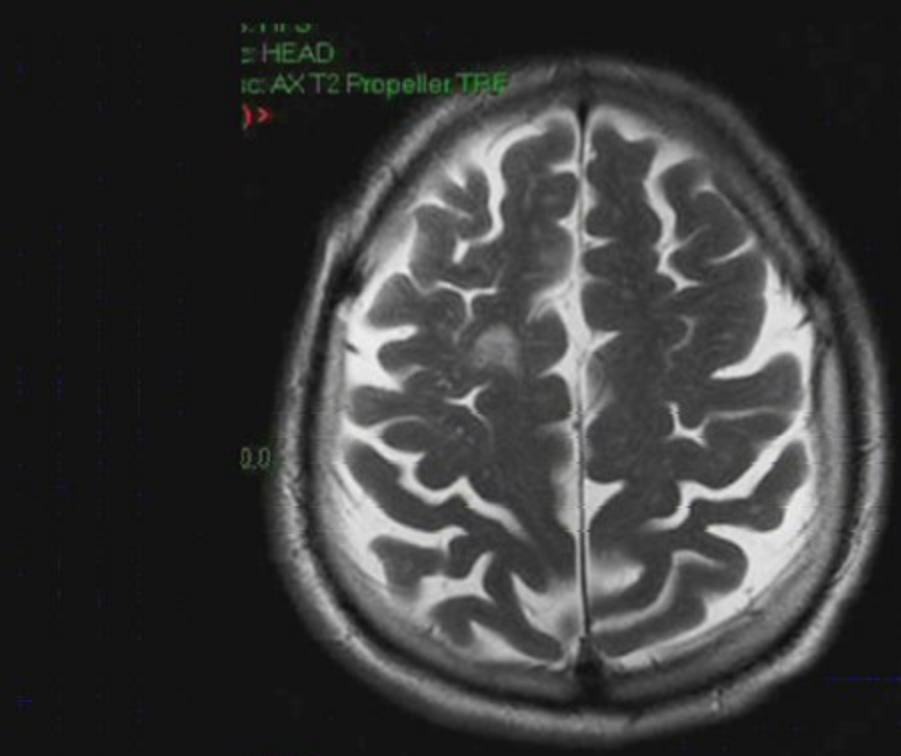
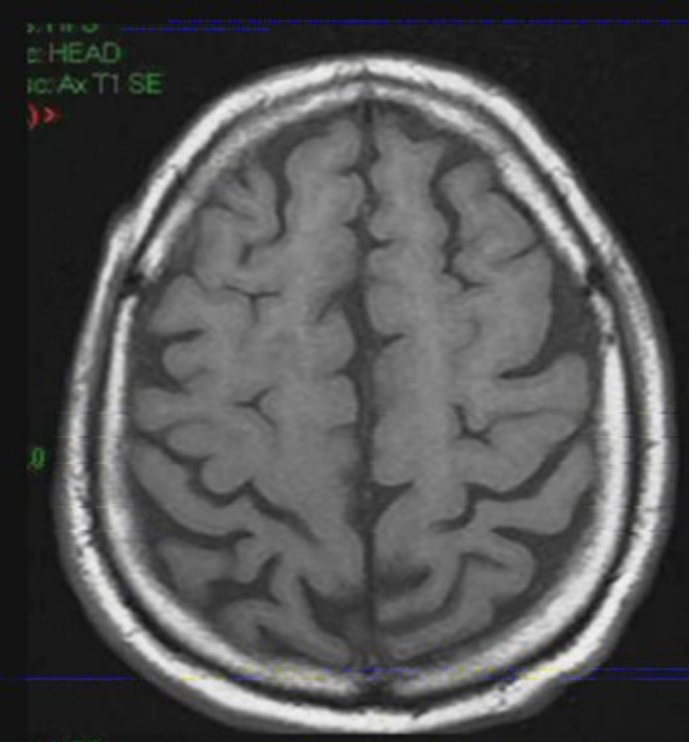
RADYOLOJİ KIŞ OKULU 2019

