

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MODERATOR: Dr. Siddesh , Professor ,
Dept. of radio-diagnosis
JJMMC DAVANGERE
PRESENTOR: Dr Vennela, PG resident



- 56 years old female patient
- Came with c/o fever associated with chills x 5days
- Diffuse pain abdomen and burning micturition
- K/c/o DM & HTN on regular medication
- Investigations:
- ✓TLC-13,500
- ✓ RFT-creatinine: 1.6 & urea-66
- ✓ Urine routine: pus cells and RBC +
- **✓** USG



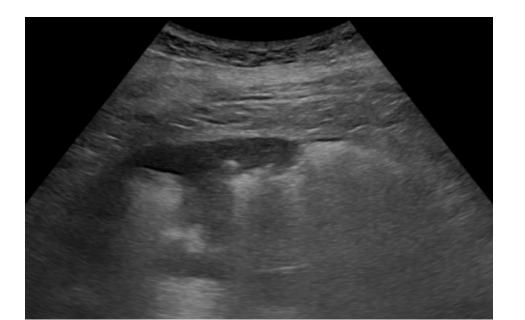


On KUB plain radiograph, left kidney appears globular in shape with extensive radiolucent areas in left renal fossa region, diffuse mottled gas shadow of the renal parenchyma, surrounded by a crescent of gas (perinephric space). right kidney shadow is not visualized.

Bilateral psoas muscle shadows are not visualized. No E/o calcific foci along the renal tract. Underlying bones appear normal.



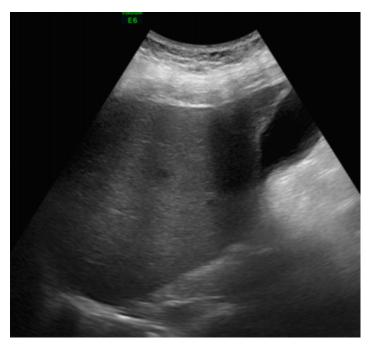


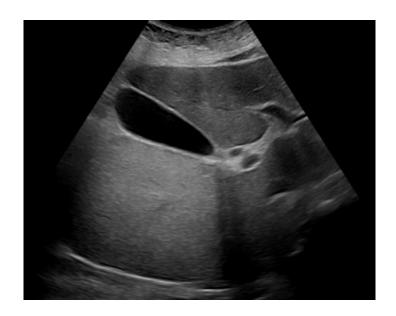


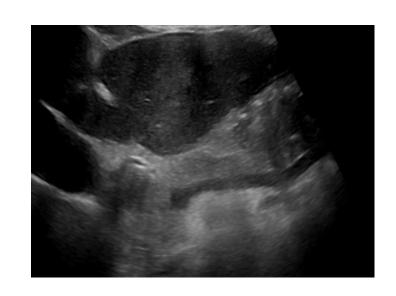


- •Dirty echogenic foci with <u>reverberation</u> artifacts representing gas ('dirty shadowing') are noted in the left renal fossa
- •Complete left kidney parenchyma was not visualized.

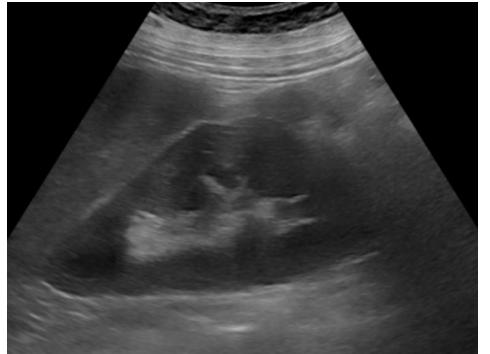


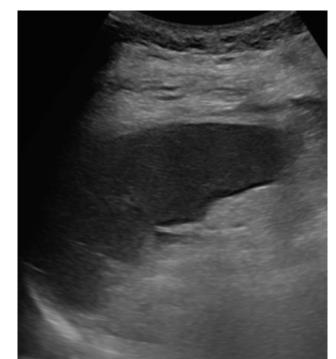






Rest of the organs appear normal.

