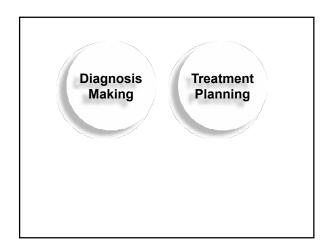
Approach to a case of GUTB

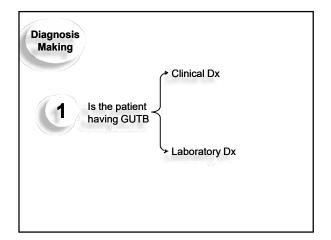
D. Dalela

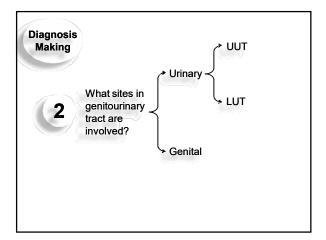
M.S., M.Ch, FICS, FAMS

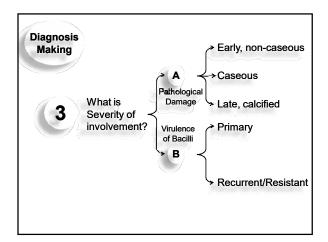
Professor

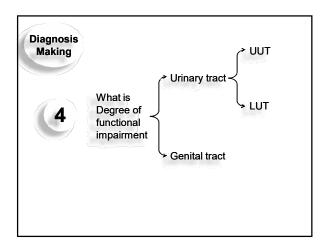
Department of Urology K G Medical University Lucknow

