

**Chettinad Hospital and Research Institute  
Department of Radio Diagnosis**

**SPECIAL INVESTIGATIONS**

**IVP/MCU/AUG - Representative Reports**



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. NEMICHAND

Age/Sex: 42/M

Date: 22.04.2023

Ref by: URO

H.No: CARE093652879

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Annular indentation noted in the bulbar urethra.

Normal opacification of anterior and posterior urethra.

Contrast entering into the bladder noted.

**IMPRESSION:**

- Annular indentation in the bulbar urethra.
  - Features could represent bulbar stricture.
  - suggested scopy correlation.

  
PROF. DR. EINSTEIN, MD, RD.

DR. A. EINSTIEN, MD, RD  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHU  
REGD NO: 78639



Hospital & Research Institute  
**Chettinad Academy**  
of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**  
(A Unit of Chettinad Academy of Research and Education),  
Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.  
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. KRISHNAMOORTHY

Age/Sex: 23 /M

Date: 23.12.2023

Ref by: OP

H.No: CARE093925651

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**FINDINGS & IMPRESSION:**

**Film shows:**

Tight stricture in bulbomembranous junction.

There is reduction in calibre of anterior urethra with diffuse mucosal irregularity

- suggested clinical correlation.

DR.R.ANAND, MD, RD, EDiR,

Typed by Kalpana

DR. RAJAMANI ANAND, MD, RD, EDiR  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 85782



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. KASIDURAI

Age/Sex: 32 /M

Date: 06.10.2023

Ref by: OP

H.No: CSSH09000357443

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**FINDINGS & IMPRESSION:**

**Film shows:**

Multiple linear lucencies noted in bulbar urethra.

No evidence of any focal dilatation / narrowing seen.

- May represent stricture / mucosal folds.

Contrast entering into the bladder noted.

  
DR. G. LAVANYA, MD, RD.,

READ BY: DR. MOHAN

Typed by: Kalpana

DR. G. LAVANYA, M.D.  
ASSISTANT PROFESSOR,  
DEPARTMENT OF RADIOLOGY,  
CHRI  
REGD NO:110165



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. MOIDEEN

Age/Sex: 48 /M

Date: 27.12.2023

Ref by: UROLOGY

H.No: CARE092489448

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**FINDINGS & IMPRESSION:**

**Film shows:**

Smooth long segment narrowing of contrast opacification noted at peniled and bulbar urethra – likely representing stricture.

Thin stream of contrast extravasation noted at the level of bulbar urethra.

However intraluminal contrast opacification noted reaching the bladder.

Note made on: Supra pubic catheter line with tip at bladder lumen.

Contrast entering into the bladder noted.

There is no mucosal irregularities.

DR. V. SATHYANARAYANAN, MD, RD.,

Typed By: Kapana

DR. V. SATHYANARAYANAN, MD, RD.,  
Senior Consultant  
DEPARTMENT OF RADIOLOGY  
CHRI  
REC'D NO:122283





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SAKTHI SUNDAR    Age/Sex:72/M    Date: 31.08.2023

Ref by: OP    H. No: CSSH09000422026

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Normal opacification of anterior and posterior urethra.

Contrast entering into the bladder noted.

No evidence of any abnormal filling defect or narrowing of urethra noted.

There is no mucosal irregularities.

**IMPRESSION:**

- No significant abnormality noted.

  
DR. V. SATHYANARAYANAN, MD, RD.,

DR. V. SATHYANARAYANAN, MD, RD.,  
RADIOLOGY  
REGD NO:122283



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SANTHA KUMAR

Age/Sex: 42/M

Date: 13.09.2023

Ref by: URO

H.No: CARE093391346

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Suspicious narrowing of contrast opacification noted at the bulbar urethra – likely repenting stricture.

Multiple round radiolucencies noted along distal penile urthra – likely contrast bubbles.

There is no mucosal irregularities.