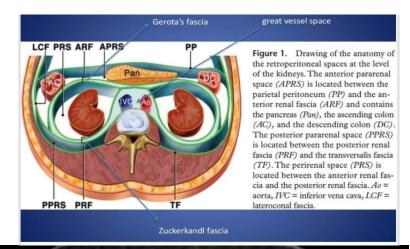






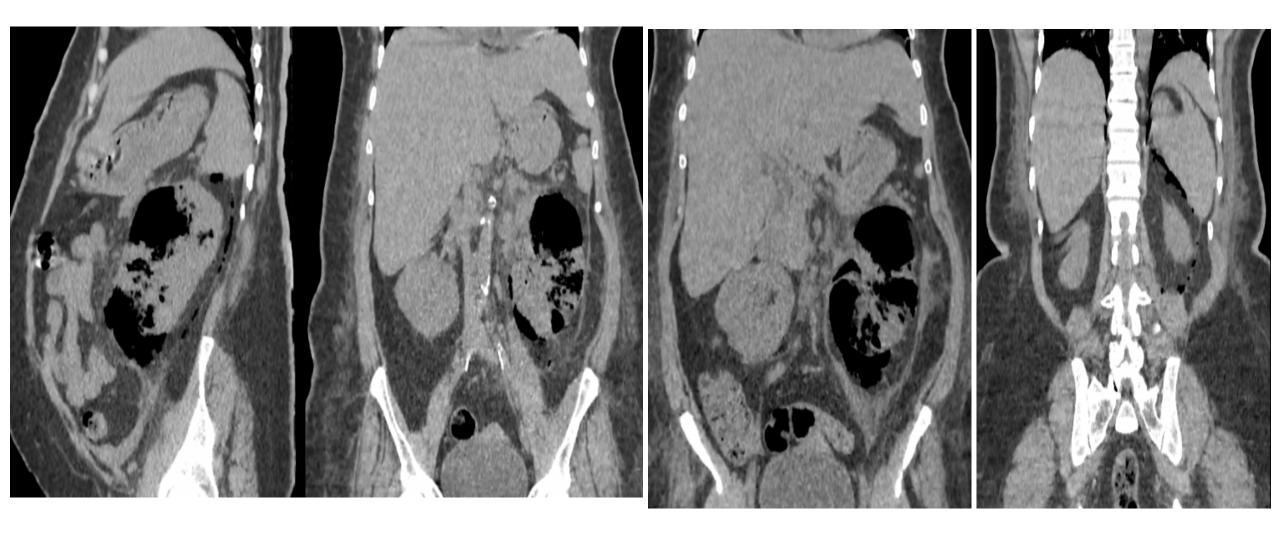


LEFT KIDNEY- APPEARS BULKY AND GLOBULAR IN SHAPE WITH EXTENSIVE AIR POCKETS NOTED CAUSING DESTRUCTION OF MORE THAN 2/3RD OF THE RENAL PARENCHYMA OF LEFT KIDNEY. NO AIR FOCI ARE NOTED IN BLADDER









THESE AIR POCKETS ARE SEEN IN PCS, LATERAL & POSTERIOR PERI-NEPHRIC SPACE EXTENDING INTO POSTERIOR PARARENAL SPACE. AND FEW AIR POCKETS ARE NOTED AT LOWER MARGINS OF SPLEEN

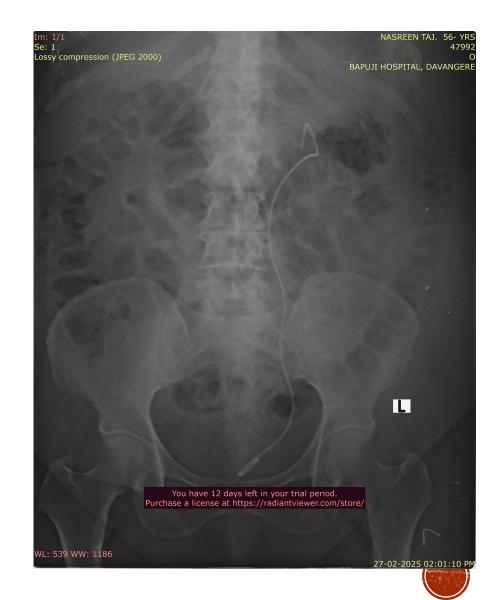


IMPRESSION:

- F/s/o emphysematous pyelonephritis
- → Class 3b Huang- Tseng CT classification.

DIFFERENTIAL: EMPHYSEMATOUS PYELITIS

POST- OT RADIOGRAGH



THANK YOU