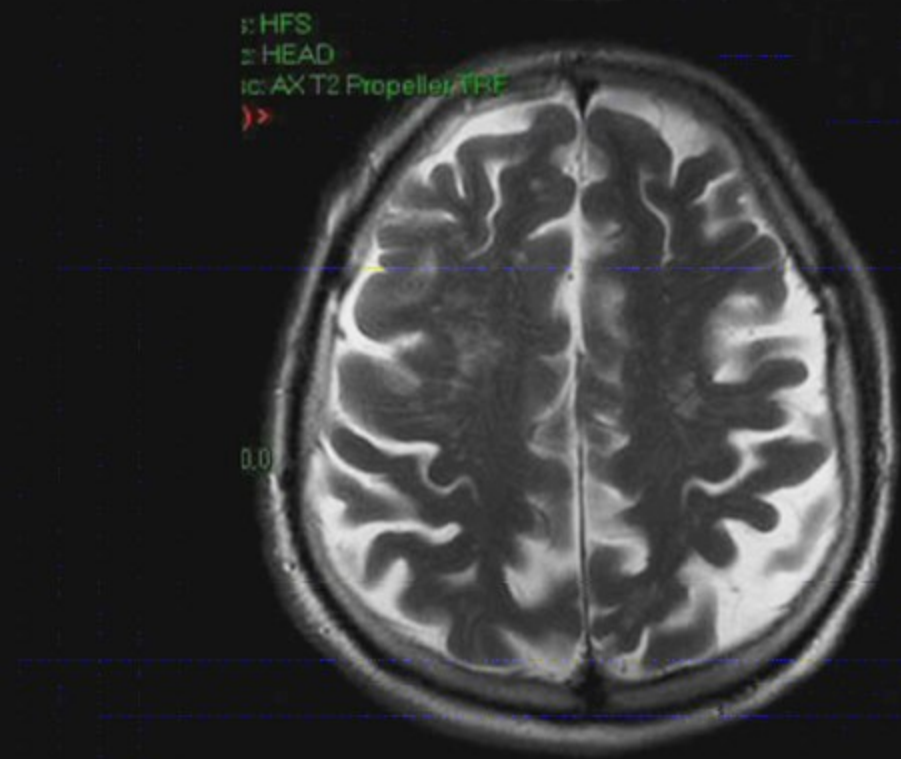
4 -10 Şubat 2019
Mirage Park Otel, Antalya

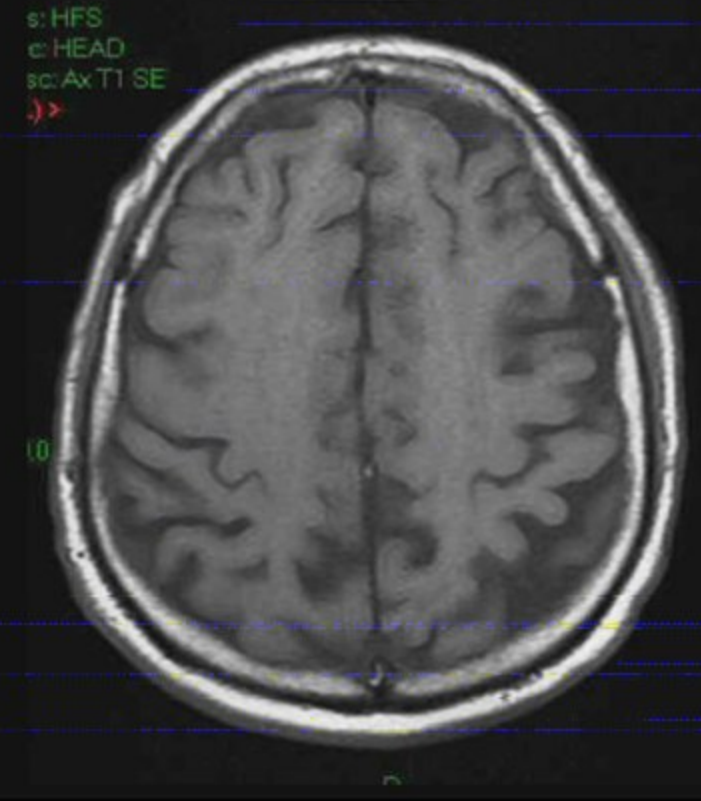
OLGU

- 65 y E hasta
- SVO?


