KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MODERATOR: DR JEEVIKA M U

HOD DEPT OF RADIDIAGNOSIS

JJMMC, DAVANGERE

history

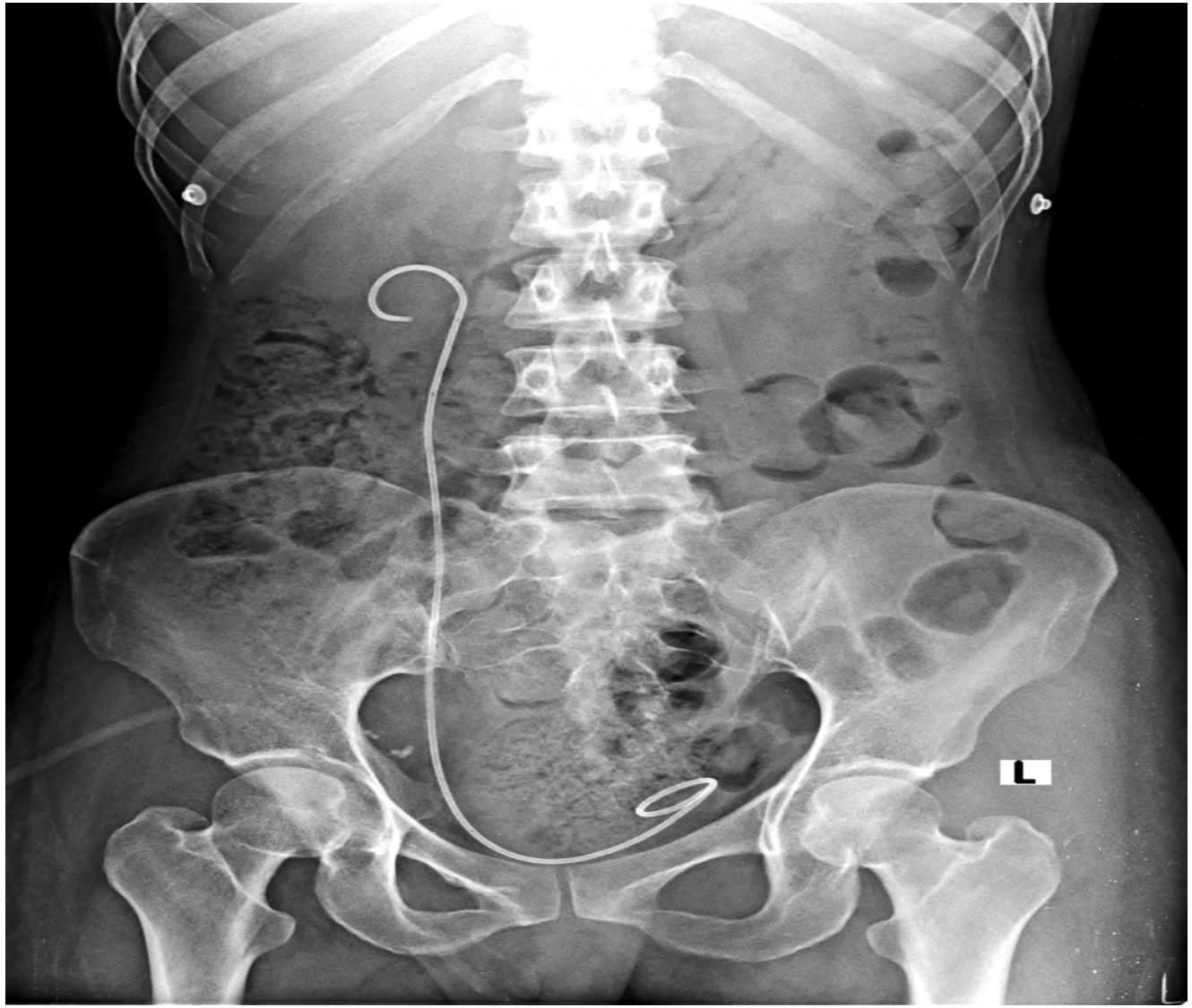
→38/F came with complaints of

- blood in urine-since 3 days
- Fever and chills since 4 days
- Early fatiguability since 15 days

