

Fig. 18.1. Regions of the abdomen.

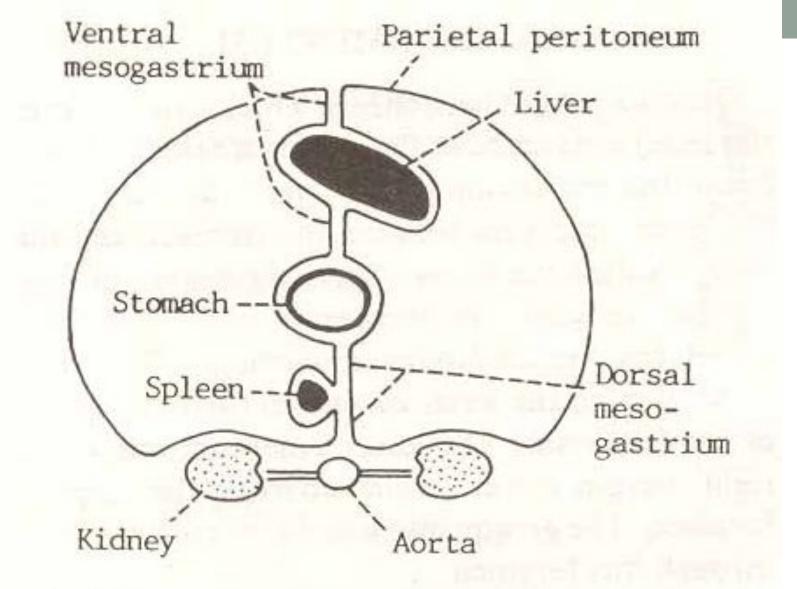


Fig. 18.5. Transverse section through the embryonic foregut showing the ventral and dorsal mesogastria and their divisions.

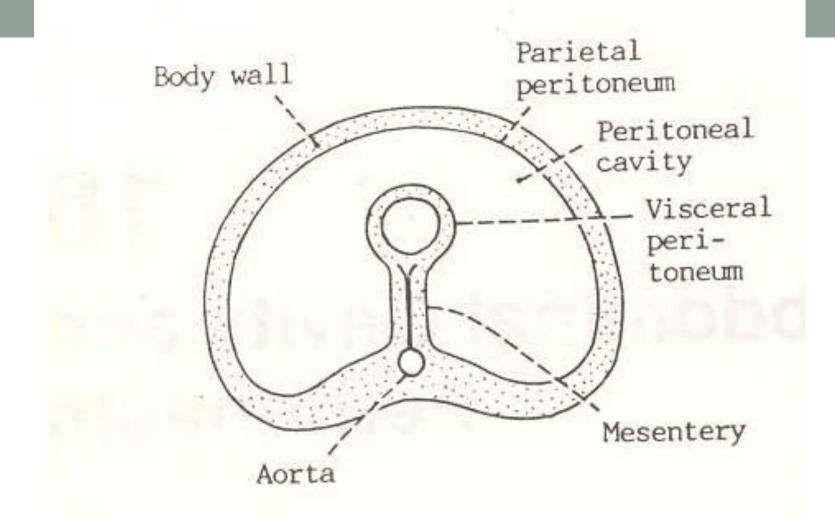


Fig. 18.2. Diagrammatic transverse section of the abdomen showing the arrangement of the peritoneum. The peritoneal cavity is actually a potential space and not so spacious as shown.

Gut Mesentery Organ is Mesentery Mesentery now retrofused to present peritoneal parietal peritoneum

Fig. 18.3. Scheme to show how a loop of gut may lose its mesentery.

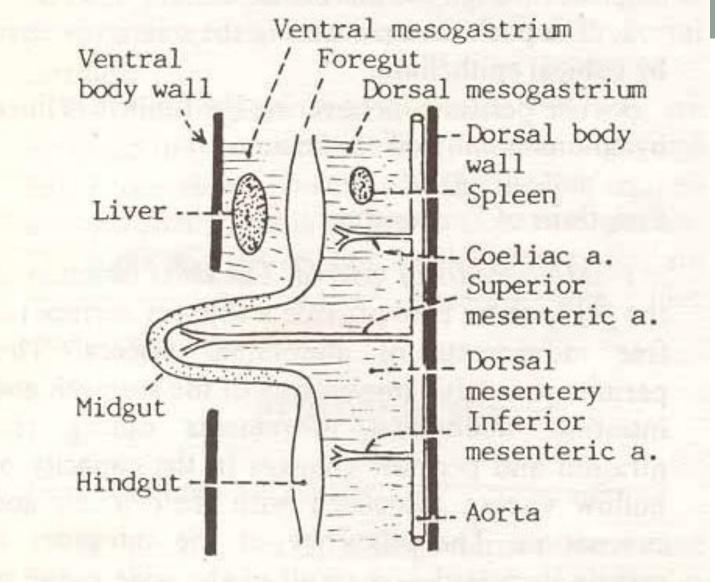
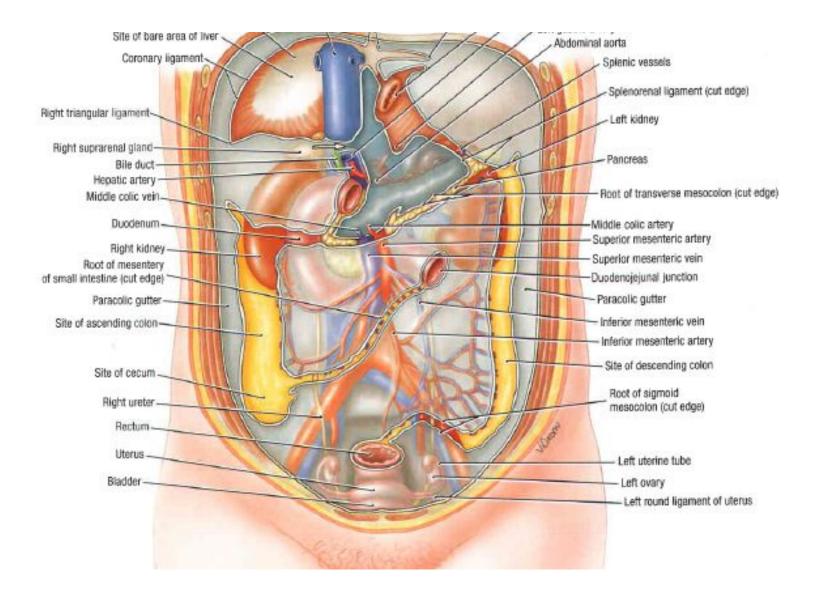


Fig. 18.4. Three parts of the primitive gut with their arteries and mesenteries.



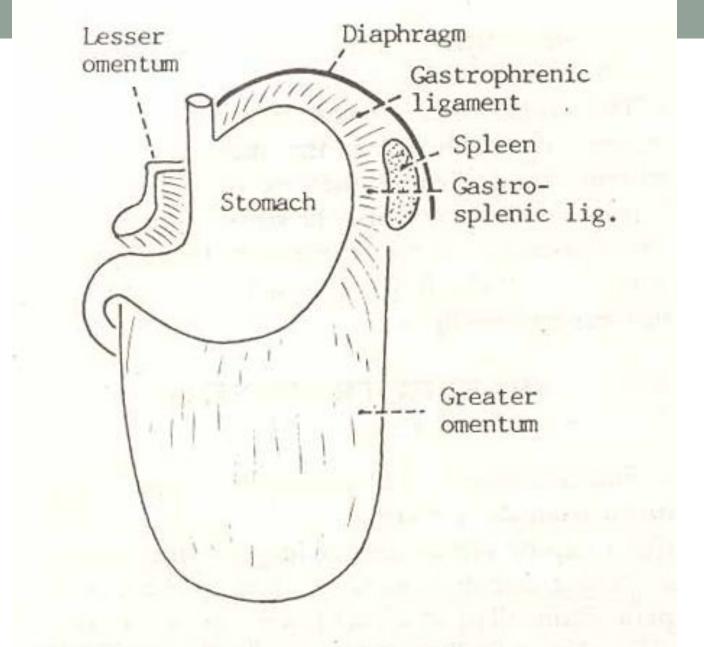


Fig. 18.7. Anterior view of the peritoneal folds attached to the greater and lesser curvatures of the stomach.

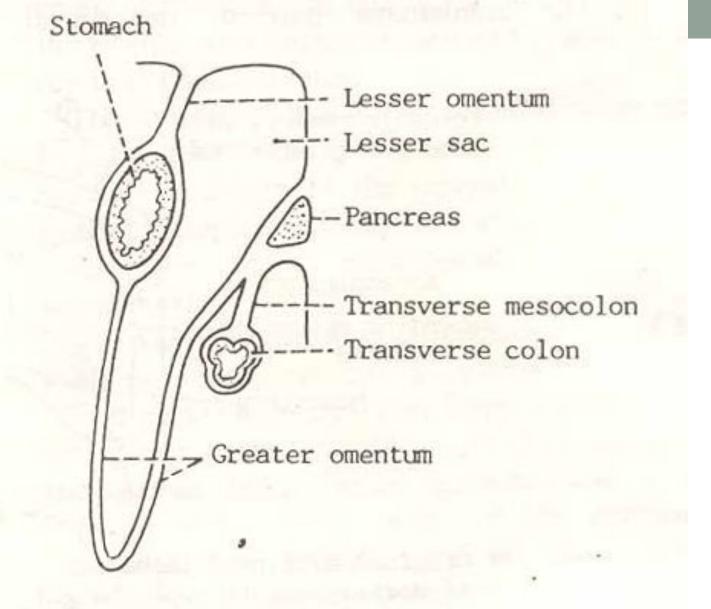
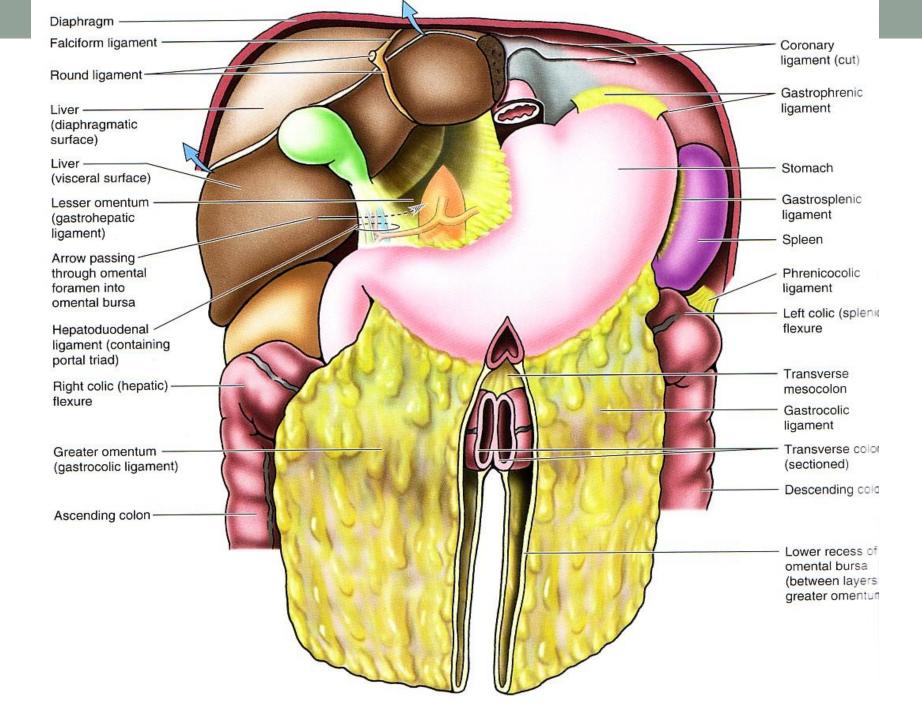
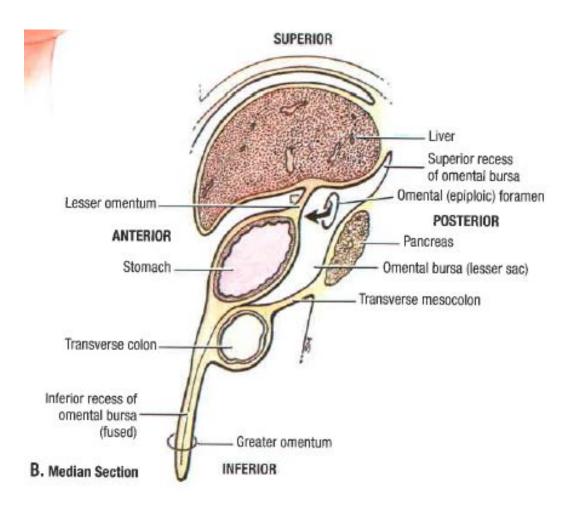
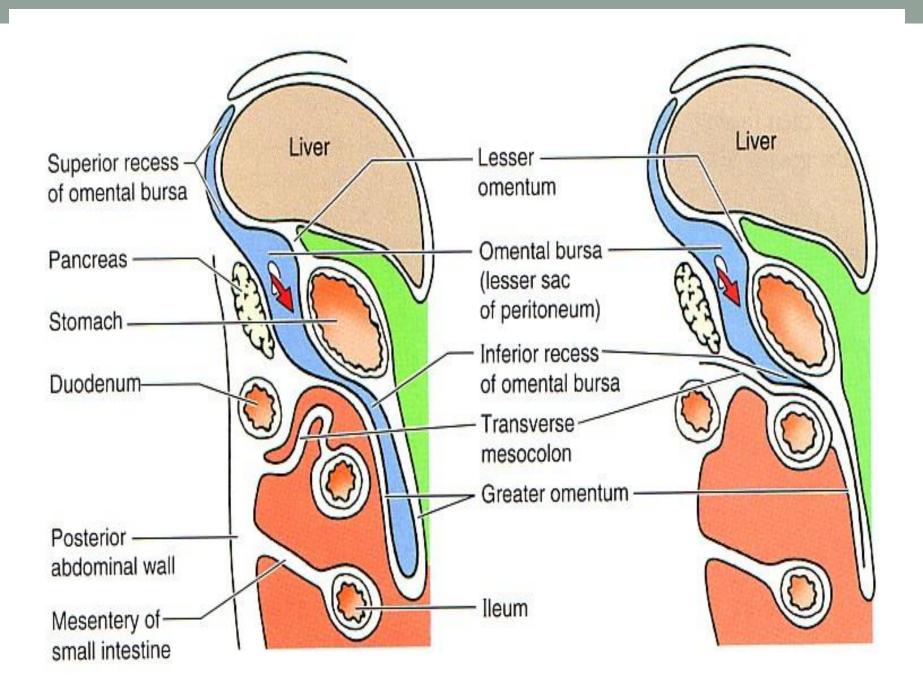
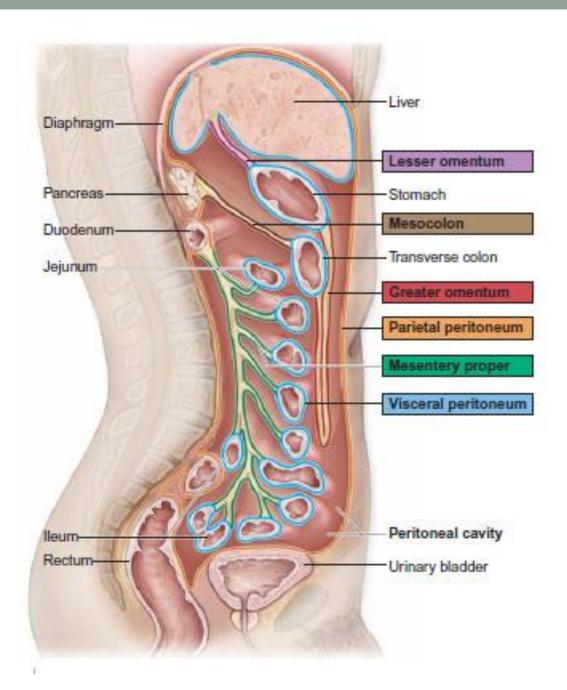


Fig. 18.8. Left view of a sagittal section of the abdomen showing the greater and lesser omenta and the transverse mesocolon.









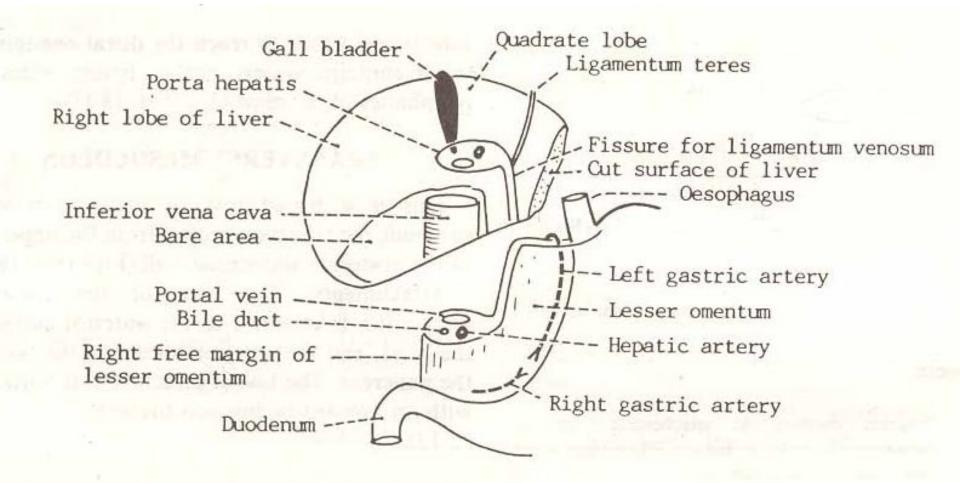


Fig. 18.9. The attachments and contents of the lesser omentum. The liver has been turned upwards so that its posteroinferior surface can be seen.

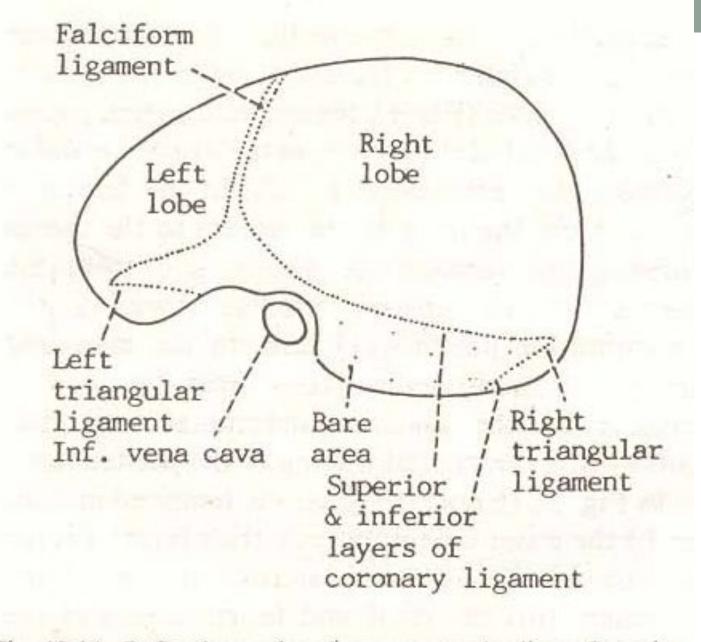


Fig. 18.14. Reflections of peritoneum on the liver. Superior aspect.

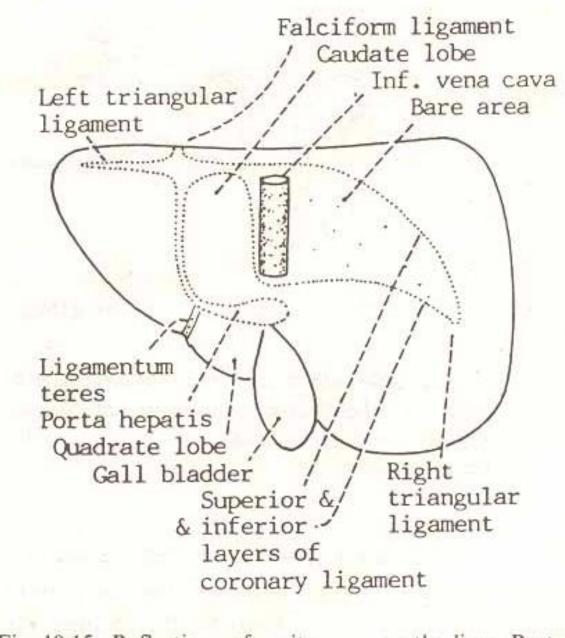
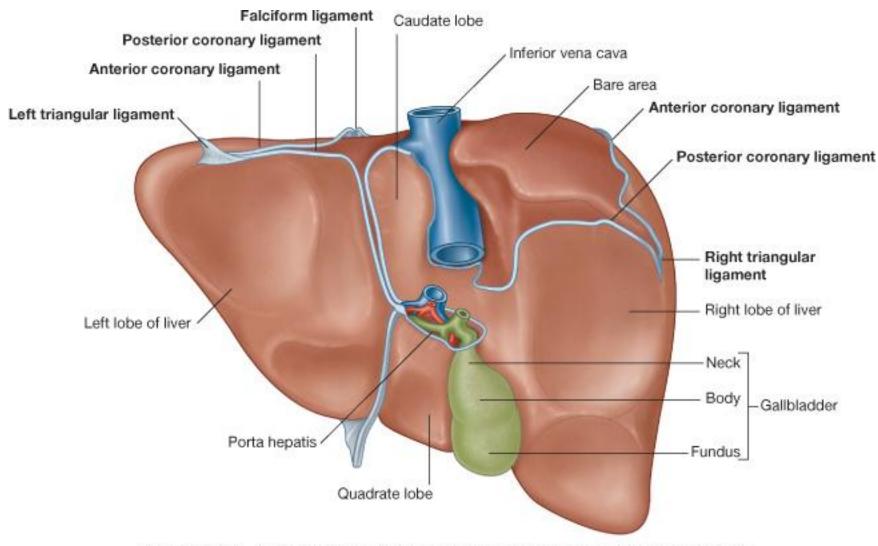
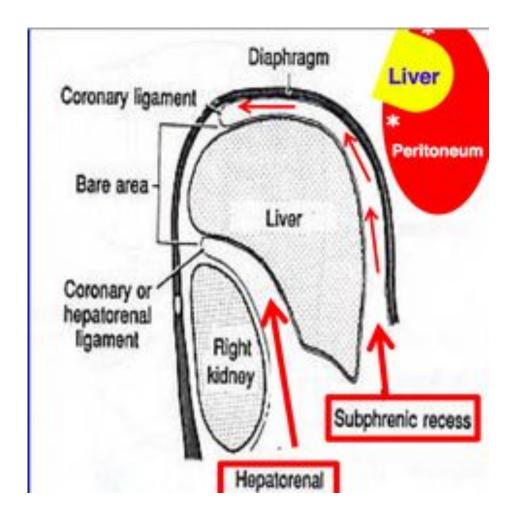
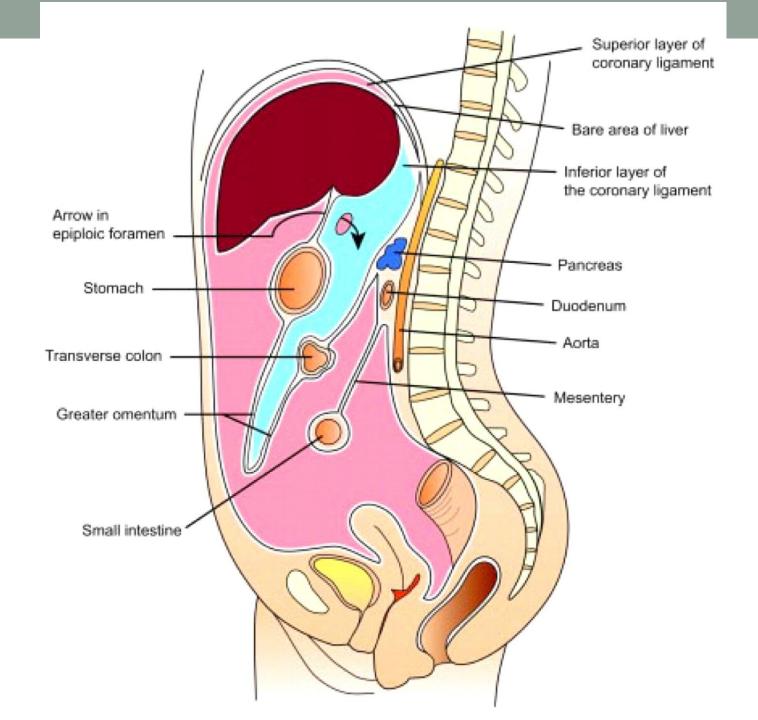


Fig. 18.15. Reflections of peritoneum on the liver. Posterior aspect.



© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com





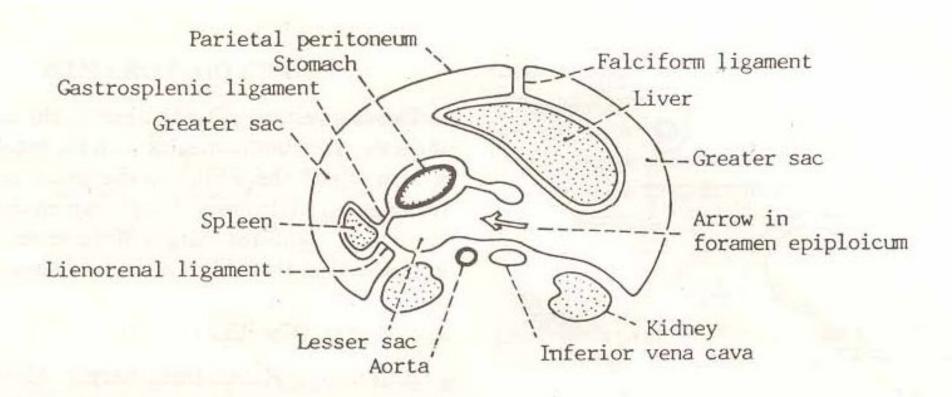


Fig. 18.17. Horizontal section through the supracolic compartment of the abdomen showing the horizontal disposition of the peritoneum.

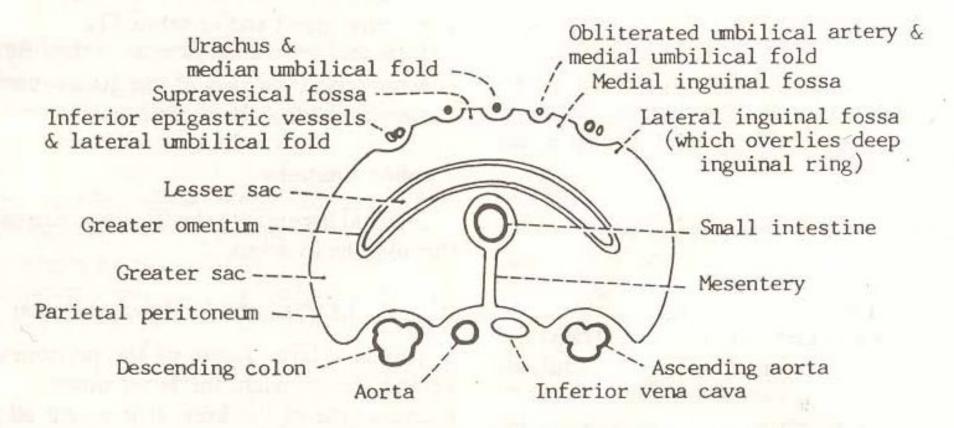


Fig. 18.18. Horizontal section through infracolic compartment of the abdomen showing the horizontal disposition of the peritoneum.

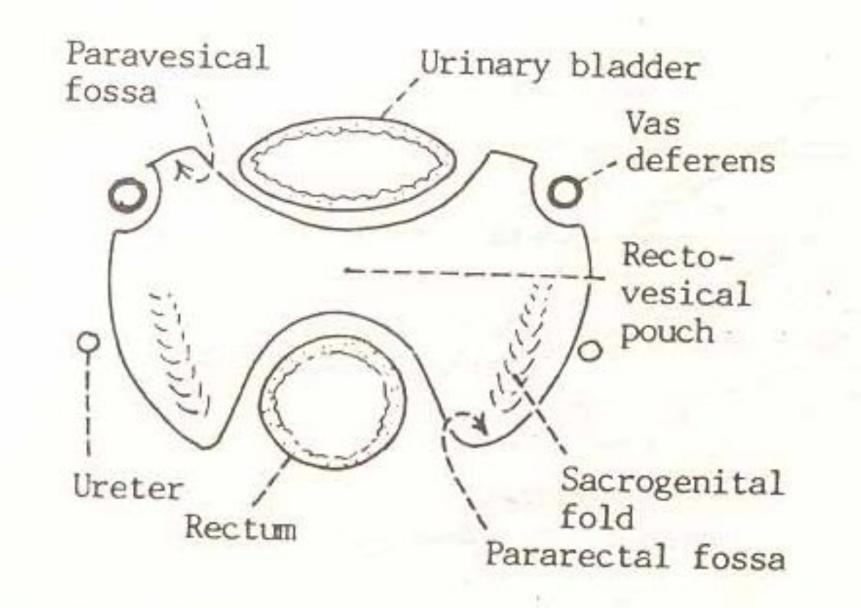


Fig. 18.19. Horizontal section through the male pelvis showing the horizontal disposition of the peritoneum.

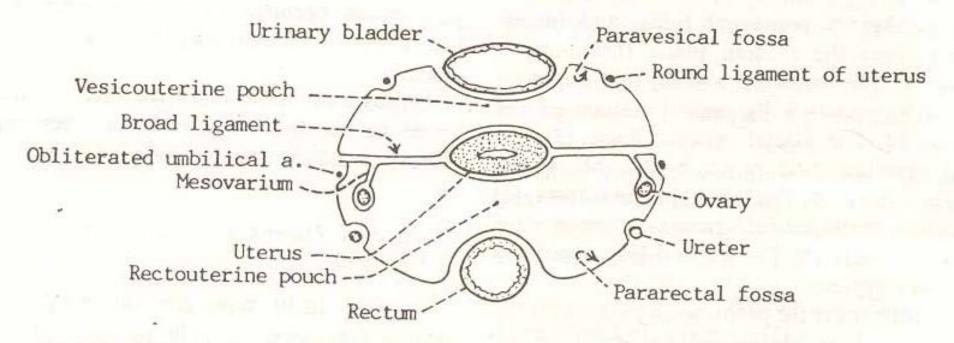


Fig. 18.20. Horizontal section through the female pelvis showing the horizontal disposition of the peritoneum.

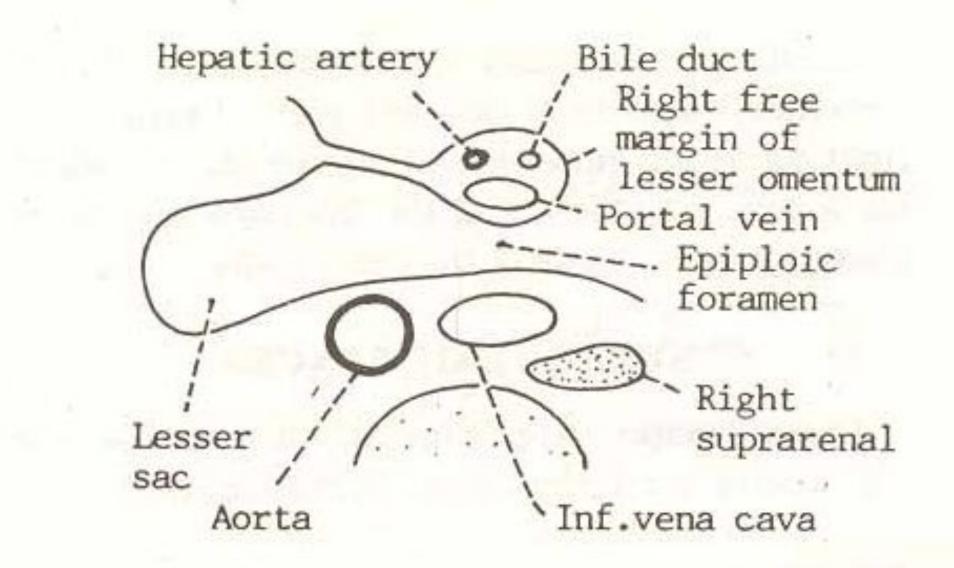


Fig. 18.21. Epiploic foramen as seen in a transverse section at the level of the twelfth thoracic vertebra.

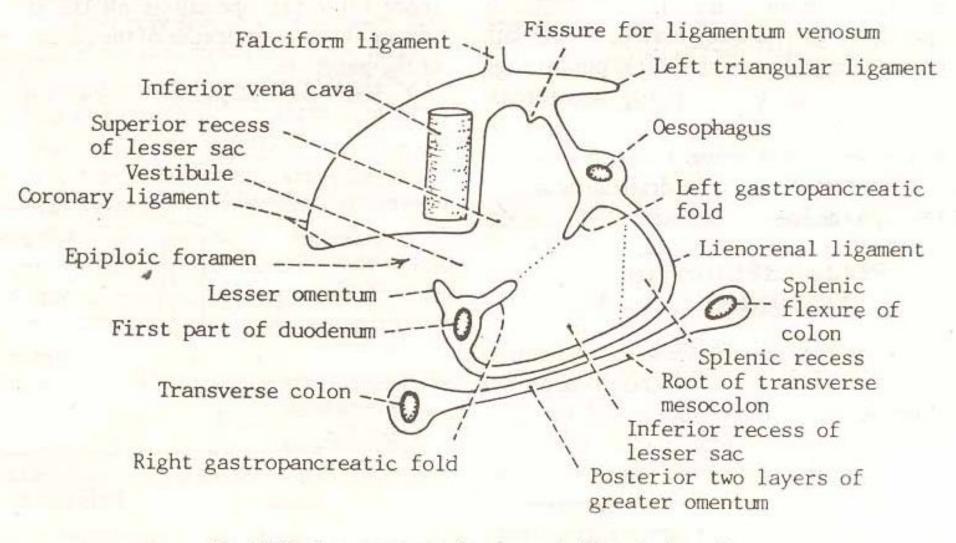


Fig. 18.22. Lesser sac seen after removal of its anterior wall.

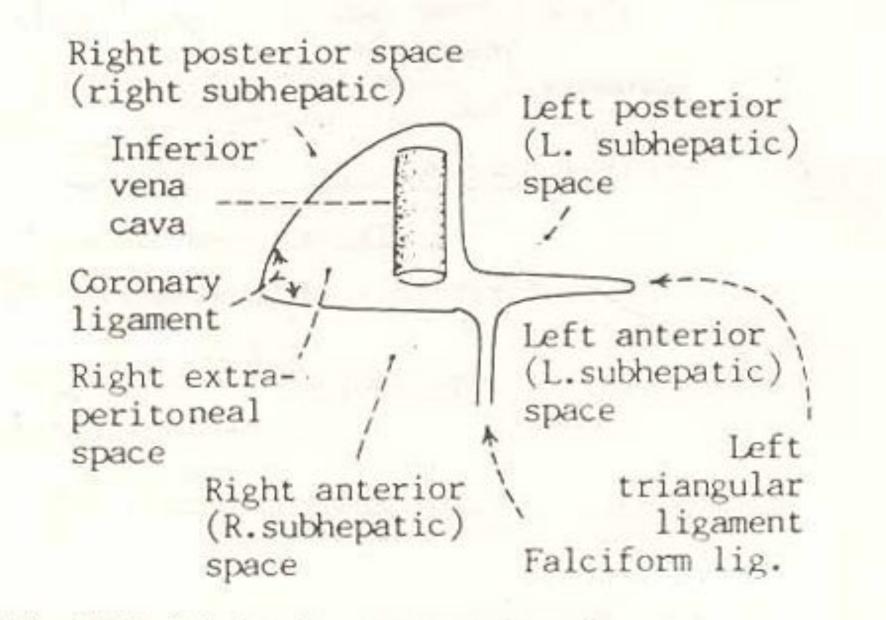


Fig. 18.23. Subphrenic spaces shown in relation to the peritoneal reflections on the liver.

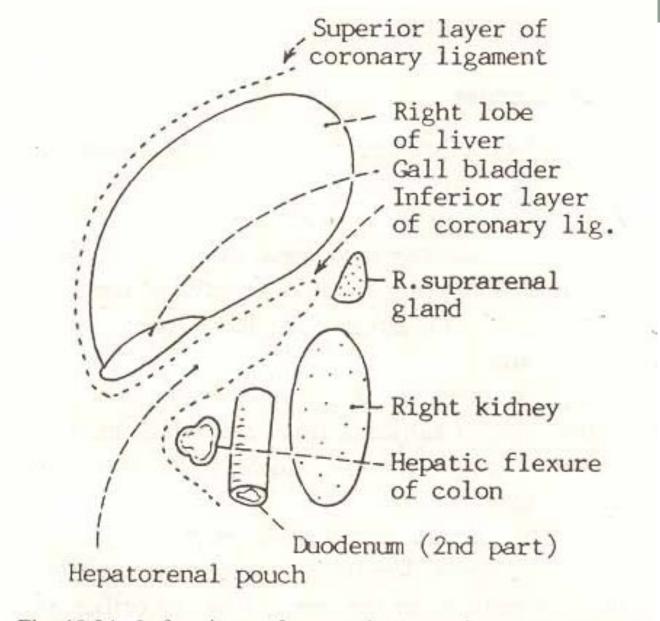
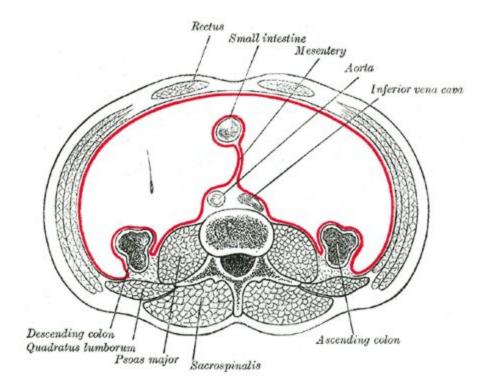
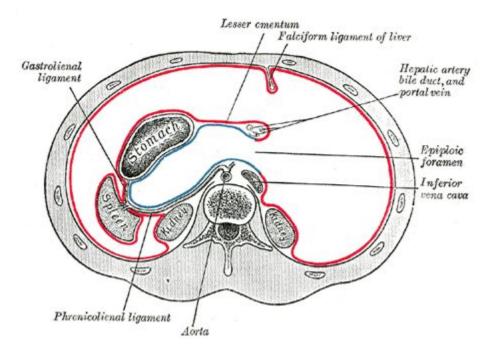
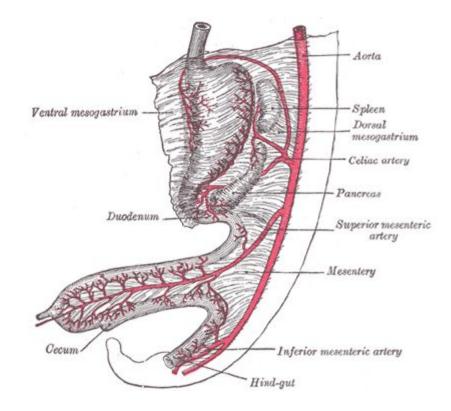
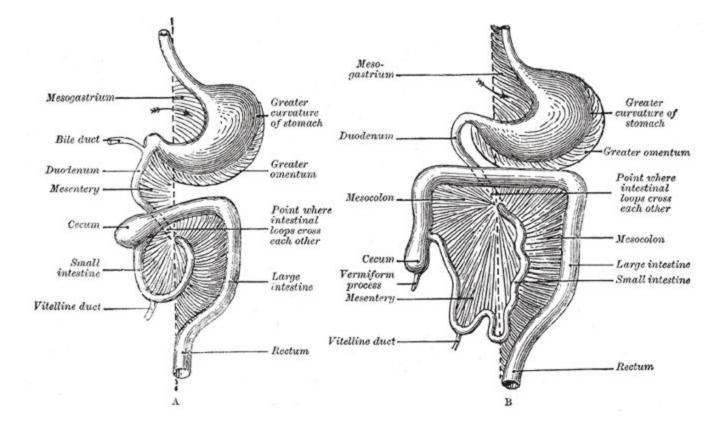


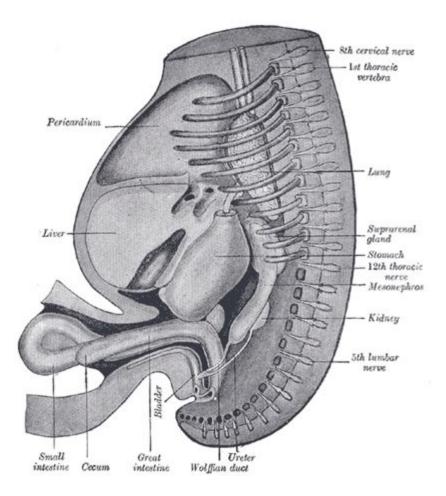
Fig. 18.24. Left view of a sagittal section through the hepatorenal pouch.

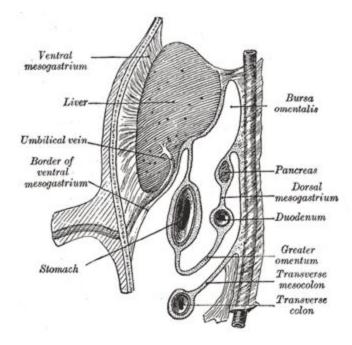


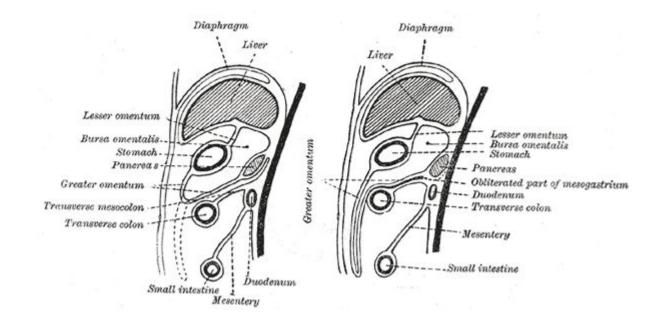




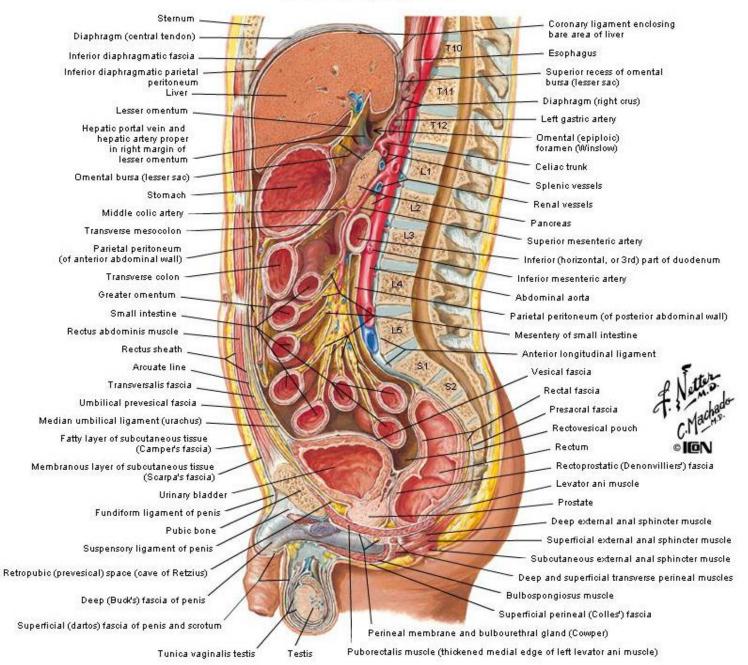


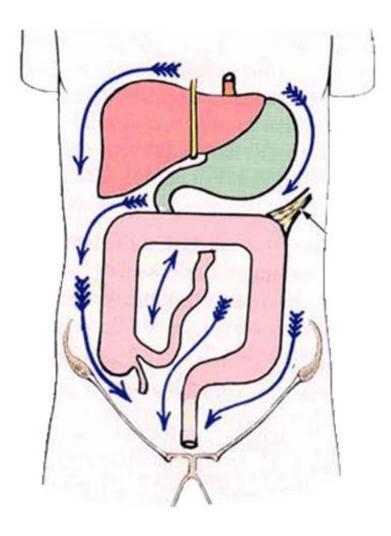






Abdominal Wall and Viscera Median (Sagittal) Section





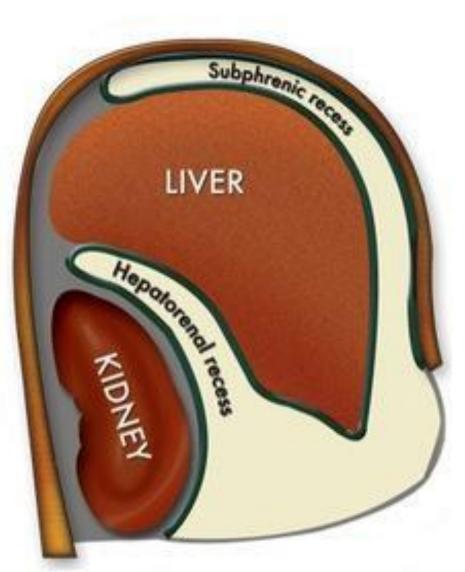
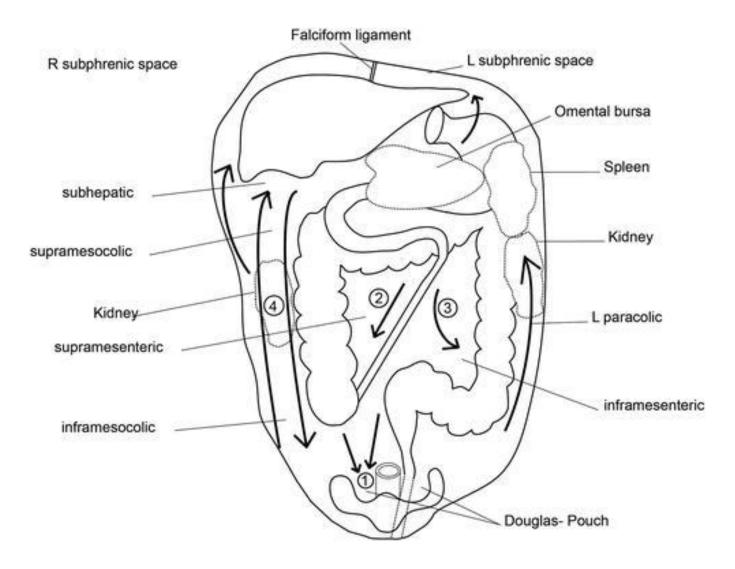
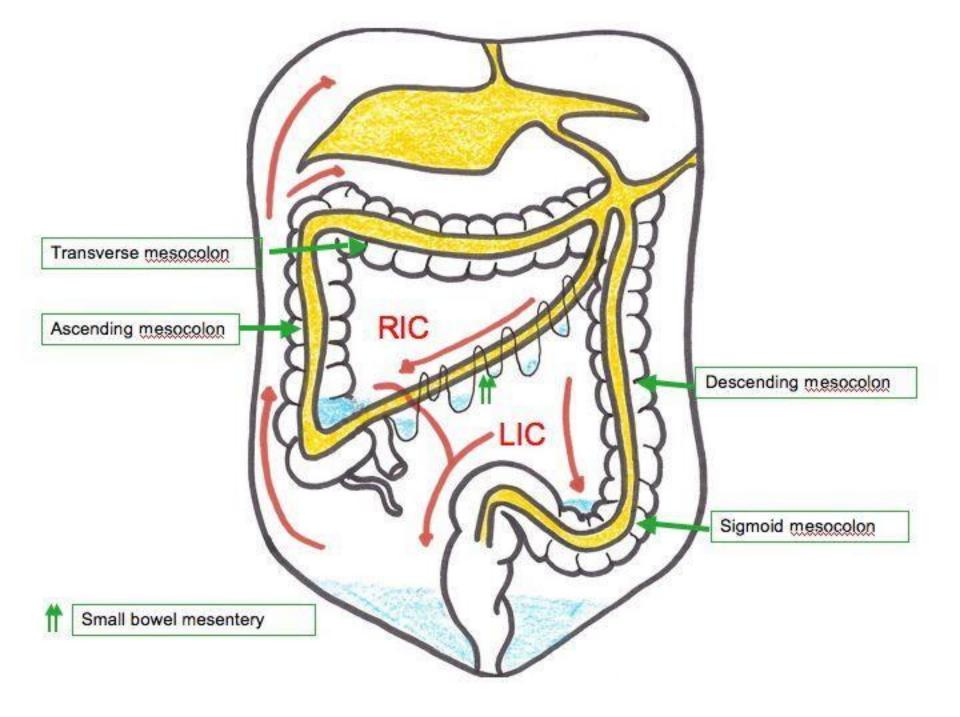
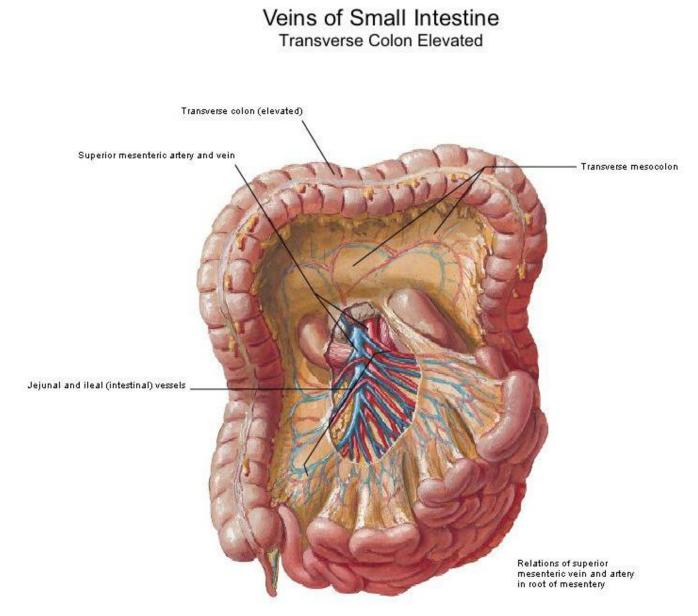


Figure 2. Schematic diagram depicting the perihepatic peritoneal recesses.