: HEAD
c: AX T2 Propeller TRF
0.0


: HEAD
c: Ax T1 SE


: HFS
: HEAD
c: AX T2 Propeller TRF
0.0


s: HFS
c: HEAD
sc: Ax T1 SE

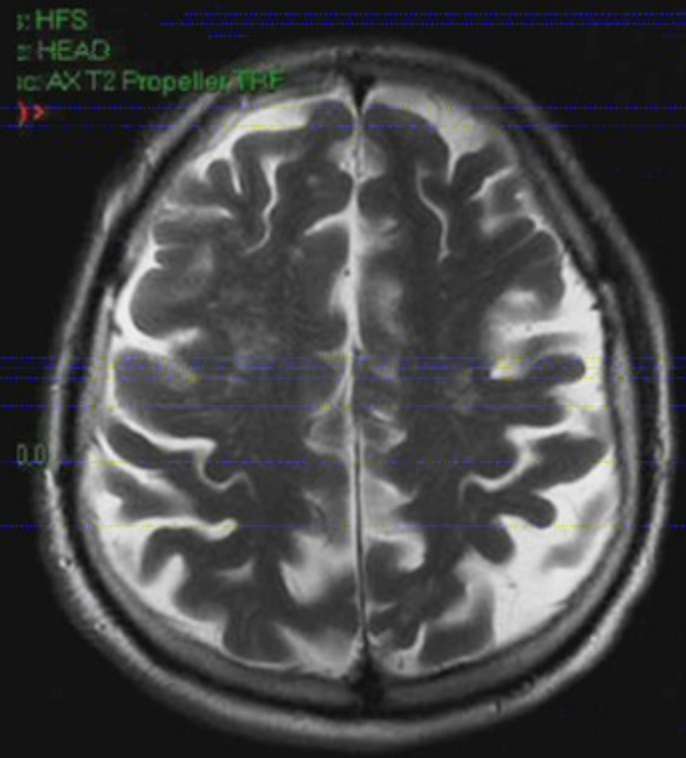
Tanınız nedir?

