

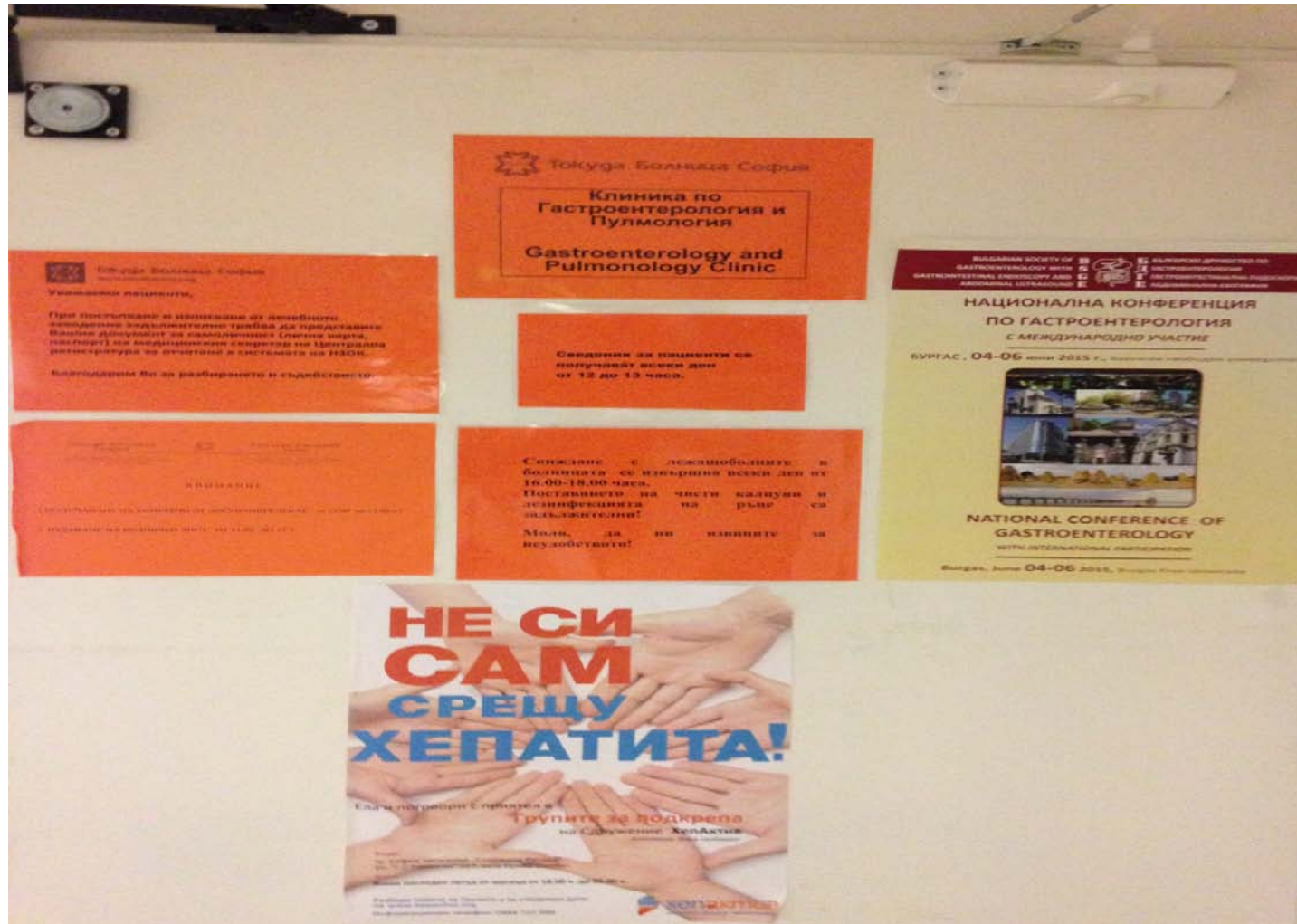
Ehografija na abdomen

JZU Psihijatriska bolnica Skopje
Tokuda bolnica Sofia(17.01-05.02.2016)
Elizabeta Zafirovska