DR. V. SATHYANARAYANAN, MD, RD.,

DR. V. SATHYANARAYANAN, MDRD.,  
RADIATION PHYSICIAN  
DEPARTMENT OF RADIOLOGY  
CARE  
RADIO NO: 122283



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BASHYAM

Age/Sex: 84/M

Date: 24.06.2023

Ref by: URO

H.No: 420808

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

**FINDINGS & IMPRESSION:**

Smooth narrowing noted in region of membranous urethra -?significance could represent stricture -needs clinical correlation.

Normal opacification of anterior and posterior urethra.

Contrast entering into the bladder noted.

There is no mucosal irregularities.

PROF. DR. EINSTEIN, MD, RD.

DR. A. EINSTIEN, MD, RD  
PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:Y6839





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. RAVICHANDRAN

Age/Sex: 54/M

Date: 13.07.2023

Ref by: OP

Hosp No: CSSH09000422055

**ASCENDING URETHROGRAM**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Normal opacification of anterior and posterior urethra.

Contrast entering into the bladder noted.

No evidence of any abnormal filling defect or narrowing of urethra noted.

There is no mucosal irregularities.

**IMPRESSION:**

- No significant abnormality noted.

  
DR. V. SATHYANARAYANAN, MD, RD.

DR. V. SATHYANARAYANAN, MD, RD.,  
RADIOLOGY  
REGD NO: 122283



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SOLOMON BERNARDZA

Age/Sex: 43/M

Date: 22.05.2023

Ref by: URO

H. No: CARE091707058

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

**Procedure:** About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Normal Intraluminal contrast opacification noted in penilurethra.

Abrupt cut off of opacification seen in membranous urethra.

No evidence of contrast opacification in prostatic urethra.

No evidence of contrast entry in bladder.

- Could be due to prostatic hypertrophy.
- Suggested USG correlation.

DR. V.SATHYANARAYANAN, MDRD.,  
SENIOR RESIDENT  
DEPARTMENT OF RADIOLOGY  
REGD. NO: 122283  
DR. SATHYANARAYANAN, MD, RD

DR. SATHYANARAYANAN, MDRD.,  
DEPARTMENT OF RADIOLOGY  
REGD. NO: 122283



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. VEERA

Age/Sex: 24 / M

Date: 03.01.2024

Ref by: URO

H.No: CARE092097634

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Abrupt narrowing noted in the prostatic urethra with no evidence of filling of urinary bladder - ? due to voluntary contraction of pelvic muscles.

Differential diagnosis: prostatomegaly.

There is no mucosal irregularities.

*for* *d*  
DR. G. RAJKUMAR, MD, RD  
DR. G. RAJKUMAR, MDRD  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:91835



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SANJEEV SHARMA Age/Sex: 31 /M

Date: 06.01.2024

Ref by: URO

H.No: CARE092489448

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Abrupt narrowing noted in the prostatic urethra with no evidence of filling of urinary bladder - ? due to voluntary contraction of pelvic muscles.

Differential diagnosis: prostatomegaly.

There is no mucosal irregularities.

*for* *d*  
DR. G. RAJKUMAR, MD, RD

DR. G. RAJKUMAR, MDRD,  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO:91835





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SANTHAPPAN

Age/Sex: 70 /M

Date: 01.12.2023

Ref by: URO

H.No: CSSH09000429893

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Abrupt narrowing noted in the prostatic urethra with no evidence of filling of urinary bladder - ? due to voluntary contraction of pelvic muscles.

Differential diagnosis: prostatomegaly.

There is no mucosal irregularities.

**DR. G.RAJKUMAR, MDRD.**  
**ASSISTANT PROFESSOR**  
**DEPARTMENT OF RADIOLOGY**  
CHS  
REGD NO: 91835  
**DR. G. RAJKUMAR, MD, RD**





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. ELUMALAI

Age/Sex: 55 /M

Date: 06.12.2023

Ref by: URO

H.No: CARE09404777

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Abrupt narrowing noted in the proximal 1/3<sup>rd</sup> of penile urethra with bulging of membranous urethra – possibly due to low grade stricture.

