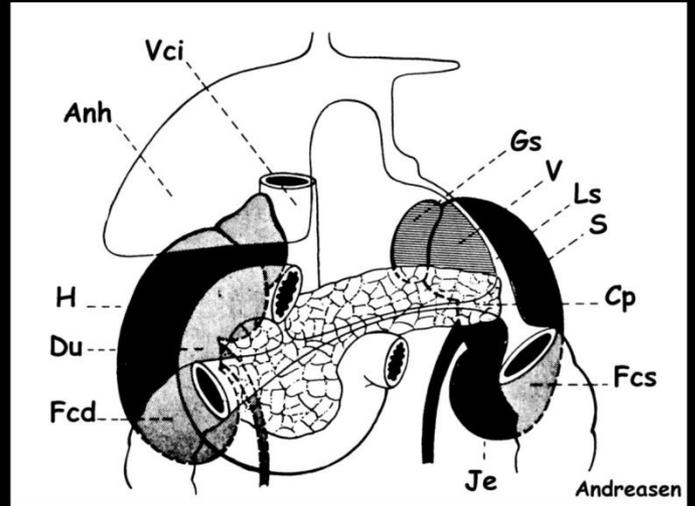
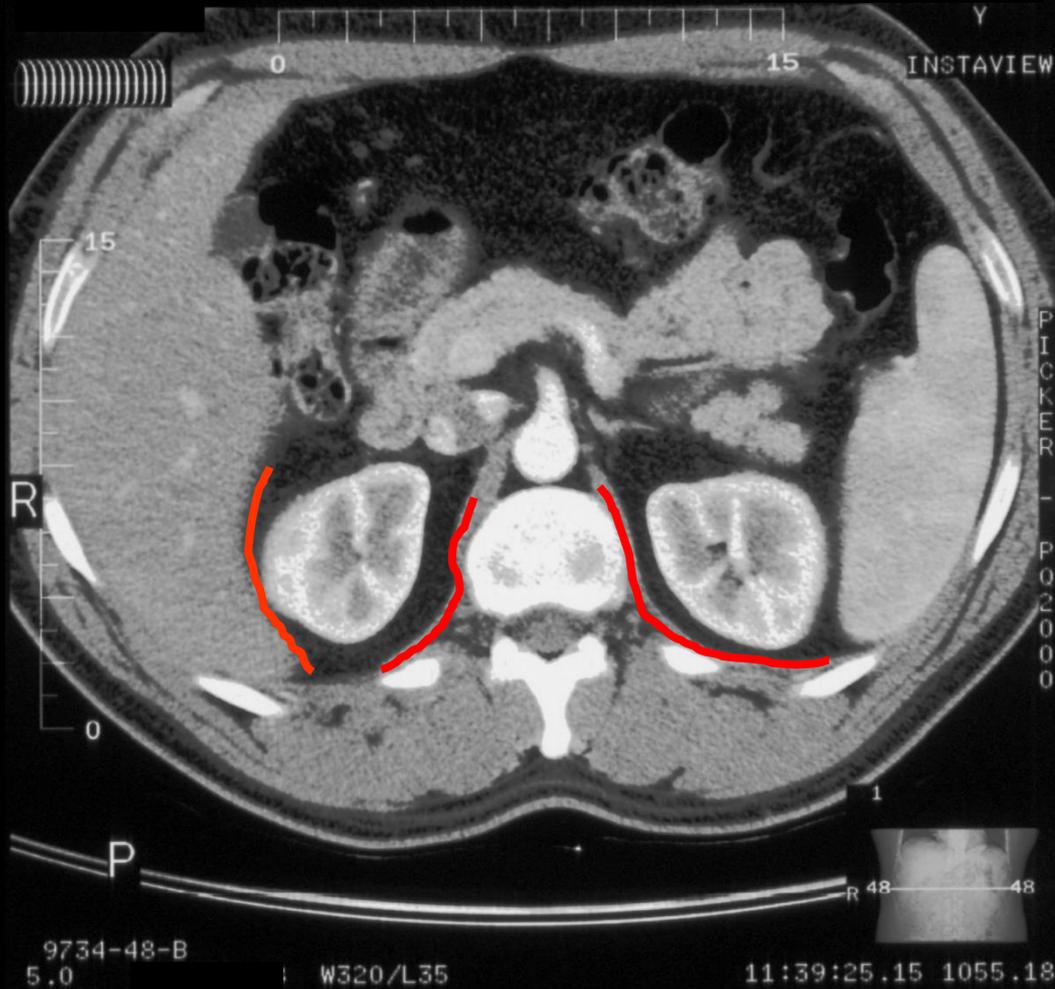


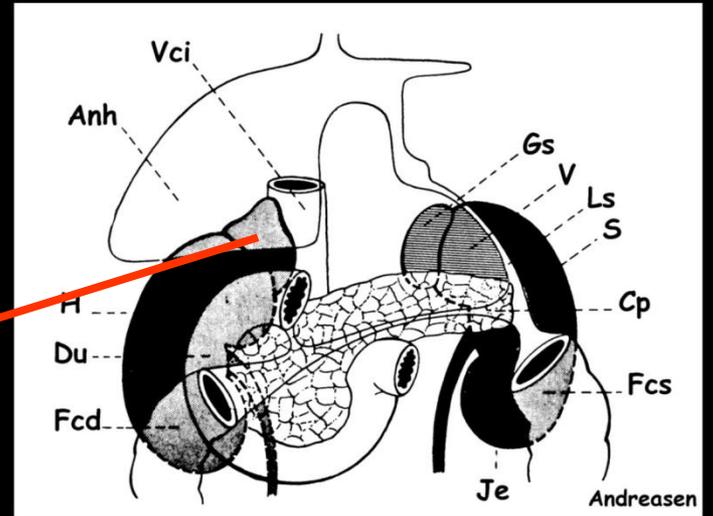


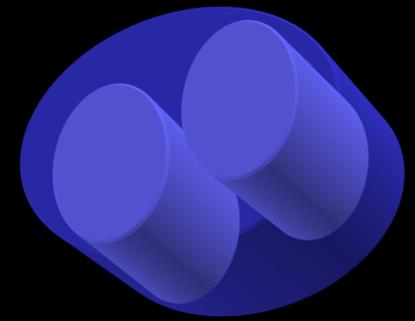
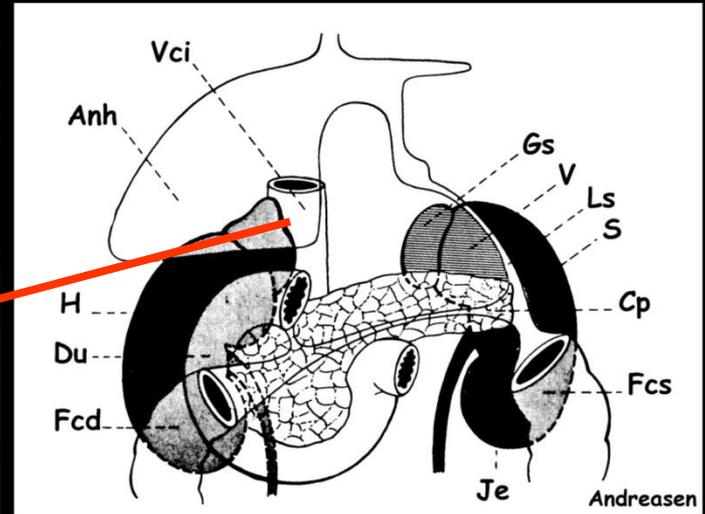
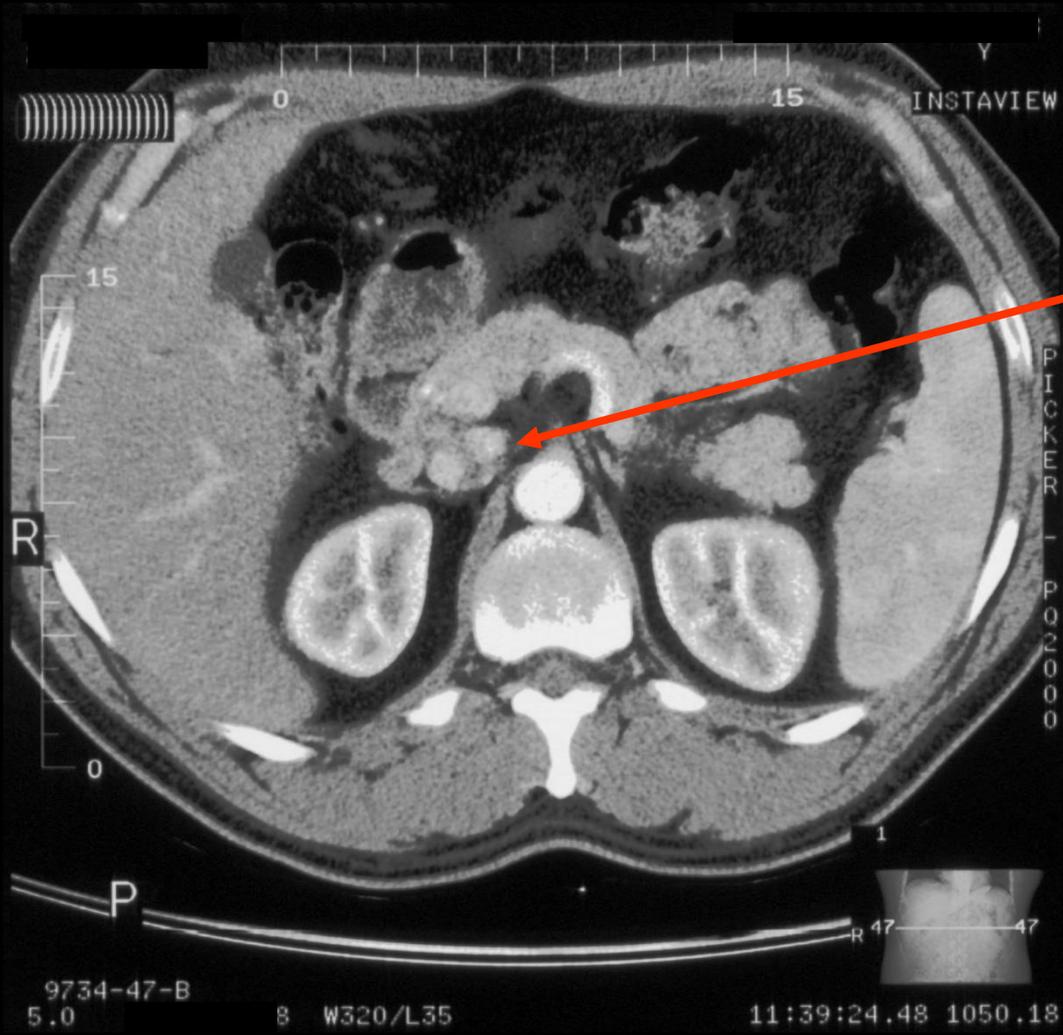


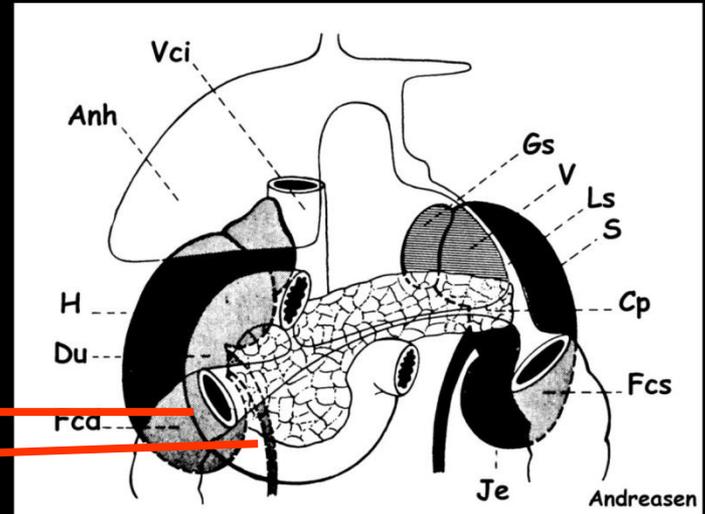
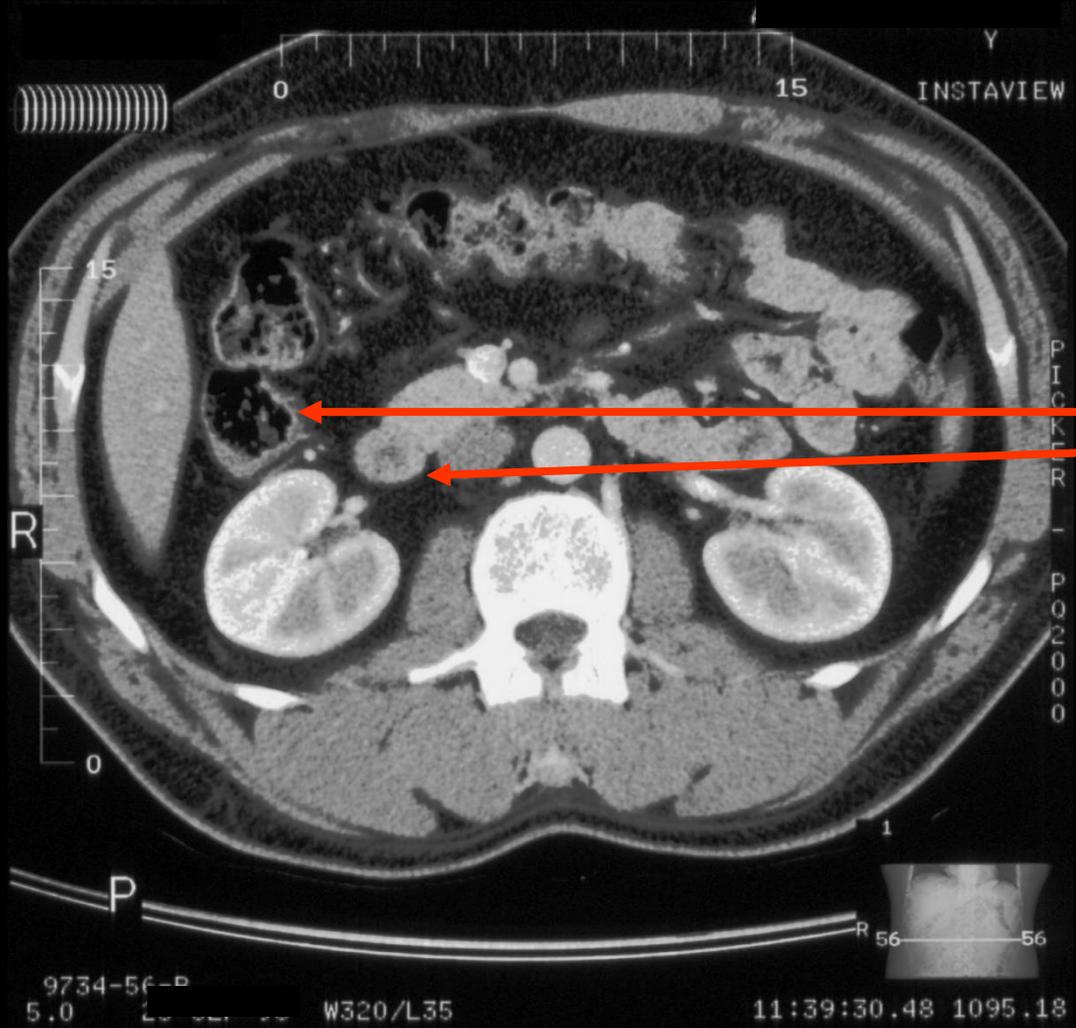
To forskellige personer, med forskellig
mængde intraabdominal fedtvæv.

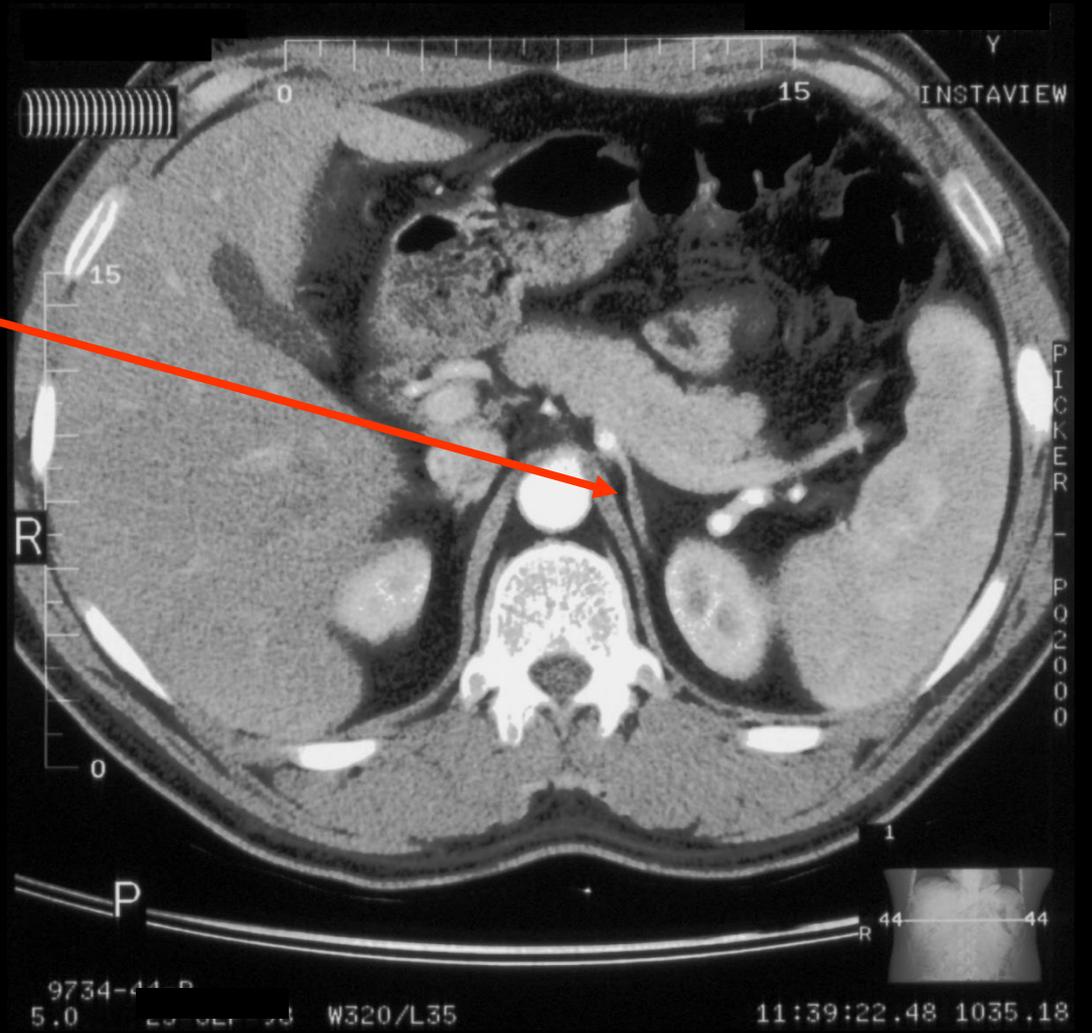
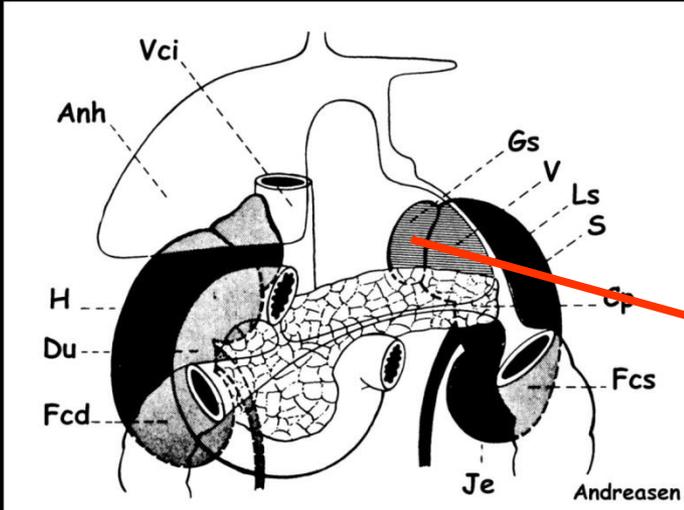