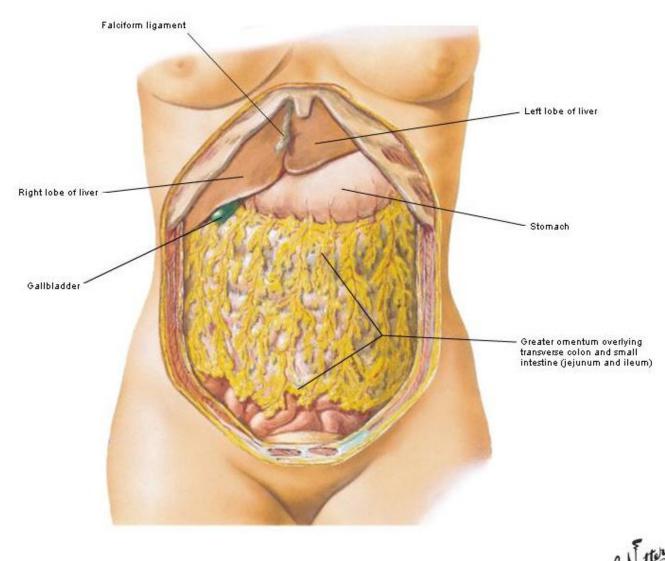






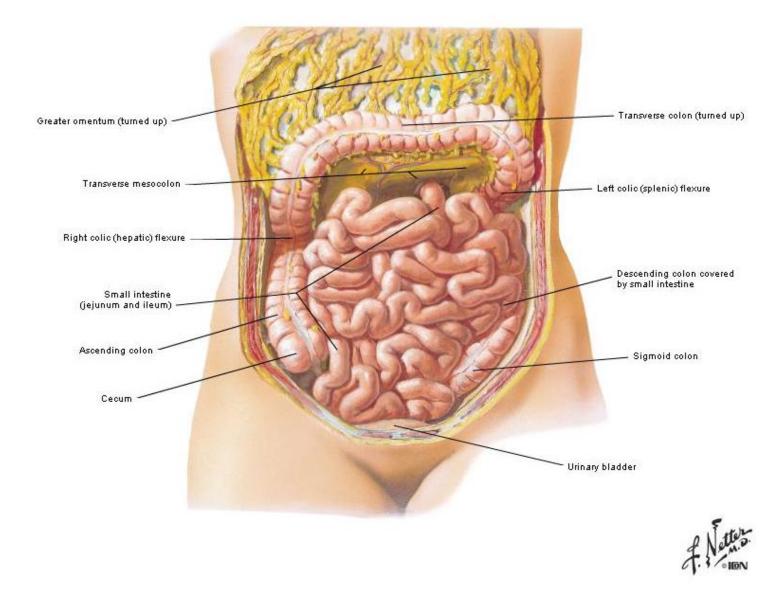


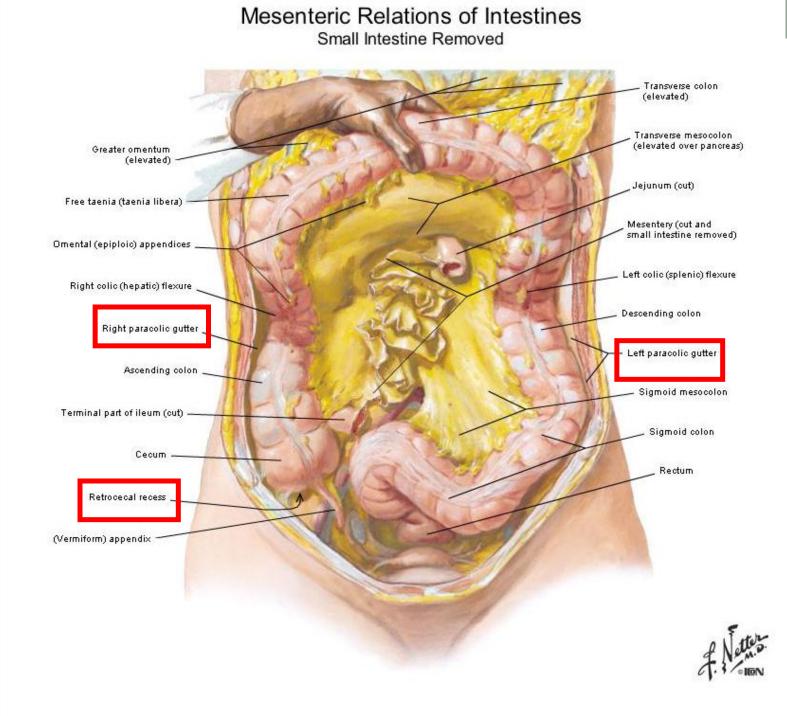
Greater Omentum and Abdominal Viscera



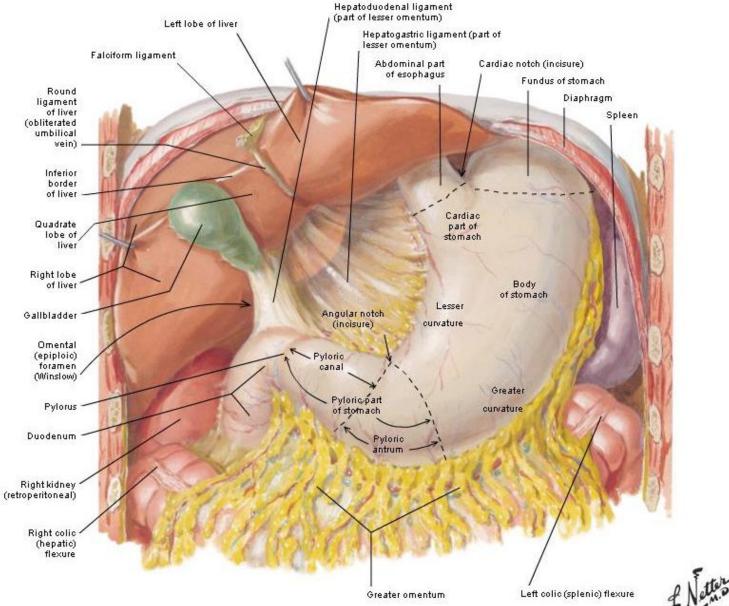


Greater Omentum and Abdominal Viscera Omentum Raised





Stomach In Situ



Epiploic foramen

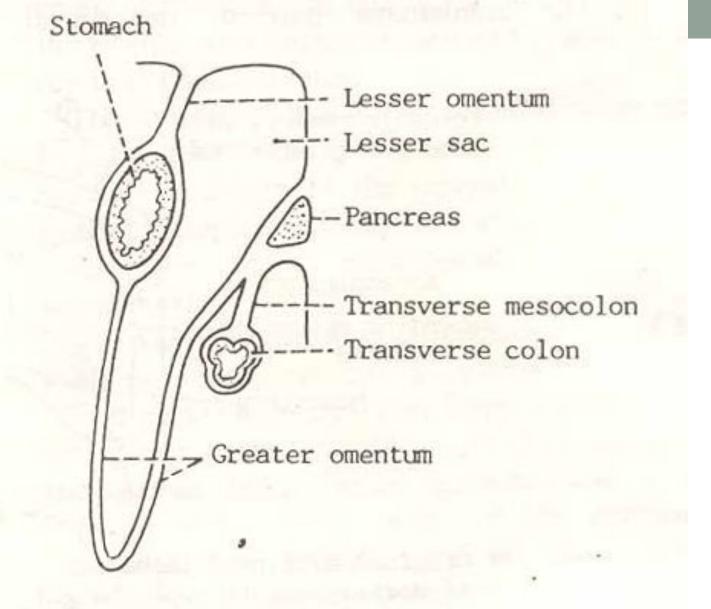
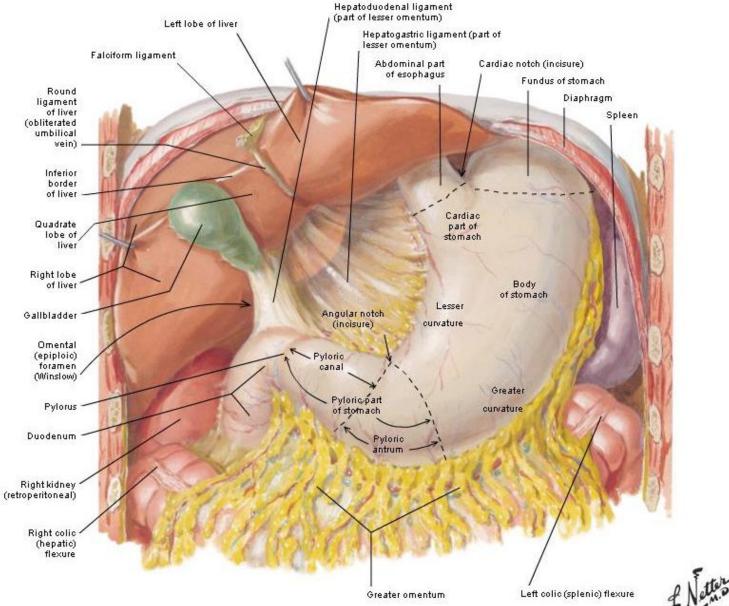
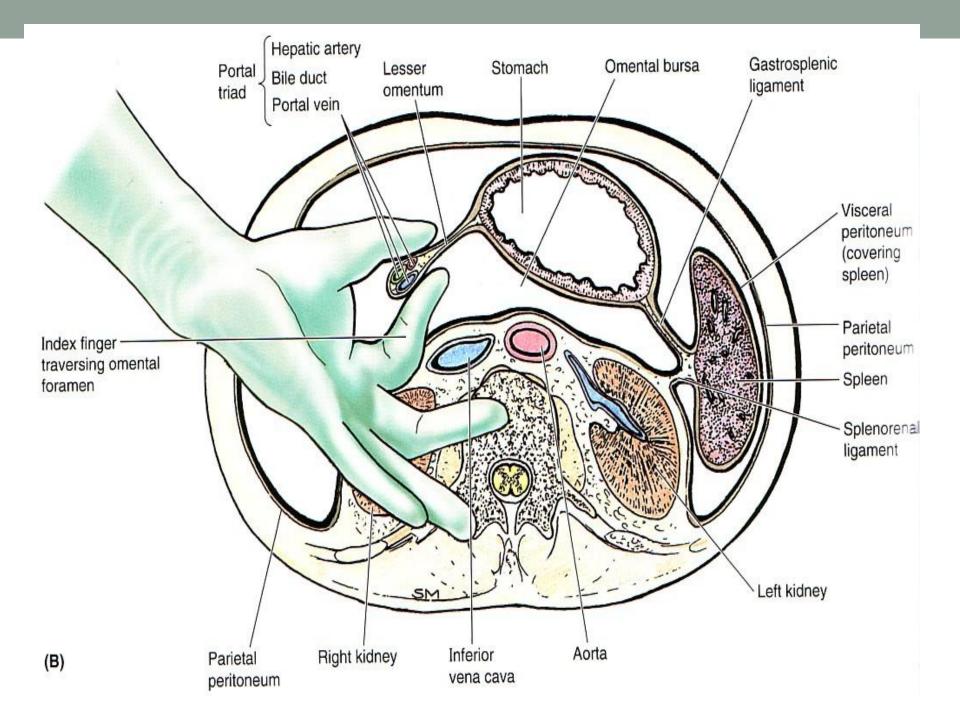
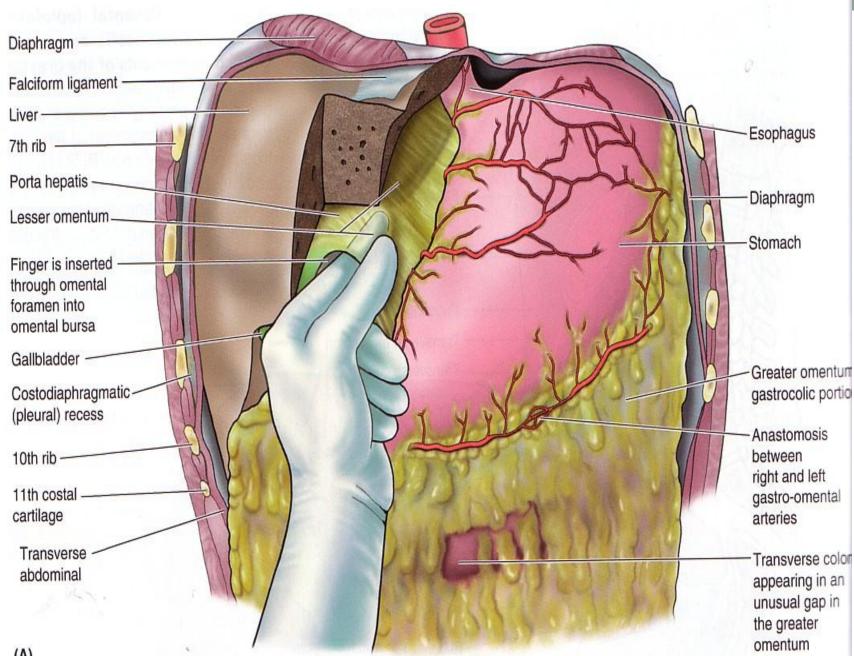


Fig. 18.8. Left view of a sagittal section of the abdomen showing the greater and lesser omenta and the transverse mesocolon.

Stomach In Situ







Meso.... attachment

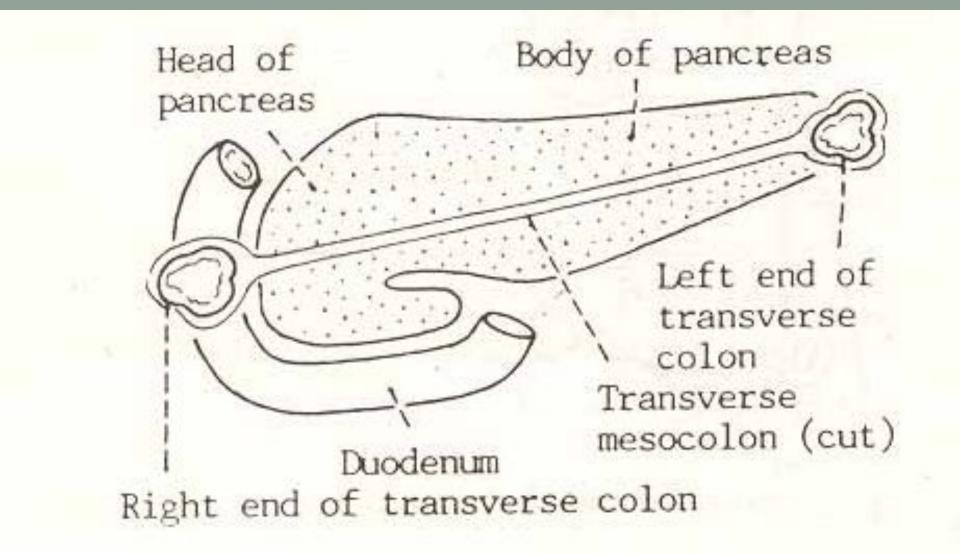


Fig. 18.12. Attachment of the root of the transverse mesocolon.

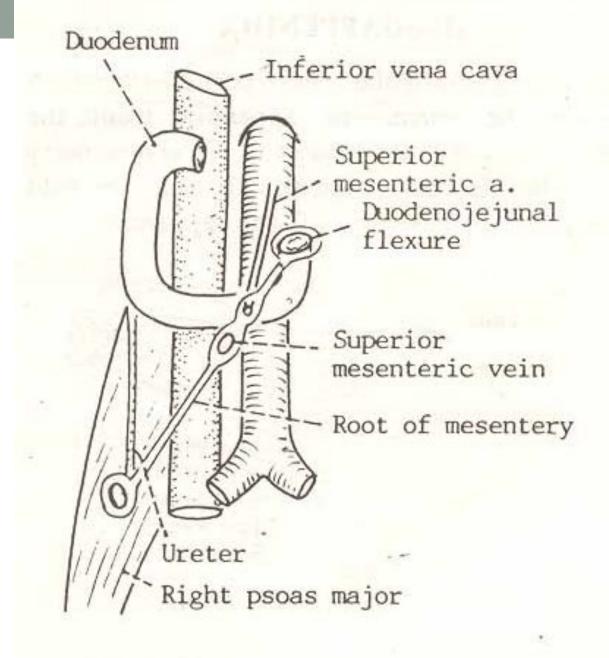
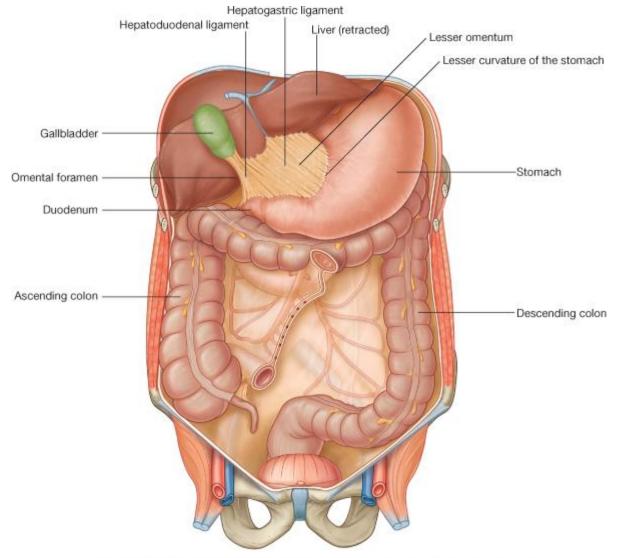


Fig. 18.10. Structures crossed by the mesentery.



© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

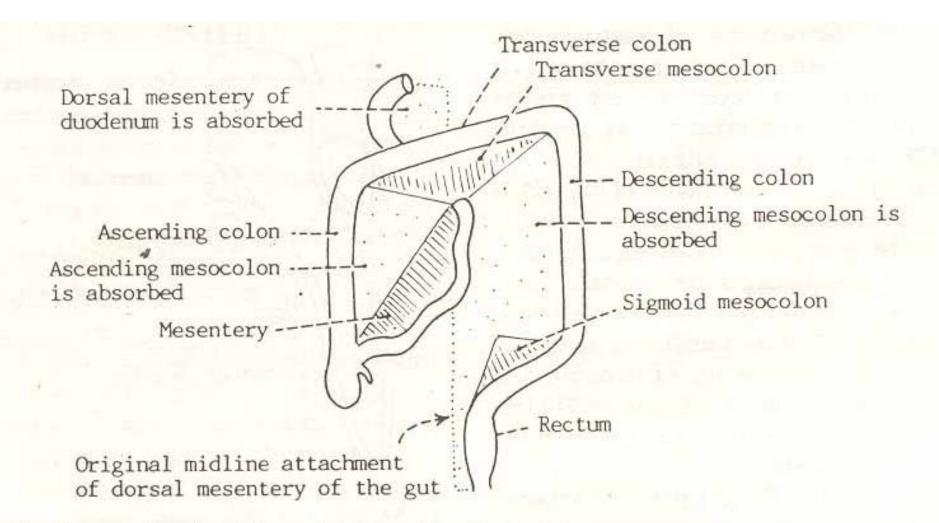


Fig. 18.6. Anterior view of the small and large intestines showing the parts of the dorsal mesentery that persist and other parts which are absorbed.

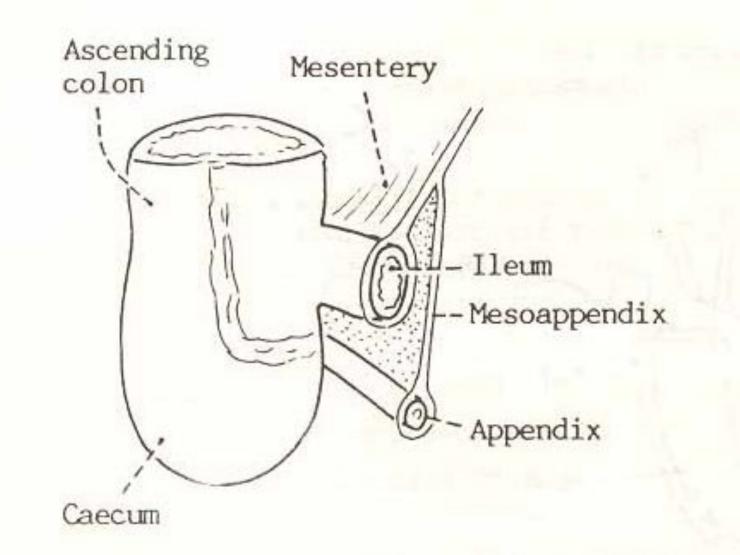


Fig. 18.11. Diagram showing the attachement of the mesoappendix to the posterior (left) surface of the lower end of the mesentery.