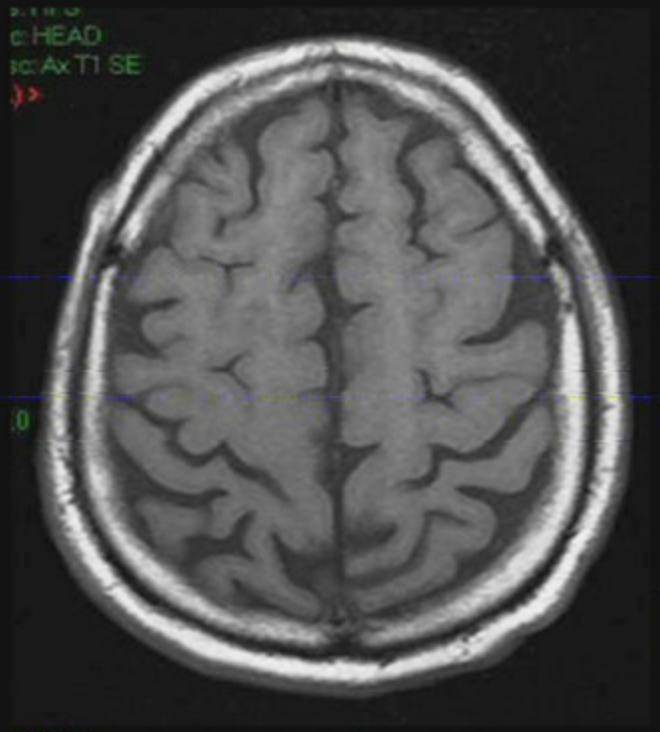
A. GBM

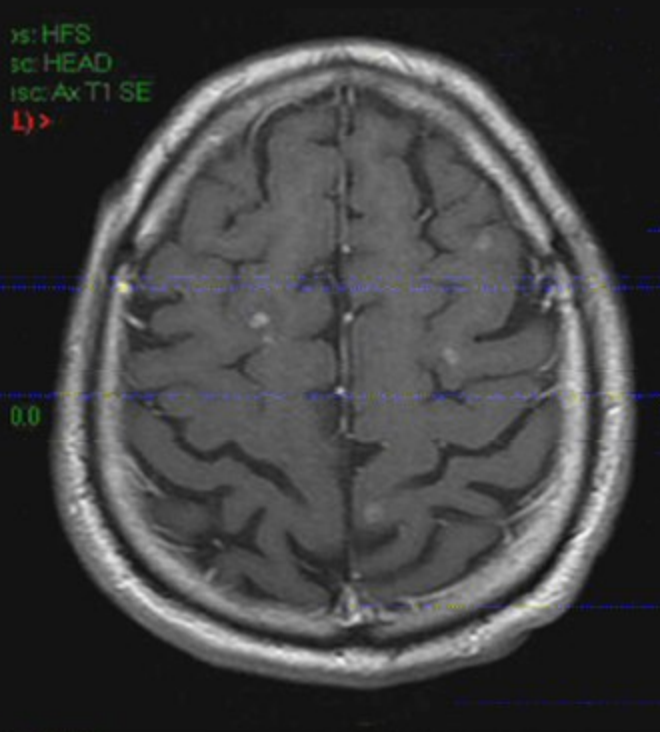
B. Anaplastik astrositom

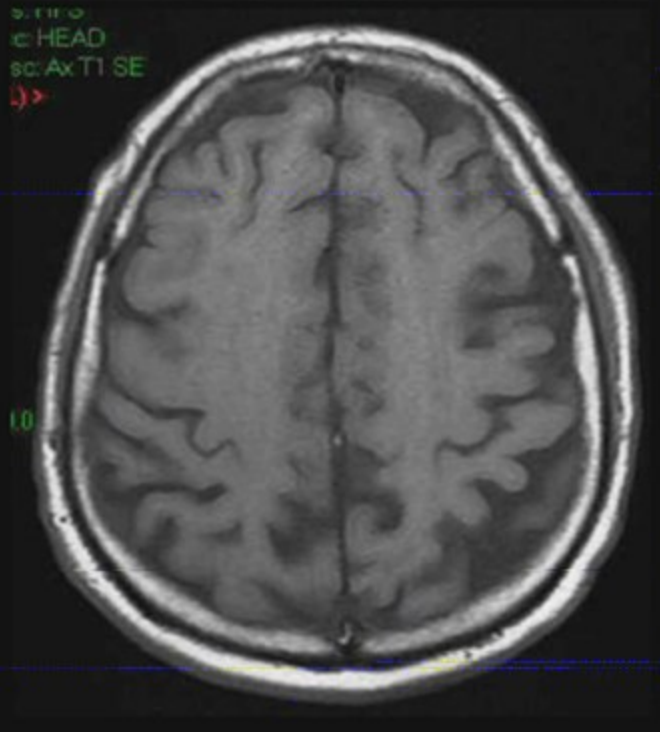
C. Kronik iskemik değişiklikler

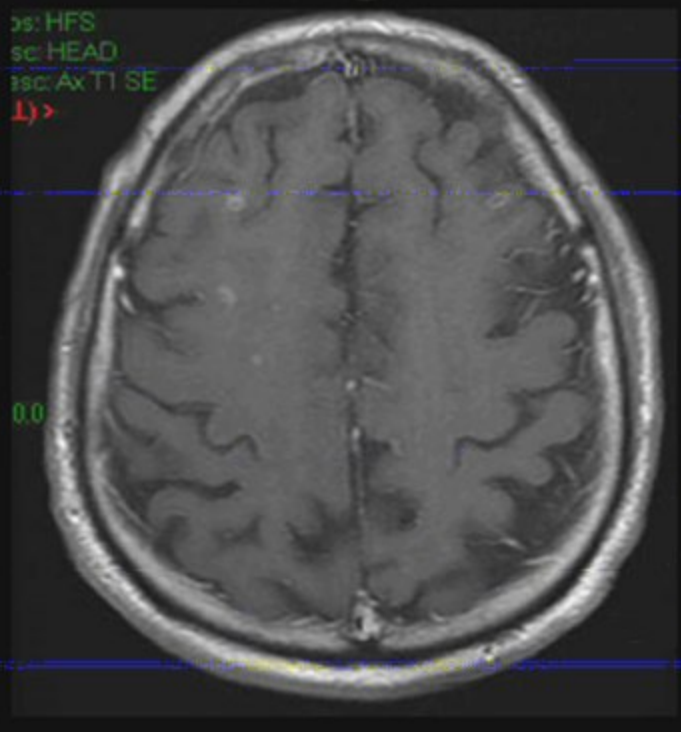
D. Metastaz



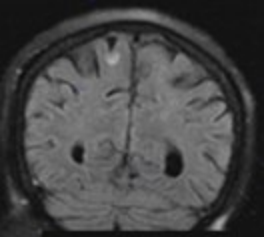

c: HEAD