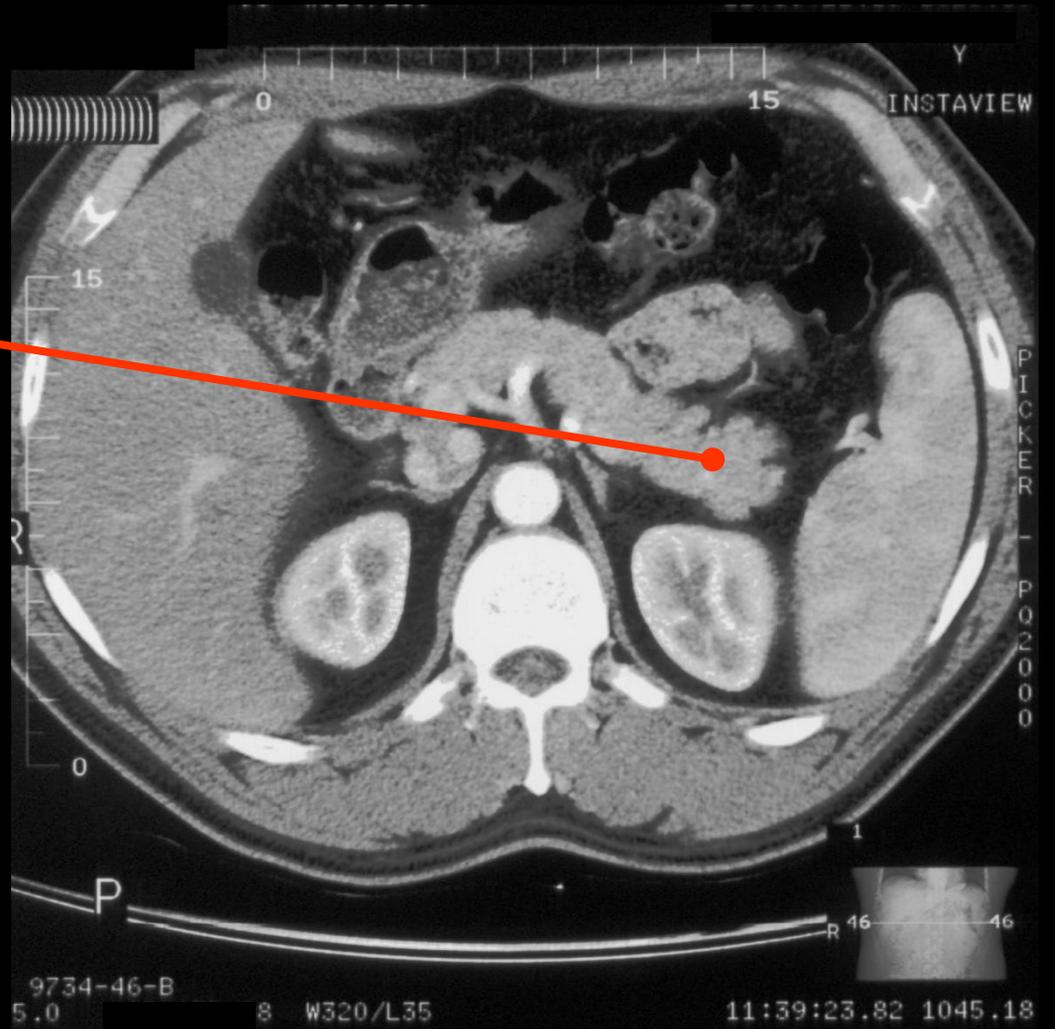
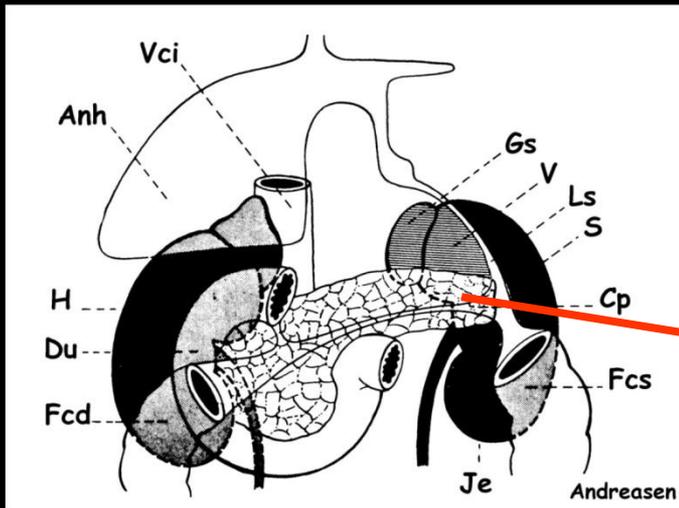


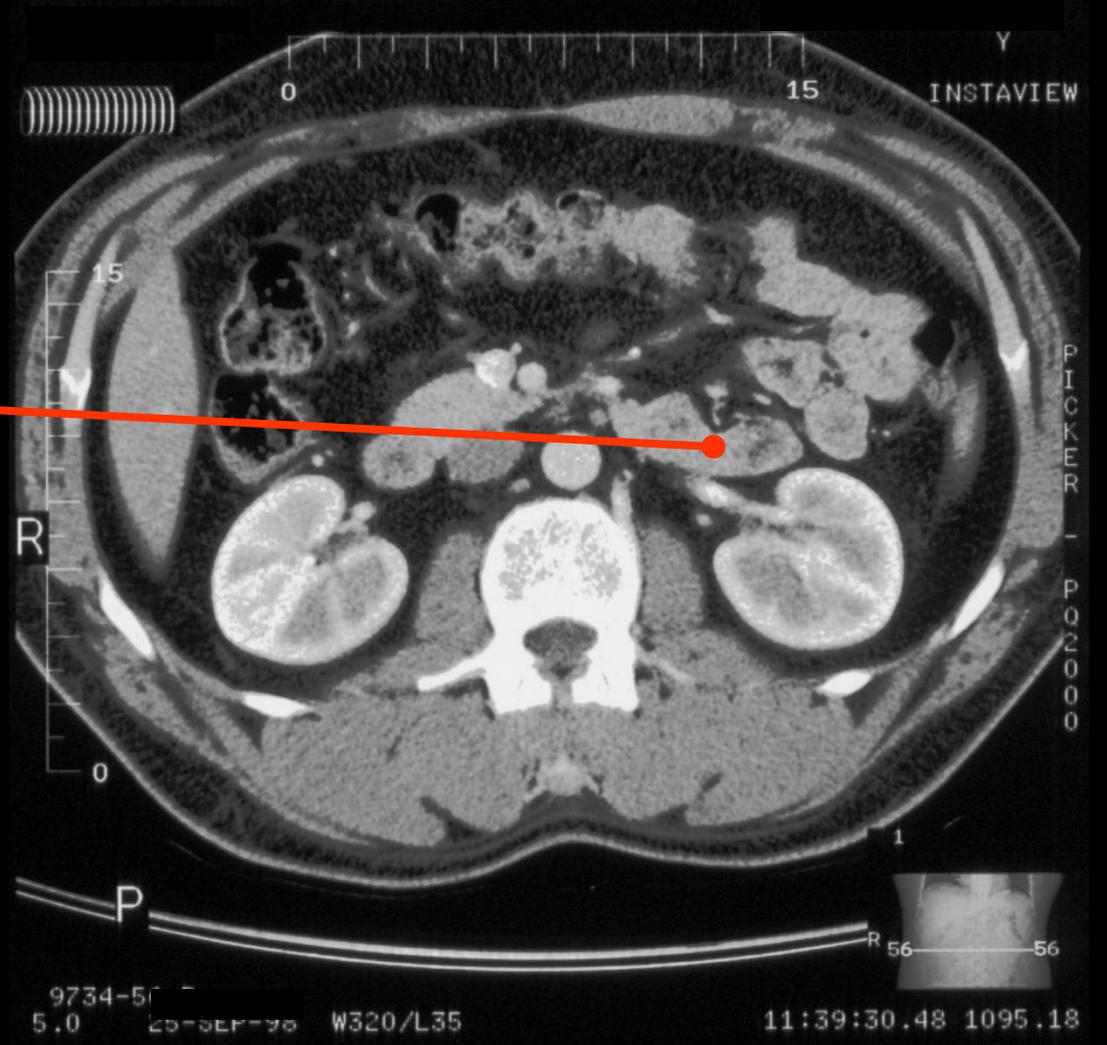
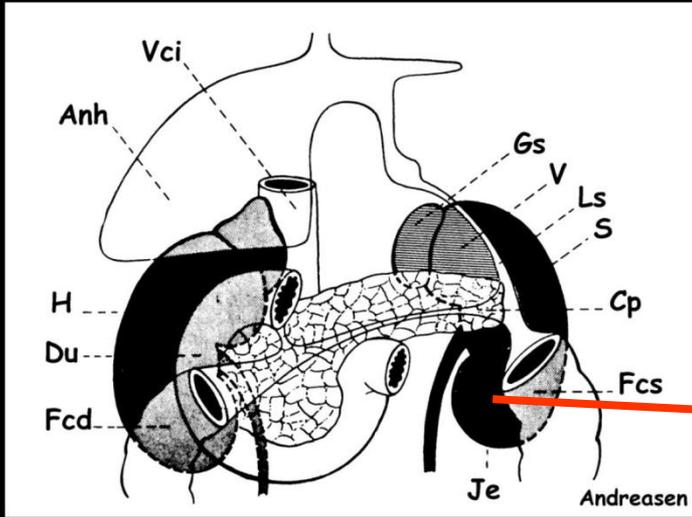


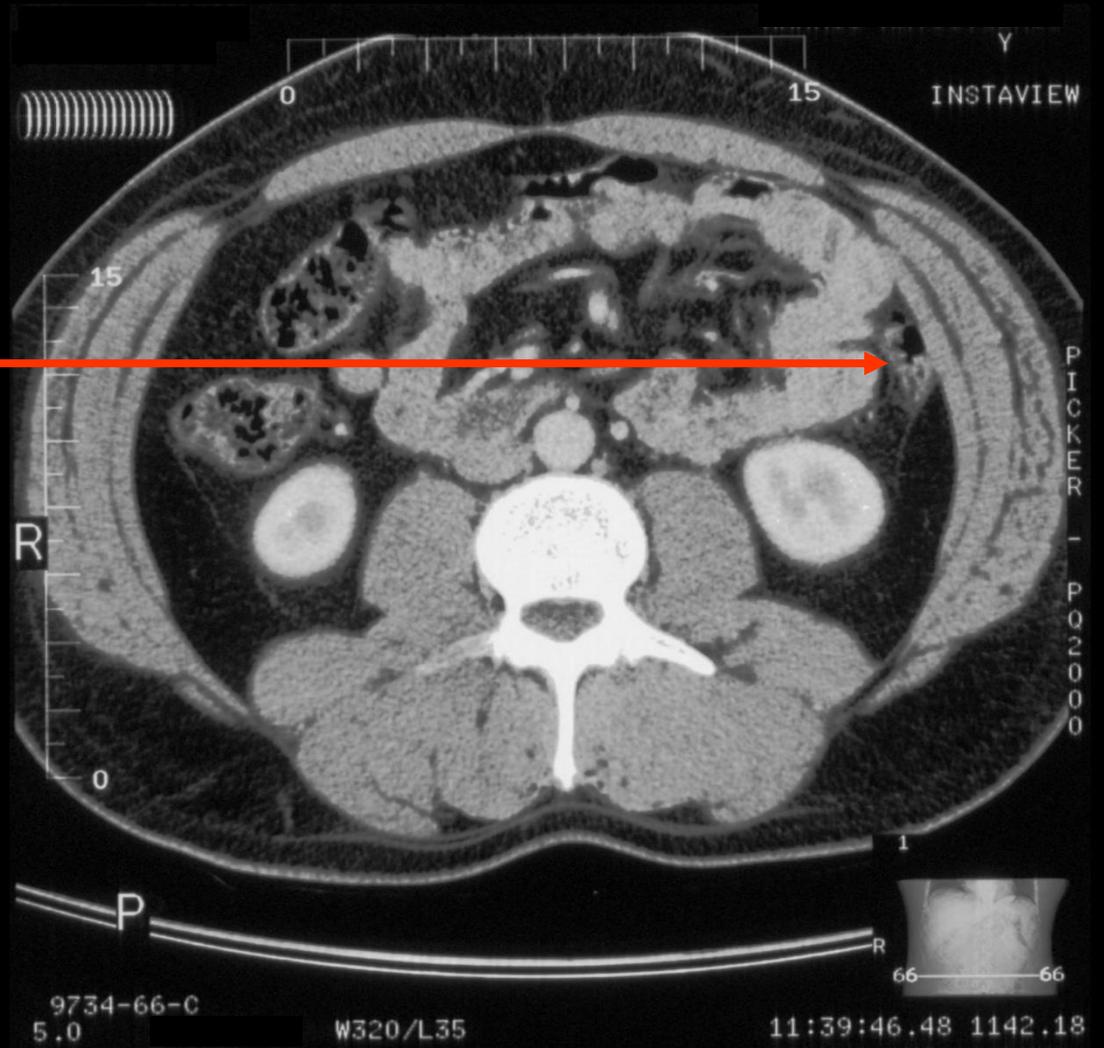
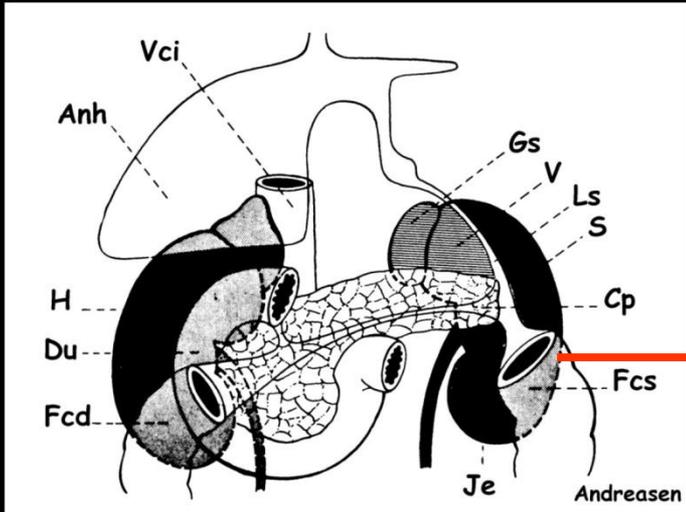


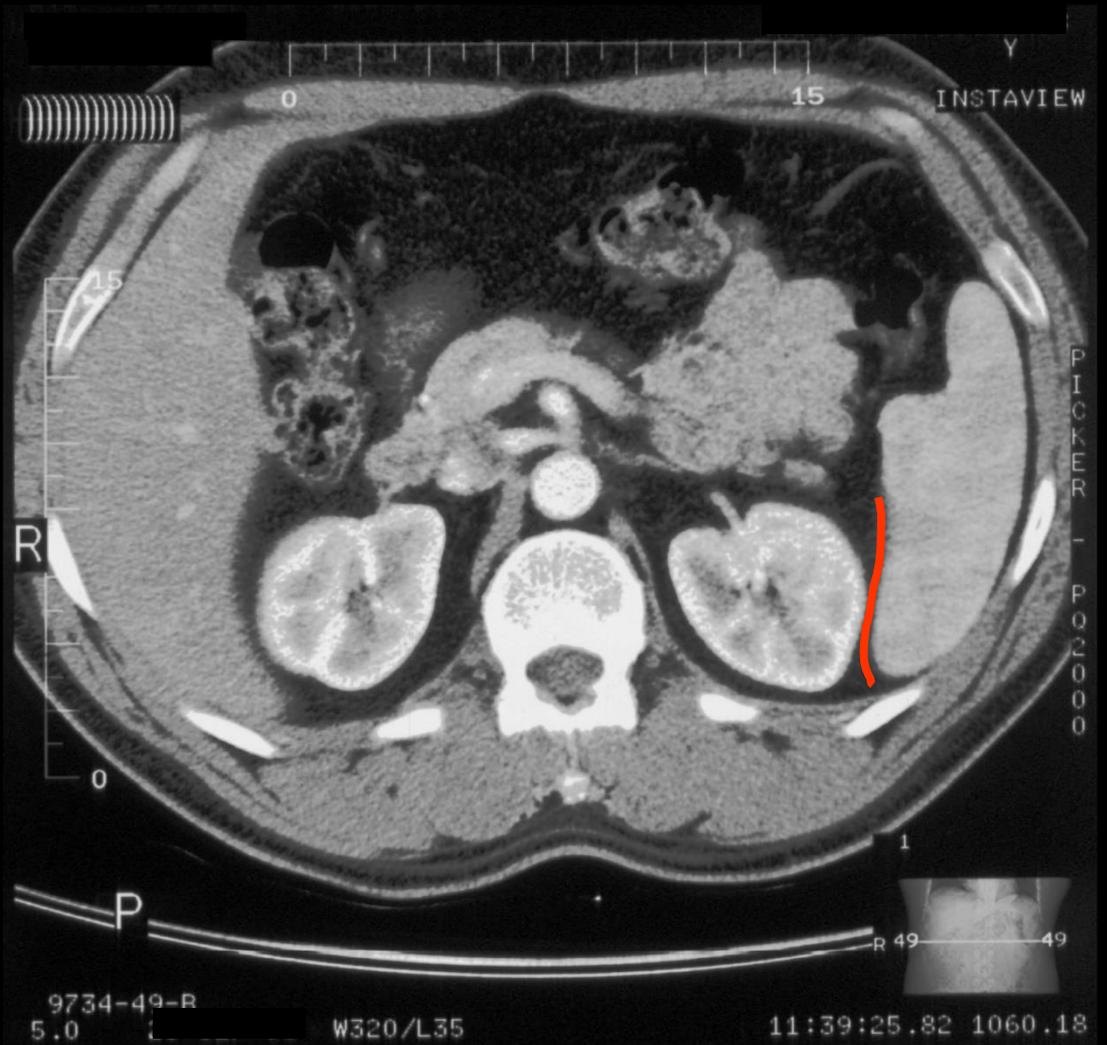
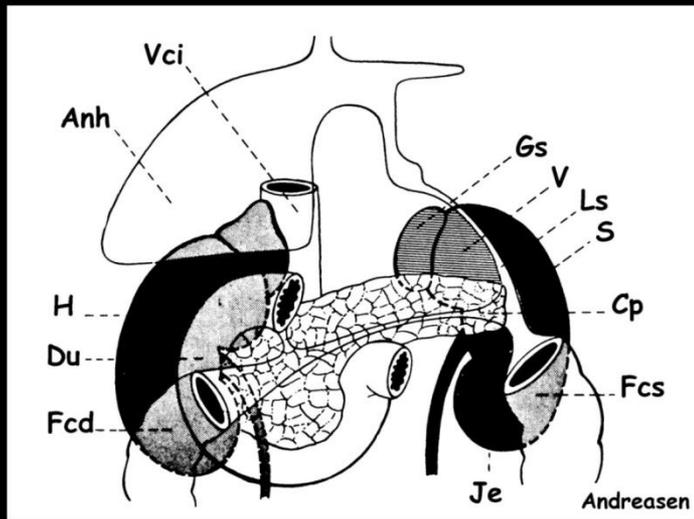






