Kazan State Medical University

topic :radionuclide examination of urinary tract

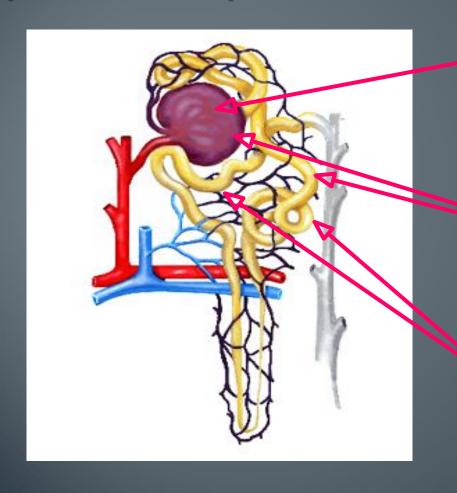
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Radionuclide diagnostics methods

- Noninvasive
- Are primarily physiologic
 - Functional
- Does not provide the same anatomic details
- As morphologic method (X-ray,US,CT,MRI)

Radiopharmaceuticals Mechanisms of excretion

you can see in the picture



Glomerular tratio DTPA

Tubular secretion

99mTc MAG3

 ^{131}I , $^{123}I - OIH$

Tubular fixation

99mTc DMSA

99m_{TC}

Radionuclide Examination

- Nuclear medicine is a medical specialty involving the application of radioactive substances in the diagnosis and treatment of disease.
- In nuclear medicine procedures, radionuclides are combined with other elements to form chemical compounds, or else combined with existing pharmaceutical compounds, to form radiopharmaceuticals. These radiopharmaceuticals, once administered to the patient, can localize to specific organs or cellular receptors
- There are several techniques of diagnostic nuclear medicine.
- Scintigraphy
- PET
- SPECT

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The radiotracer, injected into a vein, emits gamma radiation as it decays. A gamma camera scans the radiation area and creates an image.



Radionuclides

- Three basic classes of radionuclide are employed in nuclear renography.
 - Filtered agents

Excreted agents

Cortical imaging agents

Filtered Radionuclides

- DTPA and MAG3 are filtered through the glomerulus. This
 is useful in evaluating:
 - Perfusion
 - Vascular supply
 - Filtration
 - Measuring renal function (glomerular filtration rate)
 - Drainage
 - Detects obstruction

Excreted Radionuclides

- MAG3 and Hipuran are excreted by the renal tubules.
 - These radionuclides are helpful in evaluating patients with:
 - Diminished renal function
 - Kidney transplants
- MAG3 is both filtered and excreted so some radiologists prefer it to other radionuclides

Cortical Imaging Radionuclides

- DMSA and Glucoheptonate are accumulated in the cortex so they are helpful in evaluating:
 - Renal scarring from chronic infection
 - Infarction
 - ·Renal mass
 - Differential renal mass (proportion of total renal mass contributed by each kidney)

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Radionuclide examination

- There are two main radionuclide techniques for studying the kidneys:
- The Renogram which measures renal function. Scans of renal morphology (DMSA scan). The advent of CT and ultrasound has reduced the need for such scans. They are now used mainly for evaluating renal scanning.

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Photograph of a bone scanner Copyright © Cancer Research UK

Radiopharmaceticals

99mTc-DTPA – Diethylentriamine pentaacetic acid

belongs to the group of chelate compounds is excreted from kidneys through glomerular filtration with a half-life of 70 minutes it is the most suitable substance for measuringglomerular filtration (GFR) and good imaging of renal parenchyma

Radiopharmaceticals

99mTc-MAG3 - Mercapto-acetyltriglycine

- -is one of the newly developed radiopharmaceuticals
- -is rapidly excreted by the kidneys via active tubular secretion and minor part via glomerular filtration
- -organic anions (which include MAG3) have a carboxyl group
- which specifically binds to the receptors of tubular cells mediating
- the active transport of MAG3 into the cells of the proximal tubulus
- -with normal renal function 70% of the administered activity of the
- radiopharmaceutical (RP) is excreted within 30 minutes after the
- application