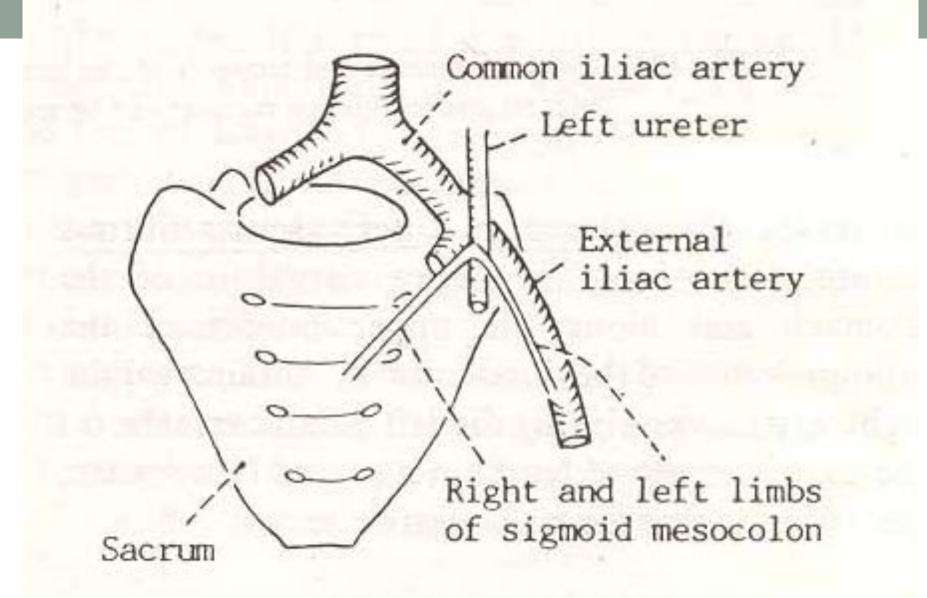
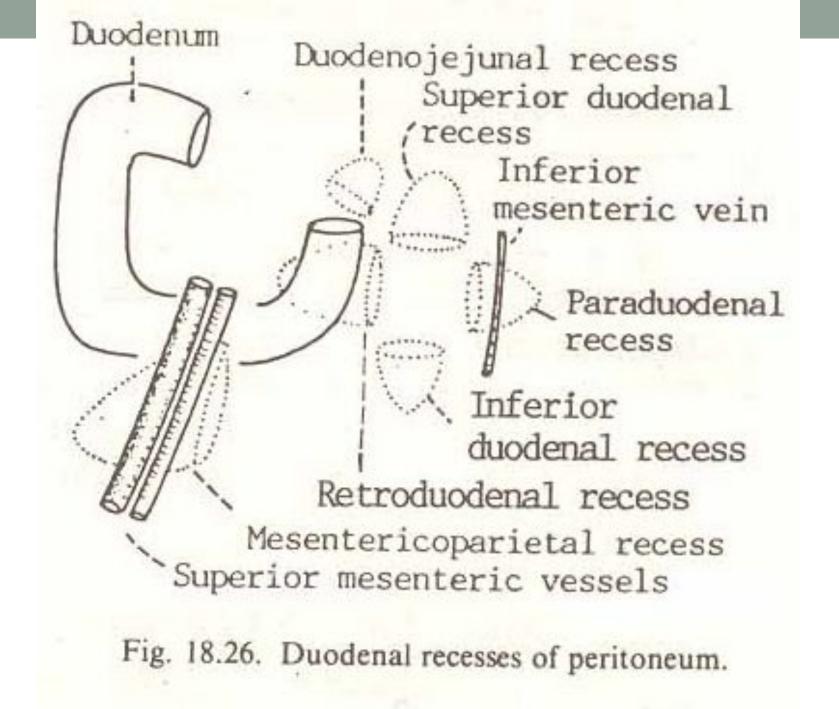
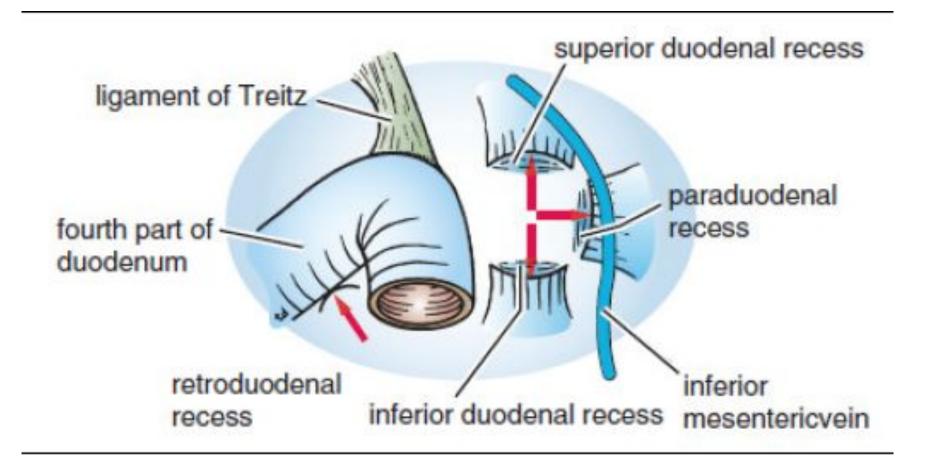


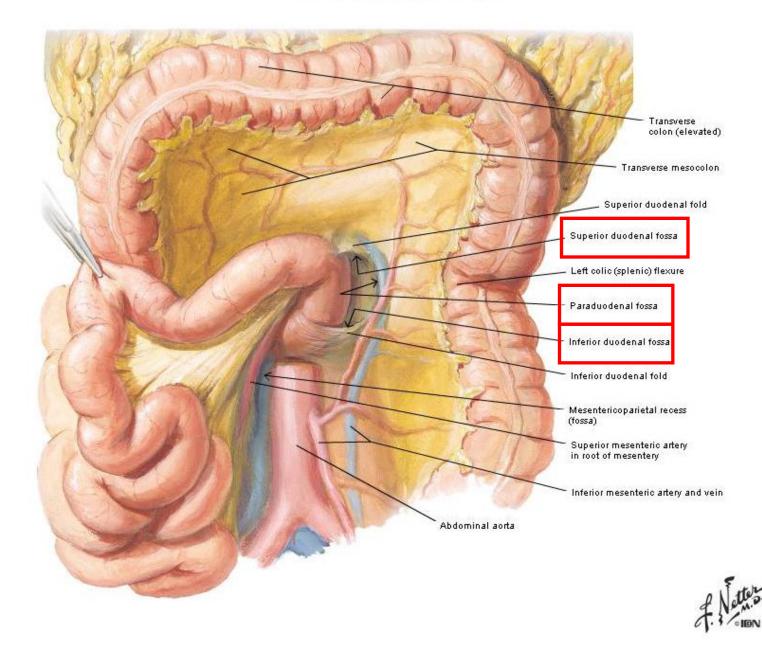
Fig. 18.13. Attachment of the root of the sigmoid mesocolon.

Abdominal recess





Mesenteric Relations of Intestines Transverse Colon Elevated



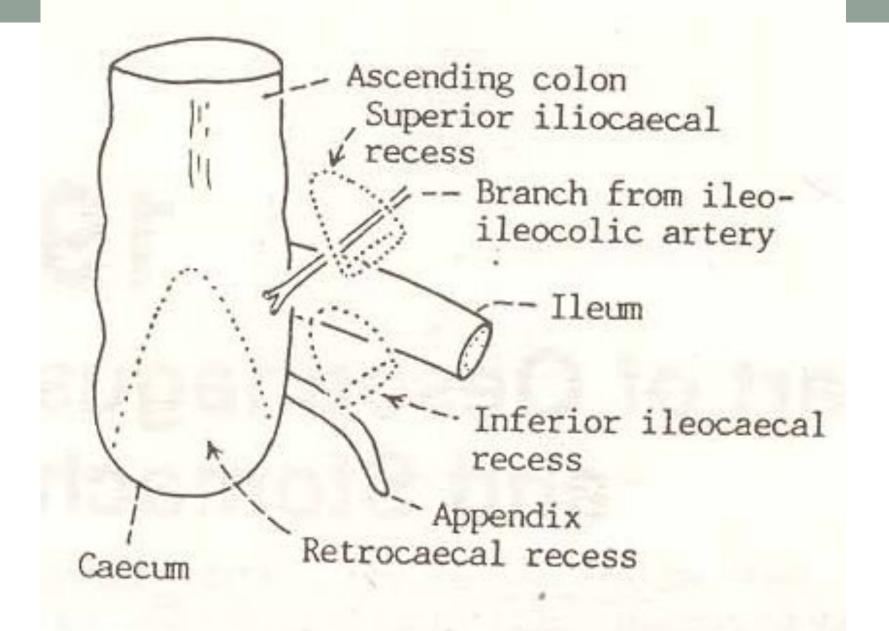


Fig. 18.27. Caecal recesses of peritoneum.

Left ureter Intersigmoid recess Sigmoid mesocolon Sigmoid colon

Fig. 18.28. Intersigmoid recess of peritoneum.

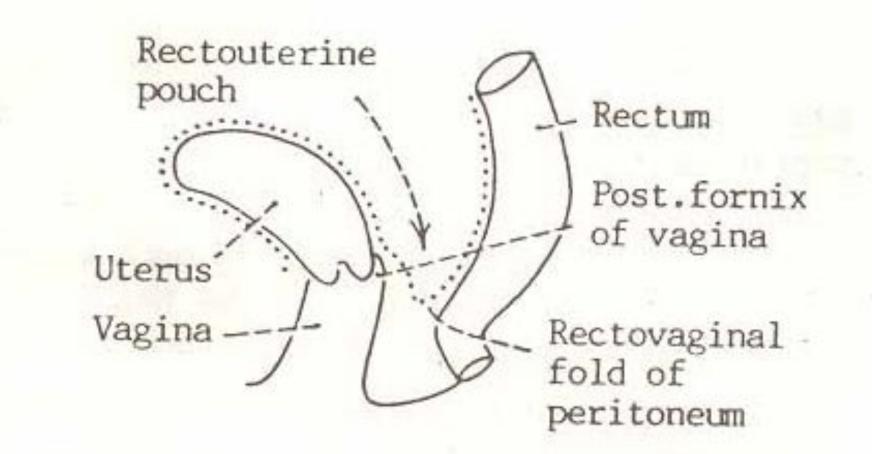


Fig. 18.25. Left view of a sagittal section through the rectouterine pouch.

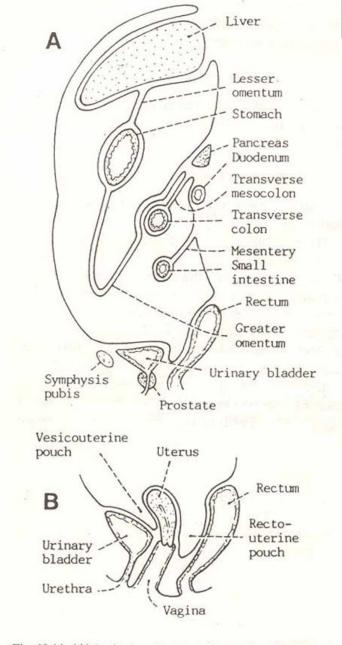
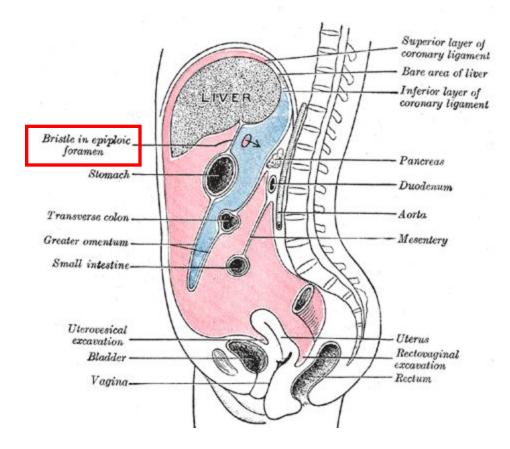
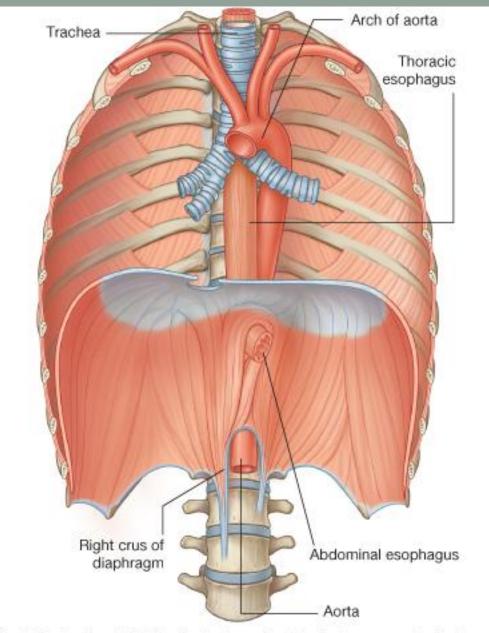
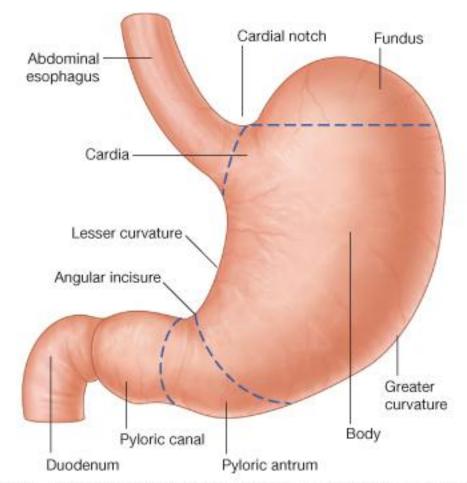


Fig. 18.16. (A) Sagittal section through the abdomen(male) to show the reflections of peritoneum. (B) Sagittal sections through a female pelvis showing the peritoneal reflections.



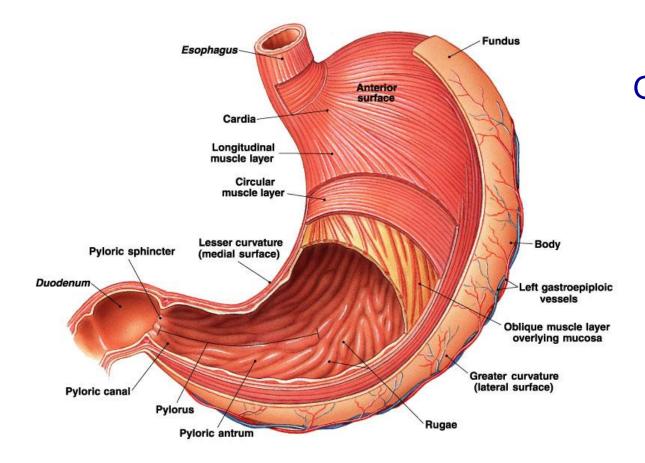


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

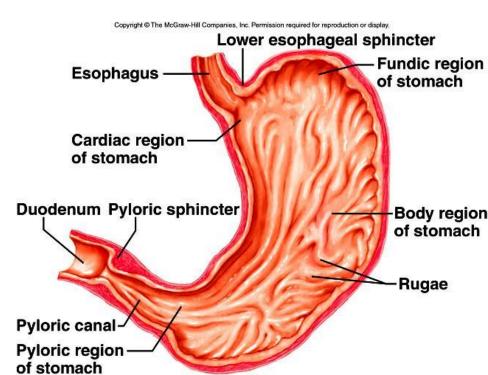
Stomach Anatomy



Openings• Gastroesophageal:• To esophagus Pyloric: To• duodenum Regions• Cardiac•

- Fundus
 - Body •
 - Pyloric •



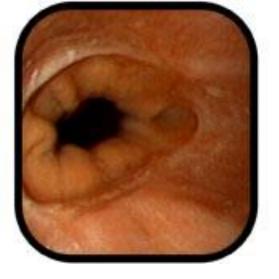


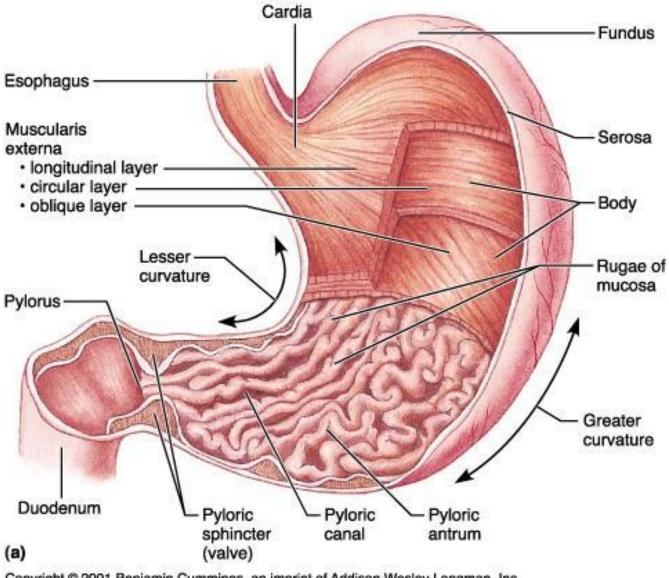
muscle layers 3 Oblique • Circular • Longitudinal •

Regions Cardiac sphincter • Fundus • BODY •

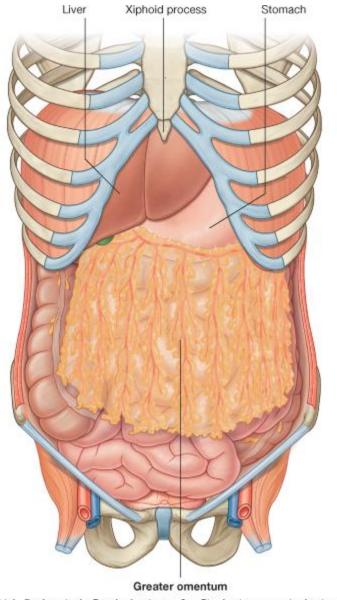
- Pyloric sphincter •
- Inner surface thrown into folds Rugae

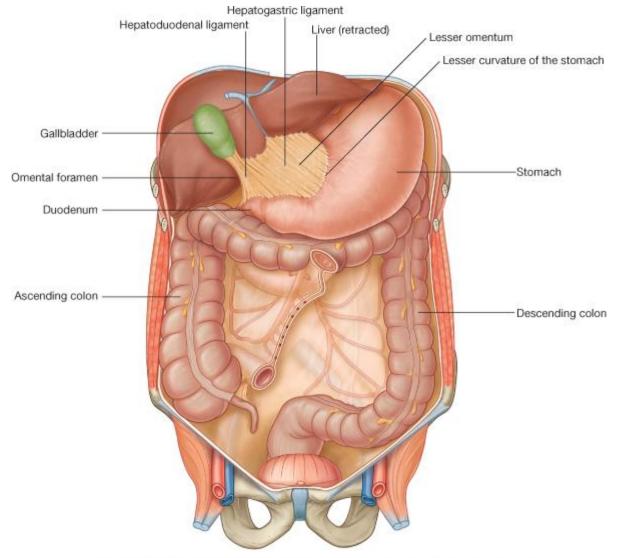
Contains enzymes that work best at pH 1-2

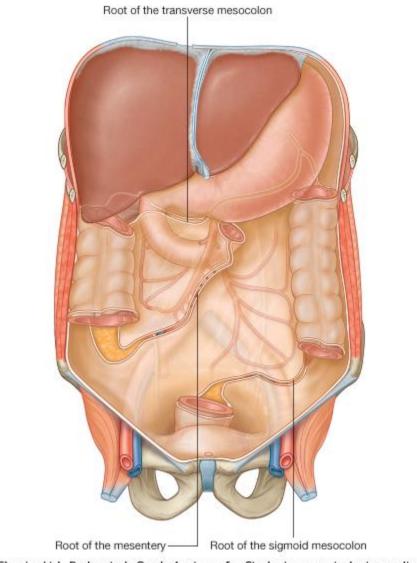




Copyright © 2001 Benjamin Cummings, an imprint of Addison Wesley Longman, Inc.

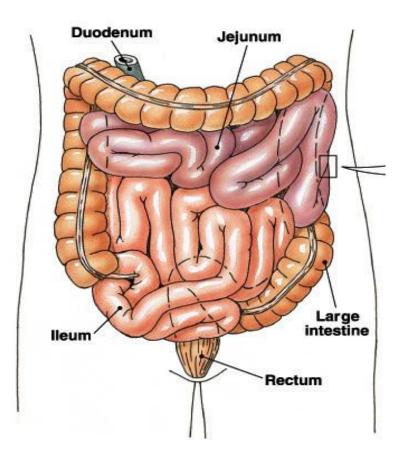


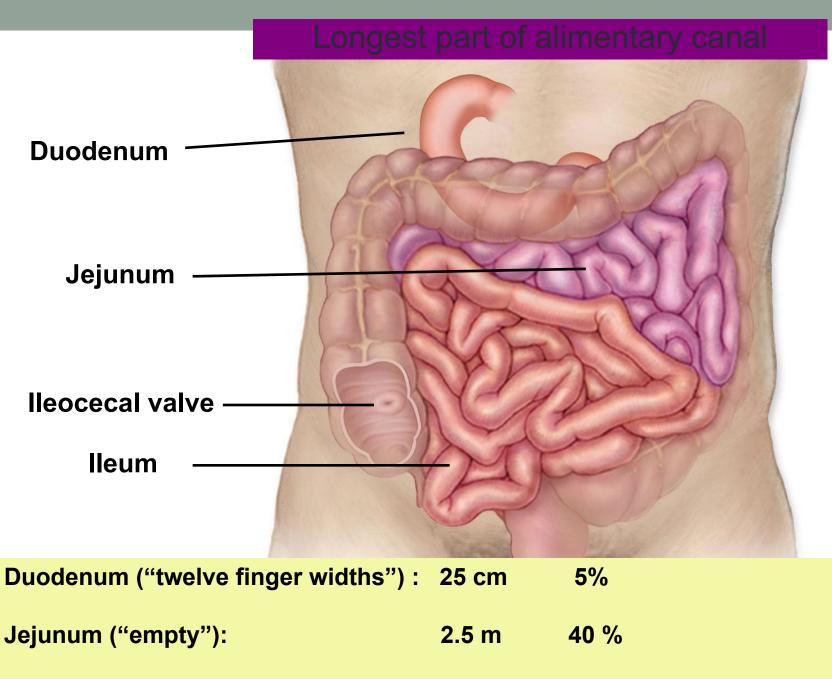




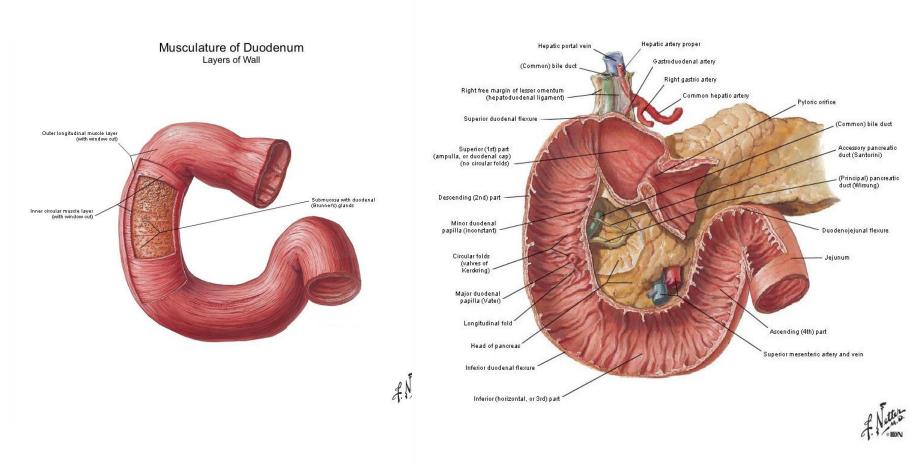
Small Intestine

- Divisions
 - Duodenum (5%)
 - Jejunum (<40%)
 - Ileum (<60%)
- Runs from pyloric sphincter to large intestine
- About 3-6 hours to move food through