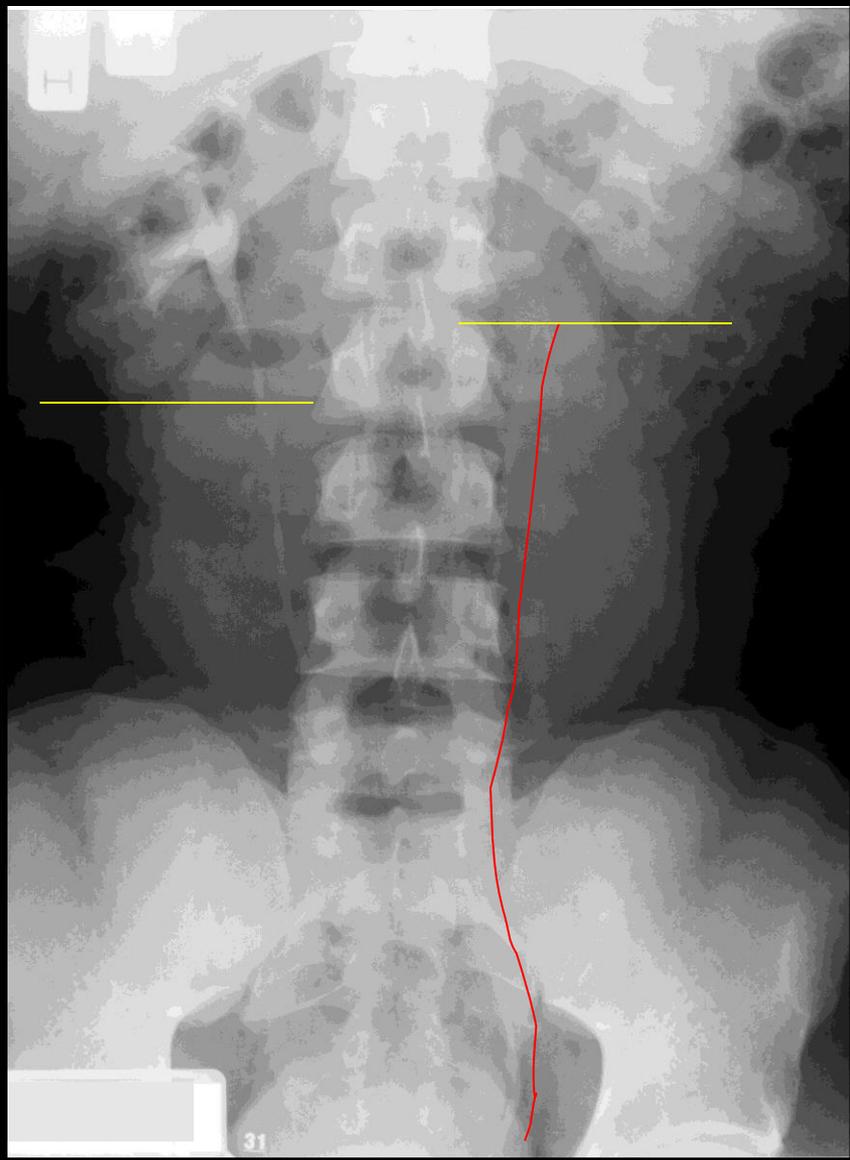




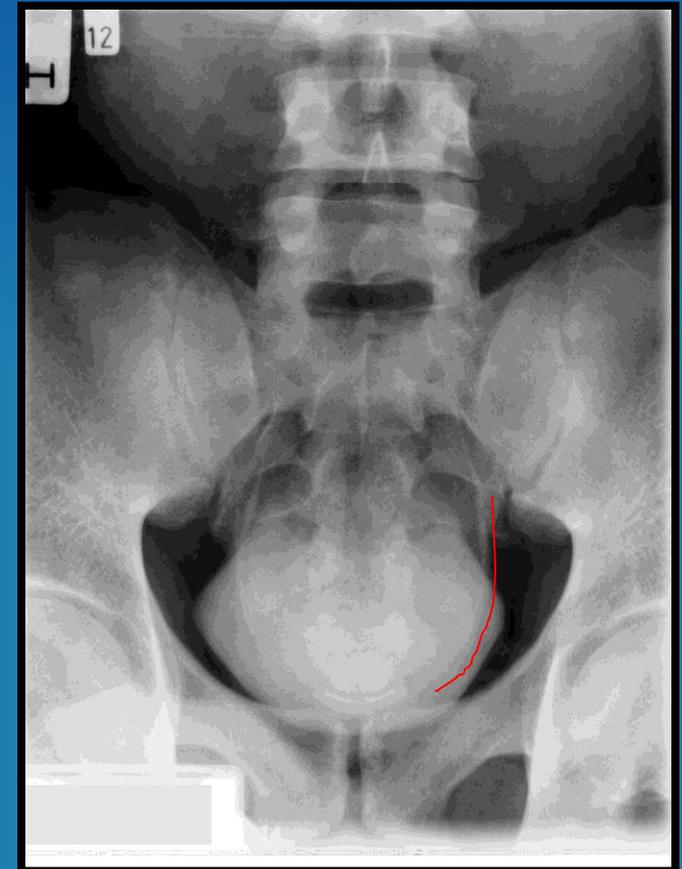


Ureteres

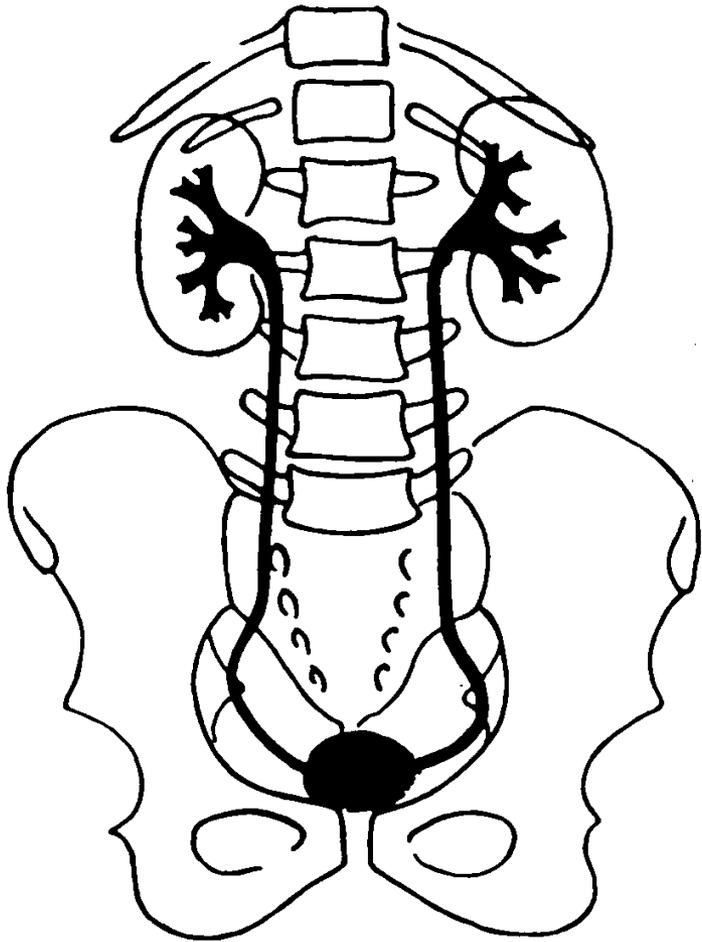
I.v. urografi hos 27 årig mand, normale forhold.



Ureteres: Pars abdominalis et
pars pelvica ureteris.

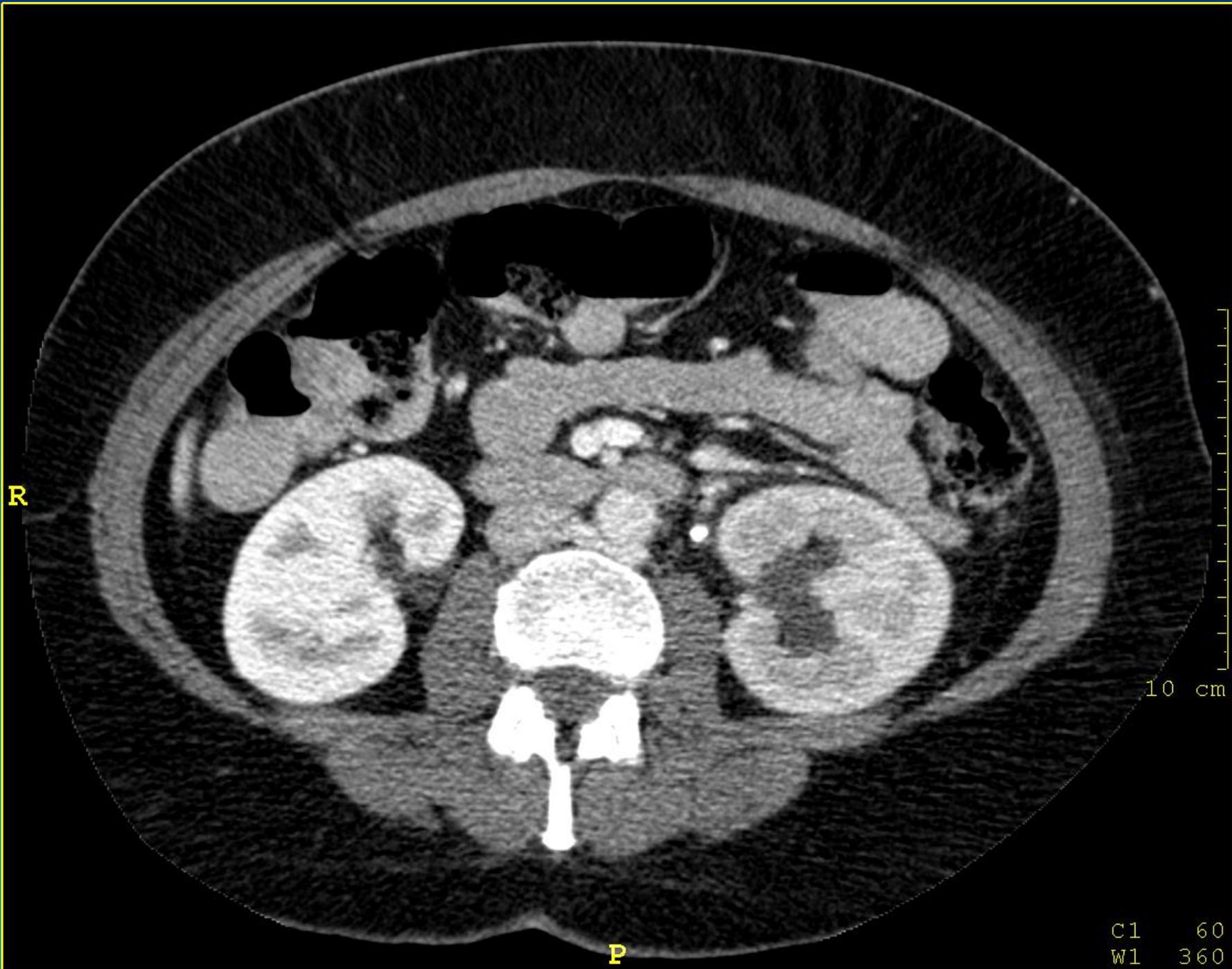


Ureteres snævre steder



Andreasen

1. Ved overgangen til pelvis renalis.
2. Ud for linea terminalis.
3. Ved passagen gennem blærevæggen.

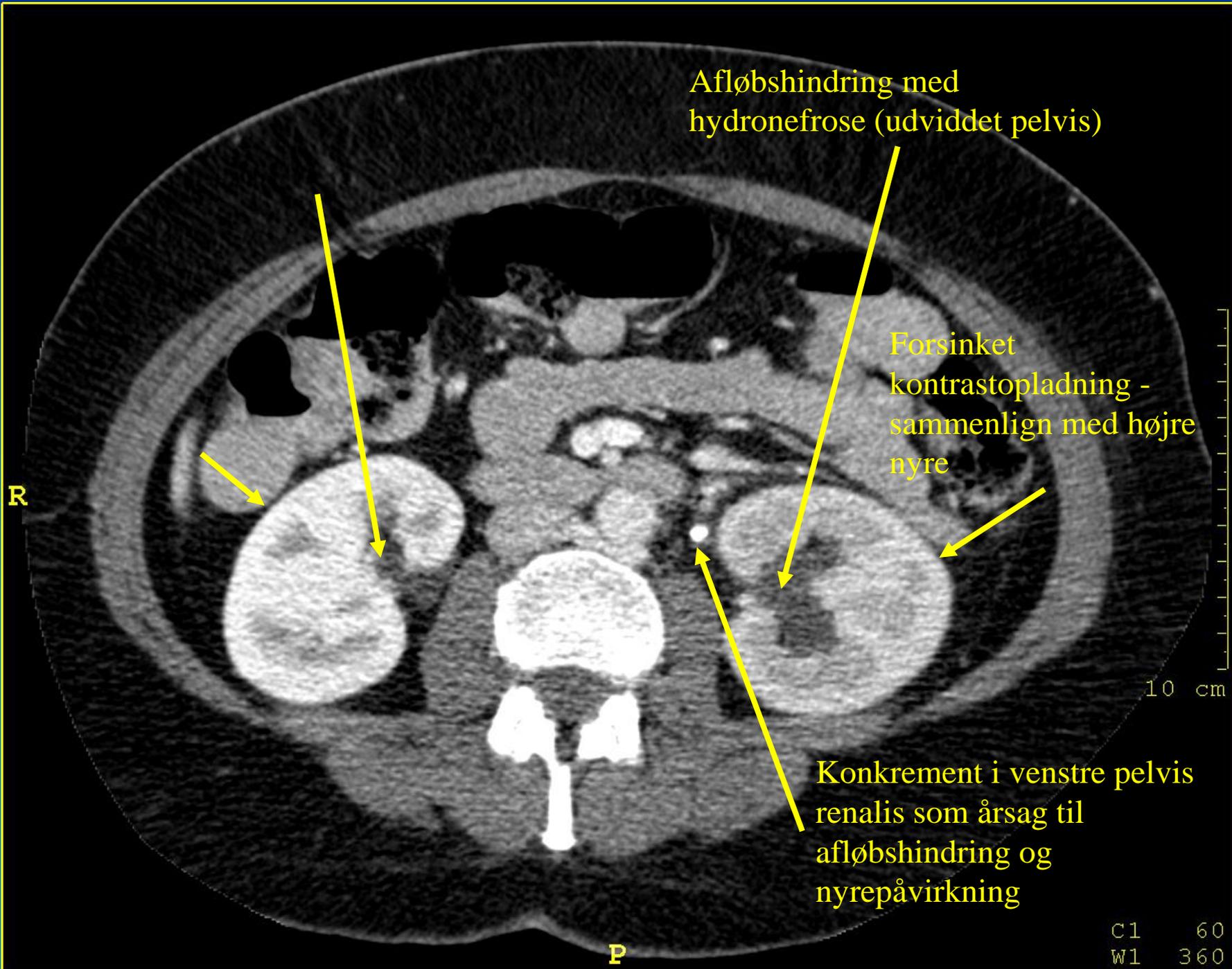


R

10 cm

P

C1 60
W1 360



Afløbshindring med
hydronefrose (udvidet pelvis)

Forsinket
kontrastopladning -
sammenlign med højre
nyre

Konkrement i venstre pelvis
renalis som årsag til
afløbshindring og
nyrepåvirkning