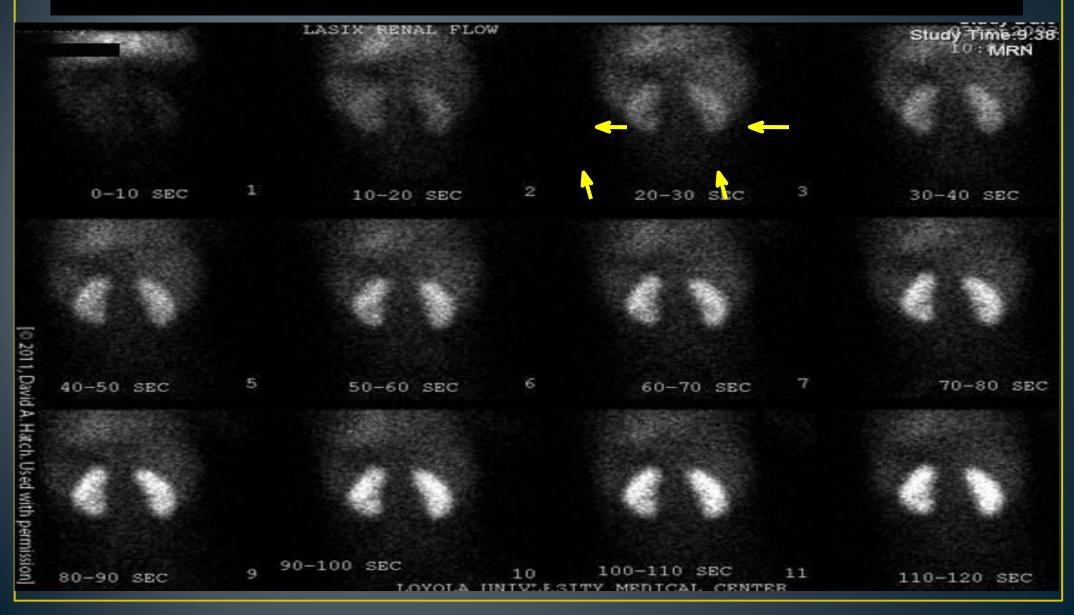
Dynamic renal study

Radiopharmaceutical 99mTc - MAG3

Patient Preparation

adequately hydration prior to the examination it is recommended to drink 100 ml of liquids per 10 kg of the body weight 30 min prior the examination empty bladder p.are requested to void completely prior to the study

