

Normal MCU images

Radiographic images to be obtained

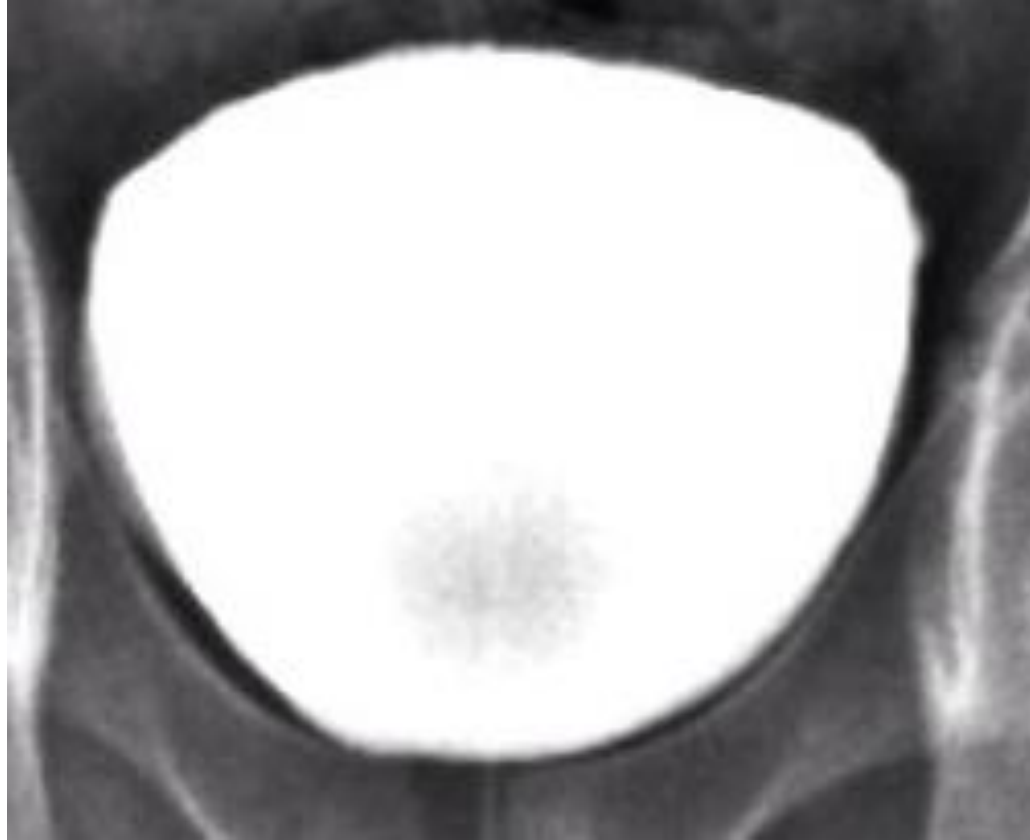
Field of view should be limited and to avoid unnecessary radiation exposure

- AP early bladder filling –demonstrate bladder filling defects eg ectopic ureterocele and bladder calculi.



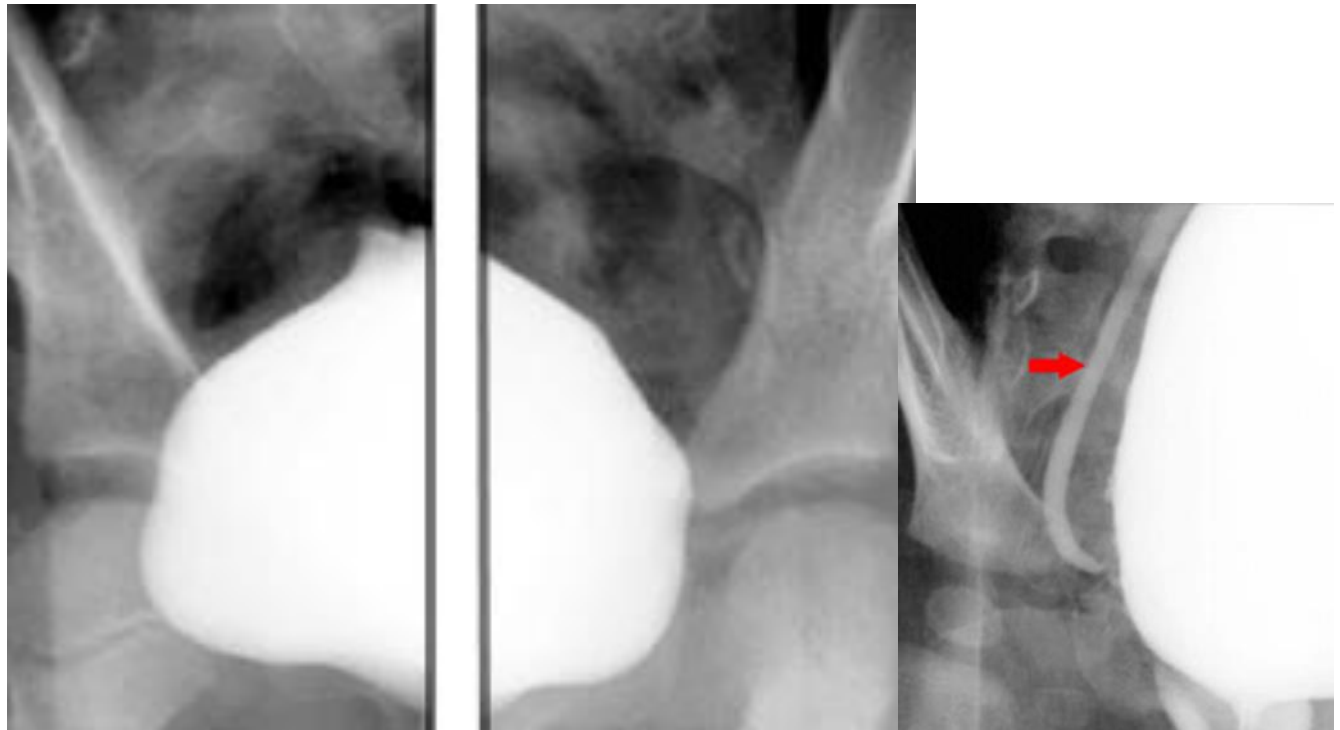
Also just to make sure catheter is in the right place