10 cm

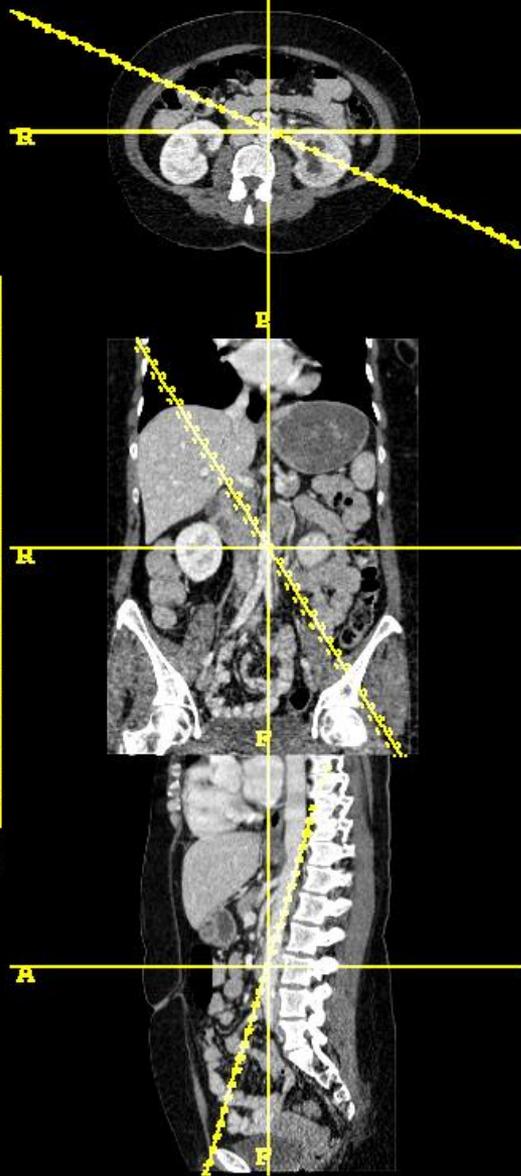
C1 60
W1 360

R

P



20 cm



C1 60
W1 360

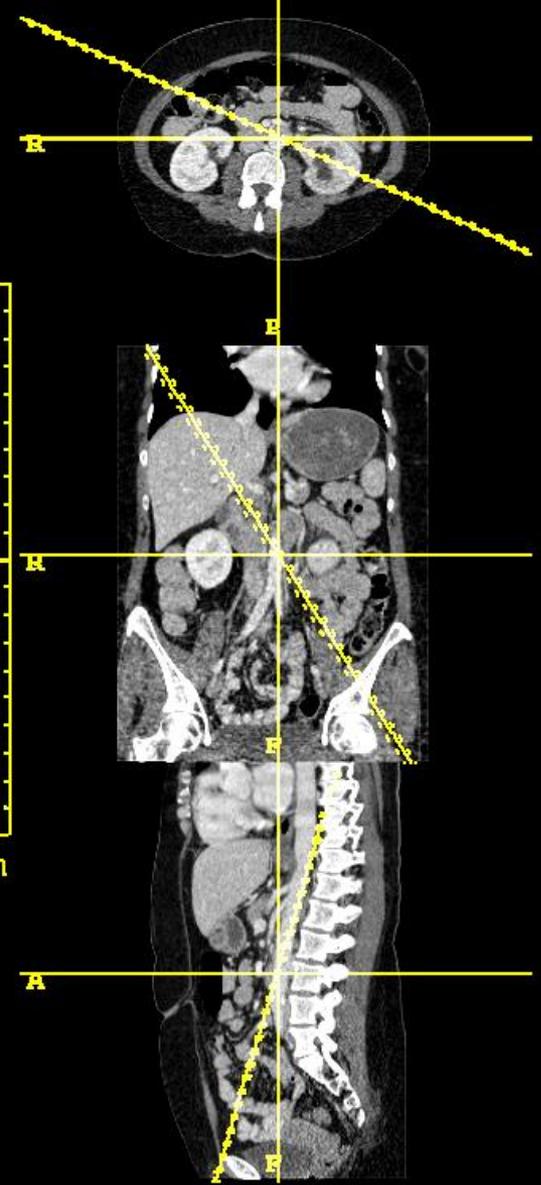
RA

Konkrement i venstre pelvis renalis som årsag til afløbshindring og nyrepåvirkning

F

Afløbshindring med hydronefrose (udvidet pelvis renalis)

20 cm



C1 60
W1 360

Nyreanomali

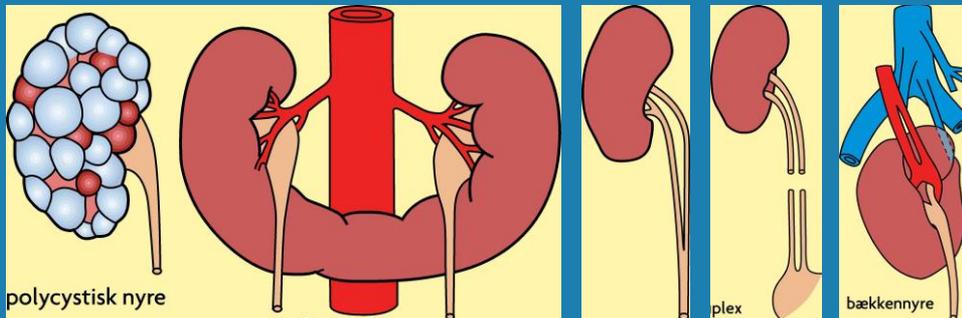


Image 32
16:05:01
Scan 32
TP -309

ANTERIOR

R
I
G
H
T



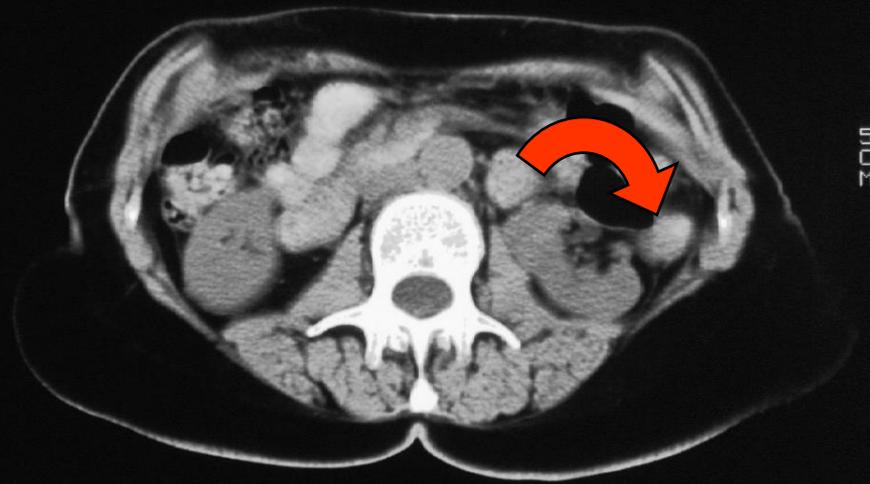
W 290
C 40

ez

Image 33
16:05:13
Scan 33
TP -319

ANTERIOR

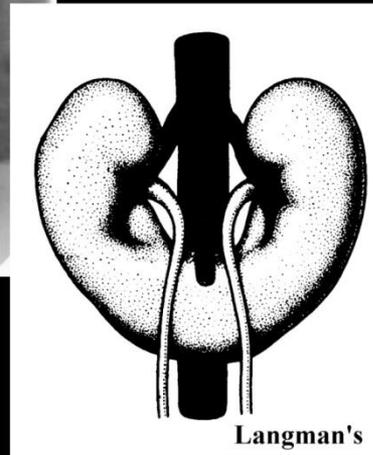
R
I
G
H
T



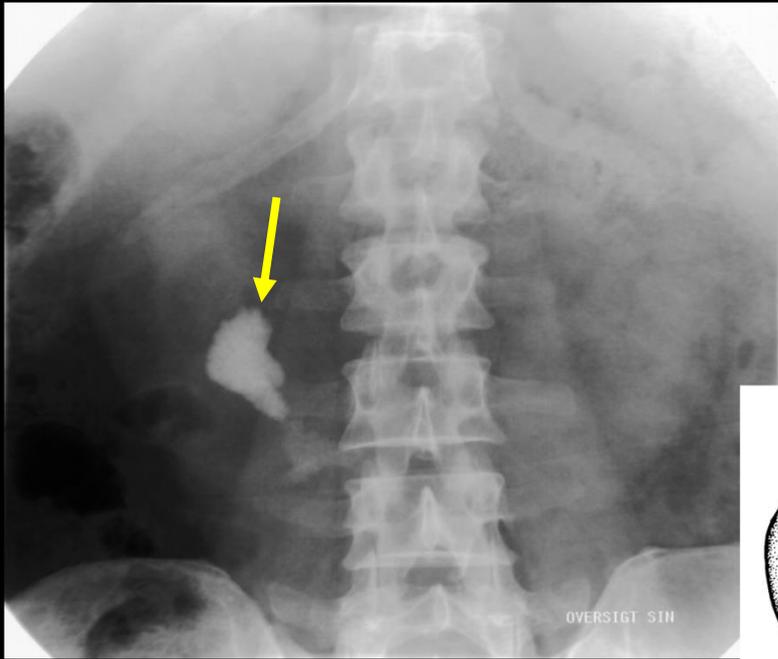
W 290
C 40

ez

Hesteskonnyre

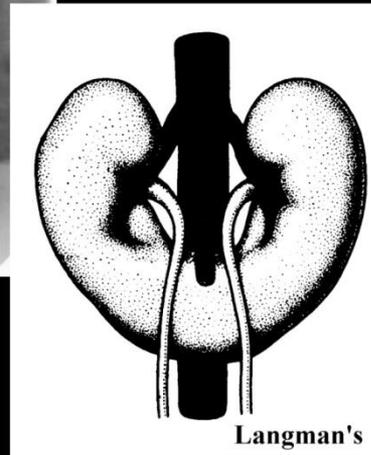


1:600



Før i.v. kontrast: Der ses
konkrement i pelvis renalis

1:600



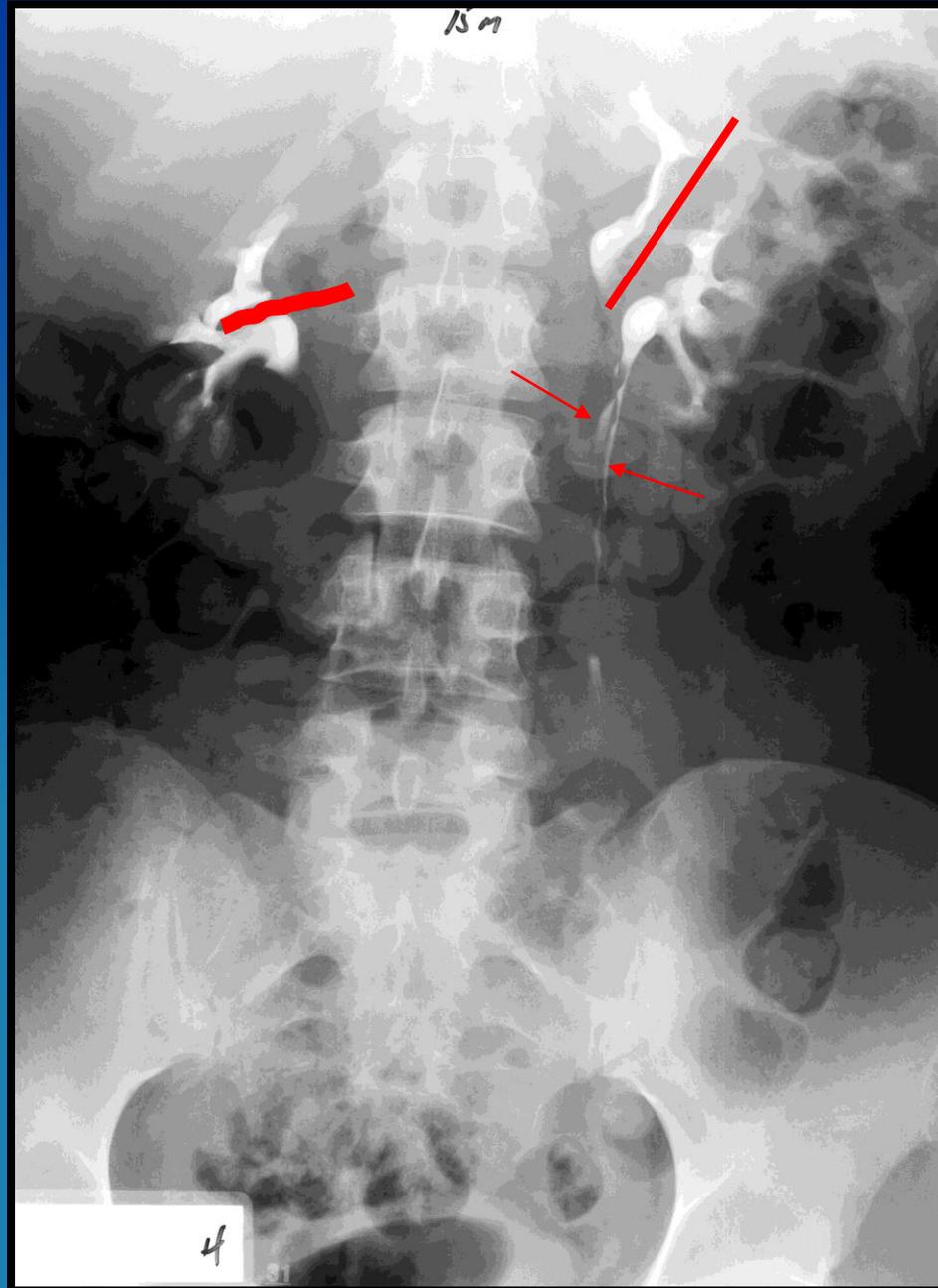
Hesteskonyre

Efter i.v. kontrast indgift:
Kontrast opladning i nyrevævet
og udskillelse i de fraførende
urinveje



Aberrant arterie

(lat. abberrare:
forvilde sig)

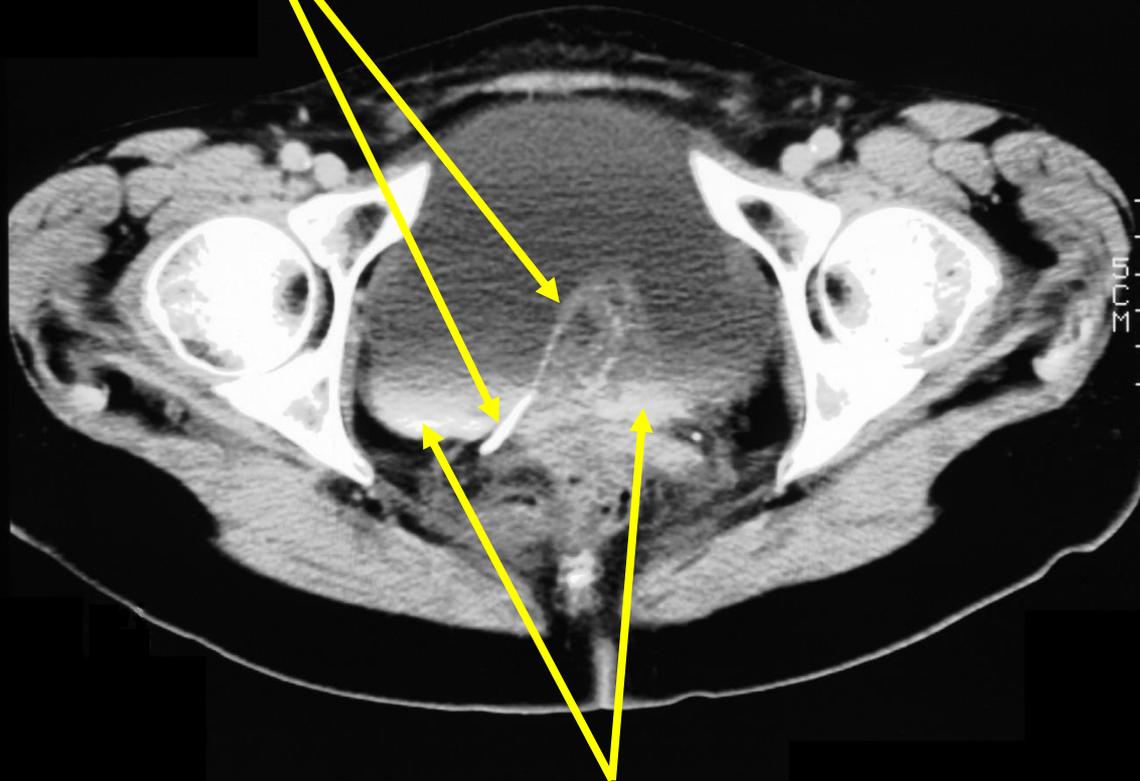


Dobbeltanlæg

Vesica urinaria



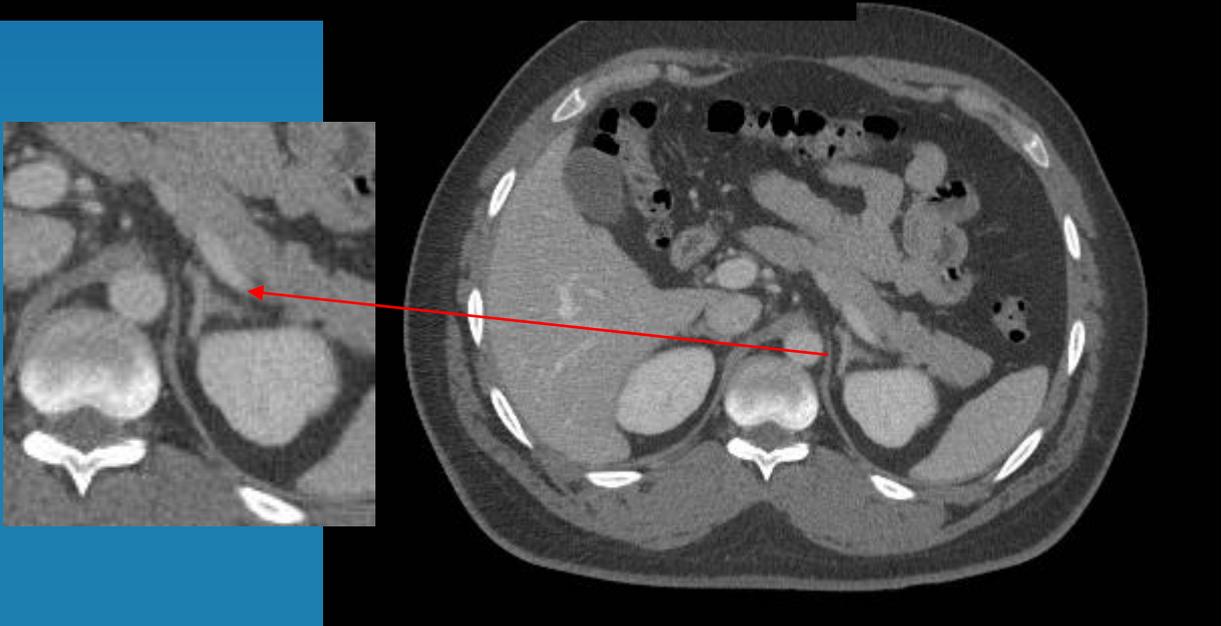
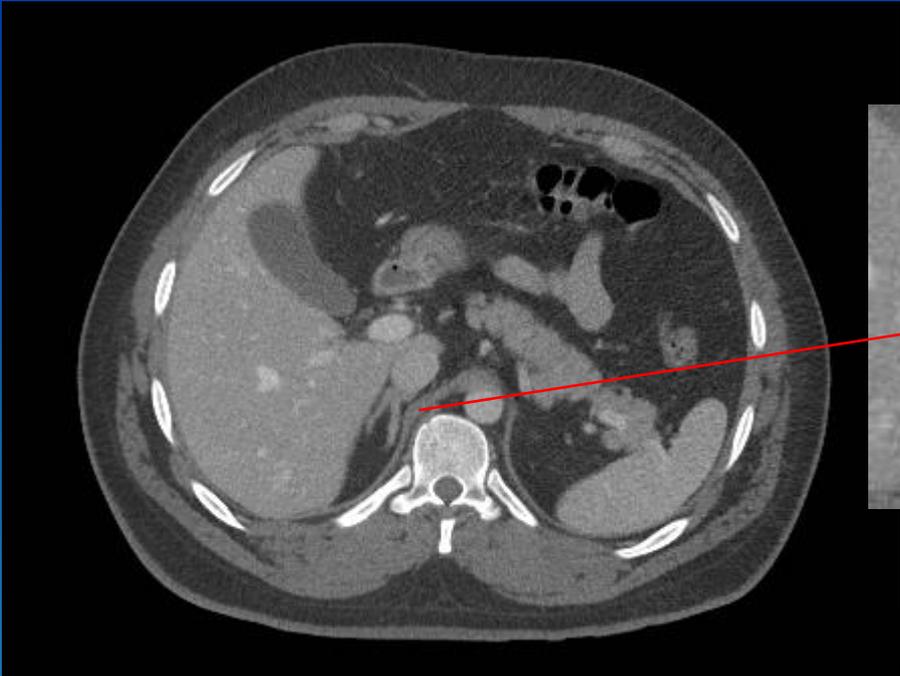
Ureter med "ureter-jet"



