



Straight X-Ray – Lower part of chest, whole abdomen and part of pelvis

Shows gas under left dome of diaphragm – fundal gas shadow

Also shows intestinal gas shadow, which suggests an abnormality of distended loop of intestine

As the loop of intestine is centrally placed and has a regular mucosal margin, it is small intestine.

Cause – Early Intestinal Obstruction



Contrast X-Ray – Part of Chest +
Whole Abdomen

Barium Meal

Slightly dilated stomach with barium
inside. Some amount of dye also seen
in large intestine.

Mottling (radiolucent shadow)
present in fundus

Probable Diagnosis – Gastric outlet
obstruction due to Gastric CA



Contrast X-Ray – Whole Abdomen + Pelvis

Barium Meal

Picture Taken – After Ingestion

Hugely dilated stomach with barium inside (dye has not entered duodenum)

Mottling (multiple radiolucent shadows) present due to retained food particles

Probable Diagnosis – Gastric Outlet Obstruction due to Pyloric Stenosis



Straight X-Ray – Chest and upper part of abdomen – PA View

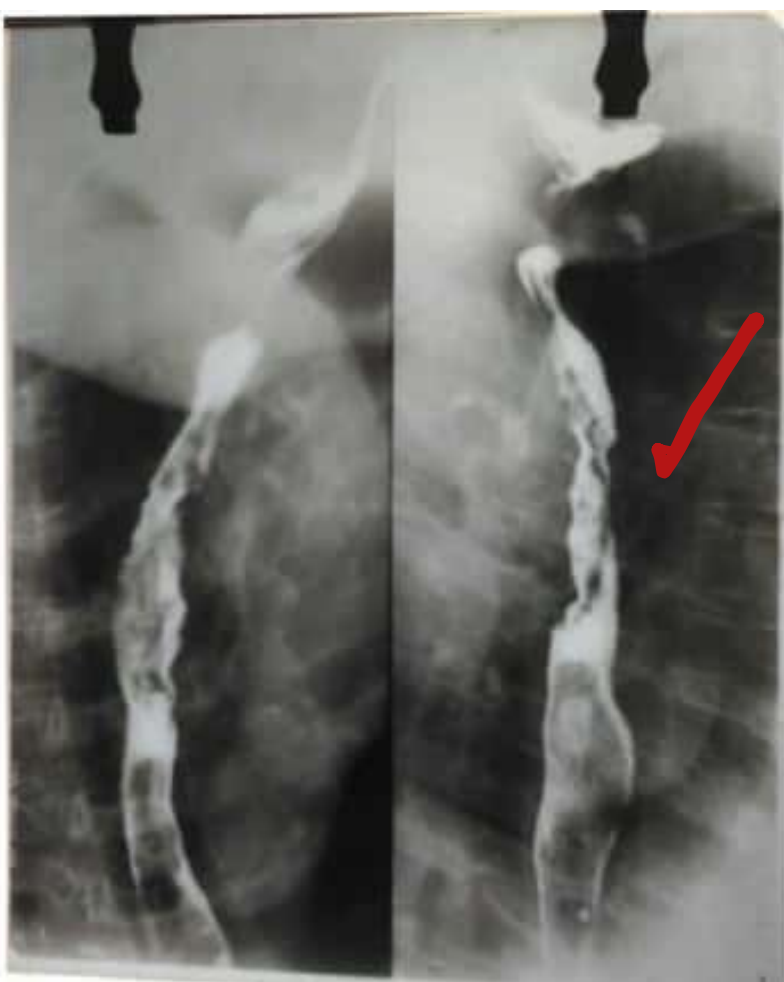
X-ray taken in upright/sitting posture

Shows

(a) Radiolucent shadow between right dome of diaphragm and soft tissue shadow of liver – Presence of free air

(b) Radiolucent shadow between left dome of diaphragm and stomach – Fundal gas shadow

Cause – Presence of free air in peritoneal cavity (perforation of hollow viscus)



