

R.B.H.S.C.

SURNAME : STRAIN
FORENAME(S) : ADAM
CASENOTE : U91/12708
D.O.B./SEX : 04-AUG-91 /MALE

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ROYAL BELFAST
HOSPITAL FOR
SICK CHILDREN
BELFAST BT12 6BE

Form No. RBHSC102

ADAM STRAIN

CONSULTANT

WARD/CLINIC

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HOSPITAL NUMBER

X-RAY USE

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BILATERAL ANTEGRADE PYELOGRAM

Contrast was injected via the nephrostomy tubes. On the right side the T tube was in a dilated tubular structure presumably the renal pelvis which led into a dilated ureter. There was free leak of contrast from the T tube into the peritoneal cavity. On the right side the T tube appeared to lie in the upper ureter. A little retrograde flow occurred into a narrow upper pole calyx and some antegrade flow occurred into the mid third of the ureter. But again there was free spill of contrast from the tube into the peritoneal cavity.

PST 5.12.91

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050-027-281

RADIOLOGICAL REPORT

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Chest

RADIOLOGICAL REPORT

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HOSPITAL FOR
SICK CHILDREN
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17.8.13.13.13

CONSULTANT

WARD/CLINIC

X-RAY USE

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Form No. RBHSC102

17.8.13.13.13

2

Chest Normal heart shadow. The lungs are well aerated and clear.
The tip of the I.V. line is in the S.V.C.

P.S.T. 28.11.91

050-027-283

Date

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RADIOLOGICAL REPORT

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RADIOLOGICAL REPORT

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Form No. RBHSC102

4 ROYAL BELFAST HOSPITAL FOR SICK CHILDREN BELFAST BT12 6BE Form No. RBHSC102	FULL NAME		HOSPITAL NUMBER
	ADAM STRAIN		364377
	CONSULTANT	WARD/CLINIC MUSG..	X-RAY USE

RENALULTRASOUND

The kidneys have a bright echo pattern with loss of the normal renal architecture. The left is enlarged. The appearance would be in keeping with some type of cystic dysplasia. The ureters are markedly dilated. There is minimal distension of the renal pelvis. On comparison with the pre-operative ultrasound scan there has been no significant change. A small amount of acites is noted.

LES 27.11.91

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Officer Hospital

COPY TO :- DR. J. M. SAVAGE

SURNAME : STRAIN
FORENAME(S) : ADAM
CASENOTE : U91/12708
D.O.B./SEX : 04-AUG-91 /MALE
REPORT DATE : 16-OCT-91

RENOGRAM (MAG3) 07-OCT-91
Diagnostic Code 81.840

Both kidneys show poor function. The renogram of both kidneys show prolonged second phases with steadily rising curves throughout the examination. Forced diuresis was not used as false positive results may occur at this age group especially with dysplastic kidneys.

The appearances suggest but are not completely diagnostic of bilateral obstruction.

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