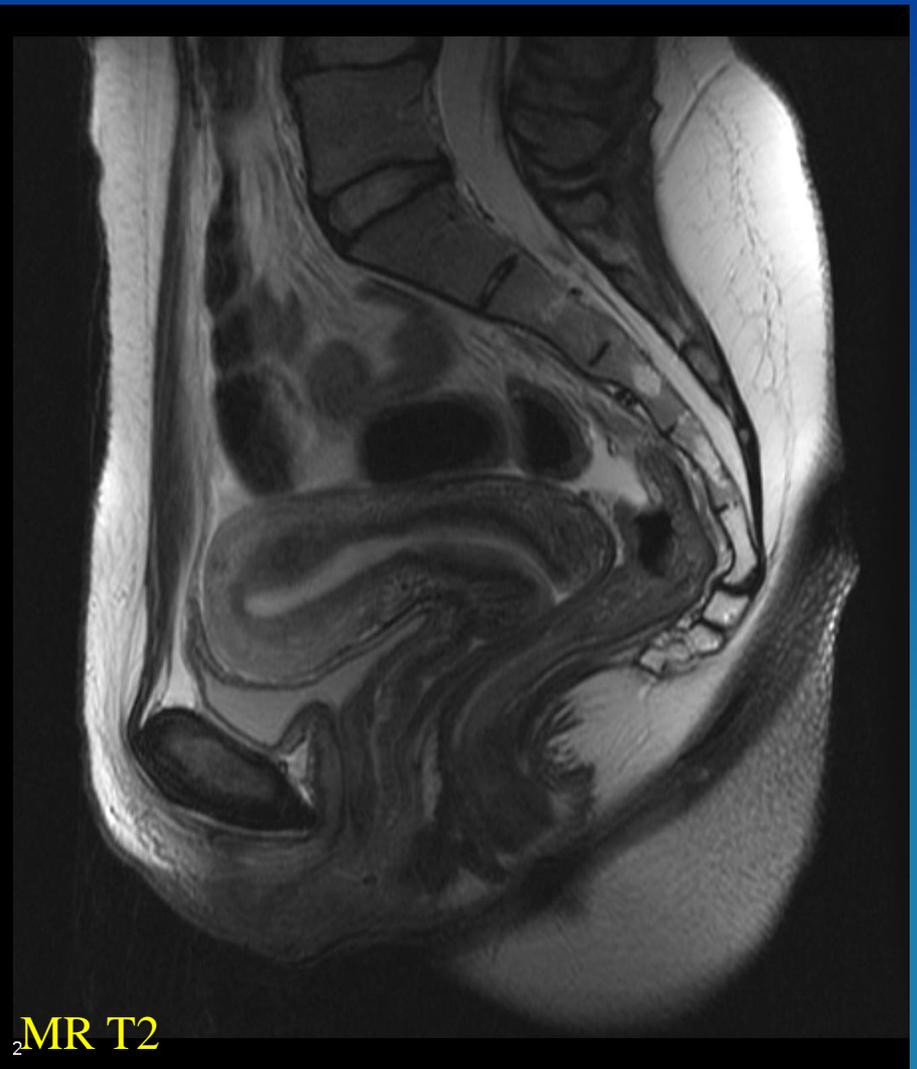
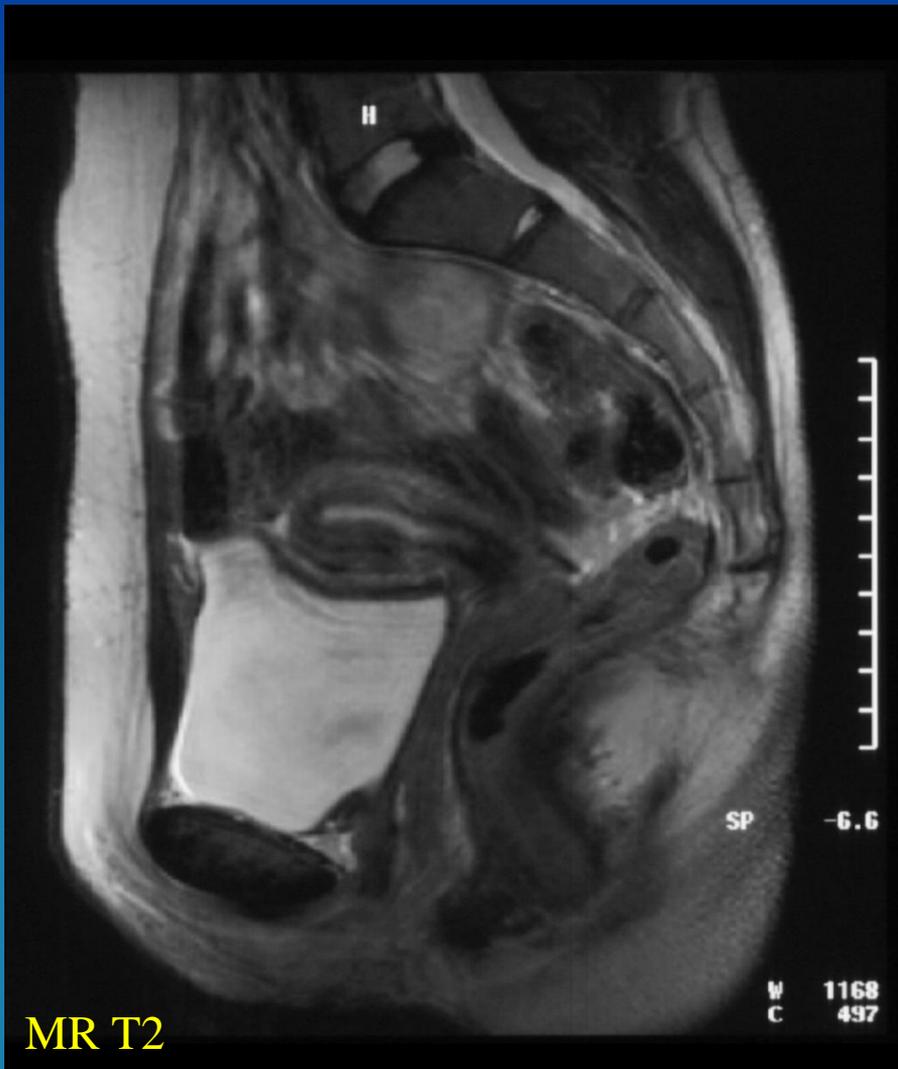
Kontrastfylt urin der lejrer sig deklivt, pga. større massefylde

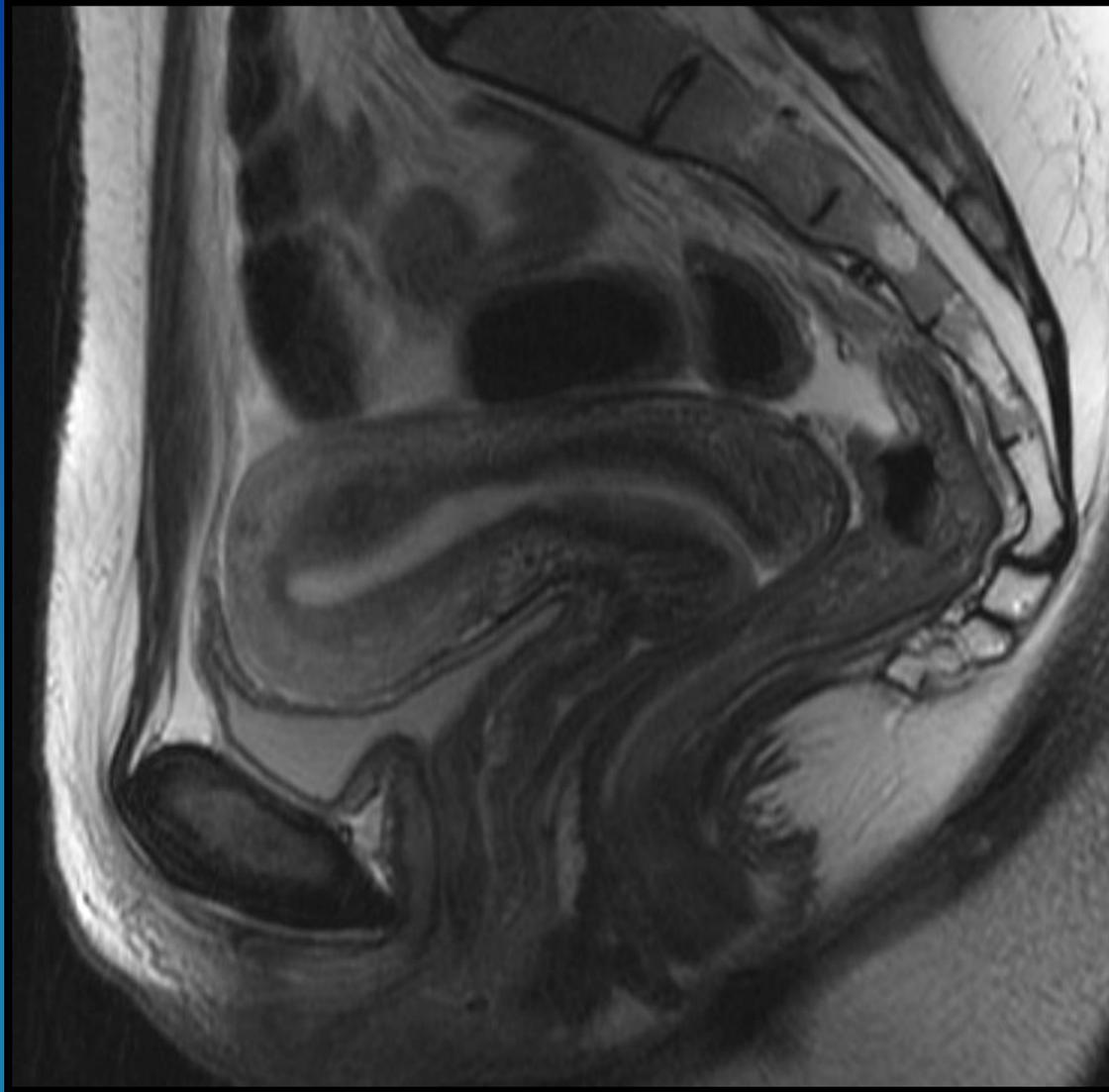
Binyrer

<p>Right:</p> <p>Triangular (3%)</p>	
<p>Linear (9%)</p>	
<p>Linear (36–87%)</p>	
<p>V-shaped (9–52%)</p>	
<p>Left:</p> <p>V-shaped (50–60%)</p>	
<p>Deltaic (32%)</p>	
<p>Triangular (9–40%)</p>	



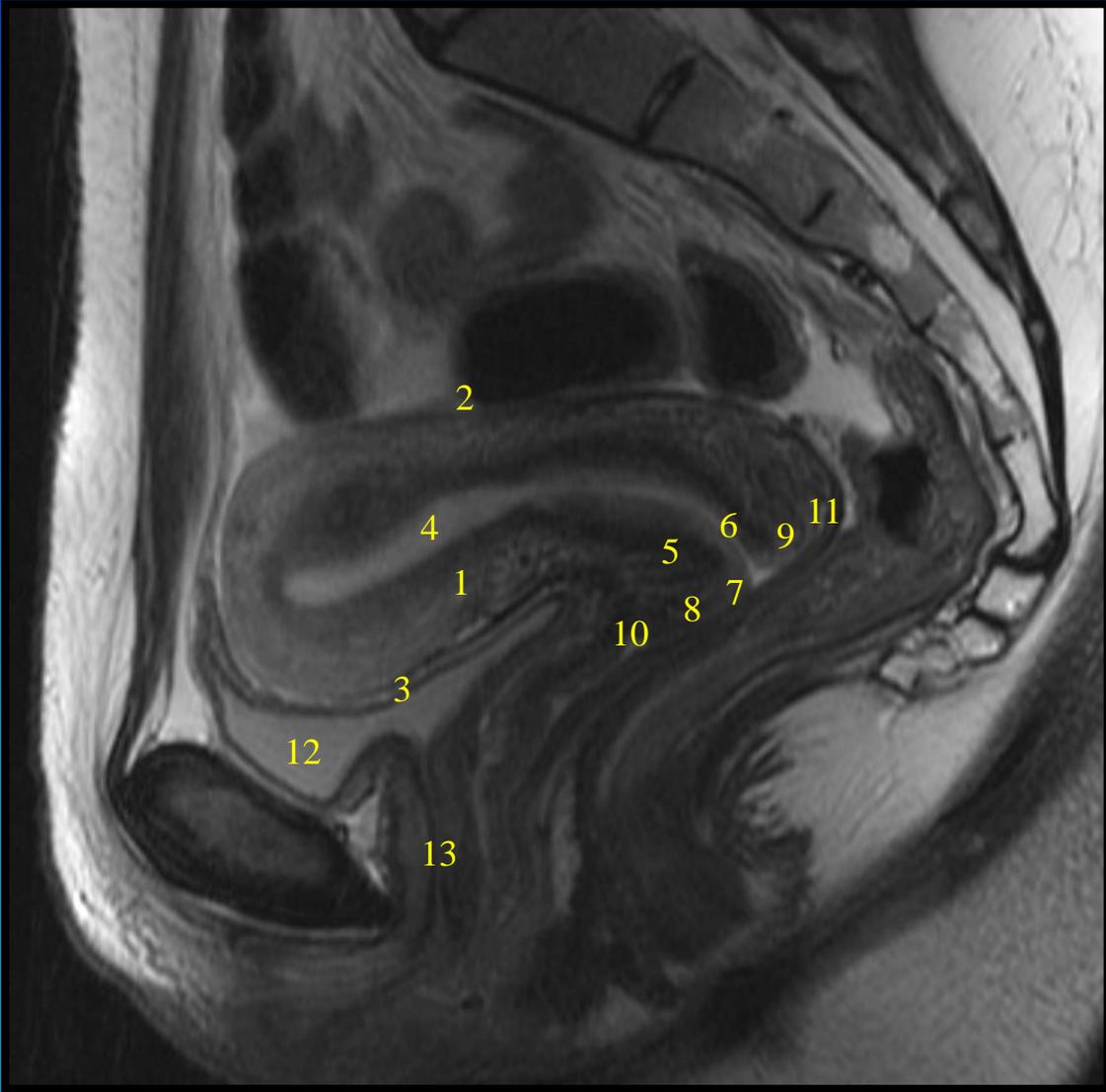
Genitalia: De kvindelige kønsorganer

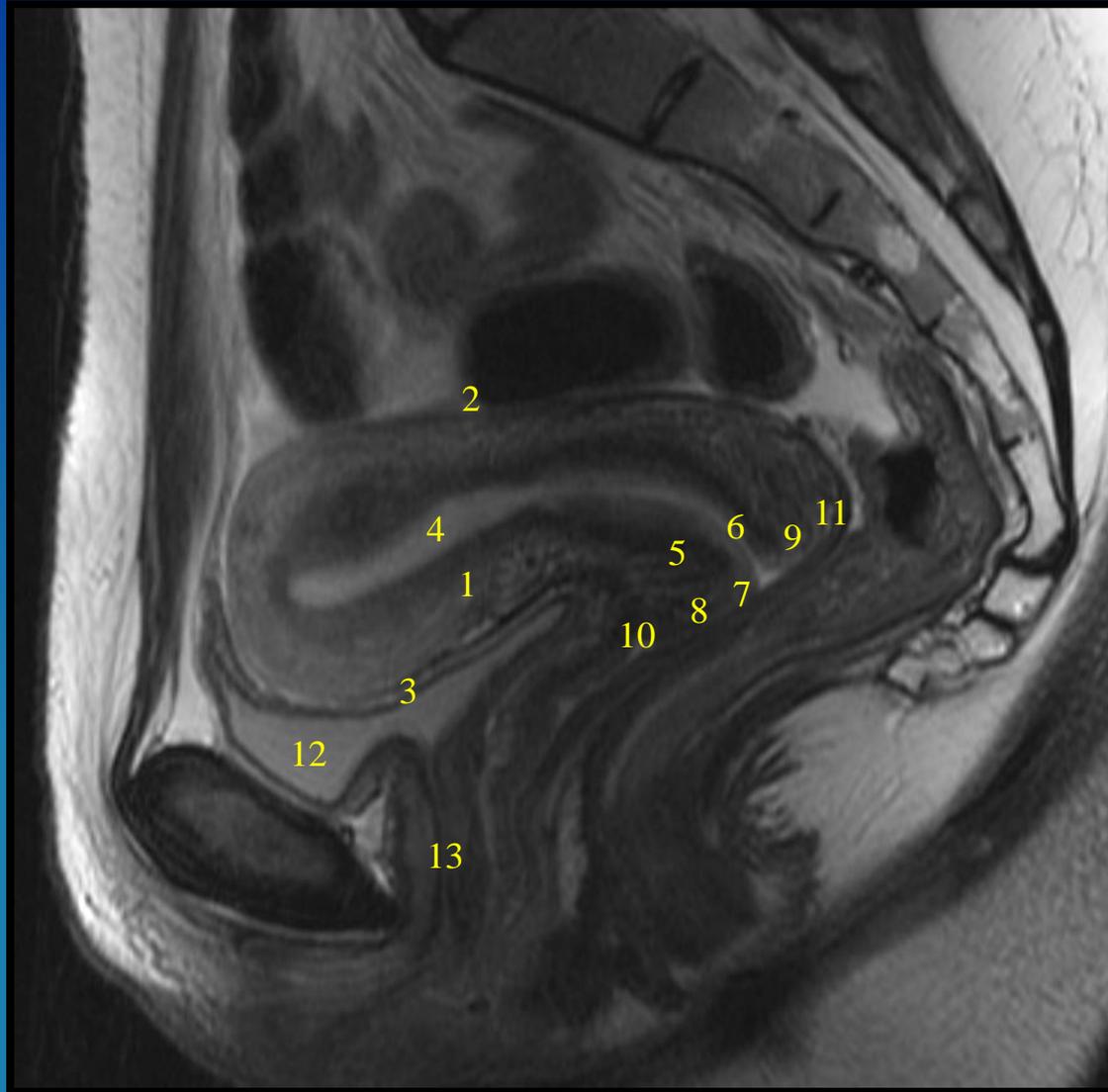




Uterus:

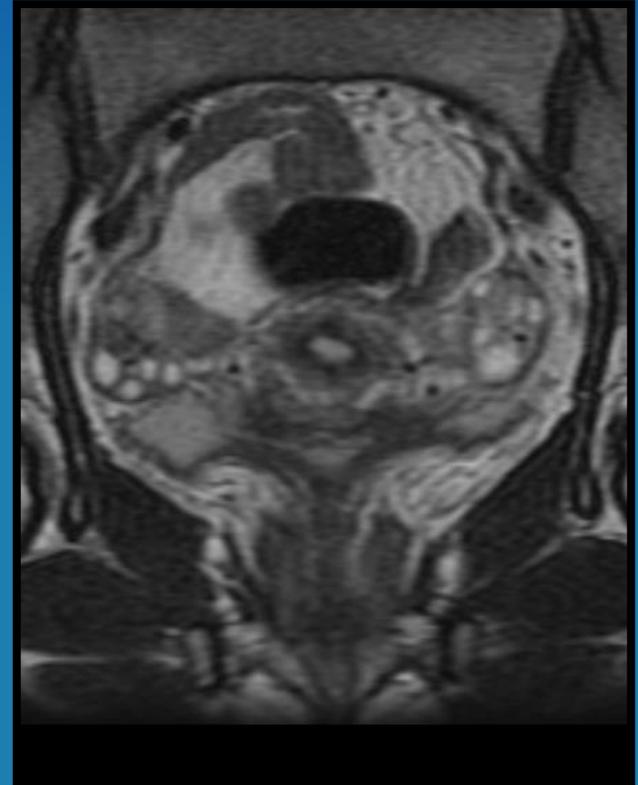
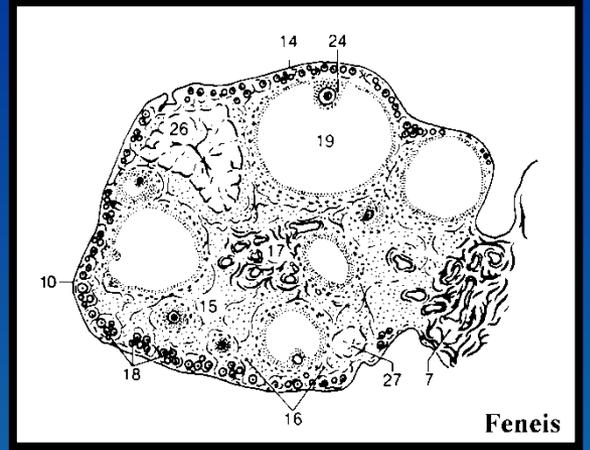
1. Corpus uteri
2. Facies intestinalis
3. Facies vesicalis
4. Cavitas uteri
5. Cervix uteri
6. Canalis cervicis
7. Portio
8. Labium ant.
9. Labium post.
10. Fornix anterior
11. Fornix posterior

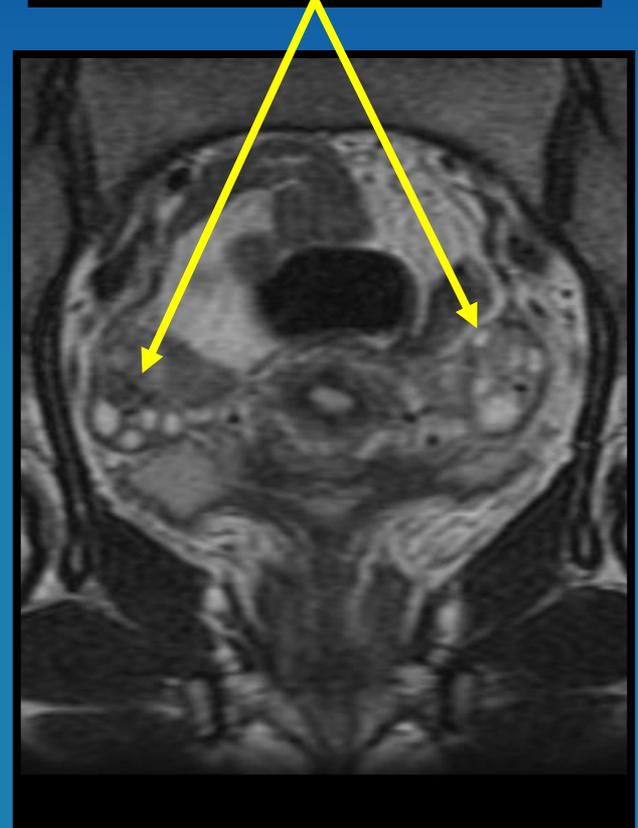
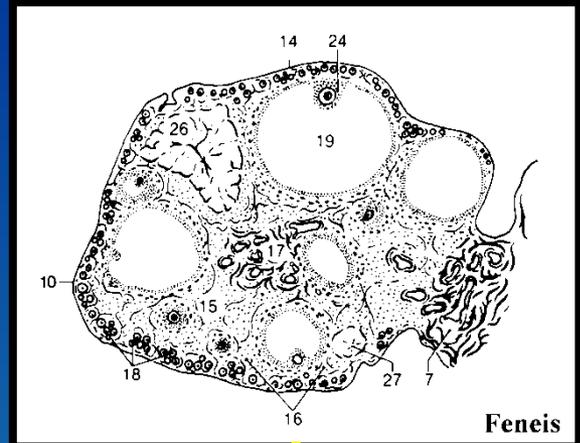


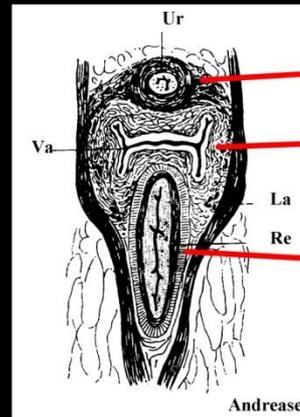
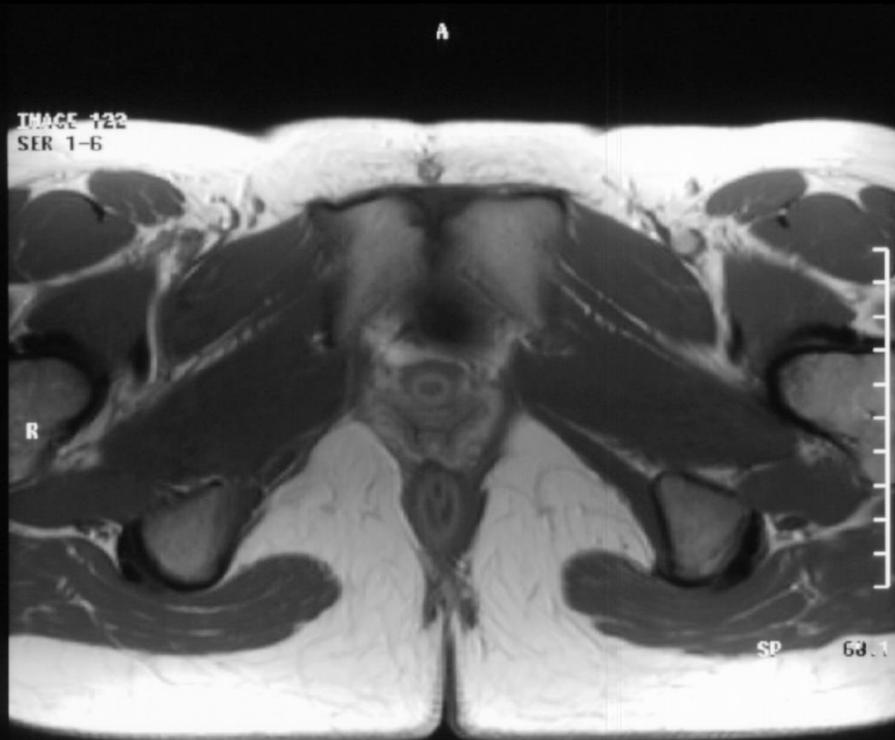


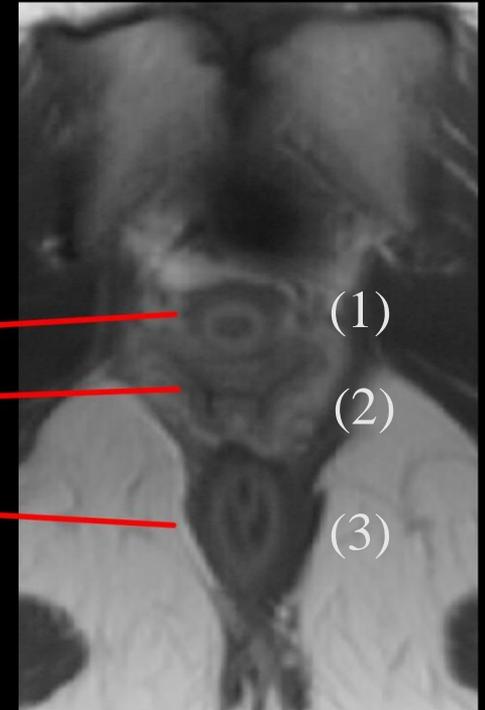
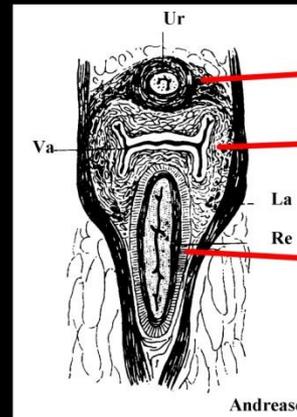
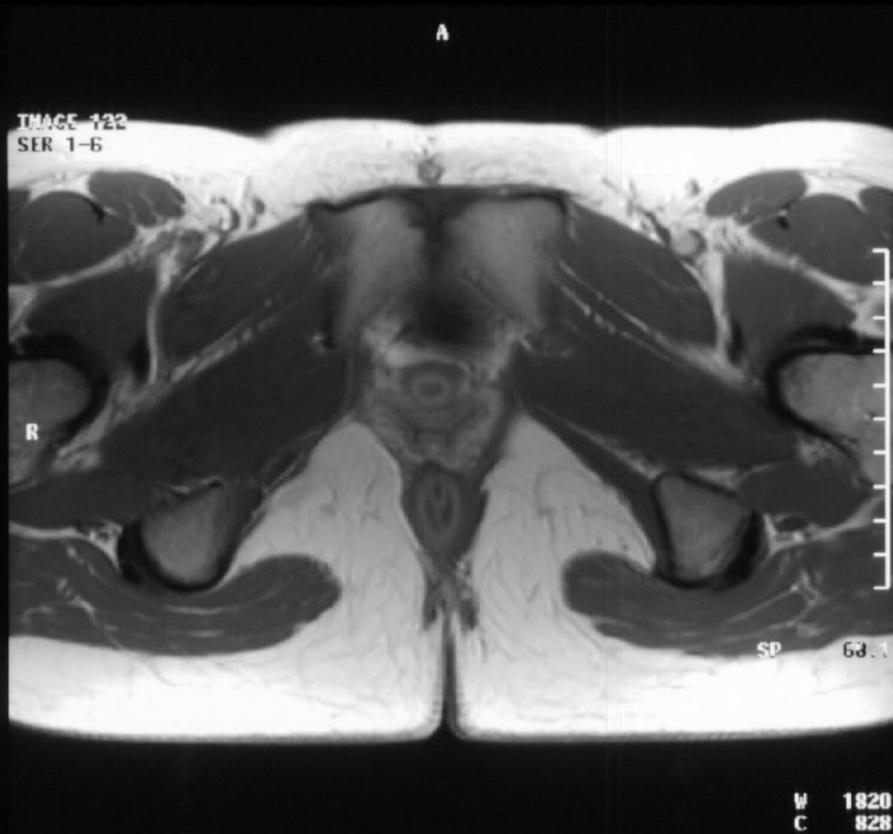
Uterus:

1. Corpus uteri
2. Facies intestianlis
3. Facies vesicalis
4. Cavitas uteri
5. Cervix uteri
6. Canalis cervicis
7. Portio
8. Labium ant.
9. Labium post.
10. Fornix anterior
11. Fornix posterior
12. Vesica urinaria
13. Urethra





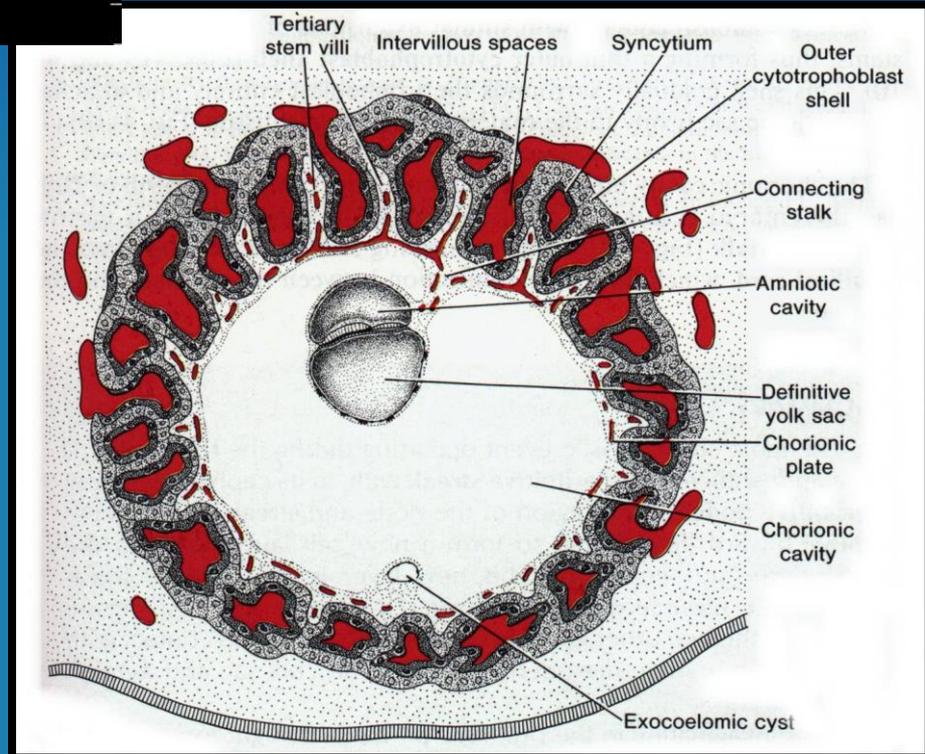




Bækkenbunden med:

- (1) Urethra
- (2) Vagina
- (3) Rectum

28 årig kvinde gravid i 6. uge (Gestationsuge 5 + 2-4 dage)