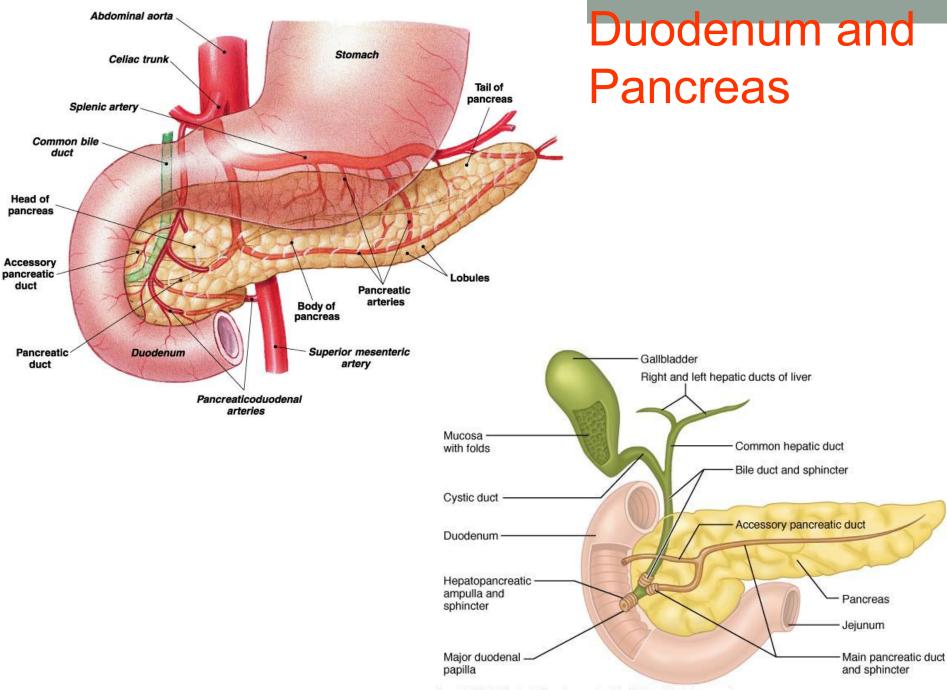




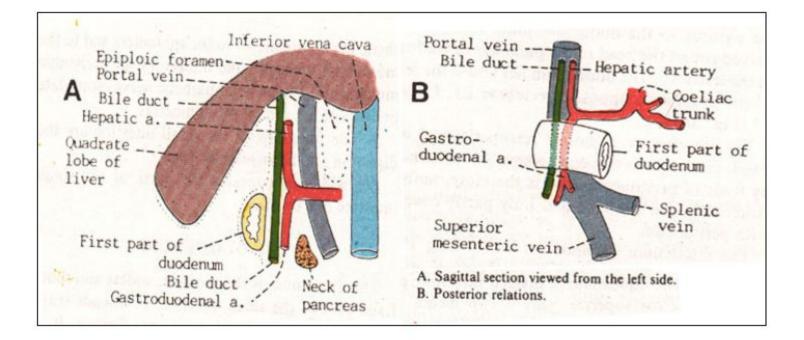
lleum ("twisted"): 3.5 m 55%

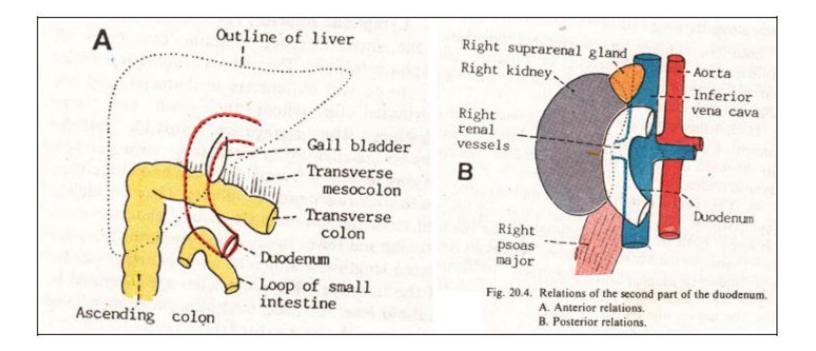


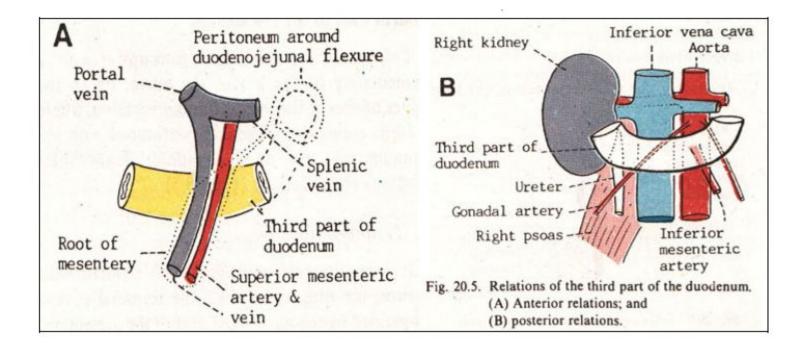
Mucosa of Duodenum

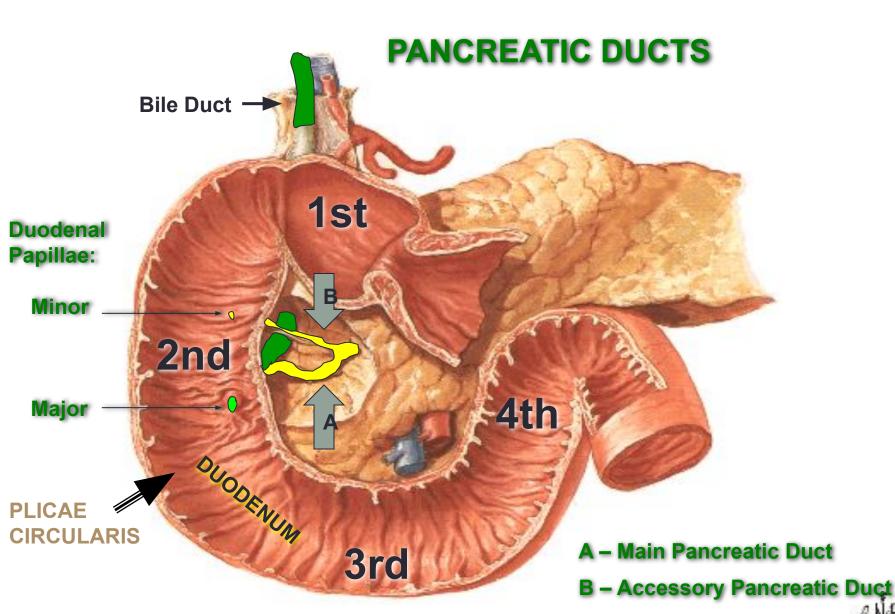


Copyright @2001 Benjamin Cummings, an imprint of Addison Wesley Longman, Inc.

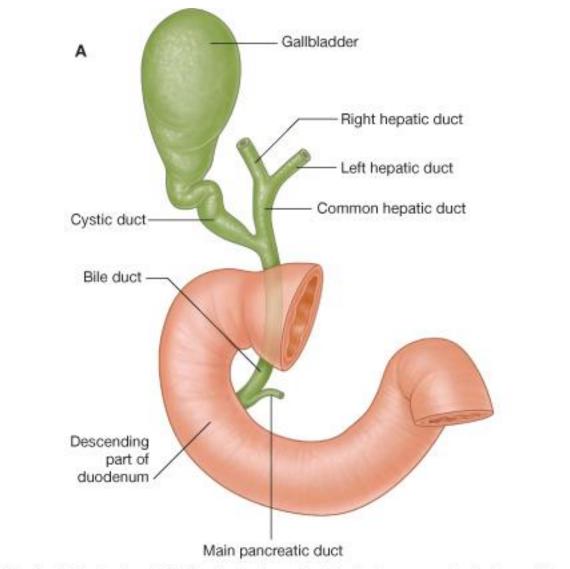






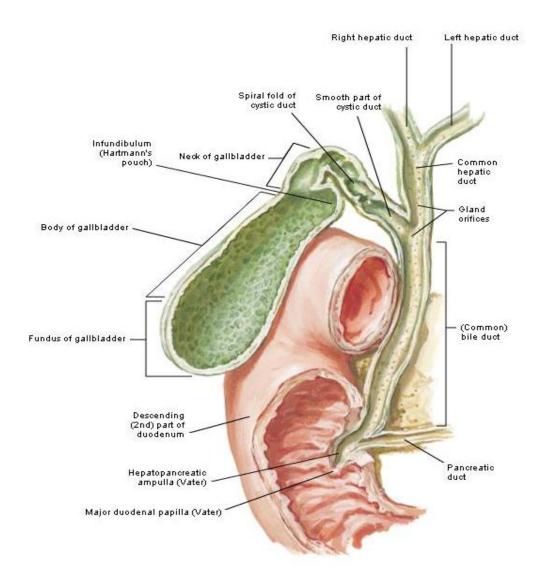




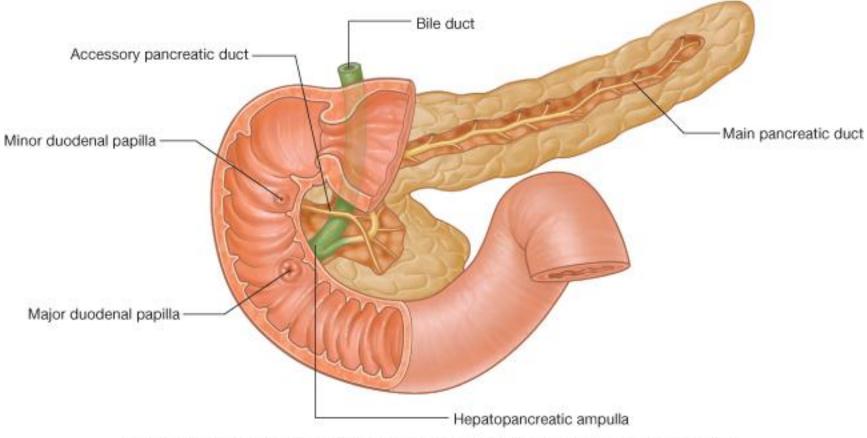


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

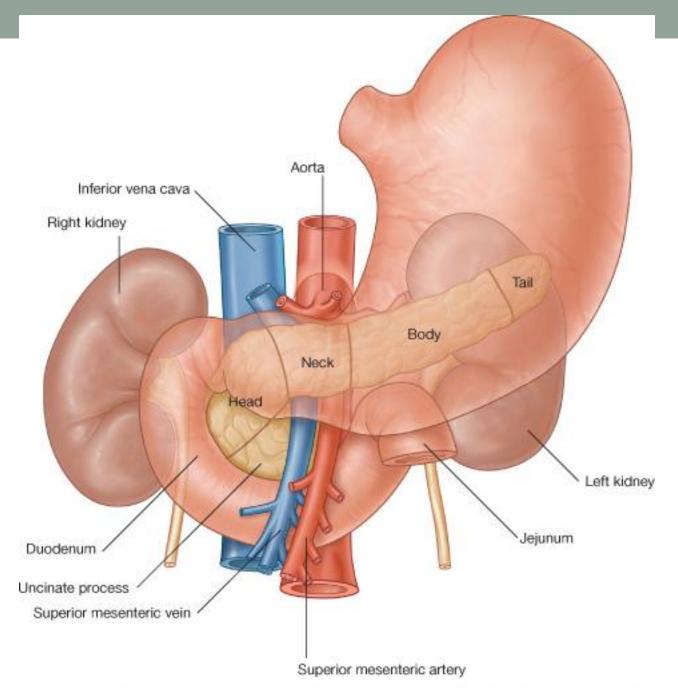
Gallbladder and Extrahepatic Bile Ducts Sectioned

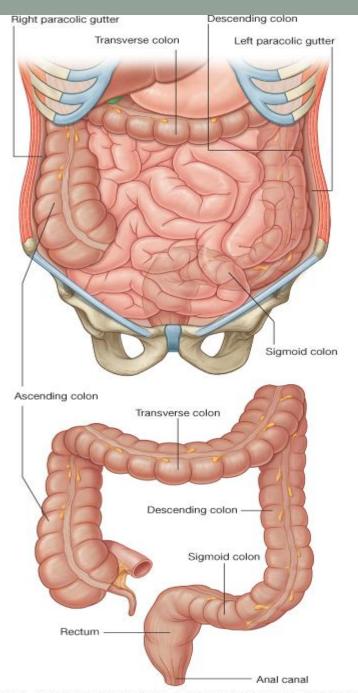




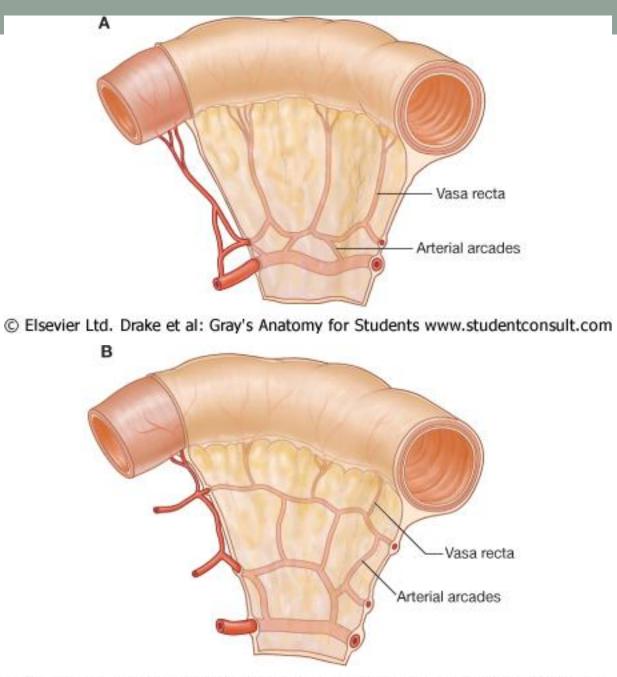


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com





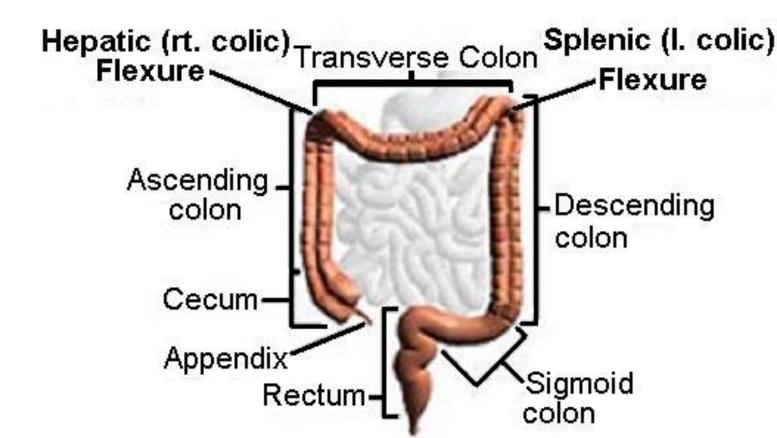
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com





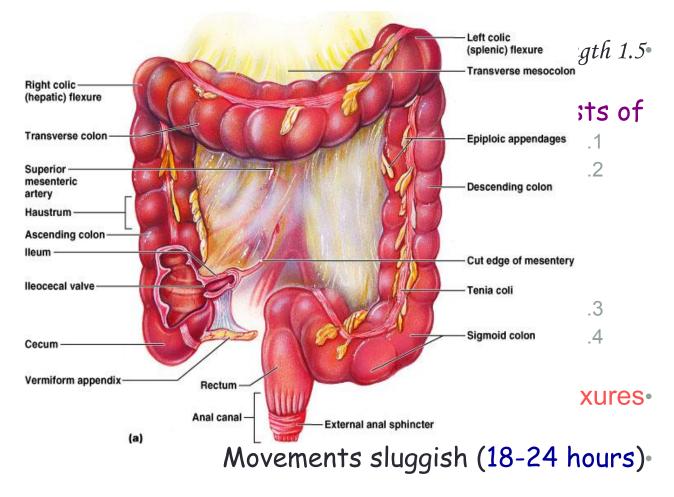
Extends from ileocecal valve to anus

Regions

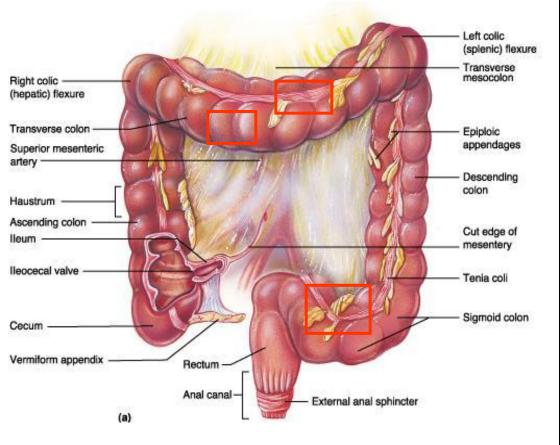


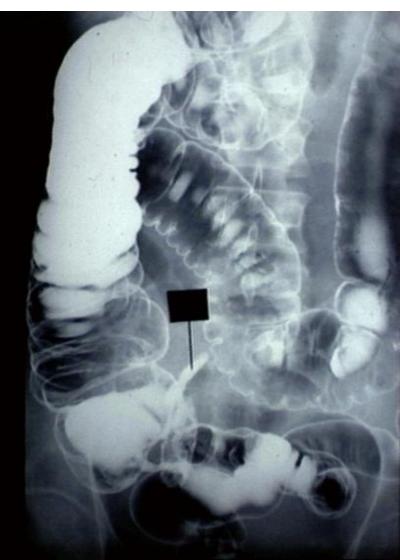
Extends from ileocecal valve to anus

cm in diameter 6



- I. The large intestine exhibits 3 features not seen in other area of the digestive system.
 - Letter the teniae coli
 - II. Haustra
 - III. epiploic appendages.





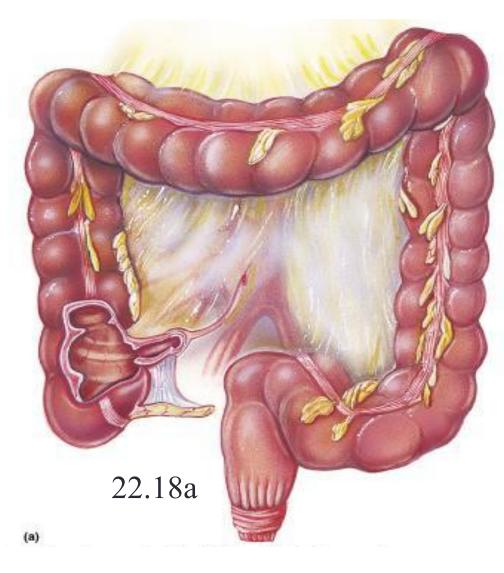
Large intestine gross anatomy

m long 1.5.

strips Tenia coli 3•

longitudinal smooth muscle • Haustra •

Epiploic appendages.



Cecum and Appendix

Cecum•

sac-like, blind pouch •right lower quadrant •

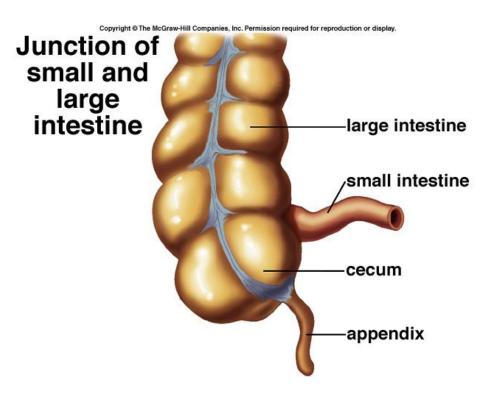
lleocecal valve.