- AP full bladder- shows eg bladder size& diverticuli



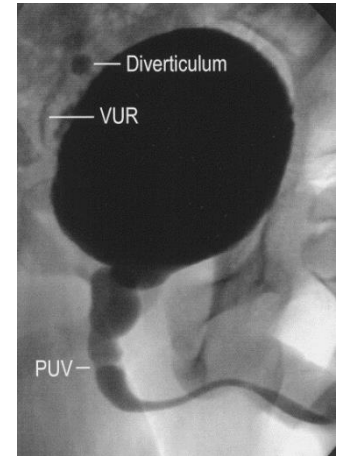
Needs to be very full to facilitate easy voiding in a child/baby

- Oblique views – both RPO and LPO to demonstrate the retrovesical regions of the ureters for eg ectopic ureter insertion.



Distal ureter only seen if there is reflux

- **Additional views as necc** to demonstrate abn findings eg periureteric diverticula
- and VUR plus VUJ.



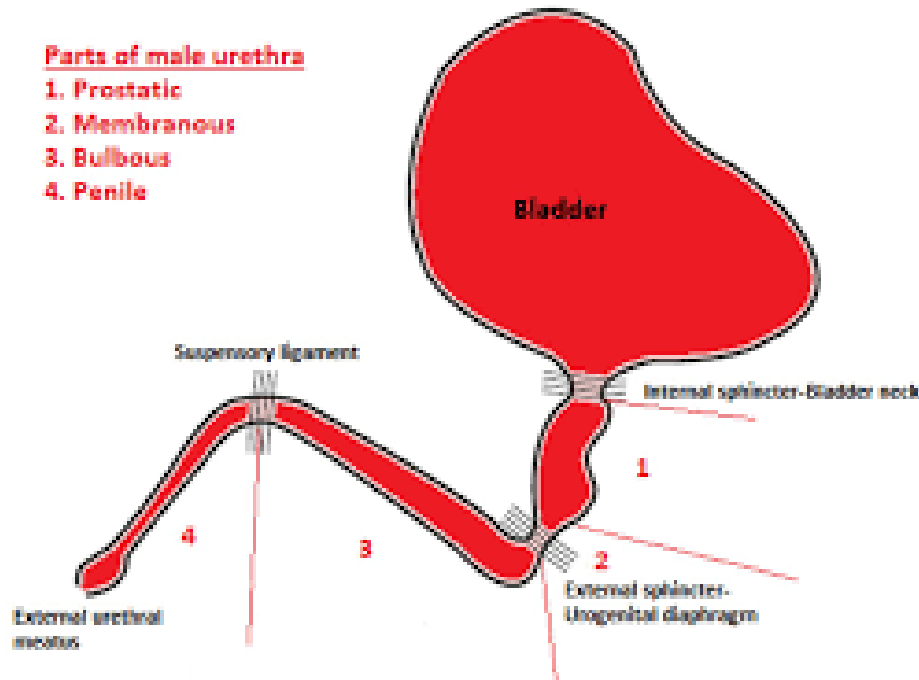
What grades are this?

1

3

5

- Urethral images – ideally obtained initially with the catheter in situ and then with catheter removed. Females can be supine but males should either lateral or steep oblique position.



Female supine catheter in



Careful attention should be made for the presence of reflux during voiding. Reflux may only occur during the higher bladder pressures of active voiding.



Posterior urethral valve



Catheter insitu- **left insitu if seen**



Different patient with catheter out

Additional

Fluoroscopy loops if there is an interesting intermittent phenomenon to be documented – for example, intermittent filling of a fistula between the bladder and another structure

Finally post void image



Full view to assess for reflux
And
Note post void residue

- If you know the normal then at least you can identify the abnormal and consult
- 5 essential images
- Additional images to fully illustrate an abnormality