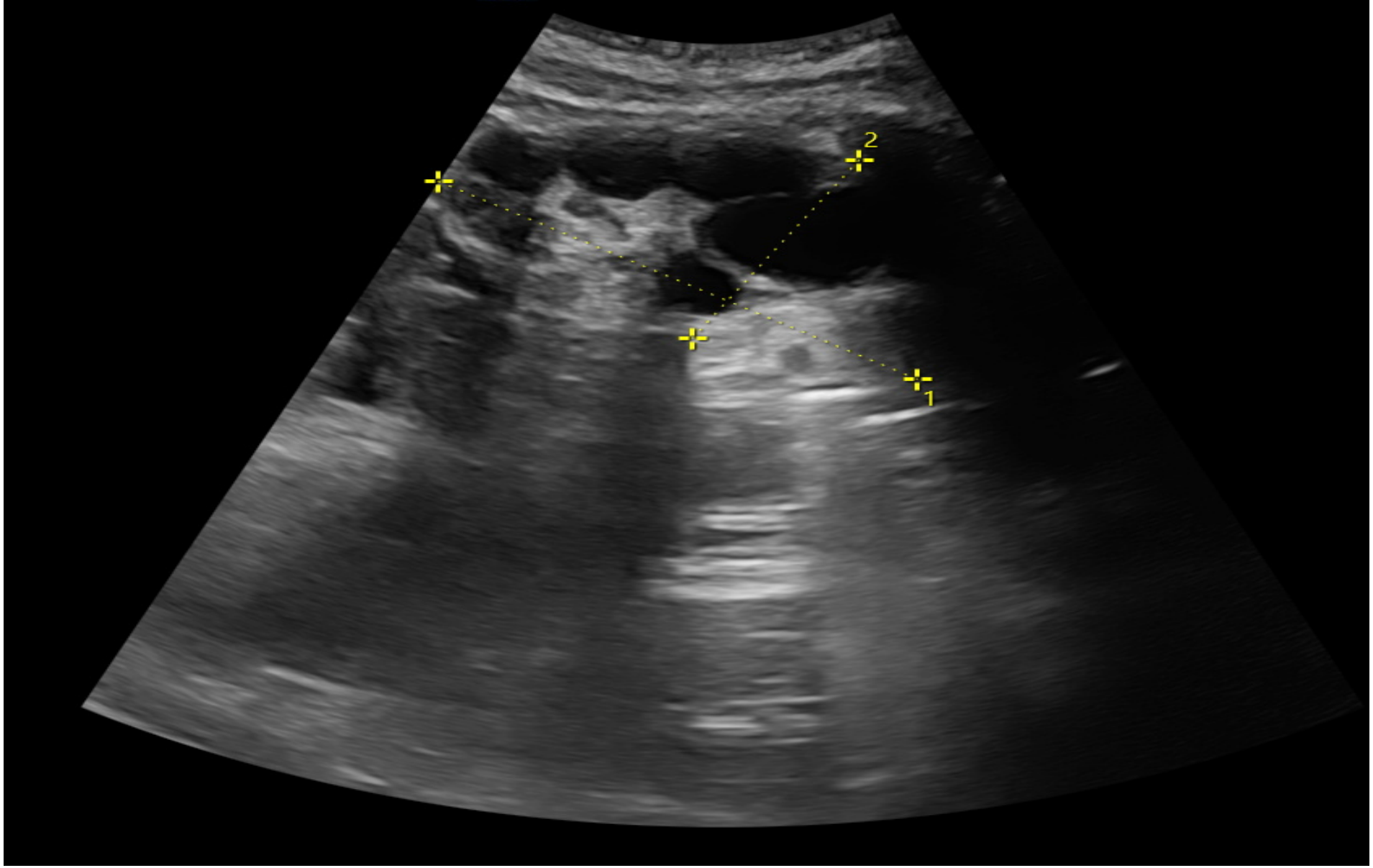
→k/c/o hypothyroidism on treatment ,? H/O pyelonephritis with DJ stunting in 2018

→lab investigations:raised TLC(16K),patient was in metabolic acidosis and renal failure for which haemodialysis is advised.

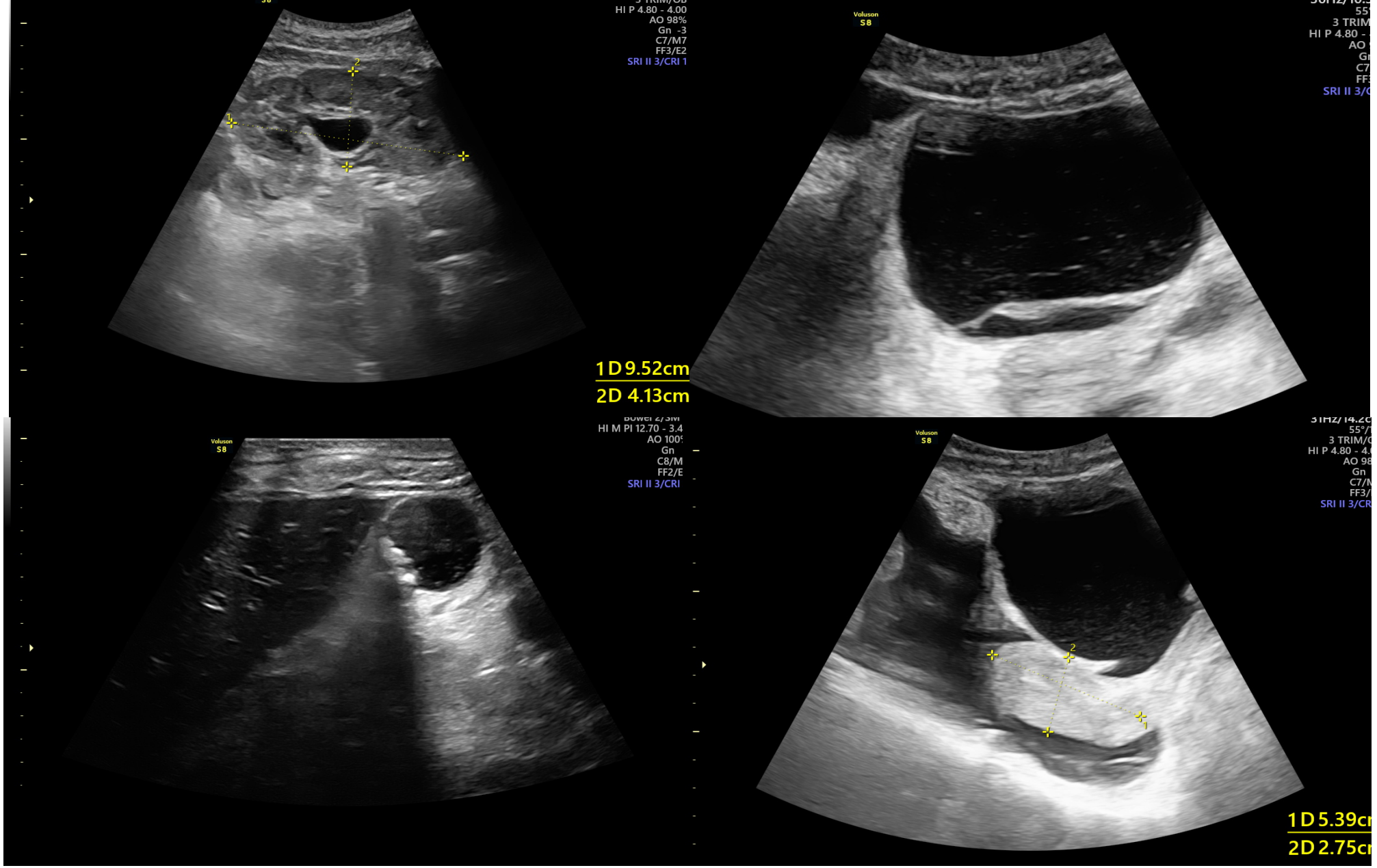
Provisional diagnosis →urosepsis and anaemia under evaluation.



