

Radionuclides in Nephrourology, Part 2: Pitfalls and Diagnostic Applications

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Learning Objectives: On successful completion of this activity, participants should be able to describe (1) the common clinical indications of suspected obstruction and renovascular hypertension; (2) the status of radionuclide renal imaging in the evaluation of the transplanted kidney and the detection of infection; and (3) potential pitfalls.

Financial Disclosure: This review was partially supported by a grant from the National Institutes of Health (HLH80004 P01 DK36842). Andrew T. Taylor is entitled to a share of the royalties for the use of QuantEM software for processing MAG3 renal scans, which was licensed by Emory University to GE Healthcare in 1993. He and his coworkers have subsequently developed in-house, noncommercial software that was used in this study and could affect their financial status. The terms of this arrangement have been reviewed and approved by Emory University in accordance with its conflict-of-interest policies. The author of this article has indicated no other relevant relationships that could be perceived as a real or apparent conflict of interest.

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Radionuclide renal scintigraphy provides important functional data to assist in the diagnosis and management of patients with a variety of suspected genitourinary tract problems, but the procedures are underutilized. Maximizing the utility of the available studies (as well as the perception of utility by referring physicians) requires a clear understanding of the clinical question, attention to quality control, acquisition of the essential elements necessary to produce an informed interpretation, and production of a report that presents a coherent impression based on data contained in the report and that specifically addresses the clinical question. To help achieve these goals, part 1 of this review addressed the available radiopharmaceuticals, quality control, and quantitative indices, including the measurement of absolute and relative renal function. Part 2 assumes familiarity with part 1 and focuses on the common clinical indications of suspected obstruction and renovascular hypertension; part 2 also summarizes the status of radionuclide renal imaging in the evaluation of the transplanted kidney and the detection of infection, discusses potential pitfalls, and concludes with suggestions for future research. The series of SAM questions accompanying parts 1 and 2 has been designed to reinforce and extend points made in the review. Although the primary focus is the adult patient, aspects of the review also apply to the pediatric population.

Key Words: diuresis renography; diuretic renography; MAG3; renal obstruction; renovascular hypertension

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Radionuclide renal scintigraphy provides important functional data to assist in the diagnosis and management of patients with a variety of suspected genitourinary tract problems; however, the

examination is underutilized because referring physicians may have an incomplete knowledge of the advantages and limitations of renal scintigraphy, may not know when or when not to order a study, and may fail to formulate a well-defined clinical question. Moreover, the clinical perception of the utility of renal scintigraphy can vary from institution to institution because of marked differences in scan quality despite the use of the same radiopharmaceutical, comparable equipment, and identical billing. Differences in scan quality are primarily related to differences in physician and technologist training and supervision. The nuclear medicine physician needs to make certain that the clinical question is clearly formulated, the scan is appropriate, and the imaging procedure incorporates the elements required to optimize the study and best answer the clinical question. To help address these goals, part 1 of this review focused on the available radiopharmaceuticals, patient preparation, the utility of quantitative indices, and clearance measurements. Part 2 discusses the common clinical indications of suspected obstruction and renovascular hypertension, briefly summarizes the status of radionuclide renal imaging in the evaluation of the transplanted kidney and the detection of infection, reviews potential pitfalls, and concludes with suggestions for future research. The primary focus is the adult patient, but aspects of the review also apply to the pediatric population.

SUSPECTED OBSTRUCTION (DIURESIS RENOGRAPHY)

Obstruction to urinary outflow may lead to obstructive uropathy (dilatation of the calices, pelvis, or ureters) and obstructive nephropathy (damage to the parenchyma). The goal of intervention in patients with suspected obstruction is to preserve renal function. The kidneys of almost all patients referred for diuretic renography are either nonobstructed or partially obstructed, with partial obstruction defined as a level of resistance to outflow that, if untreated, will lead to a loss in function; complete obstruction rapidly leads to a nonfunctional kidney (*1*). The suspicion of urine outflow obstruction is usually based on clinical findings, the incidental detection of a dilated renal collecting system, or diagnosis of previous obstruction in a patient referred for follow-up. Diuresis renography is

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Radionuclides In Nephrourology

**Andrew Taylor, Joseph V. Nally, Henrik
S. Thomsen**



Radionuclides In Nephrourology:

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Nephrology E-Book Claudio Ronco, Rinaldo Bellomo, John Kellum, Zaccaria Ricci, 2017-12-14 Comprehensive and clinically relevant the 3rd Edition of Critical Care Nephrology provides authoritative coverage of the latest advances in critical care procedures for patients with renal diseases or disorders Using common guidelines and standardized approaches to critically ill patients this multidisciplinary reference facilitates better communication among all physicians who care for critically ill patients suffering from kidney disease electrolyte and metabolic imbalances poisoning severe sepsis major organ dysfunction and other pathological events Offers detailed discussions of different forms of organ support artificial organs infections acute illness occurring in chronic hemodialysis patients and much more Places a special emphasis on therapeutic interventions and treatment procedures for a hands on clinical reference tool Presents information clearly in a format designed for easy reference from basic sciences to clinical syndromes to diagnostic tools Covers special populations such as children diabetic patients and the elderly An exceptional resource for nephrologists intensivists surgeons or critical care physicians anyone who treats critically ill renal patients Shares a combined commitment to excellence lead by Drs Claudio Ronco Rinaldo Bellomo John Kellum and Zaccaria Ricci unparalleled leaders in this field Addresses key topics with expanded coverage of acute kidney injury stress biomarkers and sepsis including the latest developments on mechanisms and management Provides up to date information on extracorporeal therapies from new editor Dr Zaccaria Ricci Expert Consult™ eBook version included with purchase This enhanced eBook experience allows you to search all of the text figures and references from the book on a variety of devices Oxford Textbook of Clinical Nephrology Volume 1 Alex M. Davison, 2005

Authoritative well written and comprehensive textbook of clinical nephrology combining the clinical aspects of renal disease important for daily clinical practice while giving extensive information about the underlying basic science and current evidence available This new edition highlights the numerous changes in clinical management that have arisen as a result of recently concluded clinical trials and there are now specific formal guidelines for optimal treatment of patients Each section of the textbook has been critically and comprehensively edited under the auspices of one of the leading experts in the field The emphasis throughout is on marrying advances in scientific research with clinical management Where possible treatment algorithms are included to aid patient care **Radionuclides in Nephrourology** Patrick Henry O'Reilly, Andrew Taylor, Joseph V. Nally, 1994

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