Contrast X-Ray – Barium
Swallow – Oesophagus

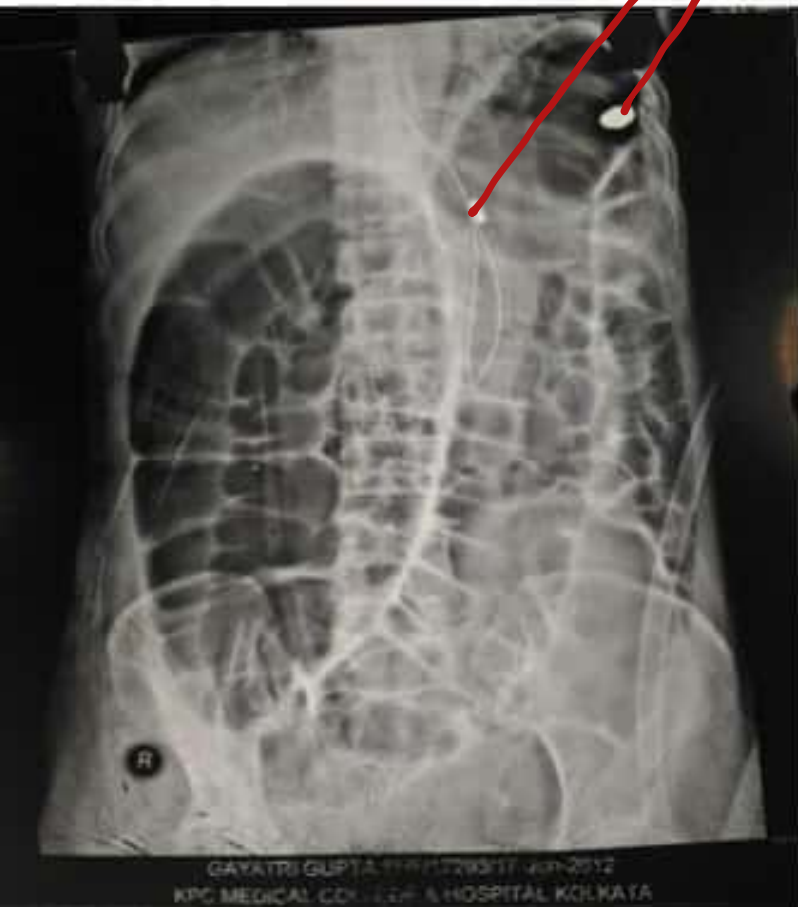
Picture taken during
deglutition

Shows irregular filling defect
(shouldering effect) in
oesophagus

Possible Cause – CA
Oesophagus



Ryle's
tube
radio
opaque
material



Straight X-Ray – Abdomen

Shows radio-opaque material of Ryle's Tube

Distended gas loop which seems to have risen from pelvis

Cause – Sigmoid Volvulus (Turns Anti-Clockwise)



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Contrast X-Ray – Abdomen

Barium Meal

Hugely dilated stomach with barium inside

Mottling (radiolucent shadow) present due to retained food particles

Probable Cause – Gastric Outlet Obstruction due to Pyloric Stenosis



Contrast X-Ray – Abdomen

Barium Meal – Dye mainly in stomach but some has entered duodenum & jejunum

Slightly dilated stomach is seen

Space-occupying lesion at pyloric end
– causing narrowing of pyloric antrum & filling defect

Probable Diagnosis – Gastric outlet obstruction due to Gastric CA



Contrast X-Ray – Abdomen

Barium Meal

Hugely dilated stomach with barium inside (barium has not yet entered small intestine)

Mottling (radiolucent shadow) due to retained food particles

Probable Diagnosis – Gastric outlet obstruction due to pyloric stenosis



Straight X-Ray – Lower part of chest + Abdomen

Free gas under left dome of diaphragm (fundal gas shadow)

Distended loop of small intestine (distension seen through gas shadow)

✓ Identified as small intestine because it is centrally placed and regular mucosal margins are present

Probable Cause - Early intestinal obstruction



Contrast X-Ray – T-Tube cholangiogram

Done in order to explore CBD after cholecystectomy is done

Done after 10 days (so that a fibrous tract forms)

Shows a radiolucent shadow in Common Bile Duct, possibly due to a left-over or retained stone



Straight X-Ray – Whole Chest
+ Upper Abdomen

Multiple cannon-ball
appearance

Due to metastasis to lung
(secondary site)

Primary site of malignancy –
Breast CA

Other 1^o

1. Breast CA
2. Colorectal CA
3. RCC

Adults

Rhabdomyosarcoma

Osteosarcoma

Wilm's tumor

Ewing's sarcoma

neuroblastoma

Paed.



Contrast X-Ray – Barium
Swallow – Oesophagus

Picture Taken – During
Deglutition

Dilated oesophagus with
narrow terminal end (bird beak
effect)

Probable diagnosis – Achalasia
cardia



Straight X-Ray – Abdomen + Pelvis

Multiple radio-opaque shadows on right side of abdomen at the junction of L2 and L3 vertebra

Stag-horn appearance is seen
(possibly due to a phosphate renal calculus) as stone takes appearance of renal calyces

Diagnosis confirmed through lateral view X-ray as renal stone superimposes on vertebra while gallstone is present anterior to the vertebral column



Straight X-Ray – Lower part of chest and abdomen

Soft tissue of breast is seen overlapping the diaphragm which indicates the patient is female

Shows multiple horizontal fluid levels and distended gas loop of intestine.

Cause – Late Intestinal Obstruction



Contrast X-Ray – Abdomen

Barium Meal

Slightly dilated stomach with barium inside. Some amount of dye also seen in small intestine.

Mottling (radiolucent shadow) due to food particles seen in fundus

Probable Diagnosis – Gastric outlet obstruction due to Gastric CA



Straight X-Ray – Whole abdomen
+ Part of pelvis – PA view

Shows radio-opaque material of
Ryle's Tube

Multiple gas and fluid levels seen
under both domes of diaphragm

Probable Cause - Late intestinal
obstruction



Straight X-Ray – Abdomen

Free gas under left dome of diaphragm (fundal gas shadow)

Multiple gas and fluid levels seen

Probable Cause - Late intestinal obstruction

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