Kub radiograph :showing normal renal shadows superiorly however inferiorly could not be made out to fecal loaded large bowel loops.Other wise psoas shadows appear normal with normal fat planes .DJ stunt in inferior pole with tip in pelvic fossa

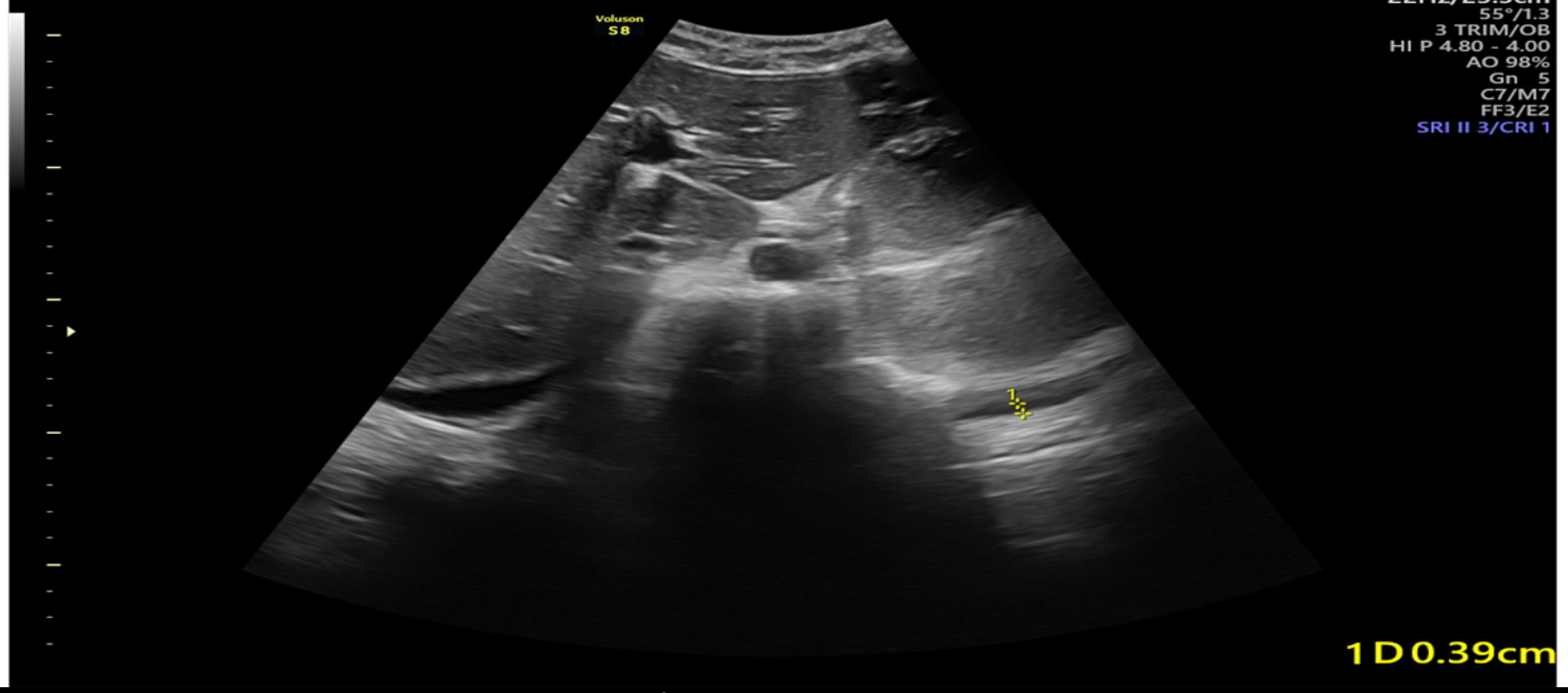


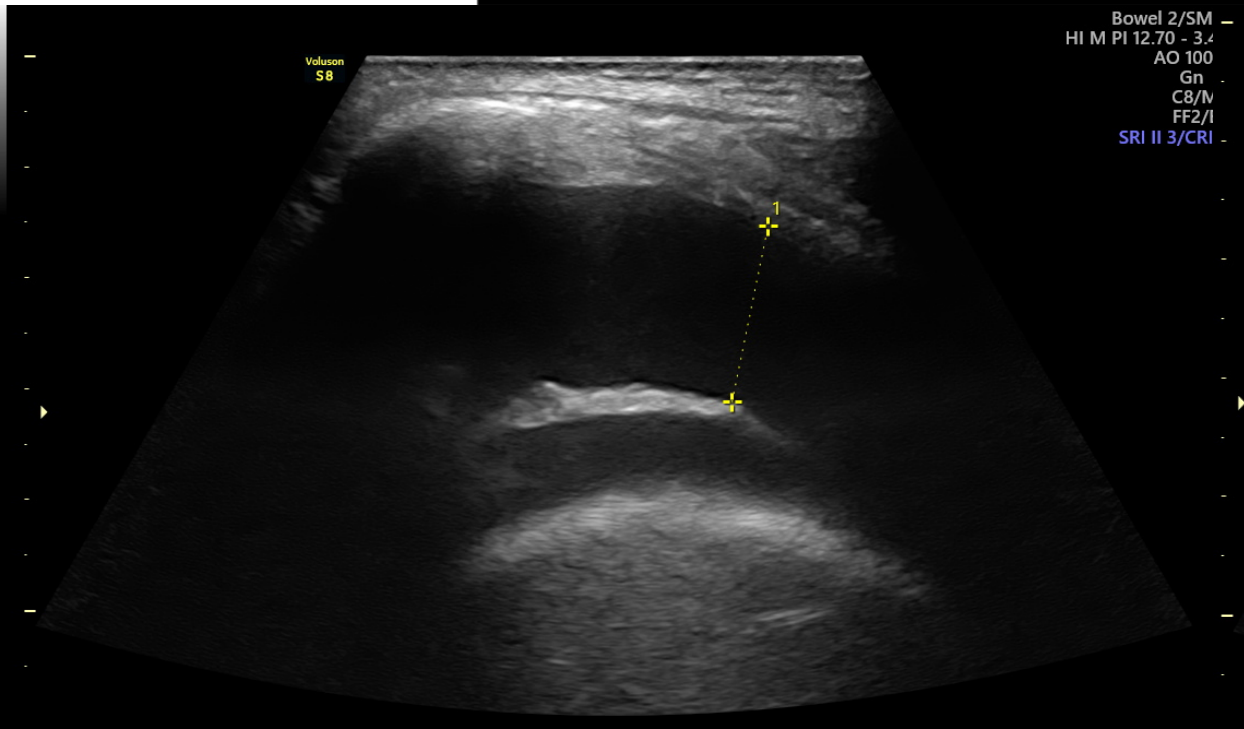
Left kidney was small in size measuring 6.7x 3.6x2.3cm .Thinned