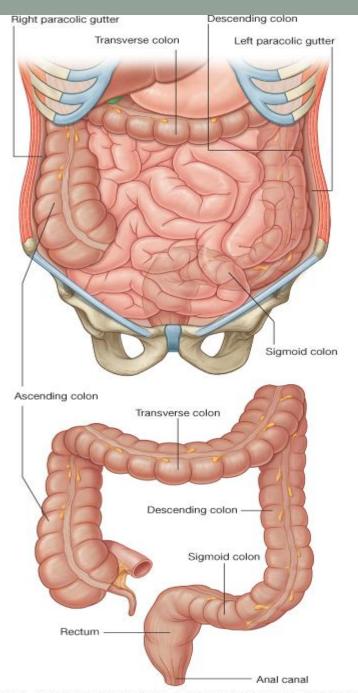
Vermiform Appendix •

blind tube •

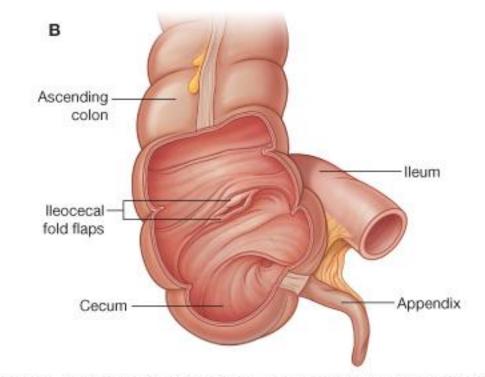
masses of lymphoid tissue in • wall

Tonsil-like function •

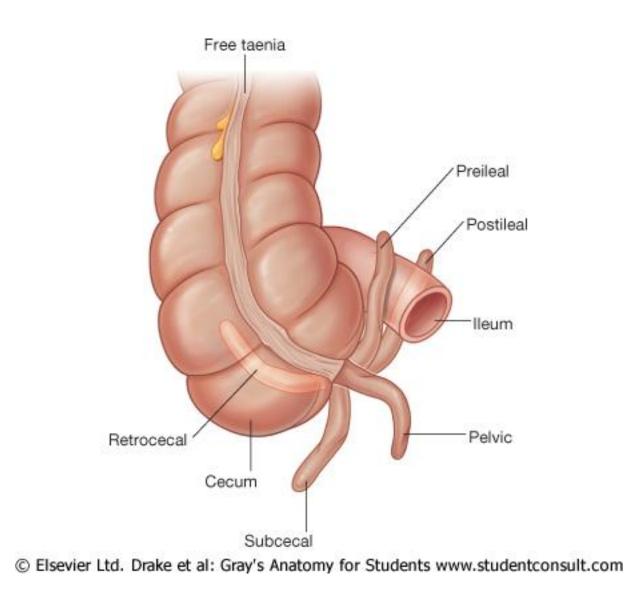


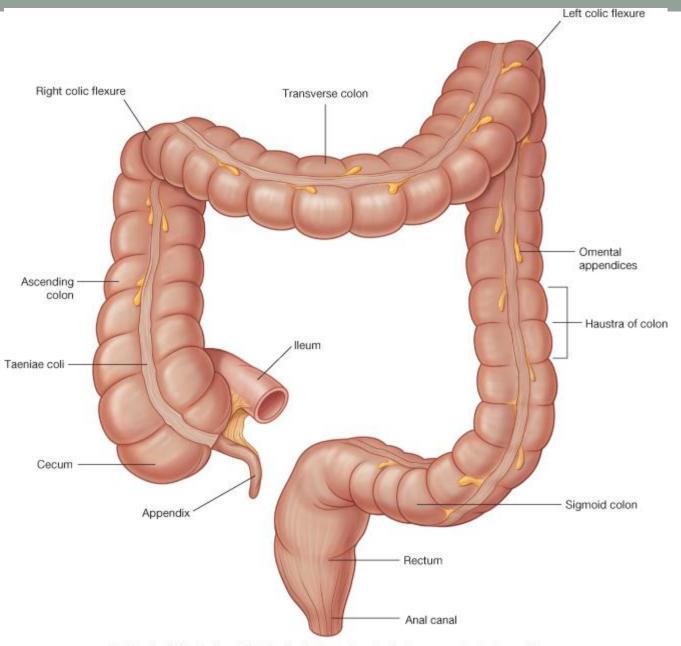


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

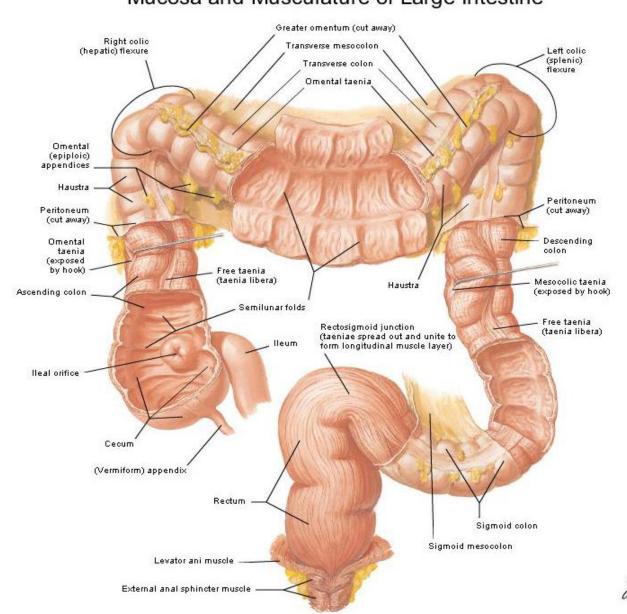


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

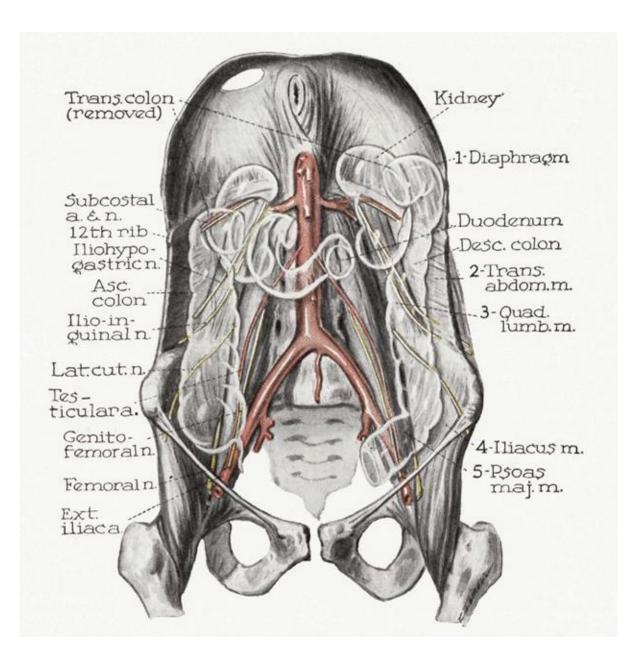


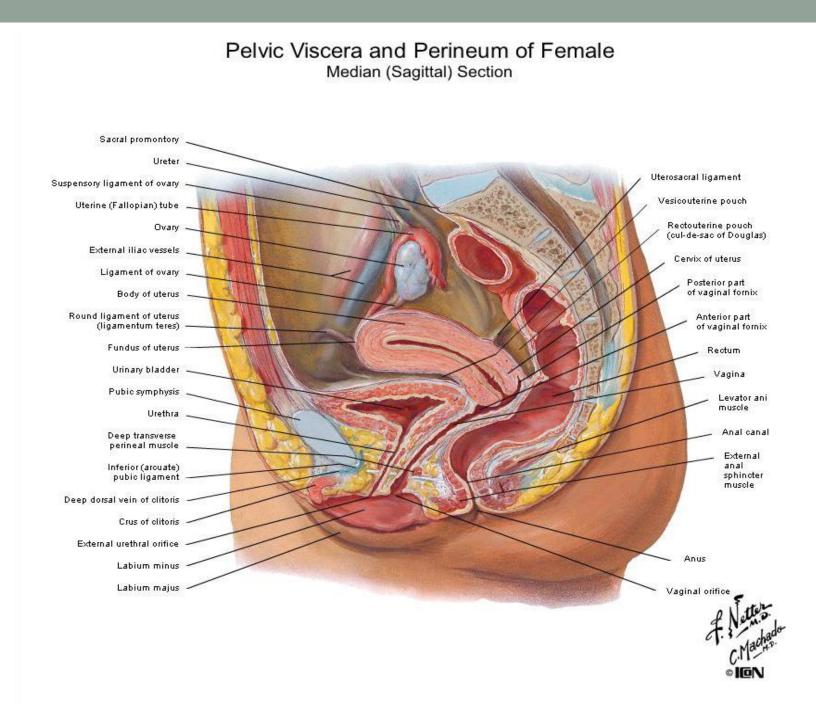


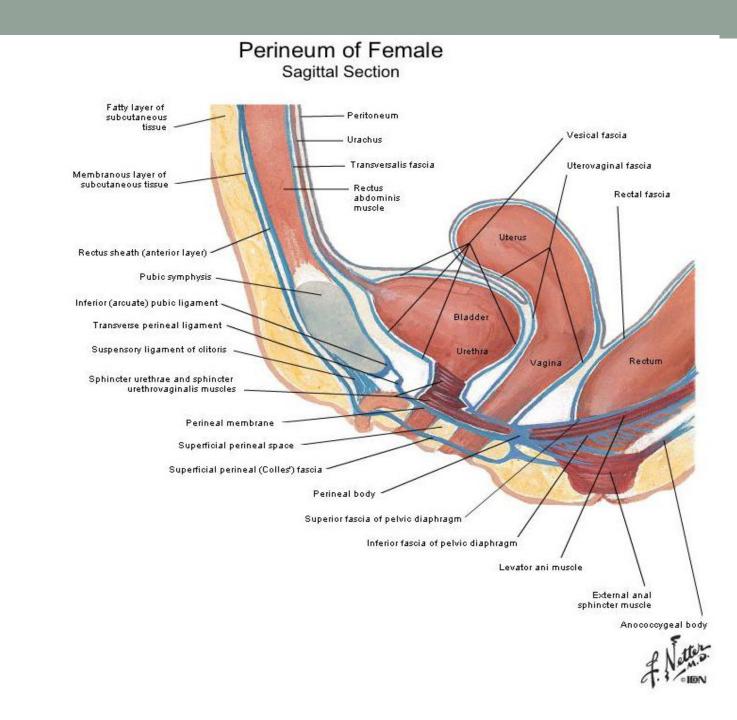
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

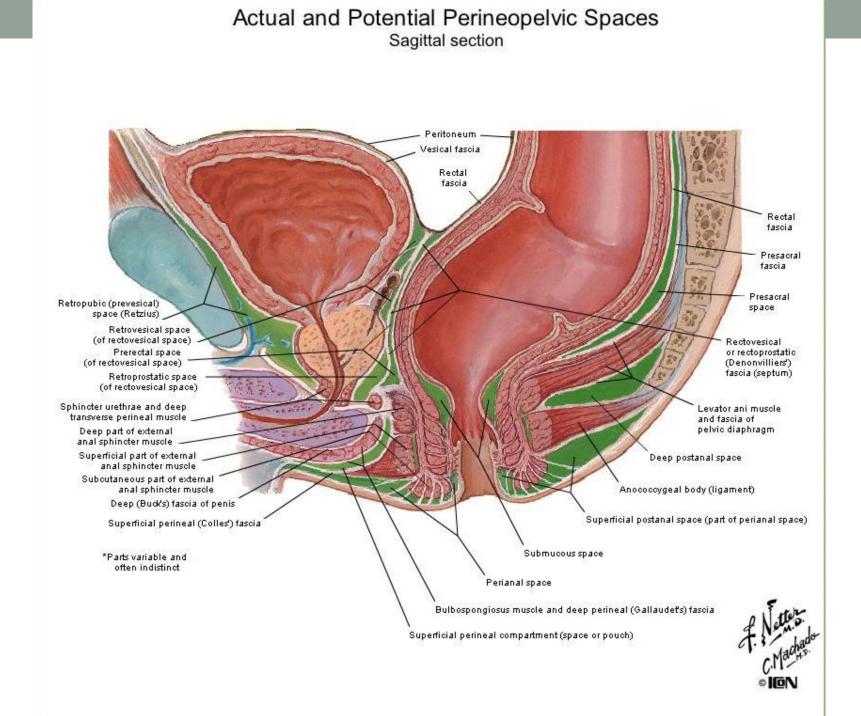


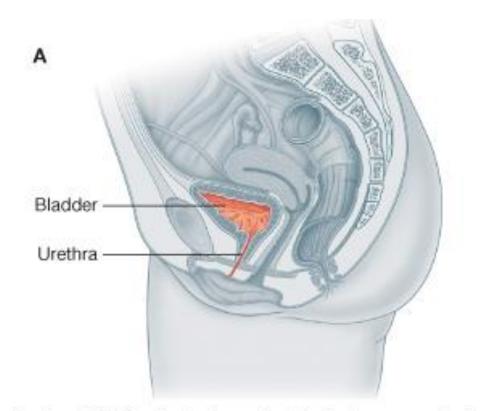
Mucosa and Musculature of Large Intestine



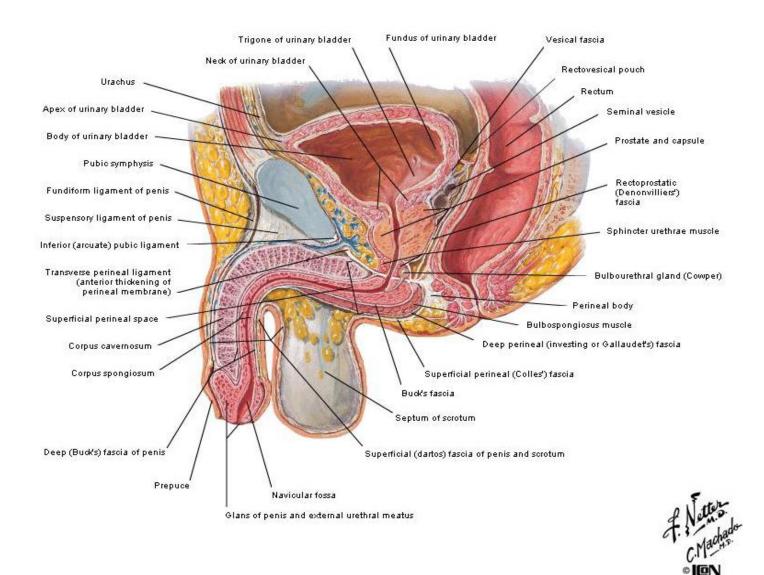


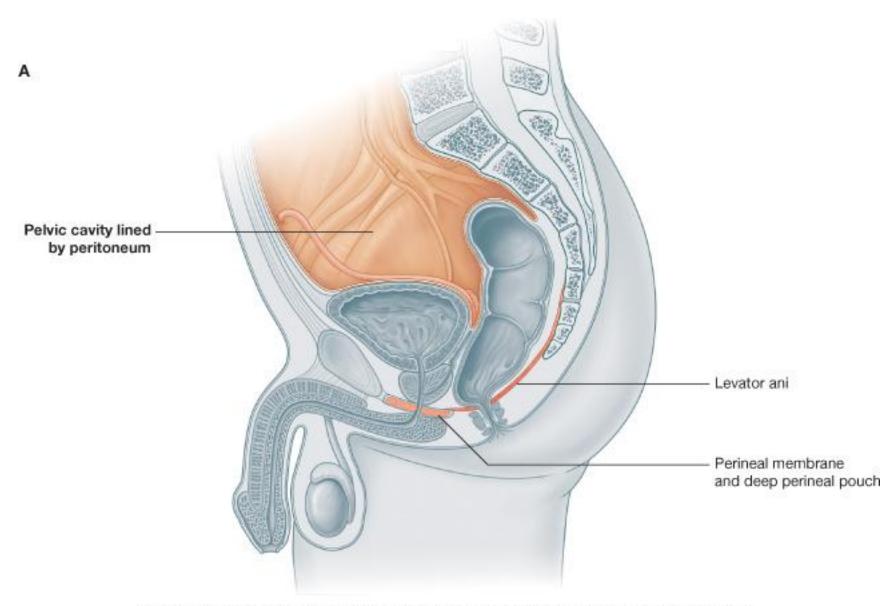




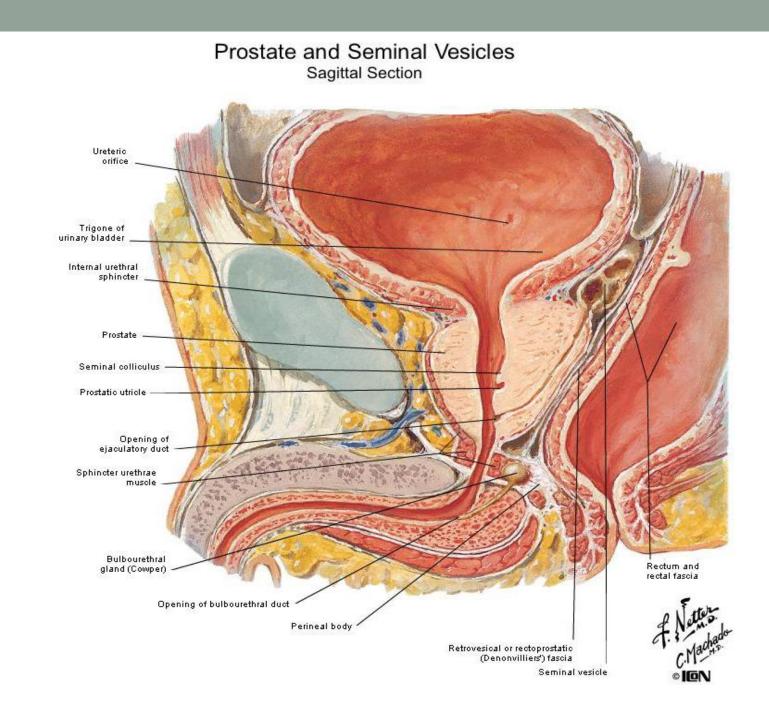


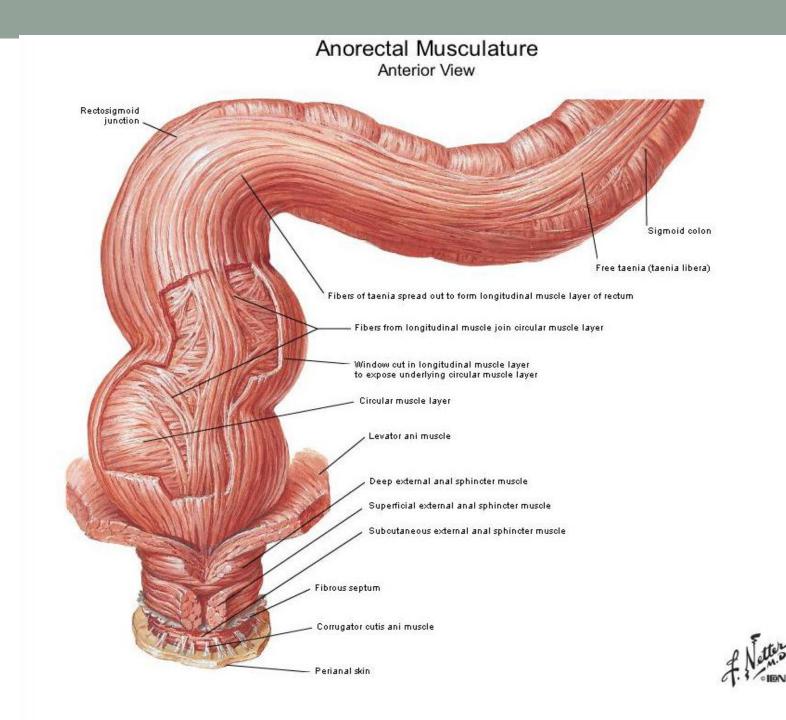
Pelvic Viscera and Perineum of Male Median (Sagittal) Section

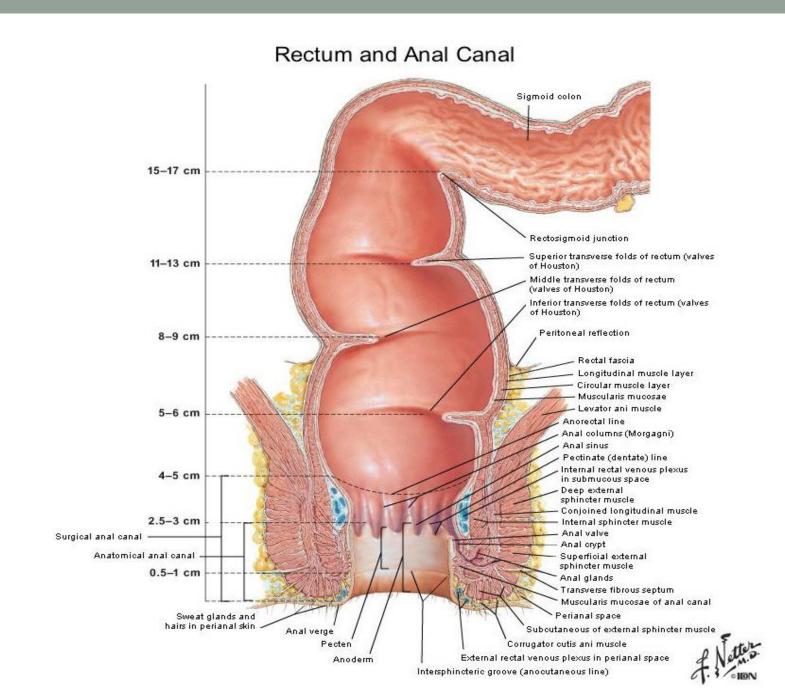


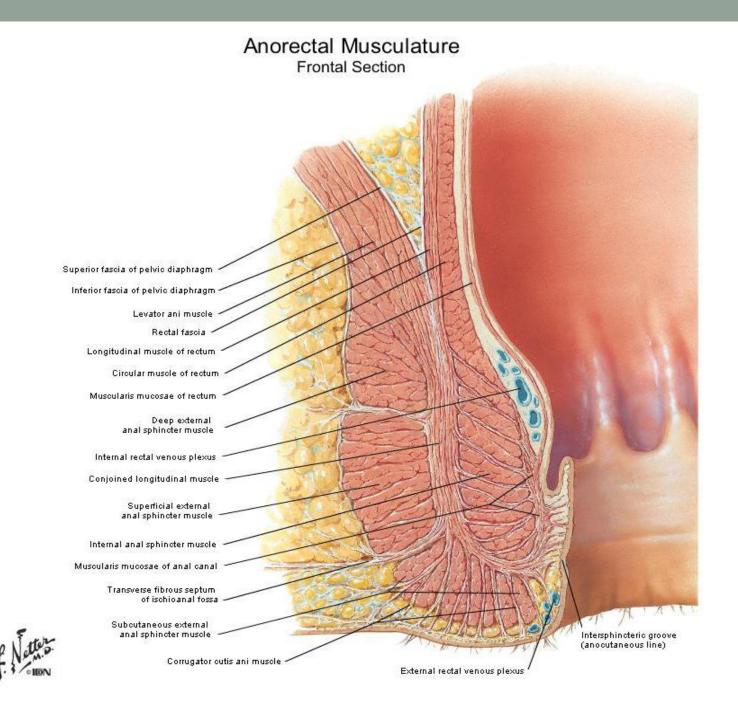


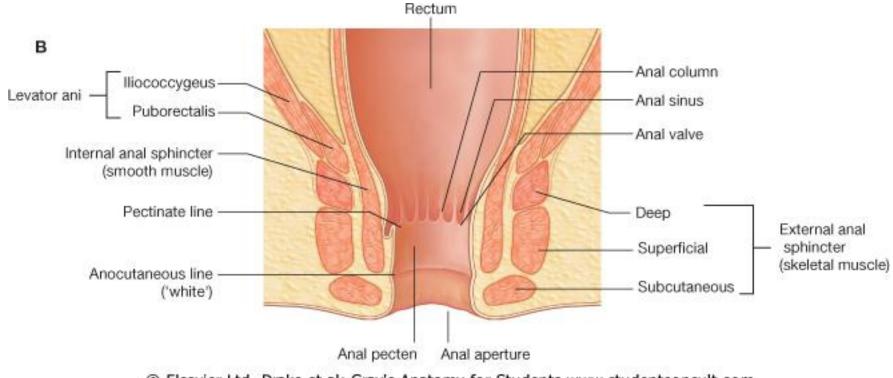
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



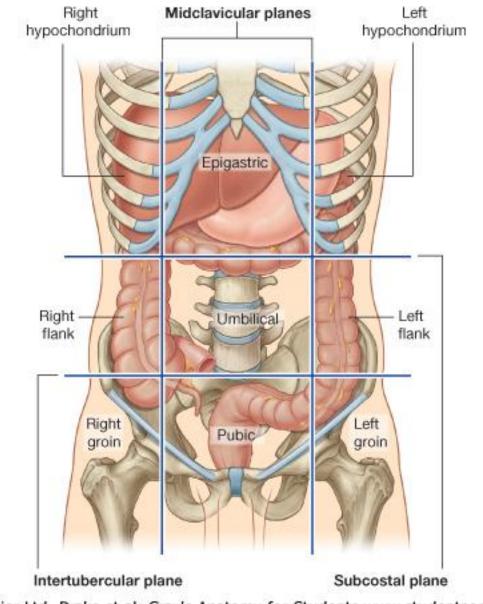




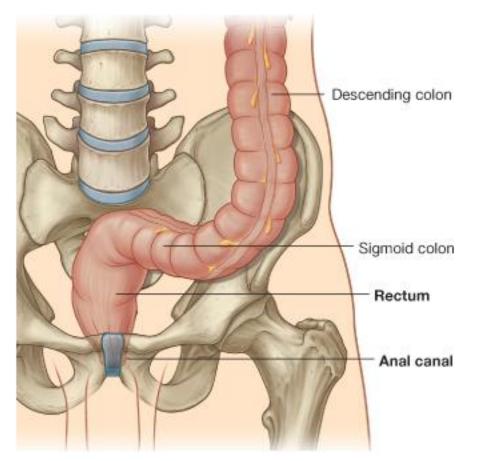


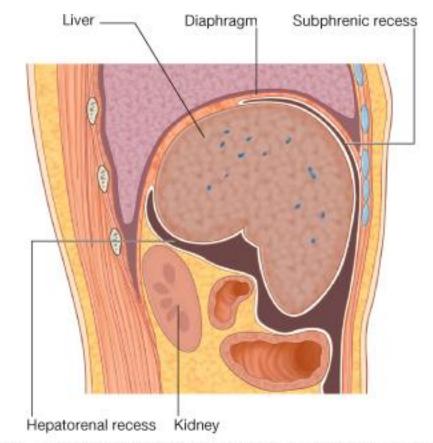


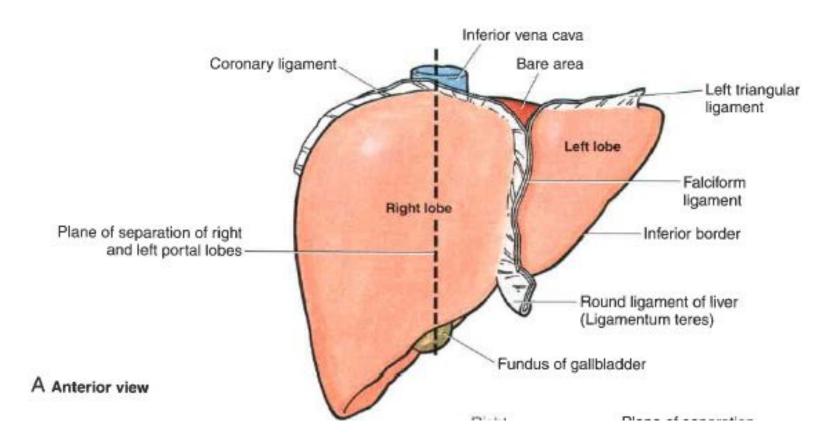
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