Contrast opacification noted in the prostate urethra and urinary bladder.

Contrast entering into the bladder noted.

**DR. G.RAJKUMAR, MDRD.**  
**ASSISTANT PROFESSOR**  
**DEPARTMENT OF RADIOLOGY**

*for*  
**CHRI**  
**REGD NO:91835**  
**DR. G. RAJKUMAR, MD, RD**



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BABU

Age/Sex: 70 /M

Date: 29.01.2023

Ref by: URO

H.No: CARE0093919458

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Narrowing of the prostatic urethra noted.

However urinary bladder is filled with contrast - ? due to prostatomegaly.

Anterior urethra appears normal.

Contrast entering into the bladder noted.

There is no mucosal irregularities.

**DR. G. RAJKUMAR, MDRD,  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY**

  
REGD. NO: 91835  
**DR. G. RAJKUMAR, MD, RD**



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. ANANDHA

Age/Sex: 30 /M

Date:04.11.2023

Ref by: URO

H.No: CARE093867483

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

**Film shows:**

Abrupt narrowing noted in the prostatic urethra with no evidence of filling of urinary bladder - ? due to voluntary contraction of pelvic muscles.

Differential diagnosis: prostatomegaly.

There is no mucosal irregularities.

DR. G. RAJKUMAR, MDRD,  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 91835  
for  
DR. G. RAJKUMAR, MD, RD



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. AJITH

Age/Sex: 26/ M

Date: 22.12.2023

Ref by: URO

H.No: CARE092391448

**ASCENDING URETHROGRAM**

**FINDINGS & IMPRESSION:**

Procedure: About 20 ml of 1:1 diluted non-ionic water soluble contrast is instilled into urethra through an infant feeding tube and film taken dynamically in RPO position.

Film shows:

Abrupt narrowing noted in the prostatic urethra with no evidence of filling of urinary bladder - ? due to voluntary contraction of pelvic muscles.

Differential diagnosis: prostatomegaly.

There is no mucosal irregularities.

DR. G. RAJKUMAR, MDRD.  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY

CHRI

REGD NO: 91835

DR. G. RAJKUMAR, MD, RD





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. JANSI

Age/Sex: 54 /F

Date: 13.06.2023

Ref by: OP

H.No: CSSH09000416808

**MICTURATING CYSTO URETHROGRAM**

Under aseptic precautions, diluted contrast instilled into bladder. Radiographs obtained during voiding in oblique and AP projections.

Bladder is normal in contour.

No abnormal filling defect seen.

No evidence of vesicoureteric reflux seen.

No evidence of post-void residual urine.

Visualised bone appear normal.

**IMPRESSION:**

➤ **No significant abnormality detected.**

DR. G. RAJKUMAR, MDRD.  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CARI  
REGD NO: 91835  
DR. G. RAJKUMAR, MD, RD





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SANTHOSH

Age/Sex: 29 /M

Date: 20.06.2023

Ref by: OP

H.No: CSSH09000417510

**MICTURATING CYSTO URETHROGRAM**

Under aseptic precautions, diluted contrast instilled into bladder. Radiographs obtained during voiding in oblique and AP projections.

Bladder is normal in contour.

No abnormal filling defect seen.

No evidence of vesicoureteric reflux seen.

No evidence of post-void residual urine

Visualised bone appears normal.

**IMPRESSION:**

- No significant abnormality detected.

DR. G. RAJKUMAR, MDRD,  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
*for* *GR*  
REGD NO: 91835  
DR. G. RAJKUMAR, MD, RD



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. JULIE

Age/Sex: 48 /F

Date: 12.09.2023

Ref by: OP

H.No: CSSH09000425403

**MICTURATING CYSTO URETHROGRAM**

Under aseptic precautions, diluted contrast instilled into bladder. Radiographs obtained during voiding in oblique and AP projections.

Bladder is normal in contour.

No abnormal filling defect seen.