out renal parenchyma with multiple cortical cysts of varying noted with few cysts showing internal septations.

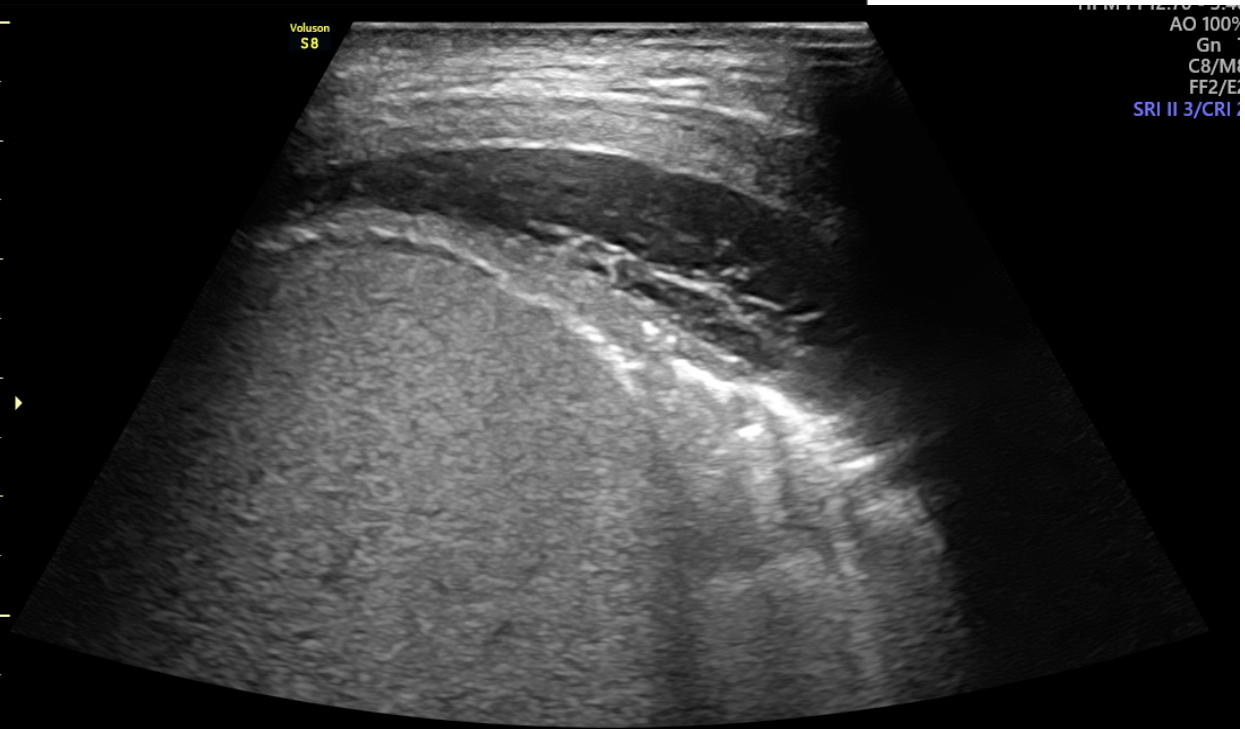


Left kidney was normal in size with heterogenous echotexture with mild prominence of pelvicalyceal system. Bladder shows echogenic foci with linear hyperechoic retracted clot noted in the dependent portion Cholelithiasis, Ascites noted..