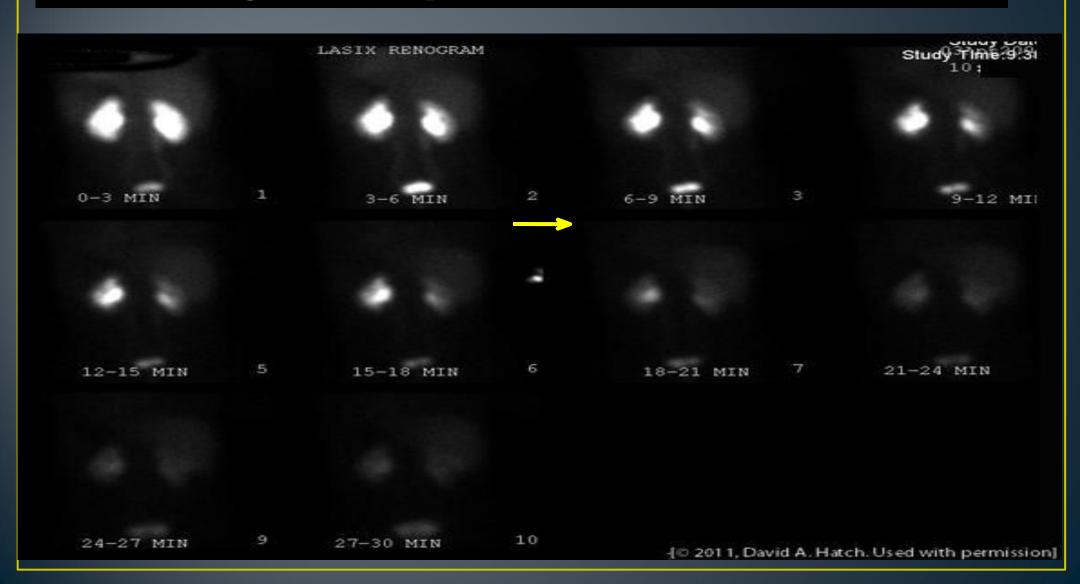
Perfusion Panel



Perfusion Panel

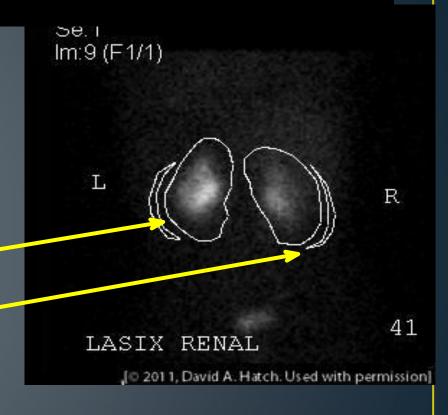


Excretion / Drainage Panel

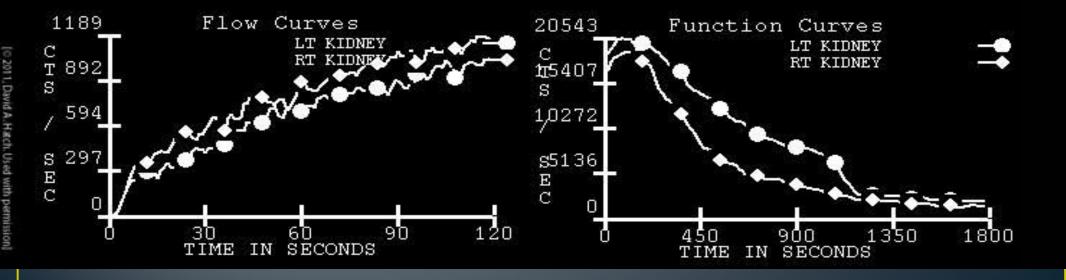


Curves / Analysis Panel

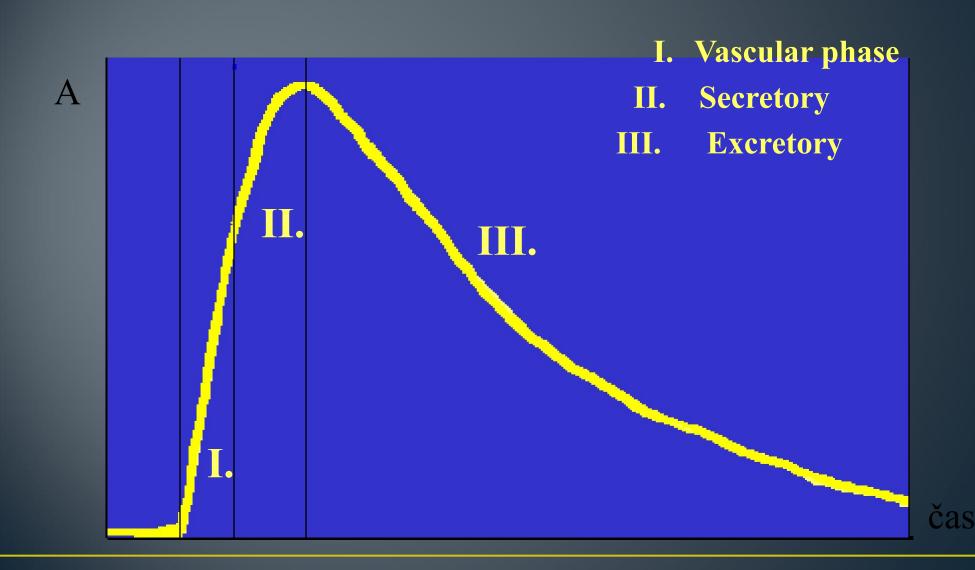
- Area of interest
 - This is a graphical representation of the area from which radioactivity is measured in the analysis. There are two such areas for each kidney.
 - Kidney area
 - Background area
 - The radioactivity detected in the background area is subtracted from that detected from the kidney to eliminate background noise.