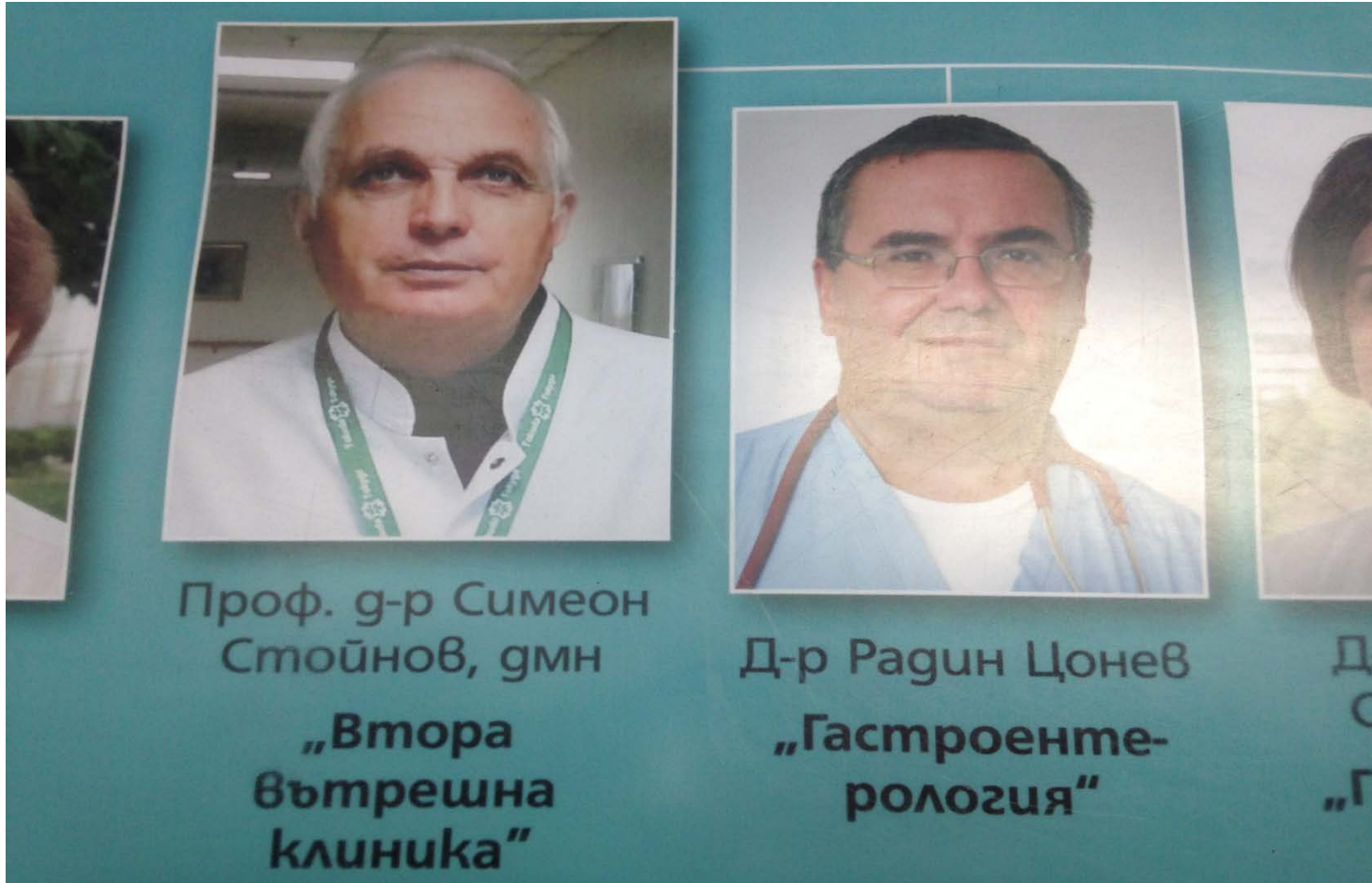
datum na prezentacija:
19.02.2016



Edukacijata ja obavuvav na Klinika za Gastroenterologija i Pulmologija



Pod mentorstvo na Prof d-r Simeon Stoinov i d-r Radin Conev, vo Kabinet za ehografija