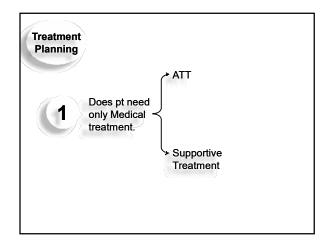


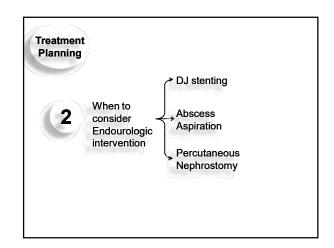


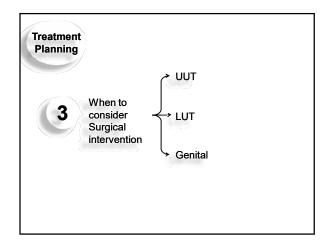


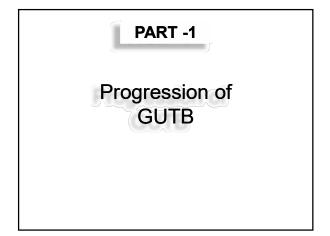


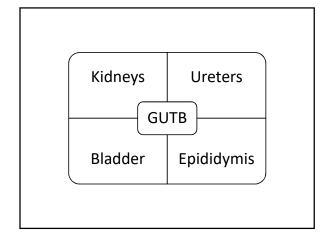


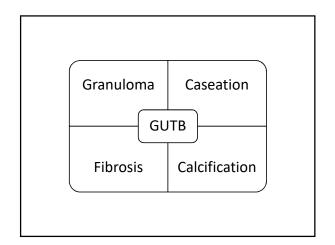


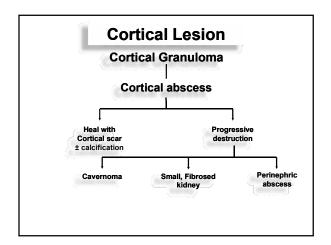


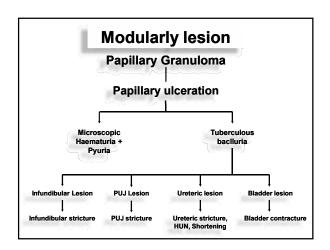




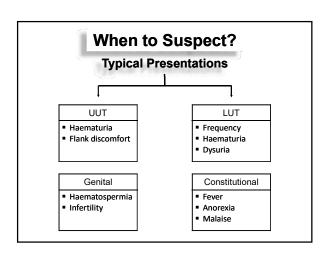


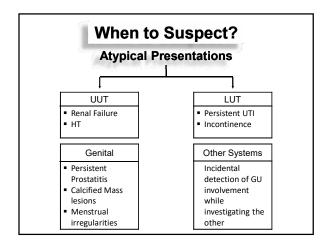


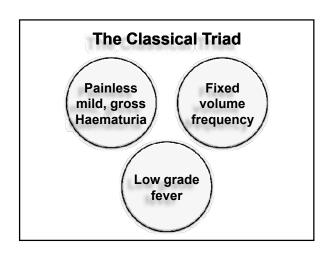


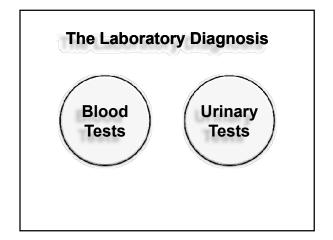


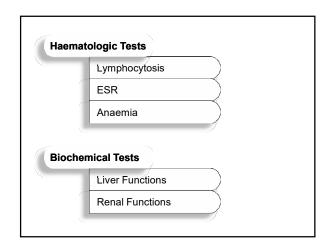
Diagnosis
Making of a case
suspected to be
having GUTB

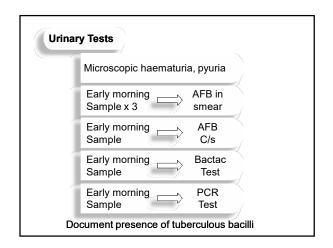


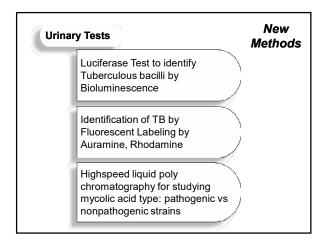


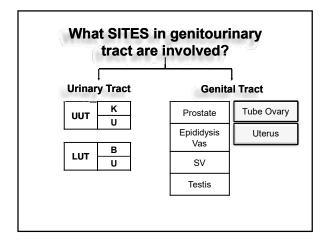


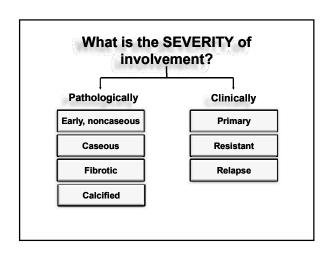


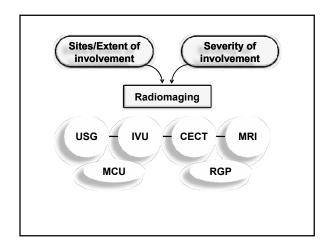


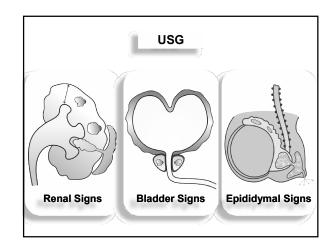


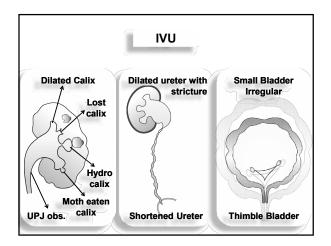


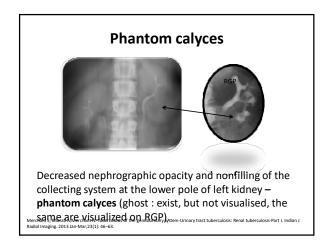


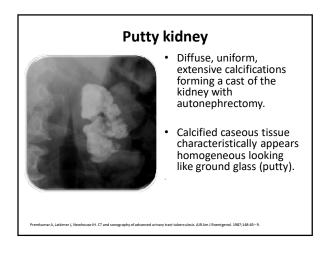


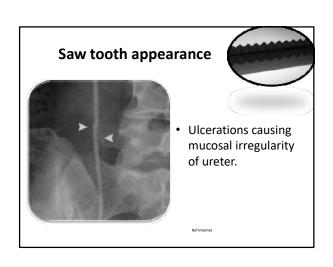


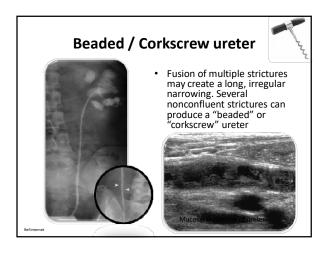


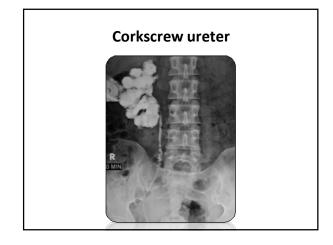














Pipe stem ureter

- Rigid ureter: irregular and lacks normal anatomical curves and the peristaltic movement, fibrotic strictures noted.
- Note the distortion, amputation and irregularity of the upper pole calices.