No evidence of vesicoureteric reflux seen.

No evidence of post-void residual urine.

Visualised bone appear normal.

**IMPRESSION:**

➤ No significant abnormality detected.

DR. G. RAJKUMAR, MD, RD.  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 91835  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. DHEENA

Age/Sex: 21 /M

Date: 26.09.2023

Ref by: OP

H.No: CSSH09000423711

**MICTURATING CYSTO URETHROGRAM**

Under aseptic precautions, diluted contrast instilled into bladder. Radiographs obtained during voiding in oblique and AP projections.

Bladder is normal in contour.

No abnormal filling defect seen.

No evidence of vesicoureteric reflux seen.

No evidence of post-void residual urine.

Visualised bone appear normal.

**IMPRESSION:**

➤ **No significant abnormality detected.**

DR. G. RAJKUMAR, MDRD.  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD. NO: 91835  
DR. G. RAJKUMAR, MD, RD



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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: MS. JAYANTHI

Age/Sex: 42 /F

Date: 21.03.2024

Ref by: OP

H.No: CARE093996282

**MICTURATING CYSTO URETHROGRAM**

Under aseptic precautions, diluted contrast instilled into bladder. Radiographs obtained during voiding in oblique and AP projections.

**DJ stent noted insitu in both kidneys and within urinary bladder lumen**

No abnormal filling defect seen.

No evidence of vesicoureteric reflux seen.

No evidence of post-void residual urine.

Visualised bone appear normal.

**IMPRESSION:**

- **No significant abnormality detected.**

  
  
DR. G. RAJKUMAR, MD, RD  
DR. G. RAJKUMAR, MDRD.  
ASSISTANT PROFESSOR  
DEPARTMENT OF RADIOLOGY  
CHRI  
REGD NO: 91835





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name : Mr.Elumalai

Age/sex: 29 years male

HOSP No:CARE092023693

Dated: 08.05.2023

Ref By: Urology

Intravenous pyelogram

**Findings:**

Suboptimal bowel preparation with faecal loaded colon obscuring renal shadows and ureter regions. This is limiting the quality of the study.

**Radiodense focus measuring 5 mm seen in left hemipelvis.**

Following intravenous infusion of appropriate contrast material, there is prompt symmetrical concentration as noted by nephrograms.

**Delayed persistent nephrogram noted on left side.**

**Left pelvicalyceal system is dilated up to level of vesicoureteric junction.**

Right ureter shows normal course and calibre. No evidence of hydroureter or filling defect to suggest ureteric calculus.

Urinary bladder is well distended and opacified with the contrast on delayed scan. It does not show any filling defect to suggest calculus.

The postvoid film demonstrate normal emptying of the collecting system, including the urinary bladder.

**Impression**

**Left hydroureteronephrosis due to lower ureteric calculus obstruction.**

  
Dr. Alex Daniel MD.,RD.,

Dr. A. ALEX DANIEL PRABHU MDRD.,  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name : Mrs.Shanthi

Age/sex: 47 years female

HOSP No:CARE093537733

Dated: 20.01.2023

Ref By: Urology

Intravenous pyelogram

**Findings:**

Suboptimal bowel preparation with faecal loaded colon obscuring renal shadows and ureter regions. This is limiting the quality of the study.

**Radiodense focus measuring 5 mm seen in Right hemipelvis.**

Following intravenous infusion of appropriate contrast material, there is prompt symmetrical concentration as noted by nephrograms.

**Delayed persistent nephrogram noted on Right side.**

**Right pelvicalyceal system is dilated up to level of vesicoureteric junction.**

Right ureter shows normal course and calibre. No evidence of hydroureter or filling defect to suggest ureteric calculus.

Urinary bladder is well distended and opacified with the contrast on delayed scan. It does not show any filling defect to suggest calculus.

The postvoid film demonstrate normal emptying of the collecting system, including the urinary bladder.

**Impression**

**Right hydroureteronephrosis due to lower ureteric calculus obstruction.**

  
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