Cel:Potrebata od aktiviranje na Eho aparatot vo nasata bolnica(eho na abdomen), po sto usledi ponuda od strana na Ministerstvo za zdravstvo za edukacija vo Tokuda

Golema blagodarnost do
Ministerstvo za zdravstvo
Makedonija i Ministerstvo za
zdravstvo Bugarija, od nasava
bolnica i od mene za razbiranjeto
i dadenata poddrska

Ultrazvucnata dijagnosticka
aparatura e edna od najbrzo
razvivackite, se sporeduva so
napredokot na
kompjuterskata tehnologija, vo
mnogu slucai ovozmozuva
izbegnuvanje na invazivni
isleduvanja.

Osnovni morfoloski belezi za
donesuvanje zaklucok za dijagnoza
koja moze da bide sigurna ili
verojatna (forma, ehogenostai vidot
na naodot (tecnost ili solidna
formacija), razmer, ivici(glatki ili
neravni), struktura (homogena ili
nehomogena)

Najčesti difuzni procesi na črniot
drob bea: hepatitis, steatoza, i ciroza

Eho ne može da se iskoristi za
postavuvanja na hepatitis

Pri steatoza ima hiperehogen (tn
bolen crn drob)

Ciroza - ehogravski se dijagnosticira
ako ima makromorfoloski promeni
tn. ciroticna transformacija

Medical comparison of liquid hepatic lesions

Wfram Wermke – Campus Charité Mitte, Berlin/Germany



Fig. 1a. Sonogram of a liver segment showing multiple small, anechoic cysts, characteristic of Segmental Caroli disease.

...induces. bile duct malformations up to ...nt fibrosis has caused a reflex



Fig. 1d. Opened section of the resected liver segment. The right half of the picture corresponds to the left sonogram. It contains cystically deformed bile ducts. The biliary segment fibrosis – here visible as a somewhat lighter brown – is less easy to differentiate than on the sonograms in Figs. 1a and 1c.



Fig. 2a. Sonogram of a liver segment showing a large, anechoic cystic lesion, characteristic of a benign liver schwannoma.

...ant pressure discomfort from ...hole of the woman's right lobe. ...of the liver.



Fig. 4b. Operative site of the right liver lobe. The left lobe is less affected. Two-thirds of the liver was resected. A few days after the surgery the woman offered her gratitude saying that she had been given a new life.



Fig. 5a. Sonogram of a liver segment showing a large, anechoic cystic lesion, characteristic of a benign liver schwannoma.

...tic echinococcosis induces the ...three layers and consists of ...cubite –



Fig. 6d. Sections of the fixed hydatid. ...and the germ layer, which develops brood capsules. Juvenile scolices (protoscolices) develop here. The sonogram and the section of resected tissue show the cystic wall and gyriform germ-layer protuberances.



Fig. 7a. Sonogram of a liver segment showing a large, anechoic cystic lesion, characteristic of a benign liver schwannoma.

...entary bile duct. When jaundice ...left bile duct. The condition ...reated with medications.



Fig. 9b. Incised resected tissue of the right liver lobe. The specimen was unwilling to accept this. She could not longer lie on her right side and had bouts of severe pain and fever. A right hemihepatectomy was carried out at the Charité. The incision of the resected tissue opened a suppurated necrotic cavity. ...

Segmental Caroli disease with chronic cholangitis



Fig. 2a. Focal Caroli disease. A 23-year-old woman had had suffering for 2 years from Charcot-Trias II (bouts of fever and jaundice, abdominal pain). In segments VII und VIII bile ducts are widened, in part also cystically malformed.

