# 40 year old female presents with flank pain

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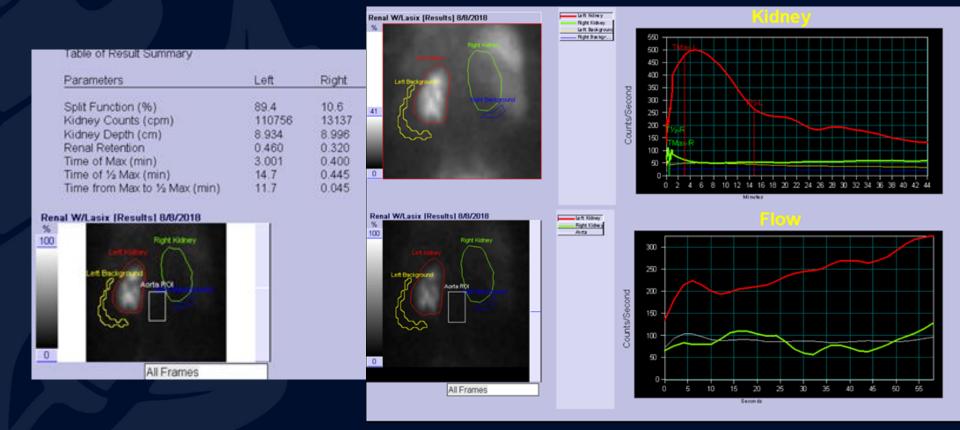












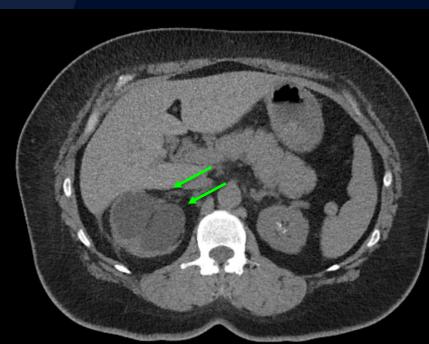


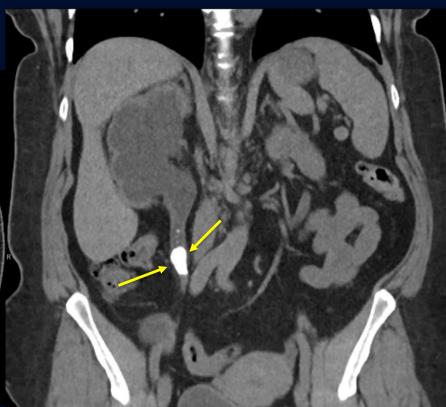




## Obstructive Uropathy



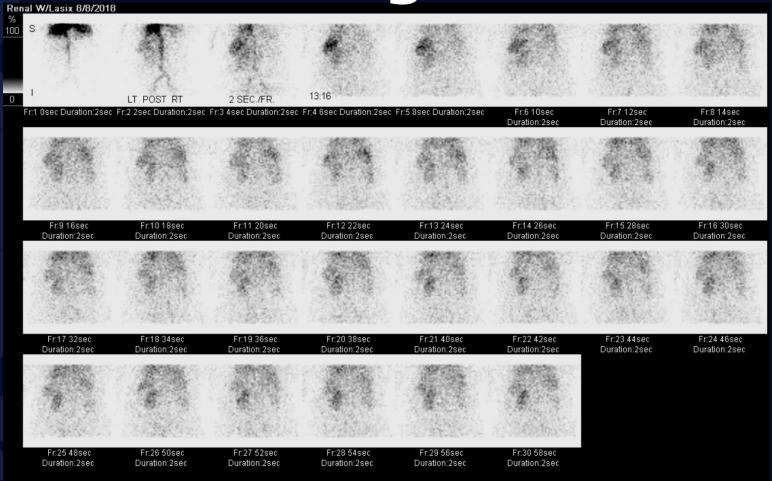




Severe hydroureteronephrosis

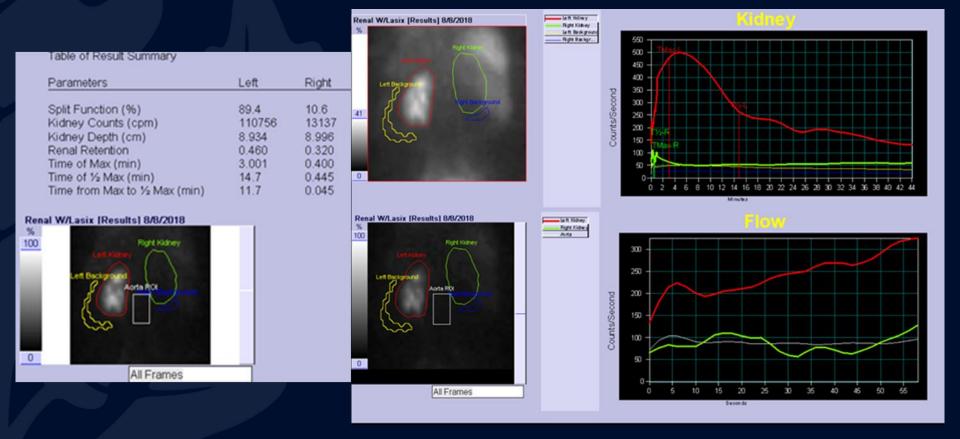
Severe hydroureteroneprhosis secondary to a large proximal ureteral stone





Right kidney shows absent perfusion during the angiographic phase as well as absent uptake.







#### Tc-99m MAG 3:

Mechanism: Tubular Secretion

• Dose: 10-20 mCi

• Estimates: **Effective renal plasma flow (ERPF)** which estimates renal clearance (80% secretion and 20% GFR)

• ADVANTAGE: protein bound and provides better target to background than DTPA

• **DISADVANTAGE**: Indirectly shows renal function

#### Tc-99m DTPA:

Mechanism: Glomerular Filtration

Dose: 10-20 mCiEstimates: GFR

ADVANTAGE: Great for renal physiology (function)

• **DISADVANTAGE**: Poor imaging characteristics in cases of renal insufficiency

#### **TECHNIQUE/ANALYSIS:**

"Angiogram": 1 second per frame x 60 seconds

"Nephrogram": 30-45 minutes at 2-3 minutes intervals

**Split function:** measure counts in the ROI's at 2-3 minutes, before excretion occurs **Clearance metrics:** 

- Time to peak quicker the better. In general, normal is 3-5 minutes
- T1/2 clearance quicker the better. Normal is 7-10 minutes
- Fraction remaining at 20 minutes lesser the better



**Diuretic Renogram** is performed to evaluate whether a persistant nephrogram is secondary to obstruction or not. If Lasix triggers drainage, then it's not obstructed.

In our case, Lasix was not required.

Dose: 0.3-0.5 mg/kg in adults =20-40 mg, 80 mg or more for patents with renal failure or on chronic Lasix

Dose: 1 mg/kg in infants = 5-10 mg

Bladder needs to be empty - put in a Foley if needed.

#### Classification

- "Normal" = T1/2 < 10 minutes
- "Indeterminate for obstruction" = 10 20 minutes
- "Mechanical obstruction" = T1/2 > 20 minutes



### References:

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