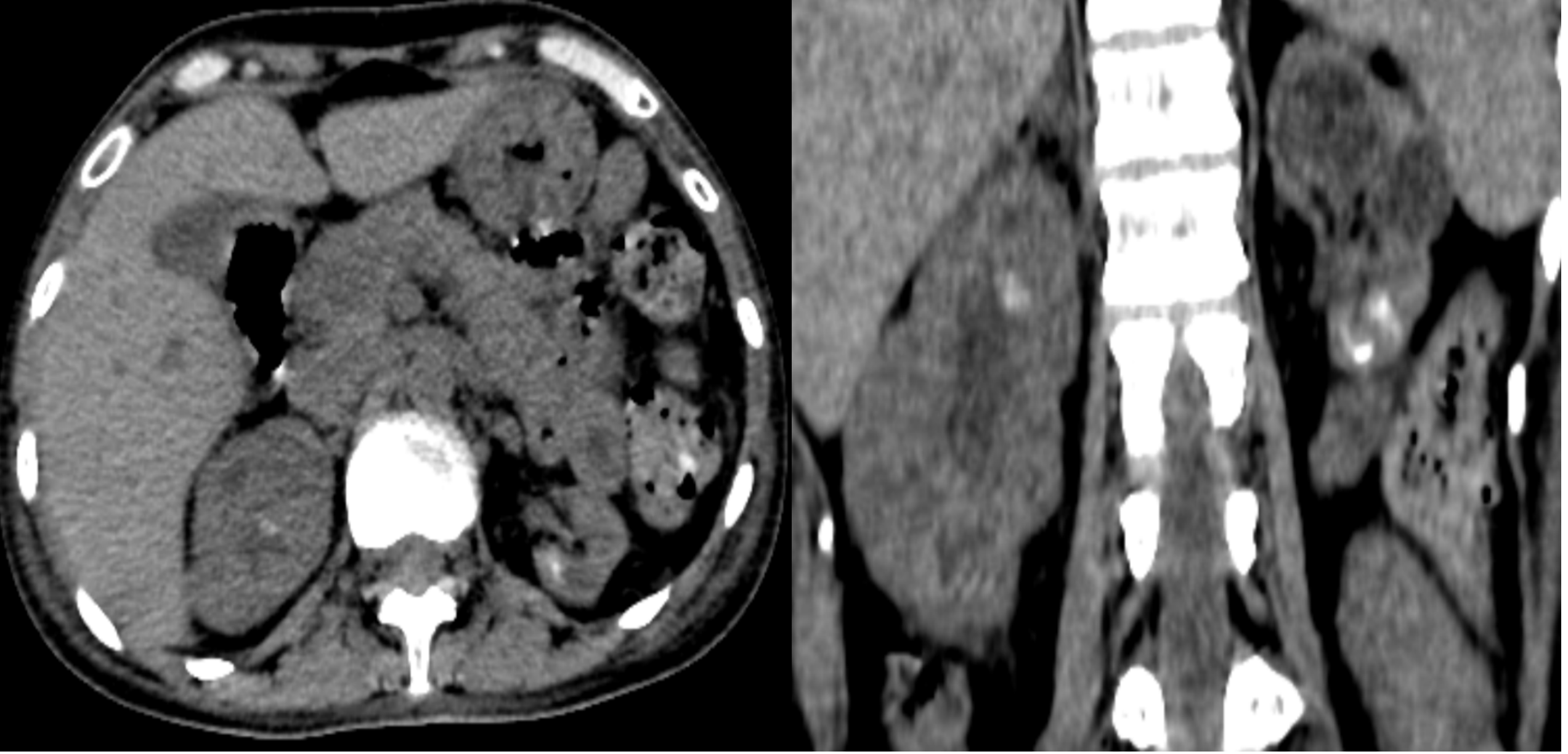
Bilateral pleural effusion



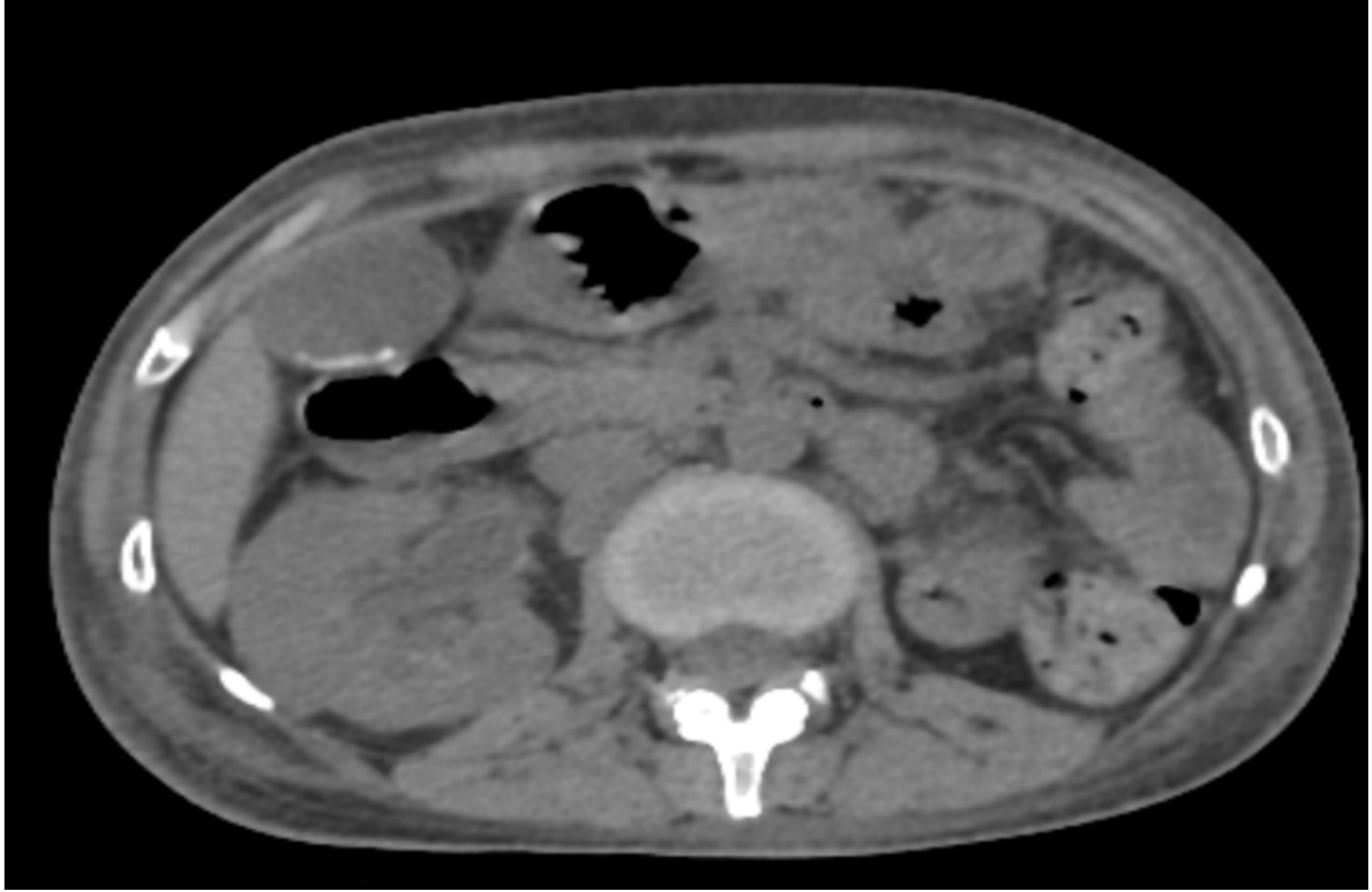




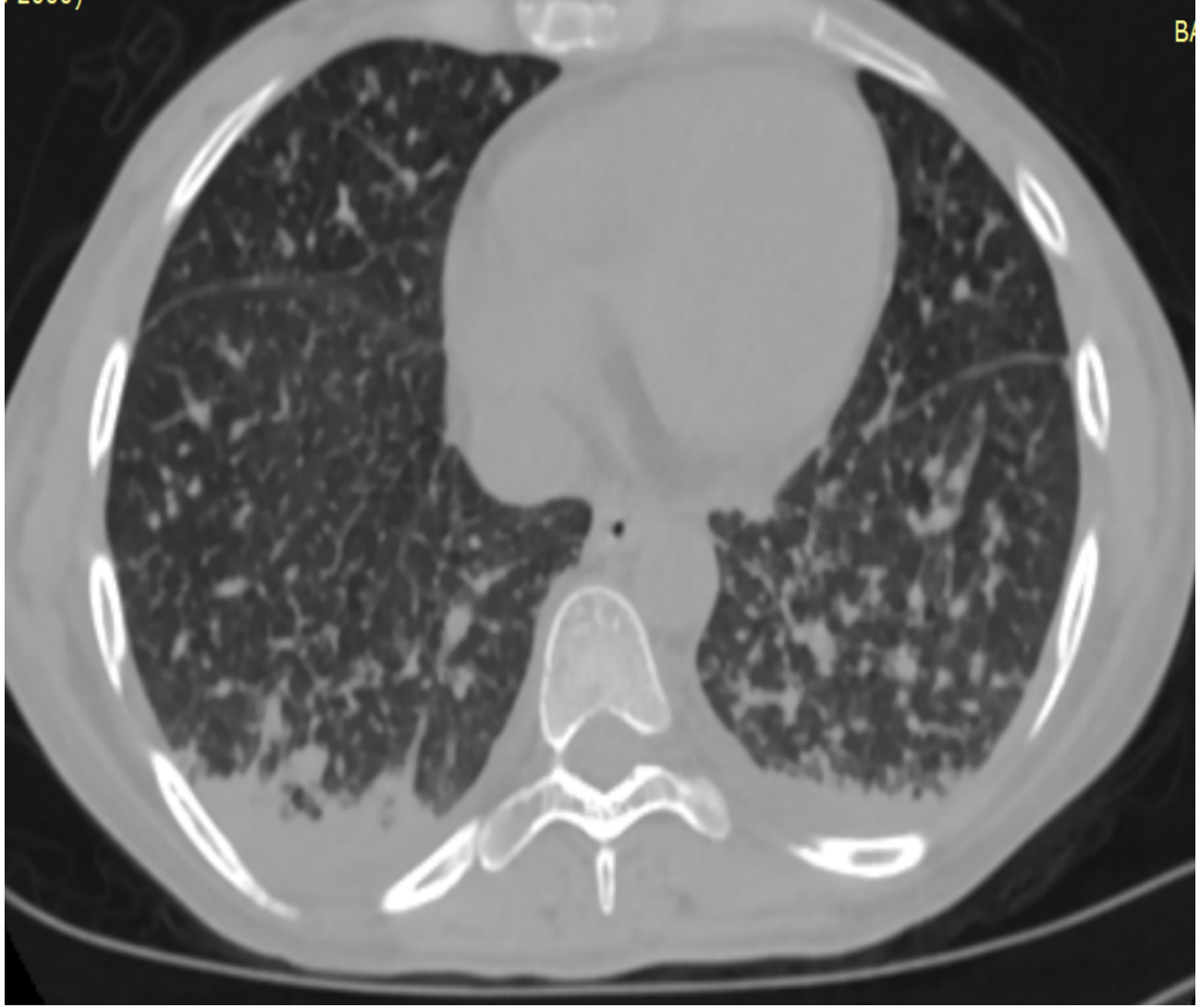
- Heterogenous echotexture with early pyelonephritis changes in right kidney
- Multiple cortical cysts of varying sizes in left kidney→likely chronic infective sequel.
- Cholelithiasis
- Moderate ascites
- Bilateral pleural effusion