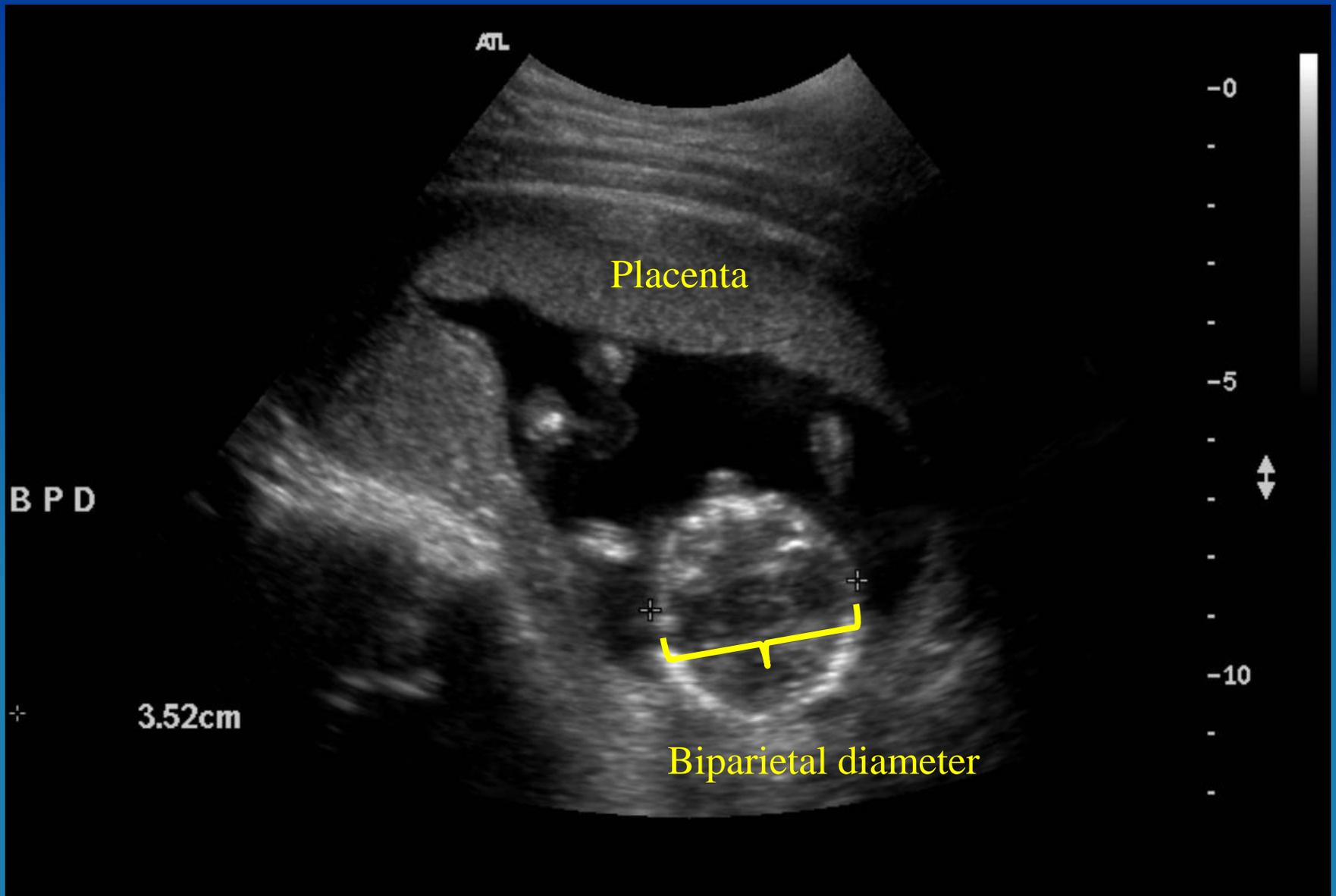


UL foster 19. uge



Foetobiometri







ATL

-0

-5

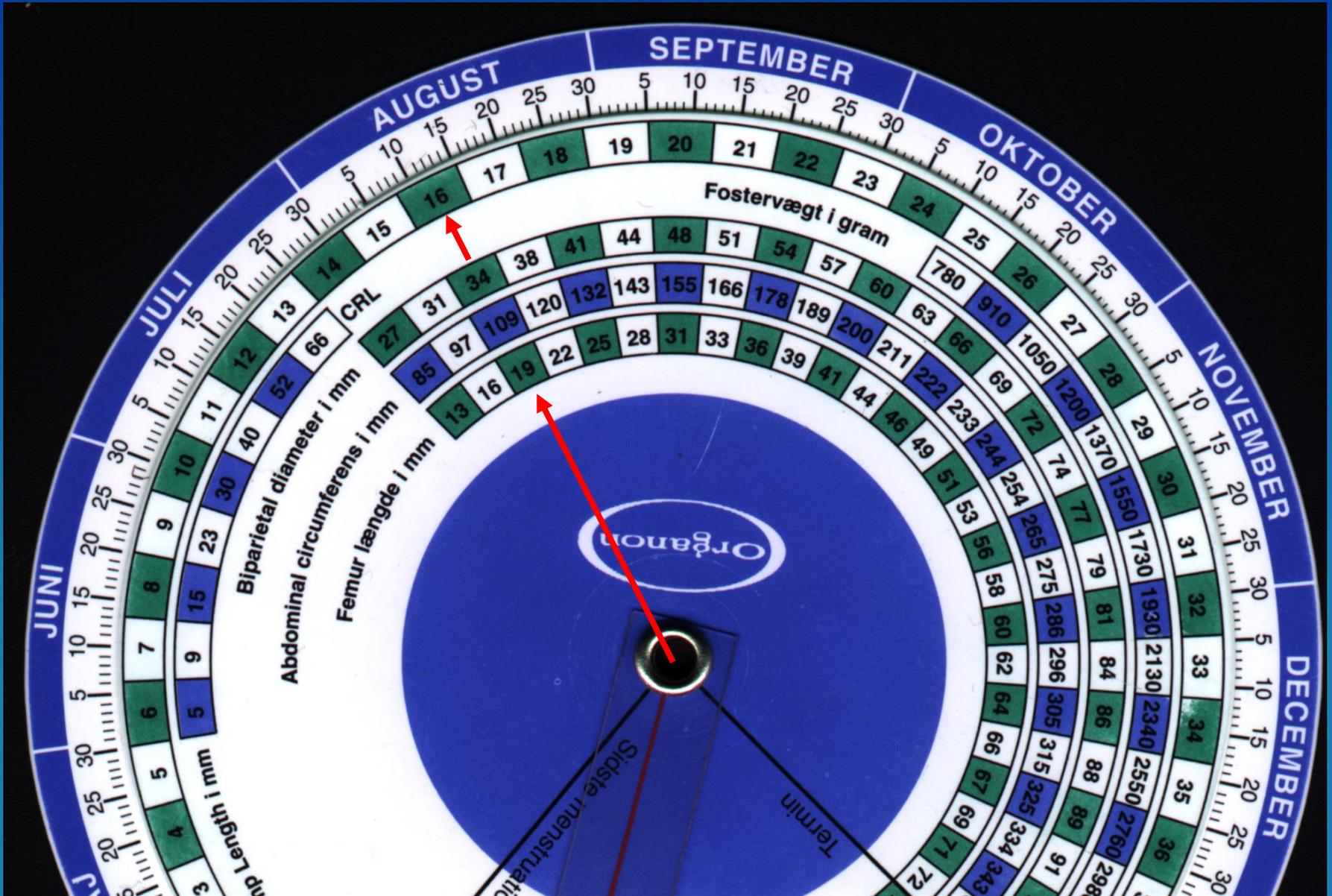
-10

FEMUR

1.84cm

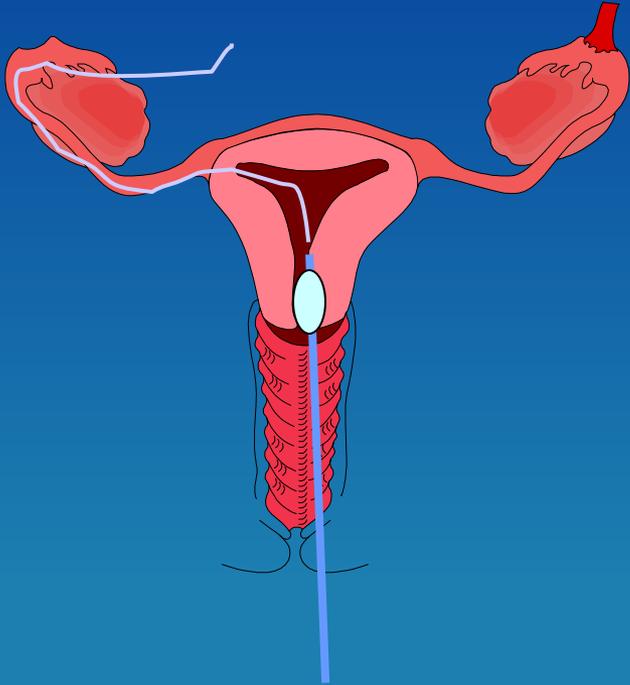


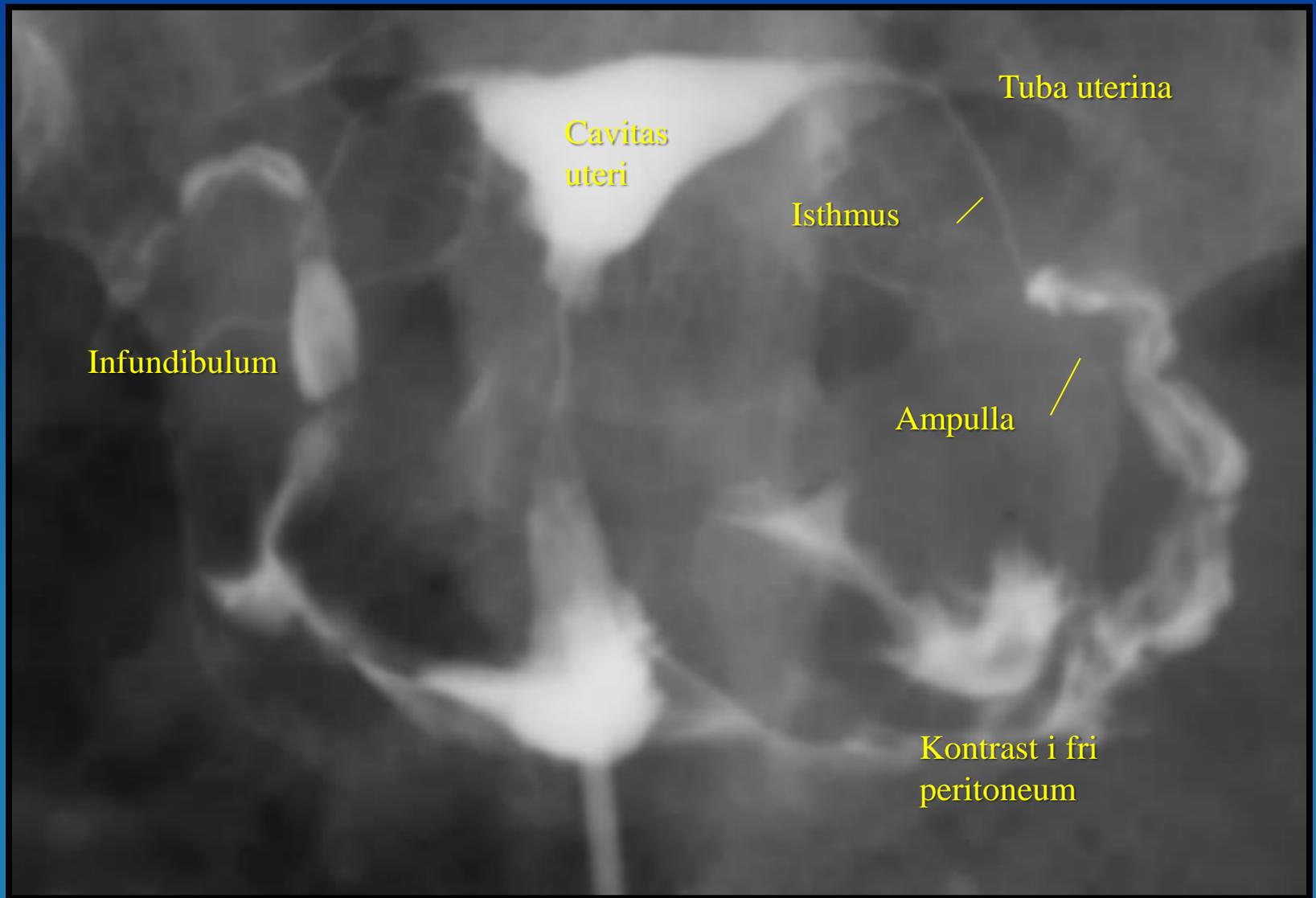
Kun den ossificerede del af femur måles (diafysen)



Hysterosalpingografi HSG

HSG

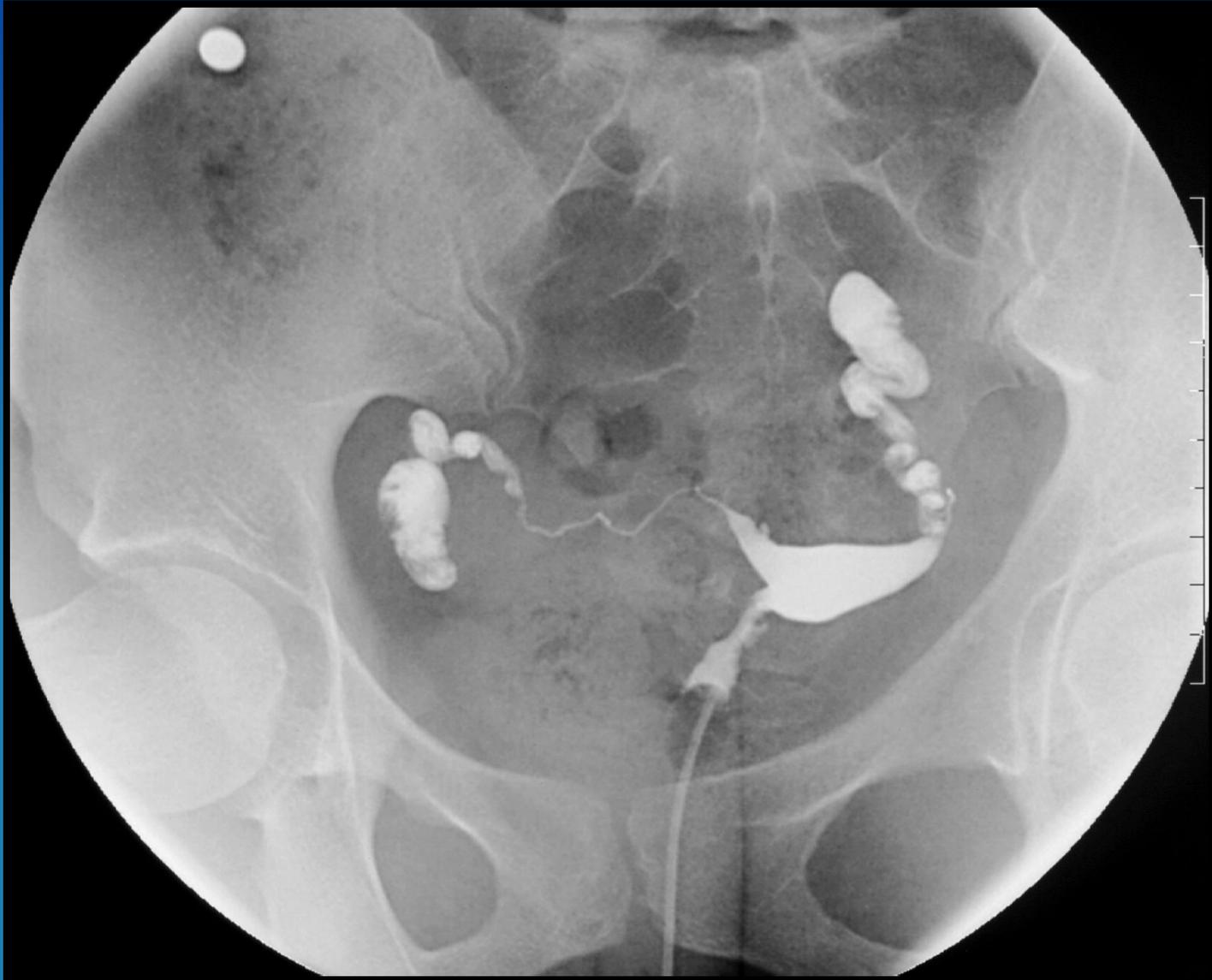


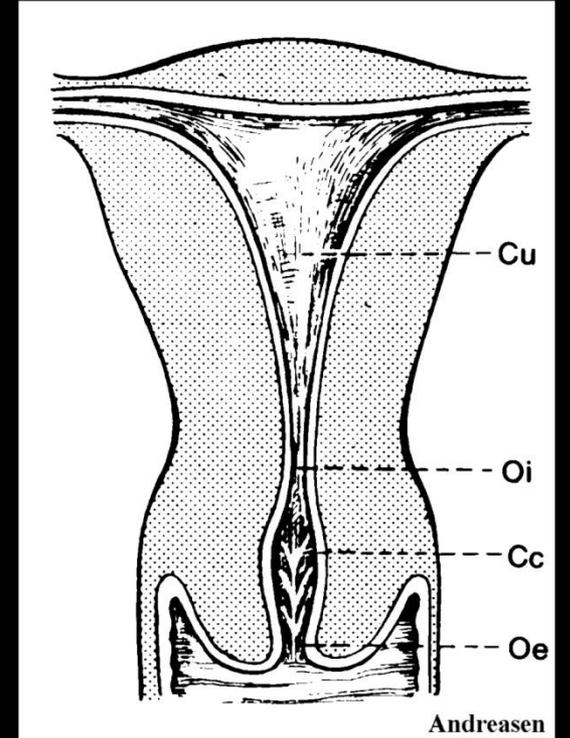


Ektopisk venstre salpinx
(Ektopos (græsk): Ude af plads)