Cystic metamorphosis of a benign liver schwannoma



Fig. 5a. Benign liver schwannoma. Five years before this sonogram was produced, a schwannoma discovered by chance in an asymptomatic, 37-year-old female physician was confirmed by biopsy. At the time it was completely solid neoplasm of 18 mm diameter.



Fig. 2b. Section of the resected right liver lobe. The right liver lobe contains a wall-thickened bile duct, into which the tube is inserted. In the proximity of the organ periphery are the cystic bile duct sections shown on the sonogram. The woman has been asymptomatic since the operation.



Fig. 5b. Fresh section of resected tissue. The operation took place six years after the diagnosis. The schwannoma shows haemorrhages, illustrated echogenically in the grey value image. It gives the impression of a thick-walled cyst with elevations penetrating into the lumen.



Fig. 7a. Hydatid with daughter cysts and cyst-wall calcifications. A 64-year-old Iranian man complained of severe abdominal pain. The sonogram shows cystic echinococcosis in the left liver lobe. The mother hydatid contains many daughter cysts and folded portions of the germ-layer membrane.



Fig. 7b. Opened cystic echinococcosis. As in the sonogram, in the cut resected tissue there are small and larger daughter cysts, between which are partly folded portions of the whitish germinal layer with protuberances. No signs of infection can be seen.



Fig. 9c. Parasitic decomposition cavity in the right liver lobe. ...that has a disperse echo pattern as a sign of infection, surrounded by a wide border of parasitically infiltrated liver tissue. Inside there are small-cyst alveolar metacystodes, connective tissue ...



Fig. 9d. Section of the fixed resected tissue of the parasitosis. ...and calcifications, which are identified in the resected tissue. Sprouting processes of the millimetre-size fins leave behind a tumourous growth in the liver tissue.

For the resected tissue photographs I thank Prof. Dr. H. Neuhoff, Prof. Dr. G. Pahl, OA PD Dr. D. Seifried (Clinic for General, Visceral and Transplant Surgery, Charité-Campus Virchow (Klinikum)) and for the images of fixed material Prof. Dr. B. Boudghien and C. Meyer (Institute of Pathology, Charité-Campus Mitte).

FOCAL NODULAR HYPERPLASIA



Contrast examination performed with Coded Contrast Harmonics. Focal nodular hyperplasia demonstrating arterial enhancement in arterial phase.

HEMANGIOMA



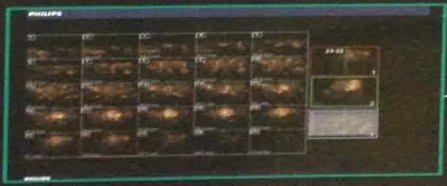
Hyperechoic and heterogeneous lesion at baseline. After SonoVue® injection, the lesion shows the typical enhancement of hemangioma with a

HEPATOCELLULAR CARCINOMA



The lesion enhances in early arterial phase. In portal phase the HCC appears hyperechoic compared with the surrounding enhanced liver parenchyma and