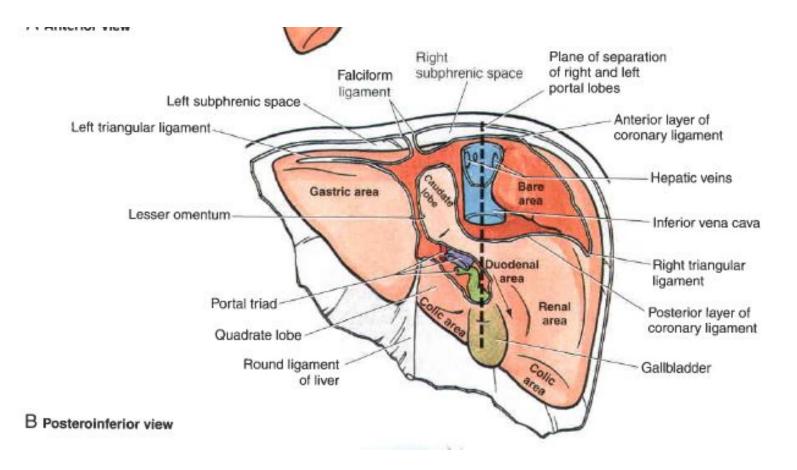


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

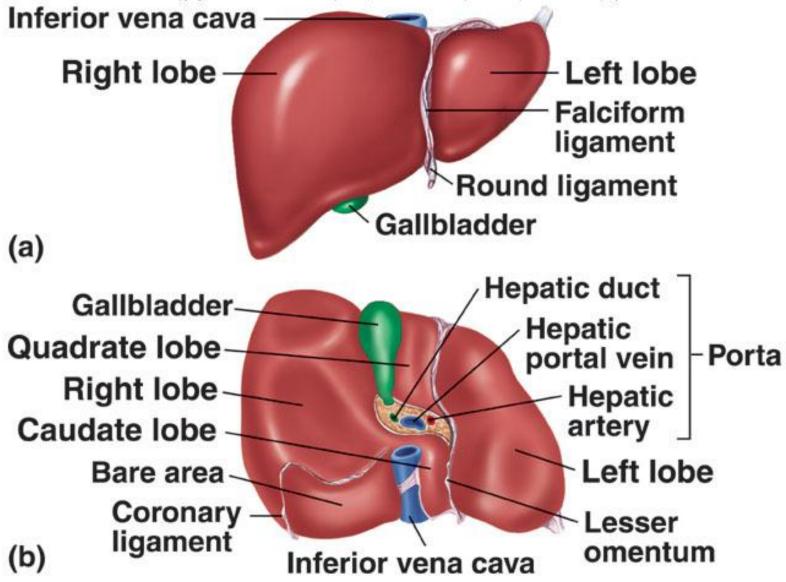


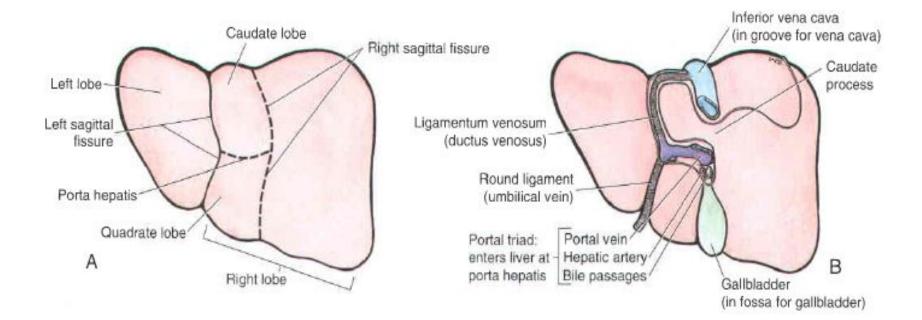


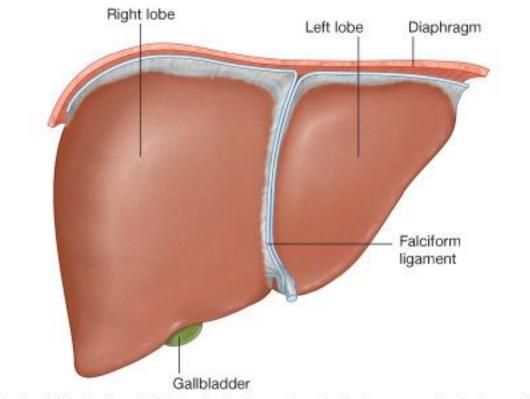




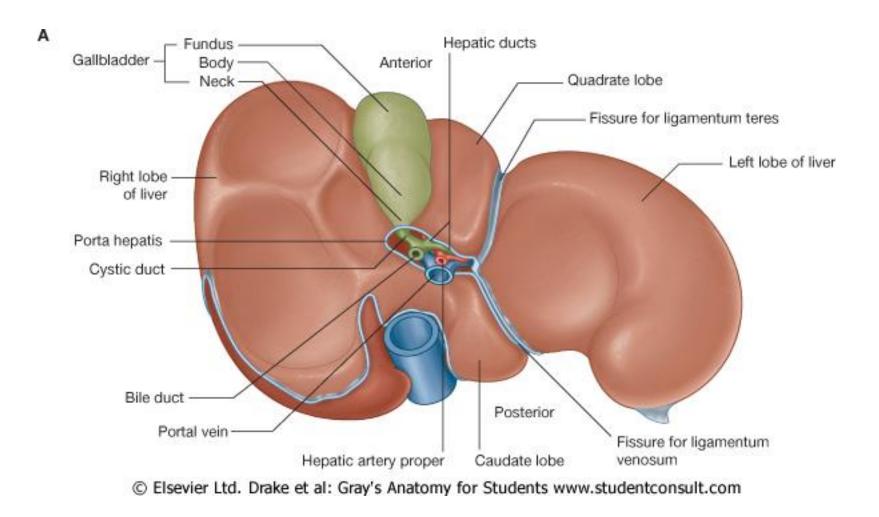
Copyright @ The McGraw-Hill Companies, Inc. Permission required for reproduction or display.

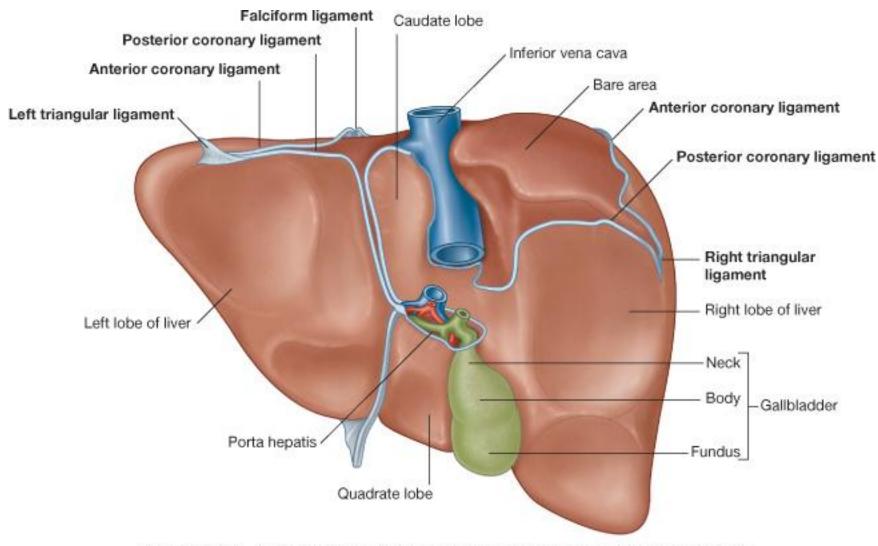




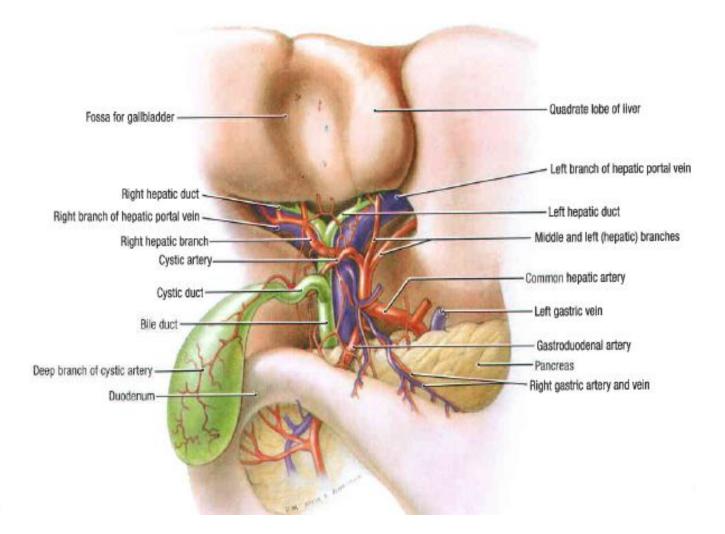


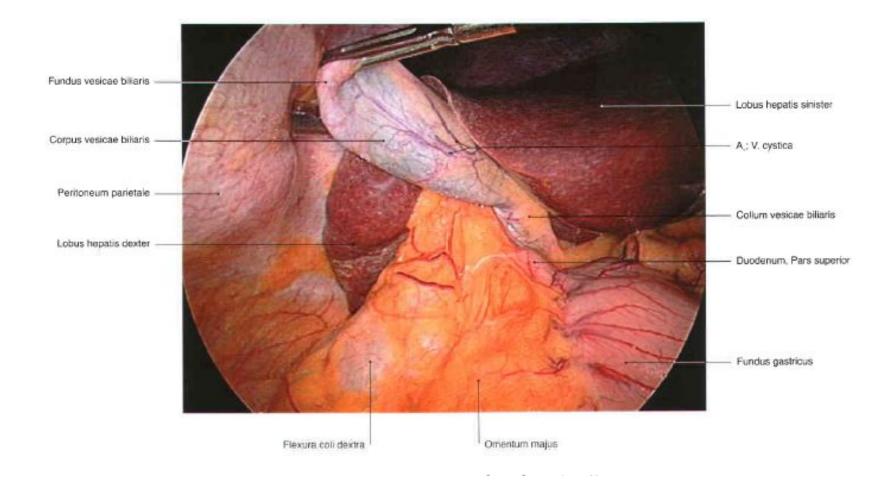
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

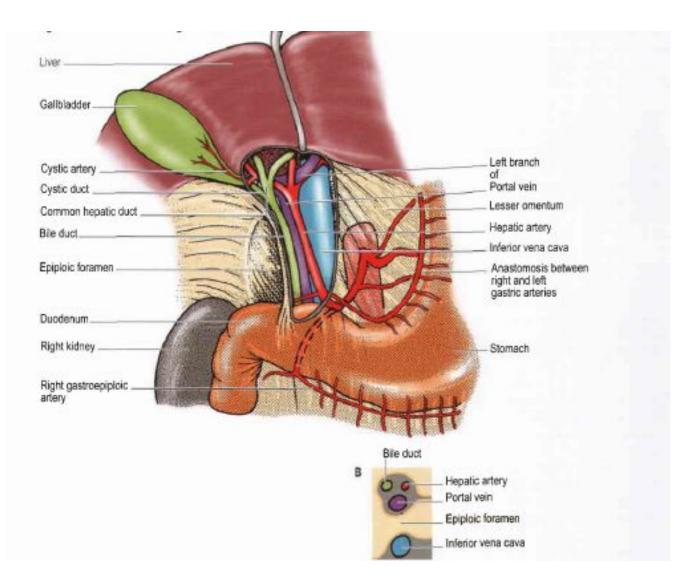




© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com







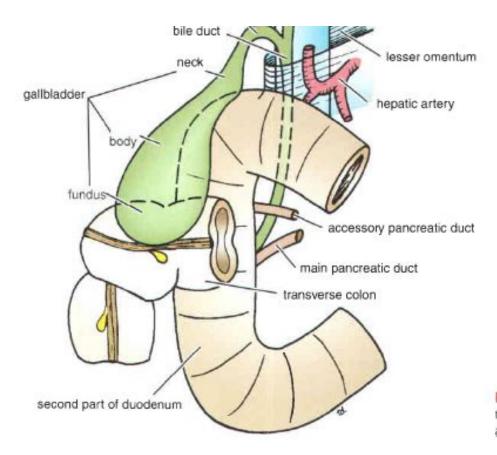
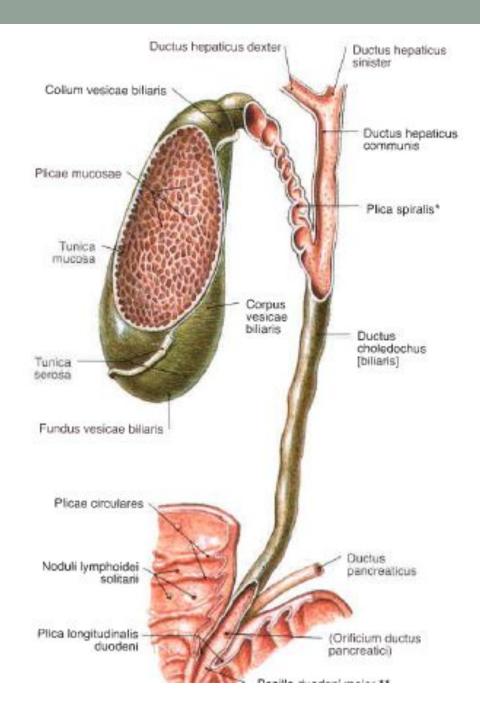
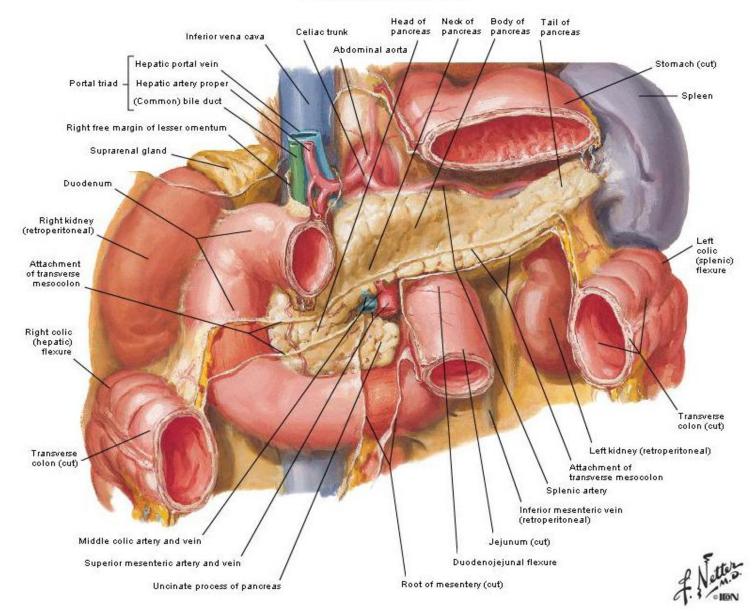
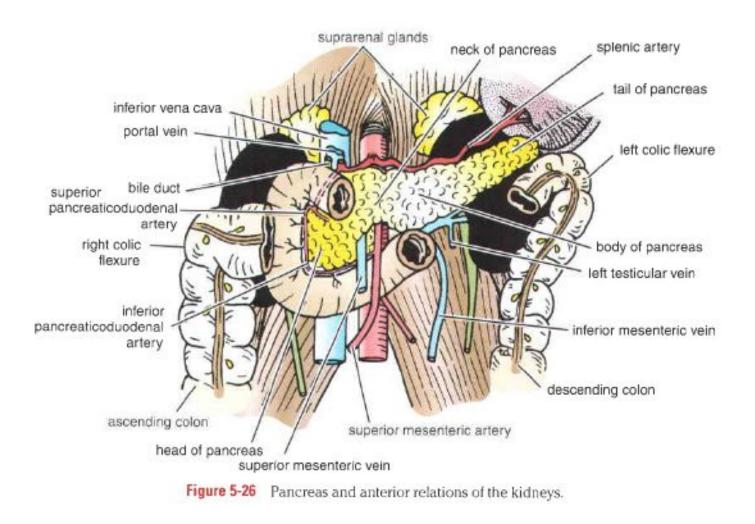


Figure 5-29 The bile ducts and the gallbladder. Note the relation of the gallbladder to the transverse colon and the duodenum.



Pancreas In Situ





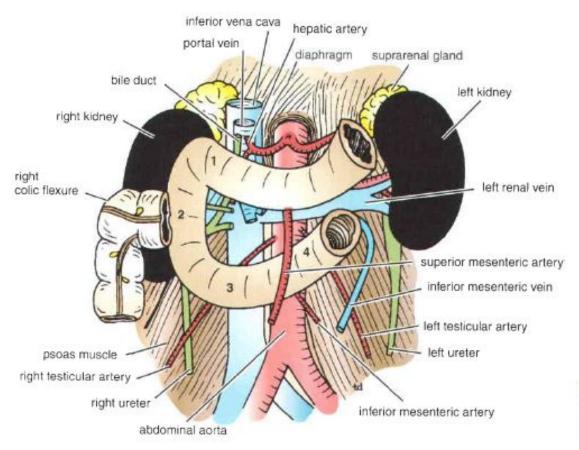
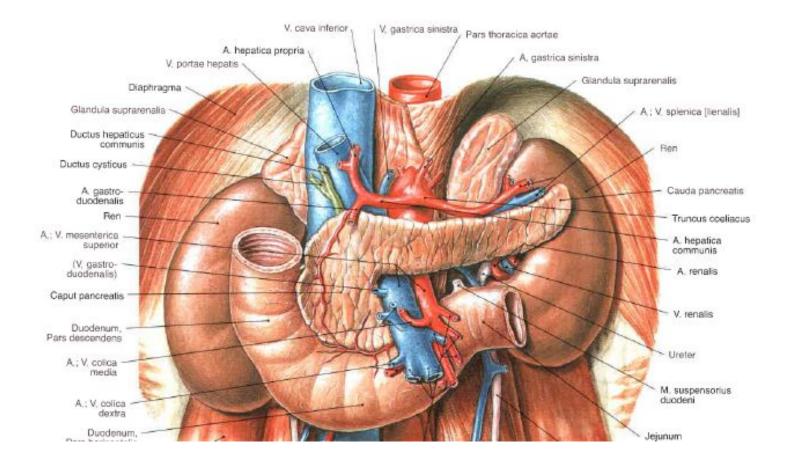
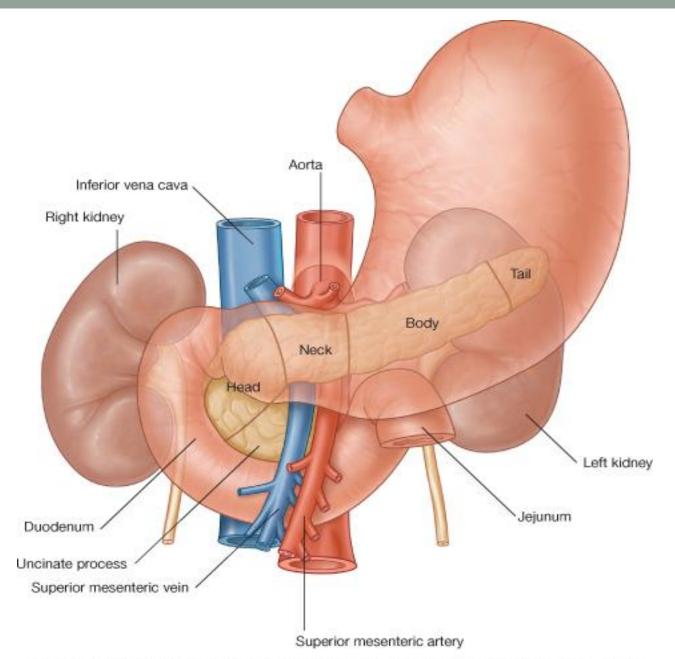
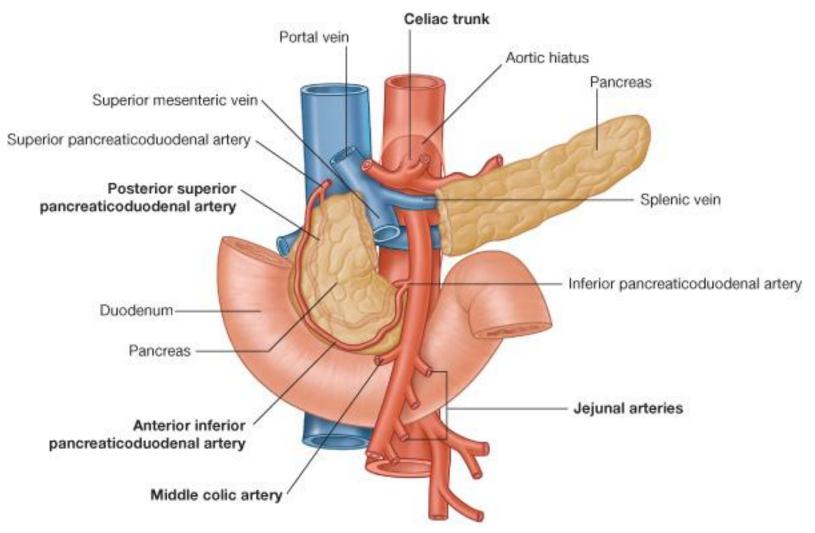


Figure 5-27 Posterior relation the duodenum and the pancre The numbers represent the fou parts of the duodenum.