 Normally, the curves show rapid uptake (flow curve on left) and rapid drainage (function curve on right). Each kidney is plotted separately (see labels) on each graph.

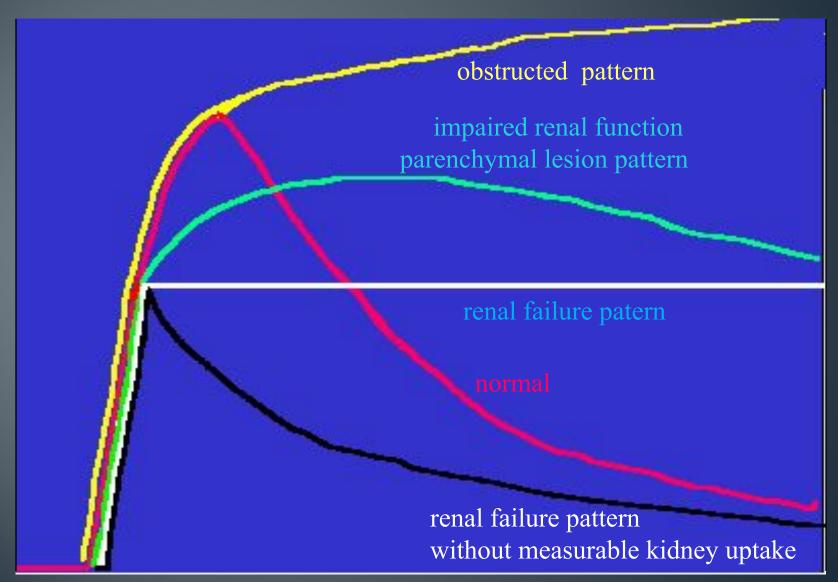


Normal renogram curve



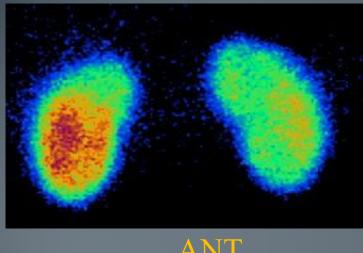
Patterns of renographic curves

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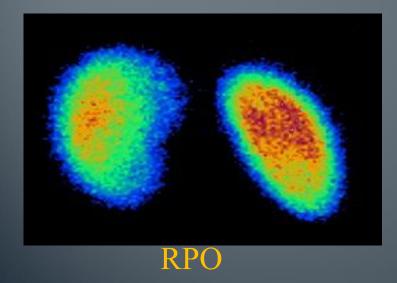


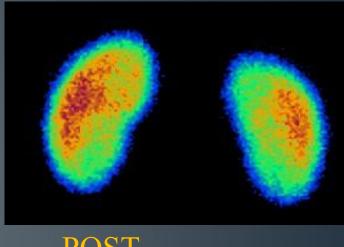
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Normal renal scan

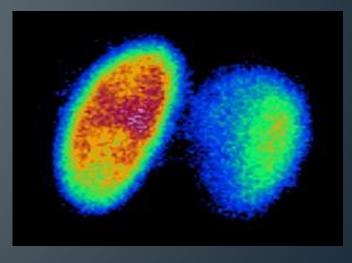








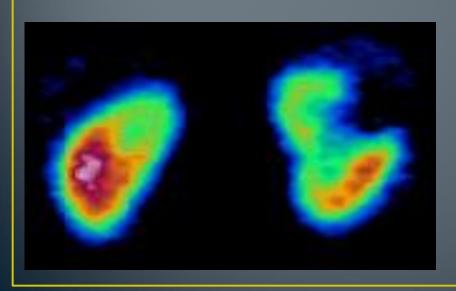
POST



LPO

Evaluation

- number of kidneys
- position
- size
- shape
- the size, number and location of areas cortical loss
- split renal function



Note!

Cortical "cold" defect may be due to

different etiology:

tumor, abscess, cysts

alrealdy is necesarry to compare with US

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Thank You!!!!