Shrunken in size with relatively atrophic lower pole. Parenchyma replaced by with multiple cortical cysts (HU:-2) few containing hyperdense content within it and medullary calcifications noted.
Left kidney appears globular with mild dilated pelvicalyceal system, ureter with urothelial thickening with DJ stent insitu.
Evidence of minimal perinephric free fluid and fat stranding noted



cholelithiasis



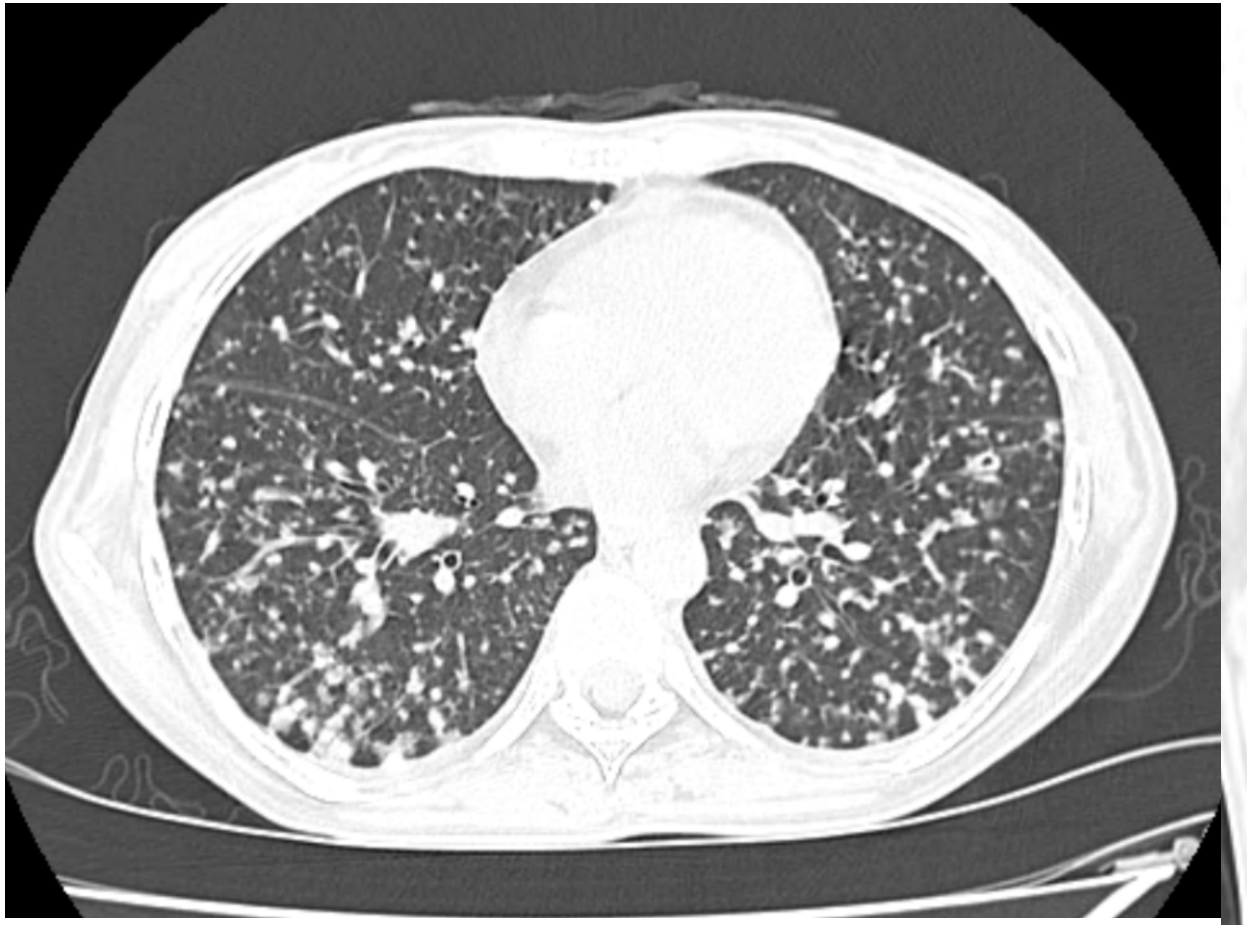
Random distributed nodules diffusely in bilateral visualized lower lobes with bilateral effusion noted.