Sactosalpinges: Aflukning af salpinges

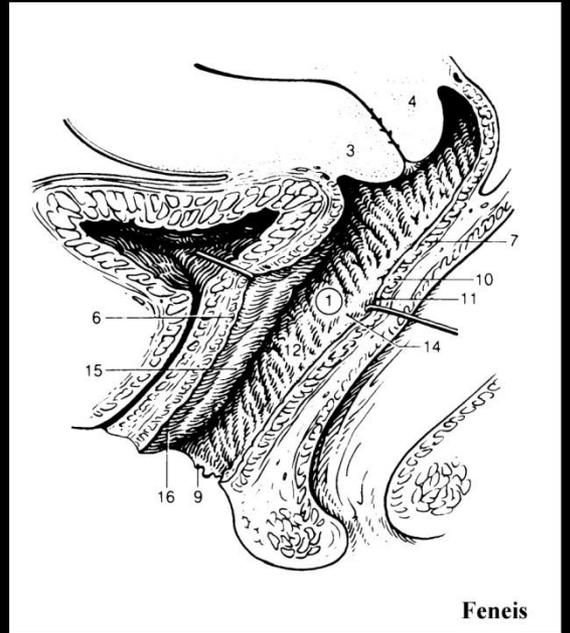




F
I
hsg

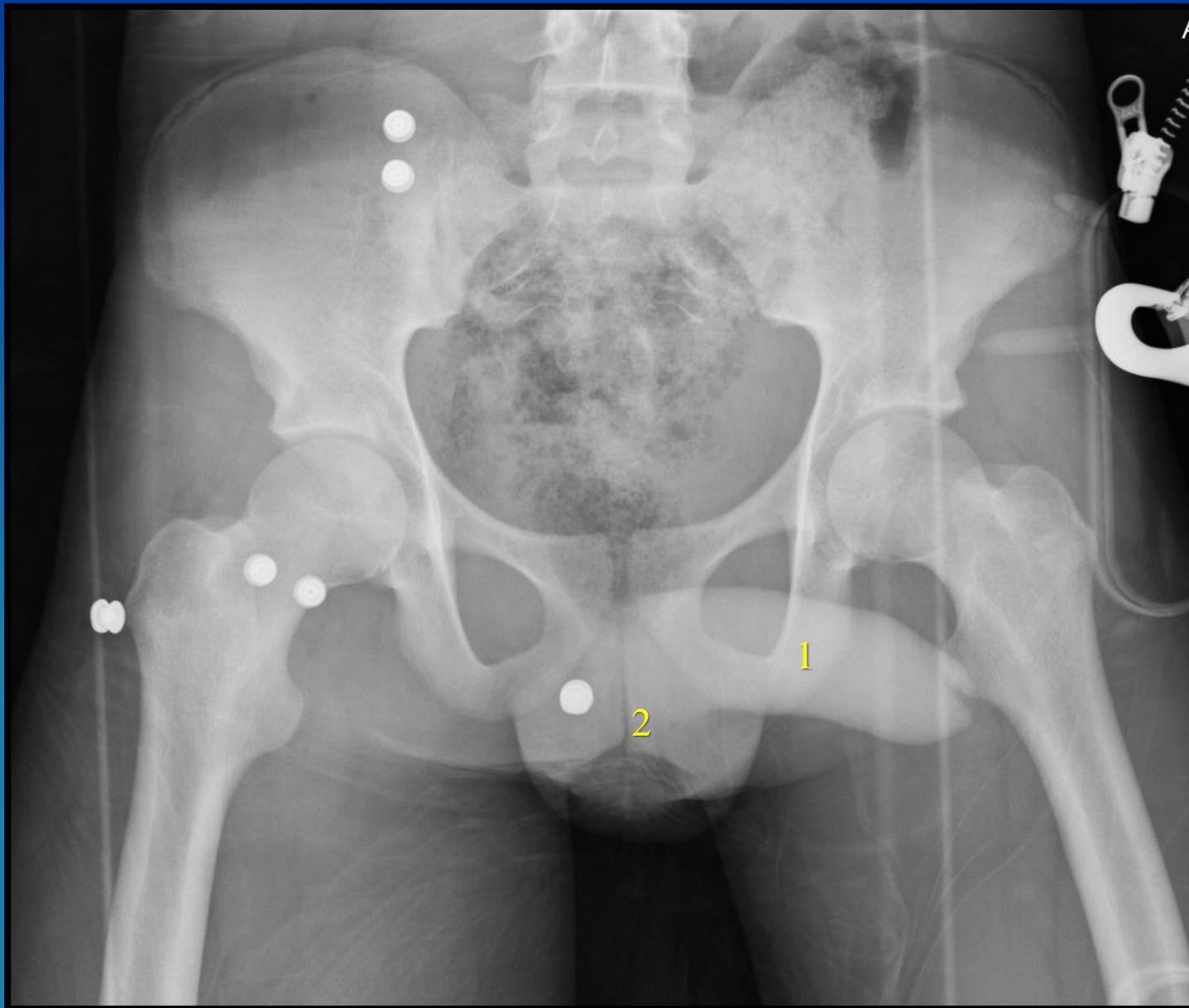
13:22:41.001

1800.01.01
DR
Image 5



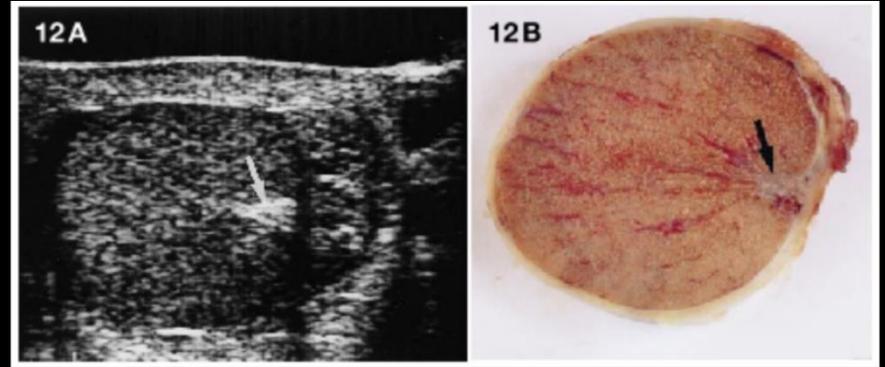
Feneis

Genitalia:
Enkelte billeder fra
de mandlige kønsorganer



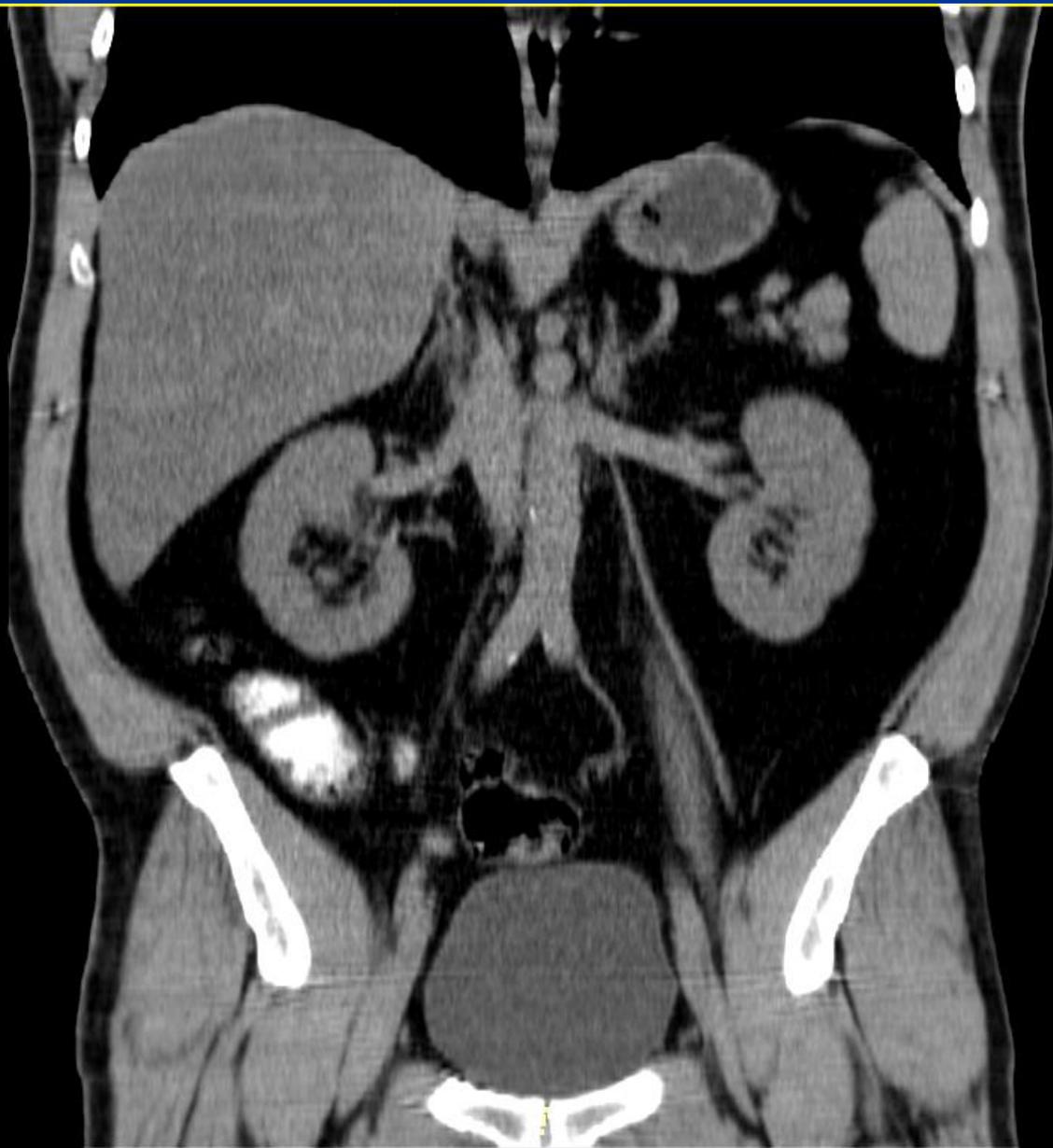
Genitalia
externa:
1. Penis
2. Scrotum

Testes



**Eur. Radiol. 9, 16-28 (1999),
R.A. Kubik-Huch et al.**

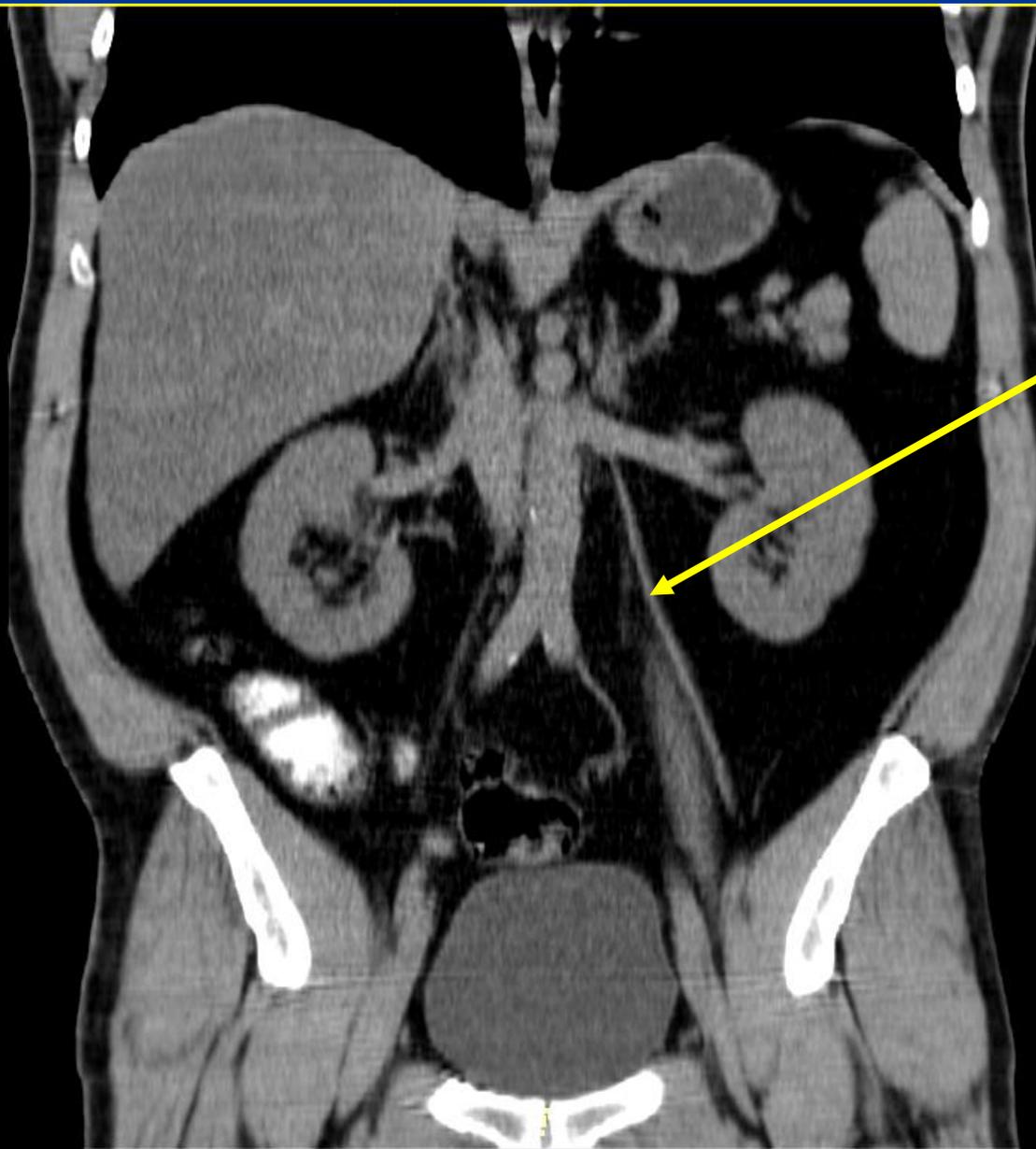




R

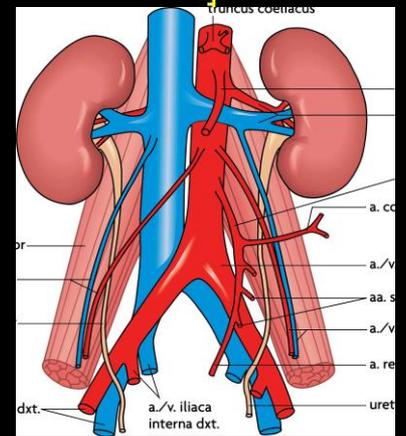
20 cm

C1 40
W1 290



V. testicularis sin.

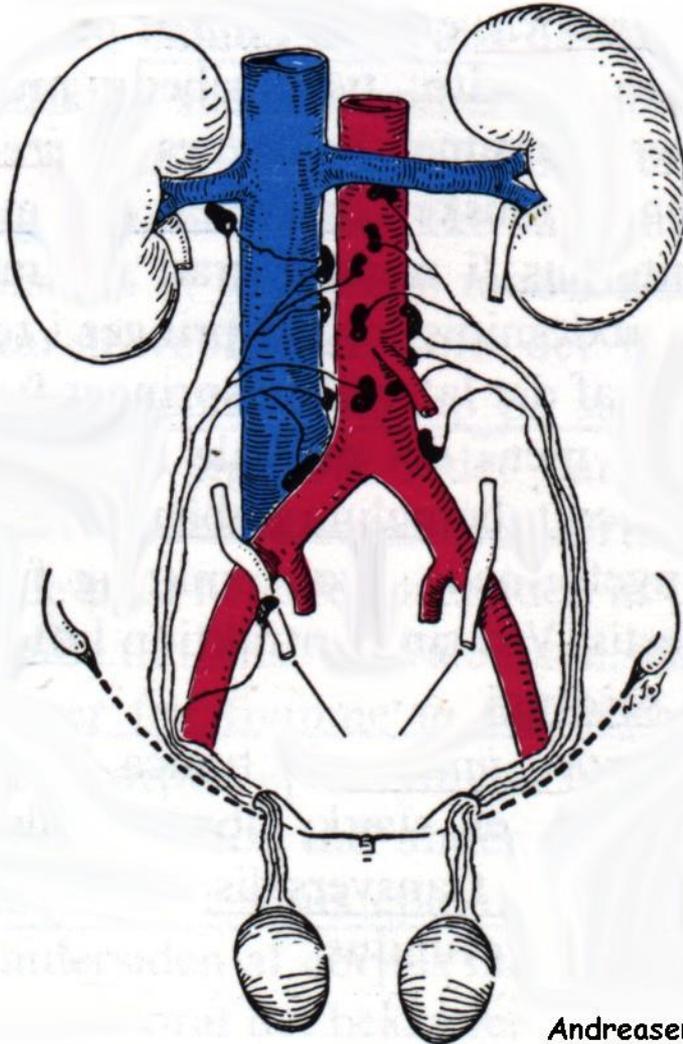
R



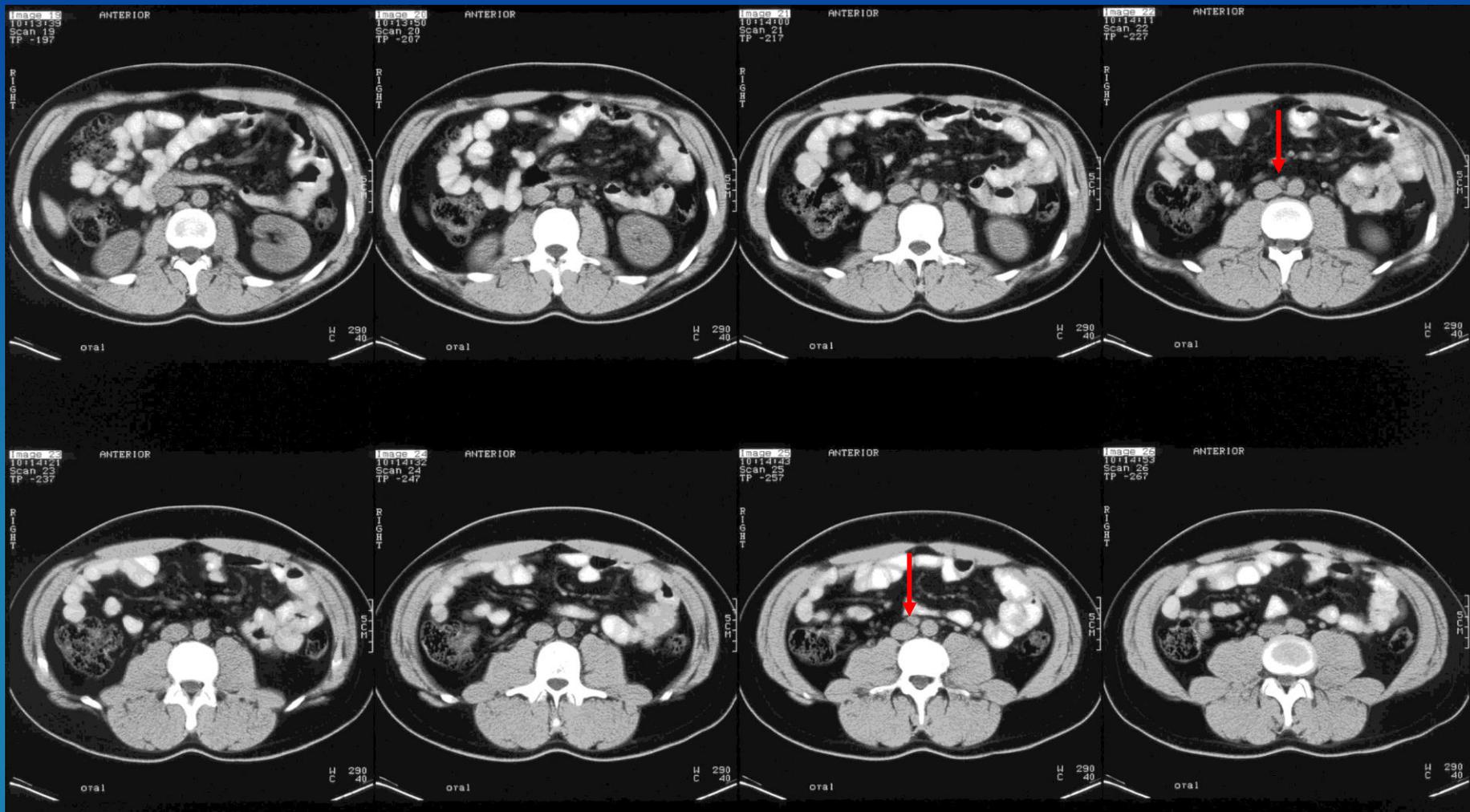
C1 40
W1 290

29 årig mand behandlet for c. testis.

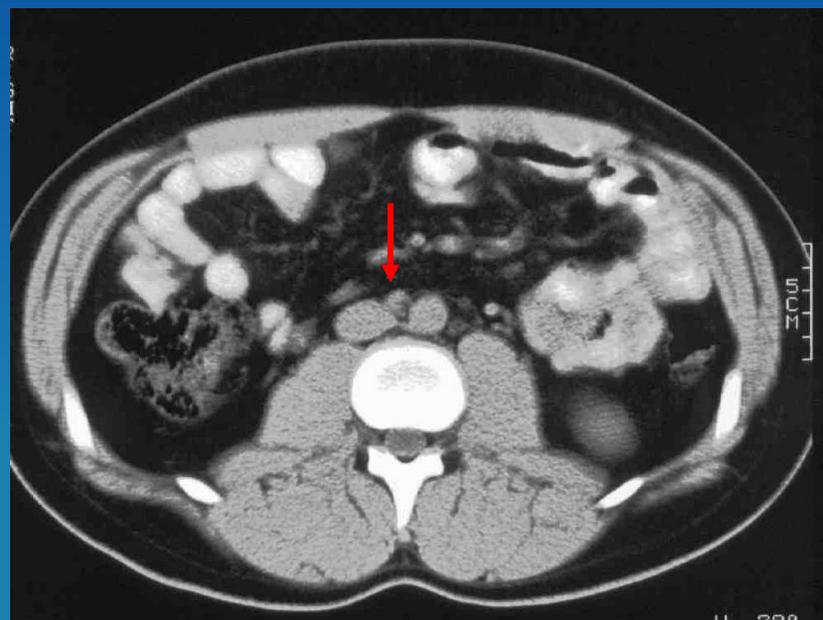
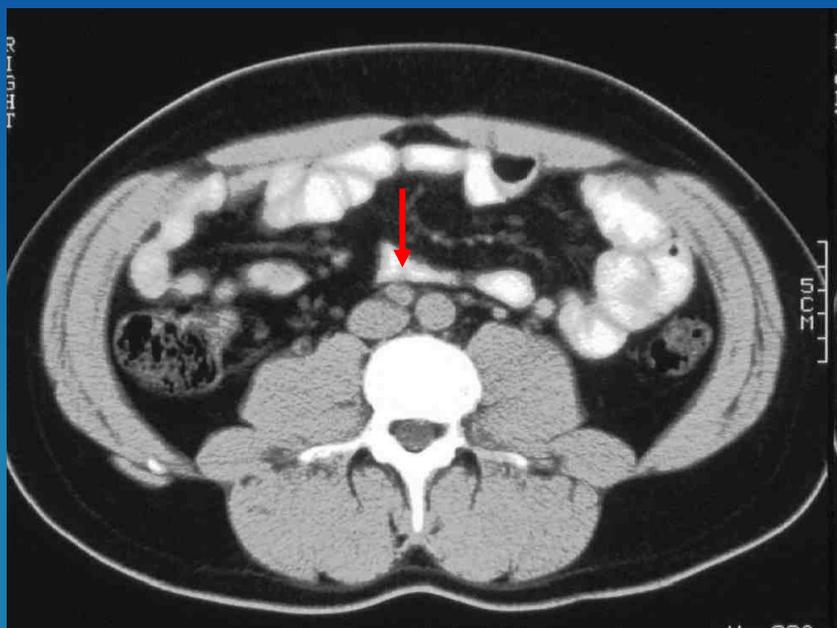
Lymfedrænage langs a. testicularis
til lymphonodi lumbales.



29 årig mand behandlet for c. testis: Kontrolskanning.



29 årig mand behandlet for c. testis: Kontrolskanning.



29 årig mand behandlet for c. testis: Skanning efter kemoterapi.

