

RT PUJ CALCULUS WITH INFLAMMETRY STRICTURE

A FEMALE AGE 45 YRS

COMPLAIN : PAIN AT RT RENAL ANGLE SINCE 1 MONTH (15/09/2014)
BURNING MICTURITION
HAEMATURIA, NAUSEA IS PRESENT
NO H/O ANY DRUG REACTION
H/O HYPOTHYROIDISM ON RX
H/O RT ESWL AND URS

ADVISED :- PRE OPERATIVE MINOR AND C.T IVP DONE
CBC: HB;12.1,WBC;10100,PLATELET;3.40000,SCRETE;0.92,

RS CVS :-

ADV : 2D ECHO

- 1 GOOD LV SYSTOLIC FUNCTION NO RWMA
- 2 CONCENTRIC LVH
- 3 REDUSED LV COMPLIANCE
- 4 NO PAH

C.T.IVP : (13/09/2014)

INFLAMMATORY STRICTURE INVOLVING RIGHT PUJ WITH A
CALCULUS JUST PROXIMAL TO IT AND MODERATE HYDRONEPHROSIS
NORMALLY EXCRETING BOTH KIDNEYS.

1 PCV WAS GIVEN BEFORE SURGERY

SURGICAL PLAN :- 1. RIGHT PCNL
2. RIGHT ENDOPYELOTOMY WAS DONE

PT WAS DISCHARGE AFTER 2 DAYS OF SURGERY

CT IVP :-

MDCT UROGRAPHY:-

MDCT urography was performed after injection of non-ionic contrast media. Scans were performed at different phase of excretion.

Right kidney is normal in size (10.5 x 5.0 cm), shape, position and excretion.
No evidence of renal stone is seen.

A calculus of size about 6.7 mm, (density + 1158 HU) is seen in renal pelvis just proximal to PUJ. Partial inflammatory stricture is seen involving PUJ with moderate hydronephrosis.

There is noted normal excretion of contrast with normal nephrogram and cortico-medullogram.

No evidence of perinephric collection is noted.
Ureter appears unremarkable.

Left kidney is normal in size (10.4 x 4.6 cm), shape, position and excretion.

No evidence of renal or ureteric stone is seen.

There is noted normal excretion of contrast with normal nephrogram and cortico-medullogram.

No evidence of perinephric collection is noted.
PC system and ureter appear normal

Urinary bladder is partially distended and appears unremarkable.

CONCLUSION:-

- Partial inflammatory stricture involving right PUJ with a calculus just proximal to it and moderate hydronephrosis involving right kidney.
- Normally excreting both kidneys.