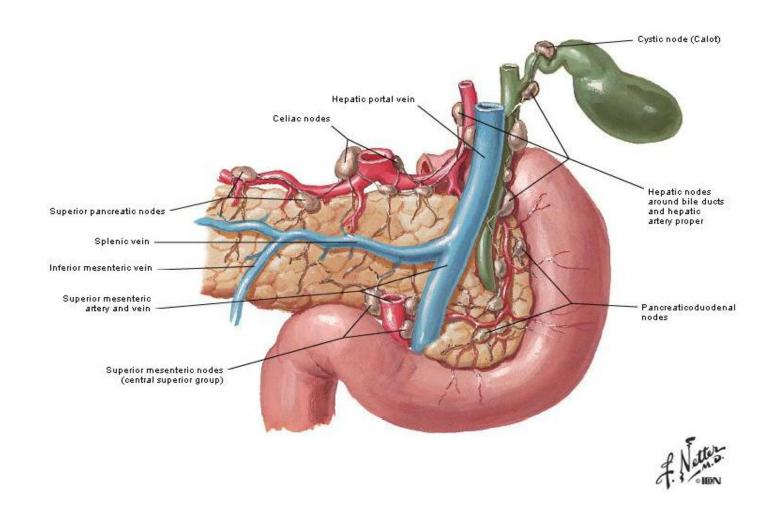


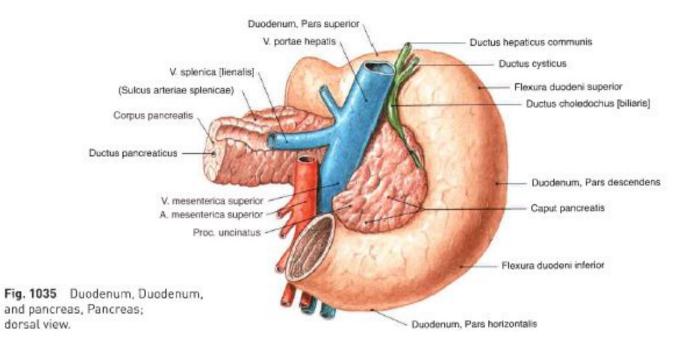


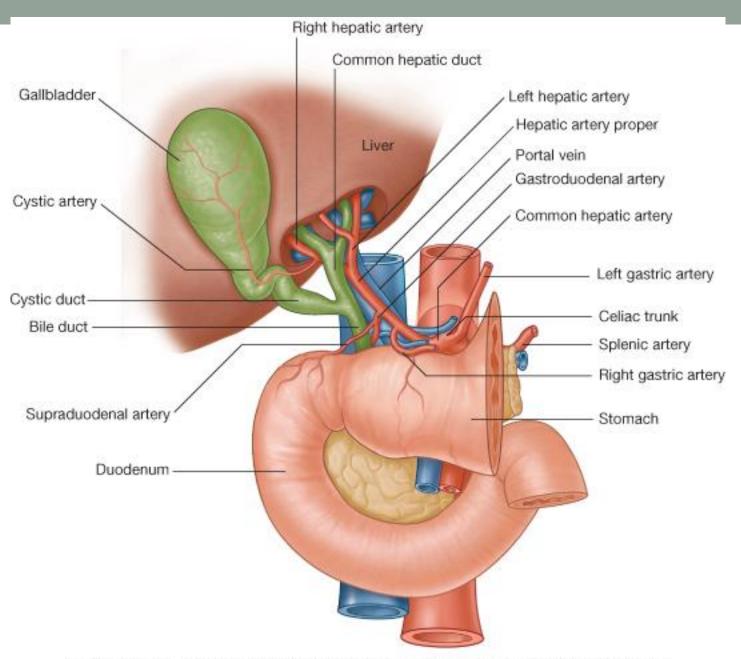


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

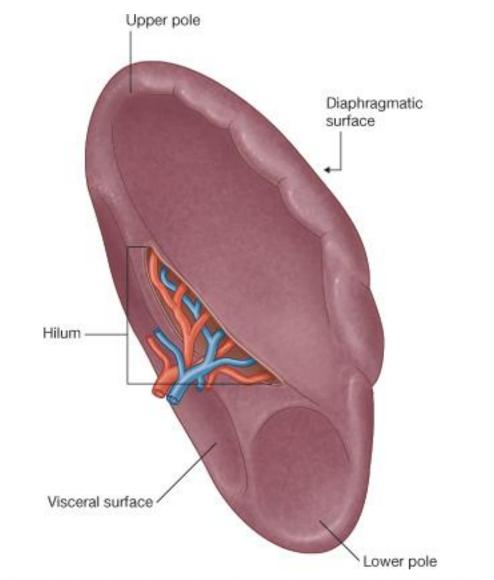
Lymph Vessels and Nodes of Pancreas Posterior View

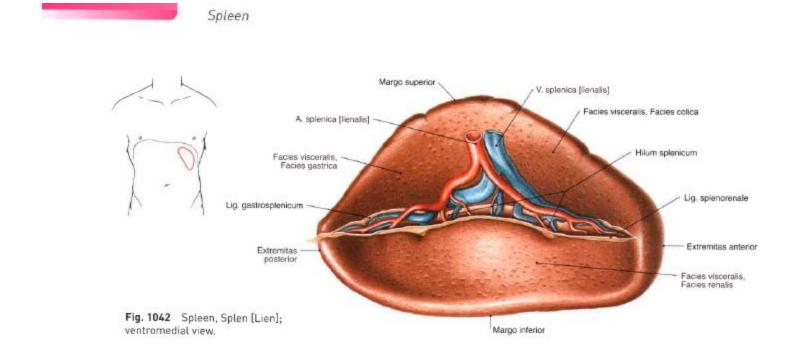


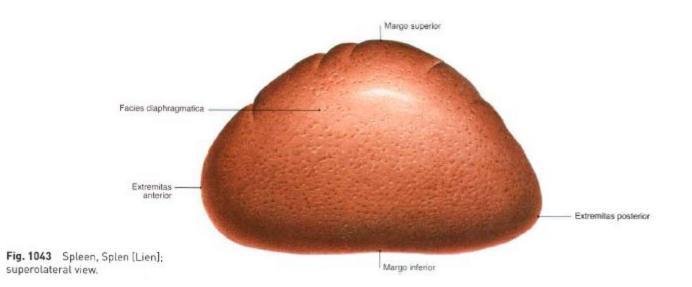


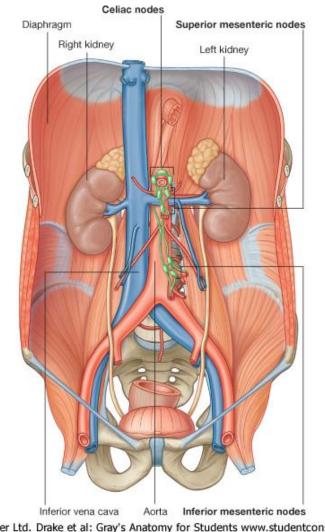


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

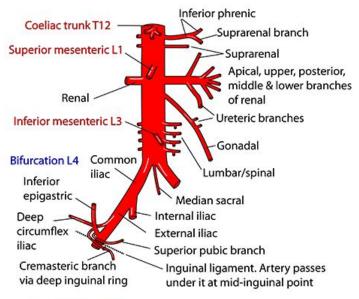






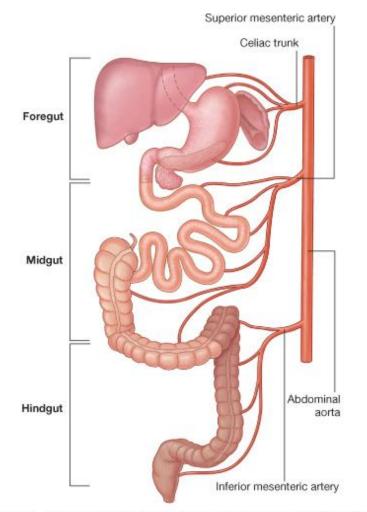


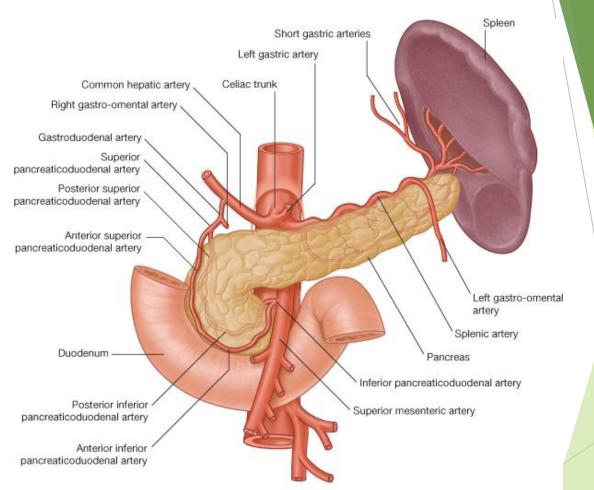
ABDOMINAL AORTA AND RIGHT EXTERNAL ILIAC ARTERY

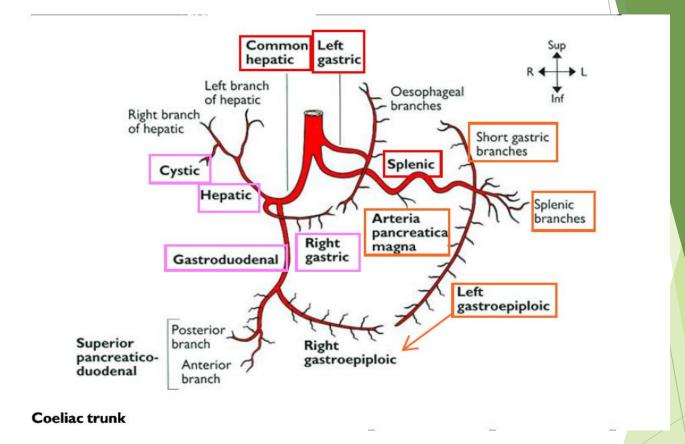


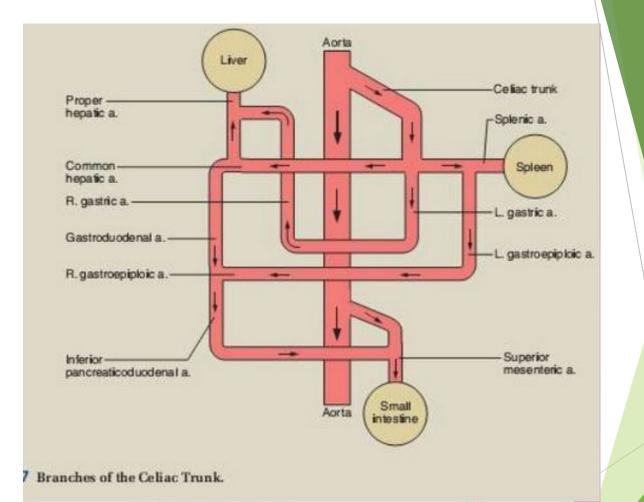
Relations of aorta

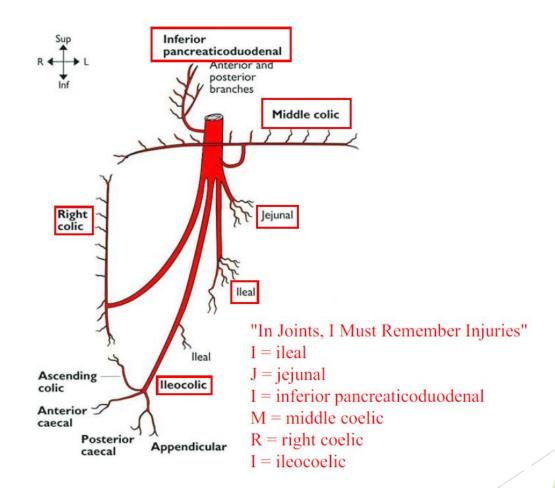
Left lateral: Sympathetic chain Right lateral: IVC, Cisterna chyli Both lateral: Azygos veins, para-aortic nodes, coeliac ganglia Anterior: Pancreas, splenic vein, left renal vein, 3rd part duodenum, mesentery, nodes, autonomic plexus, lesser sac, stomach, omentum, small bowel Posterior: T12-L4 vertebrae, left lumbar veins

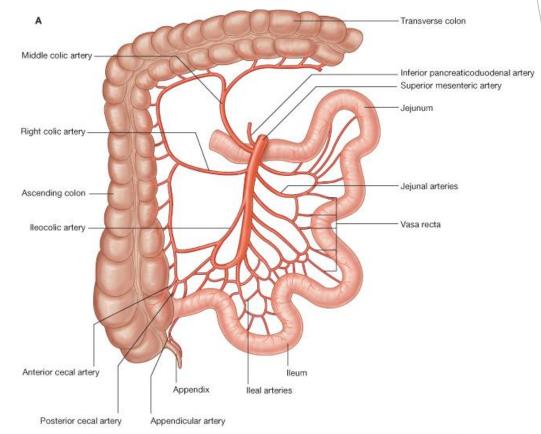




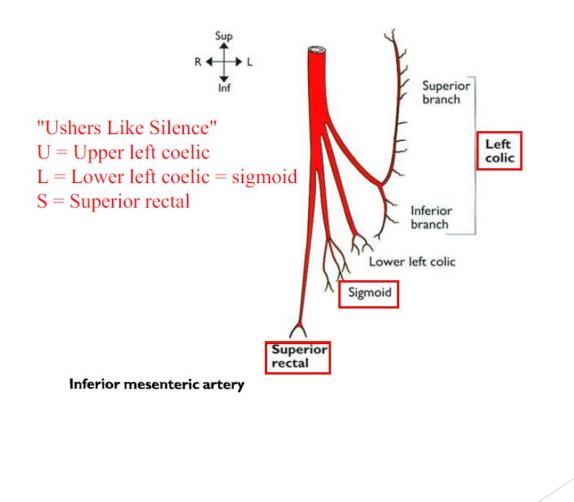


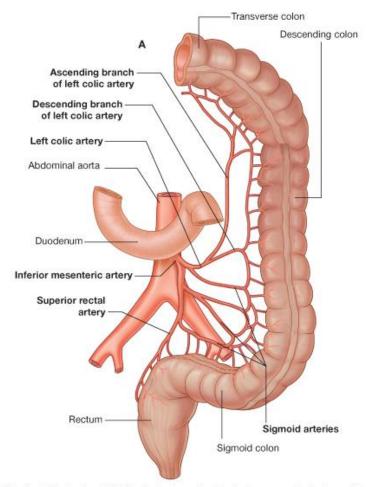






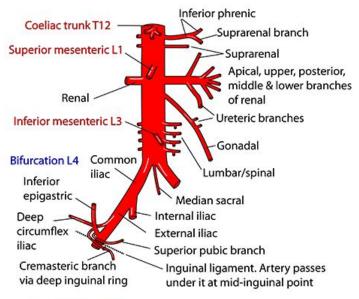
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com





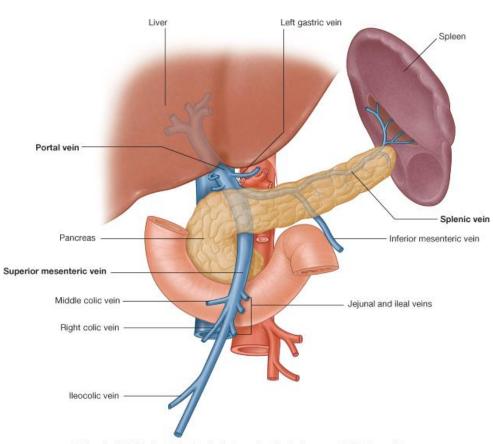
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

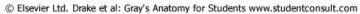
ABDOMINAL AORTA AND RIGHT EXTERNAL ILIAC ARTERY

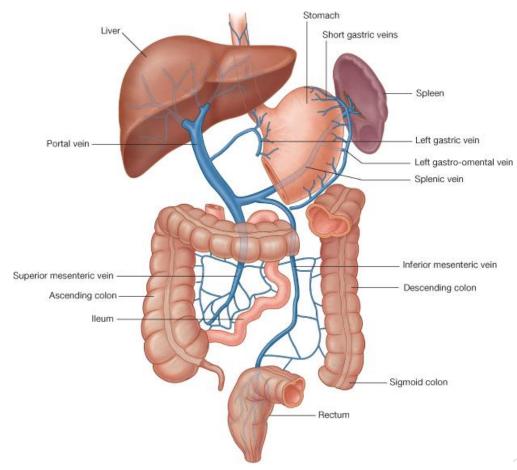


Relations of aorta

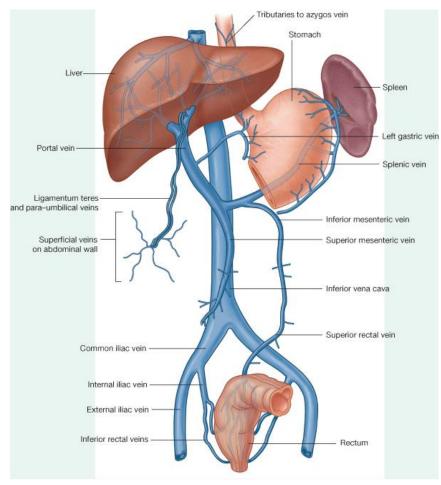
Left lateral: Sympathetic chain Right lateral: IVC, Cisterna chyli Both lateral: Azygos veins, para-aortic nodes, coeliac ganglia Anterior: Pancreas, splenic vein, left renal vein, 3rd part duodenum, mesentery, nodes, autonomic plexus, lesser sac, stomach, omentum, small bowel Posterior: T12-L4 vertebrae, left lumbar veins



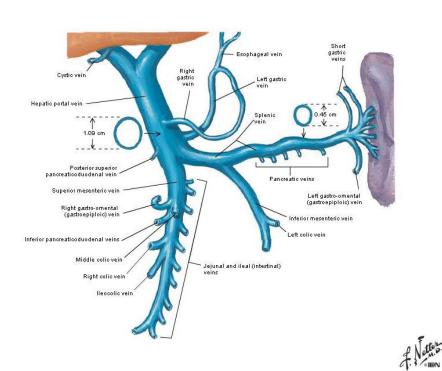




© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

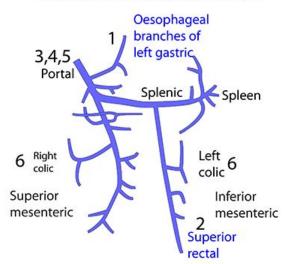


© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



Typical Arrangement of Hepatic Portal Vein

PORTOSYSTEMIC ANASTOMOSES



1 Lower oesophagus Portal: Oesophageal branches of left gastric veins Systemic: Azygos veins

2 Upper anal canal

Portal: Superior rectal vein Systemic: Middle/inferior rectal veins

3 Umbilical

Portal: Veins of ligamentum teres Systemic: Superior/inferior epigastic veins

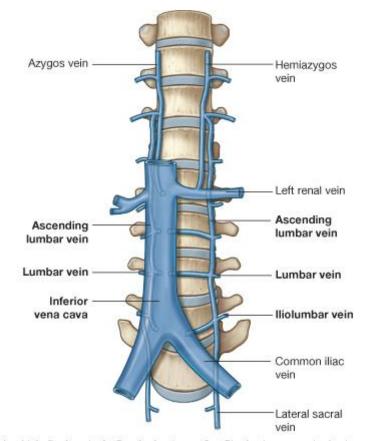
4 Bare area of liver Portal: Hepatic/portal veins

Systemic: Inferior phrenic veins

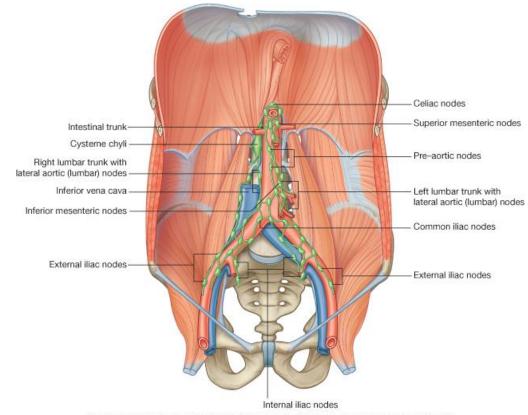
5 Patent ductus venosus (rare) Postal: Left branch of portal vein Systemic: Inferior vena cava

6 Retroperitoneal

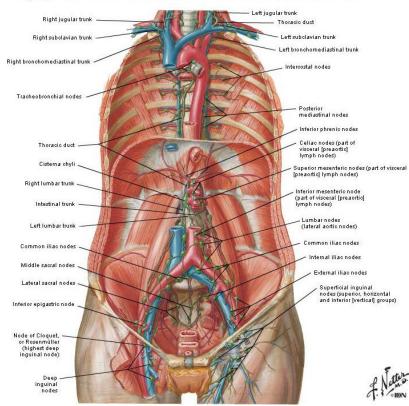
Portal: Colonic veins Systemic: Body wall veins



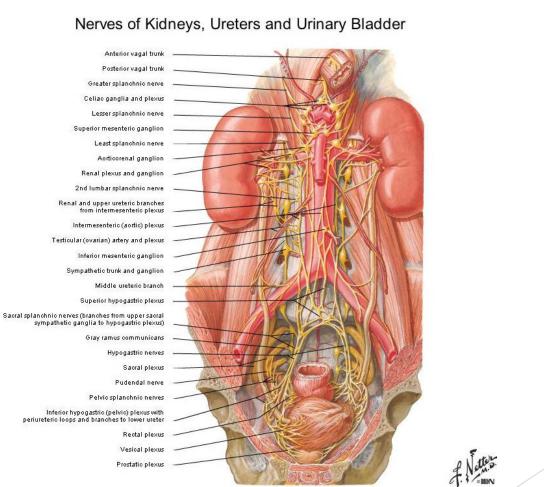
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



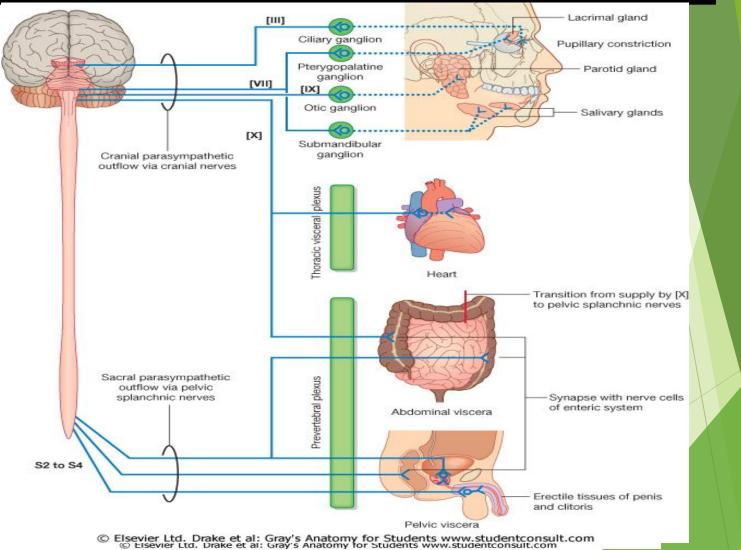
© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

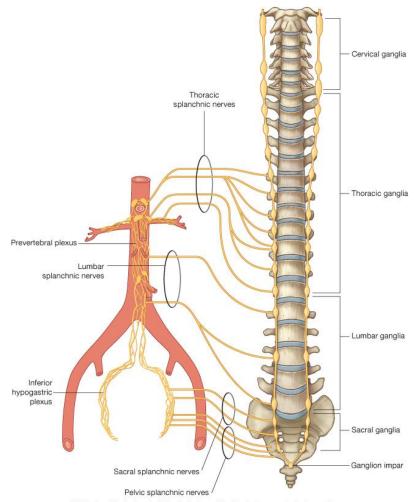


Lymph Vessels and Nodes of Posterior Abdominal Wall

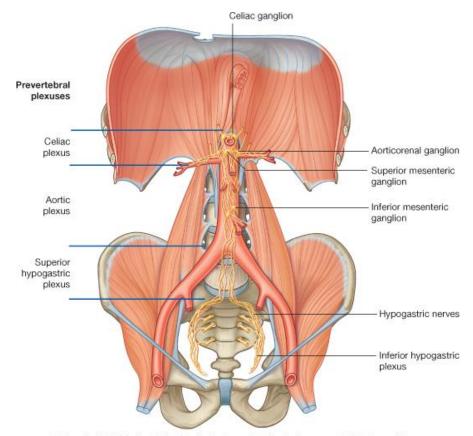


Correlation between spinal nerve & sympatic chain

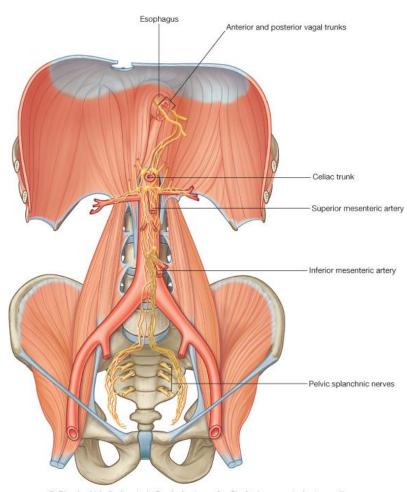




© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com



© Elsevier Ltd. Drake et al: Gray's Anatomy for Students www.studentconsult.com