HEPATOCELLULAR CARCINOMA



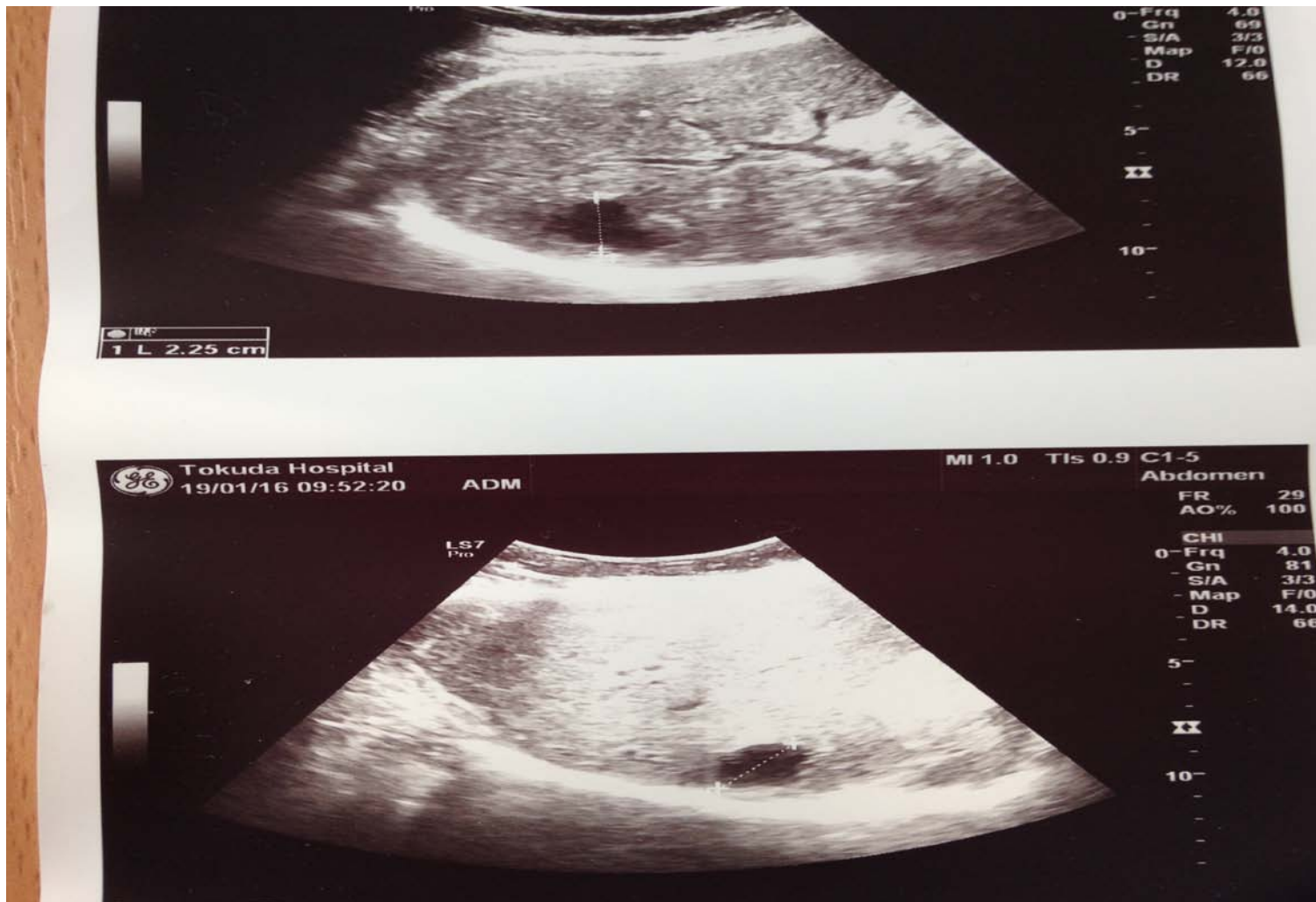
3D reconstruction of a HCC with the iU22 after SonoVue® injection.