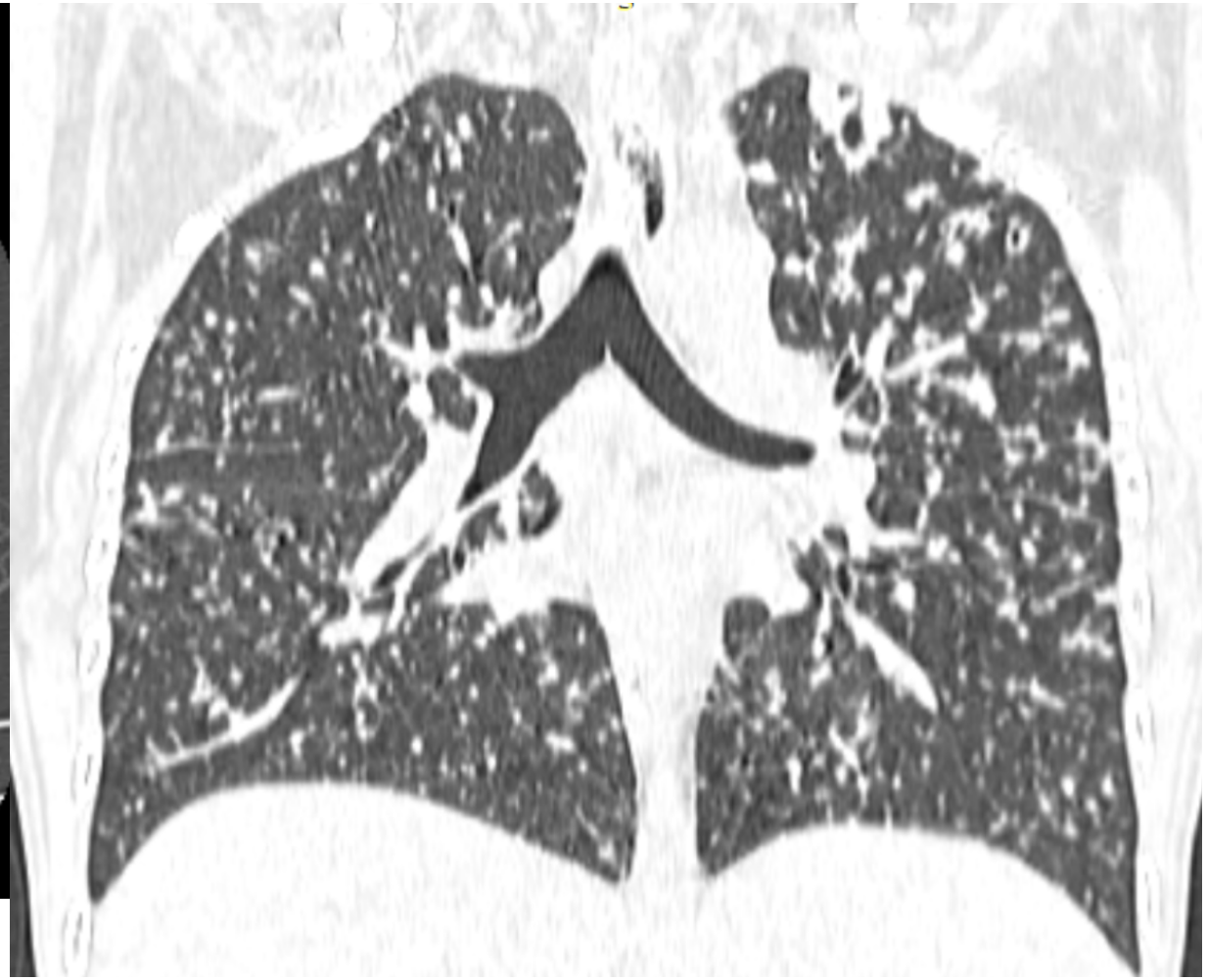
Diagnosis:

- **Right pyelonephritis with DJ stent insitu.**
- **Chronic left kidney disease- likely of infective sequale**
- **Cholelithiasis without signs of cholecystitis.**
- **Multiple miliary nodules noted in bilateral lower lobes with bilateral mild pleural effusion-**

→likely Tubercular etiology

(Suggested HRCT thorax, biochemical and laboratory evaluation to rule out pulmonary and renal tuberculosis)





- **Multiple discrete random (2-3mm diameter) nodules are noted diffusely involving bilateral lung fields".**
- **areas of fibrosis with surrounding fibroparenchymal bands noted in superior segments in RLL**
- **E/o inter and intralobular septal thickening noted diffusely in bilateral lung fields.**
- **Evidence of few subcentimetric lymph nodes noted in right upper and lower paratracheal and subcarinal region.**

diagnosis

- **Multiple discrete centrilobular nodules with inter and intralobular septal thickening diffusely involving bilateral lungs exhibiting “tree in bud appearance”**
  - → ***S/o Infective etiology – Likely Koch’s etiology***