HYPERVASCULAR LIVER METASTASIS



the washes out to be

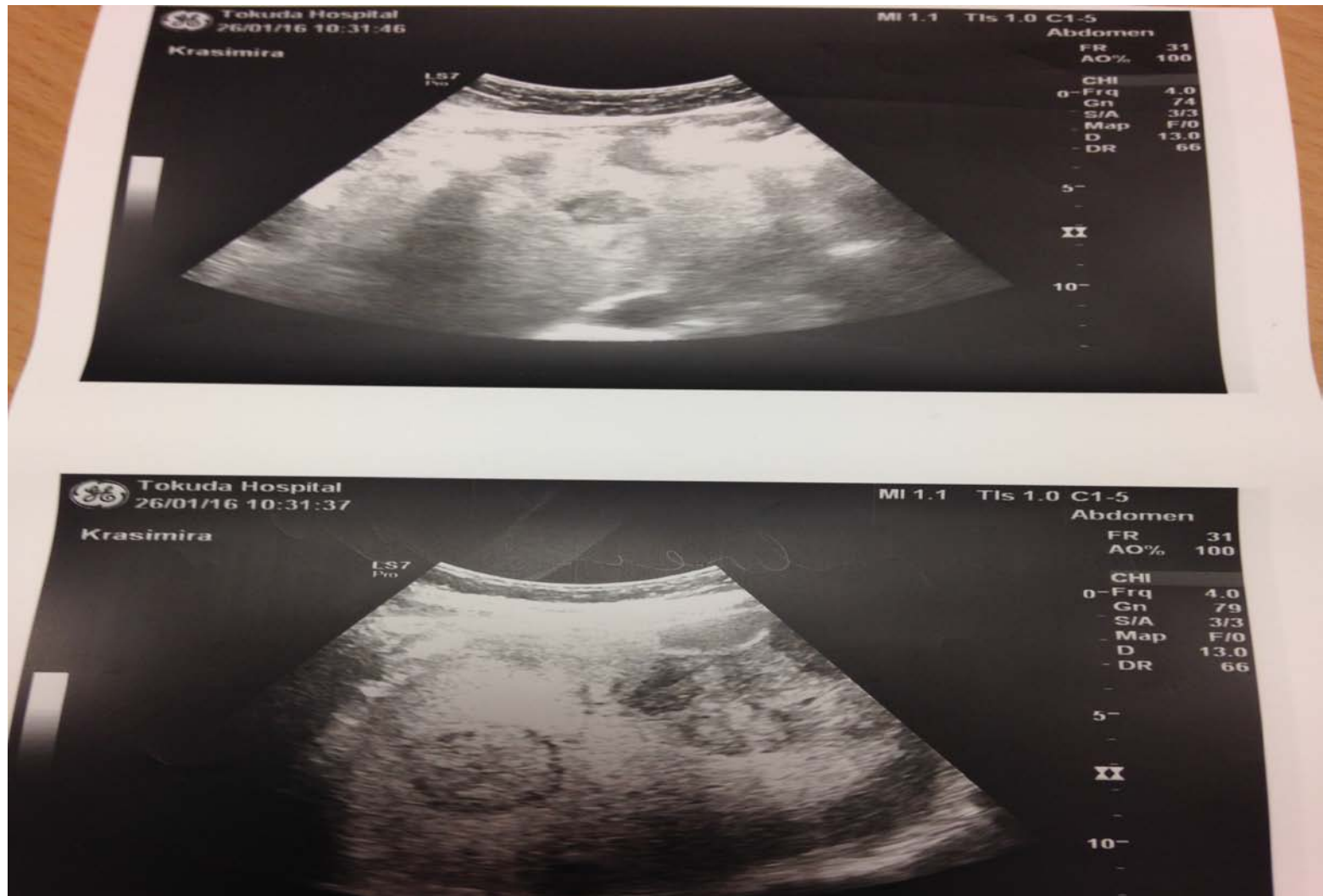
Ehogravski prikaz na crnodrobna cista



Ehogravski prikaz na hemangiom na crn drob, koj se dijagnosticira so kontrast slika



Ehogravski prikaz na metastazi vo hepar (hipoeohogeni zoni),



Ehografijata e metod na izbor za
isleduvanje na zolcniot sistem
nasproti rendgenskoto isleduvanje
slika od kamen vo zolcen meur





Tokuda Hospital
03/02/16 11:40:48

ADM

MI 1.1 TIs 1.0 C1-5
Abdom

Antoaneta

FR
AO%

CHI
0-Frq
Gn
S/A
Map
D
DR

5"

XX

10"

LS7
Pro



Tokuda Hospital
03/02/16 11:40:20

ADM

MI 1.1 TIs 1.0 C1-5
Abdom

Antoaneta

FR
AO%

CHI
0-Frq
Gn
S/A
Map
D
DR

5"

LS7
Pro