sc: Ax T1 SE

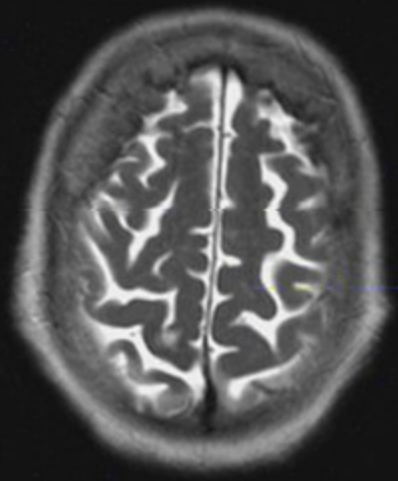

s: HFS
sc: HEAD
sc: Ax T1 SE

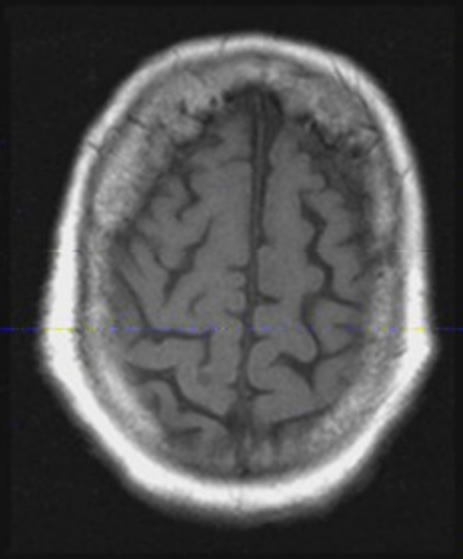

c: HEAD
sc: Ax T1 SE

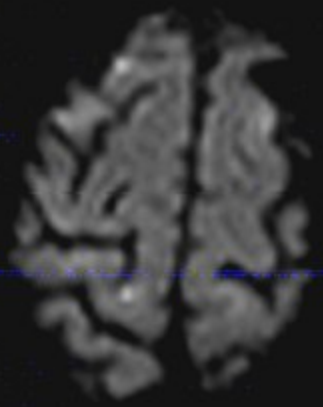

s: HFS
sc: HEAD
sc: Ax T1 SE

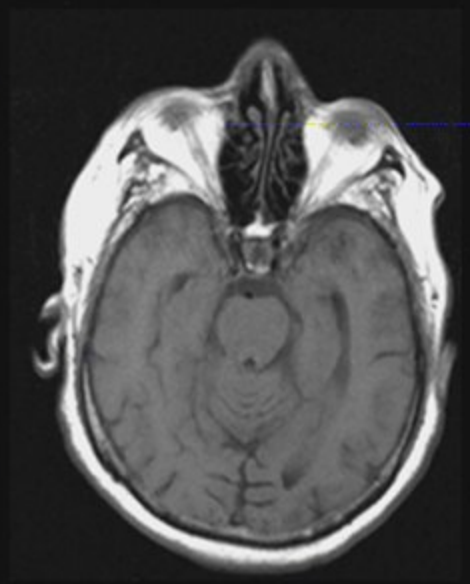
60y F, facial nerve paralysis

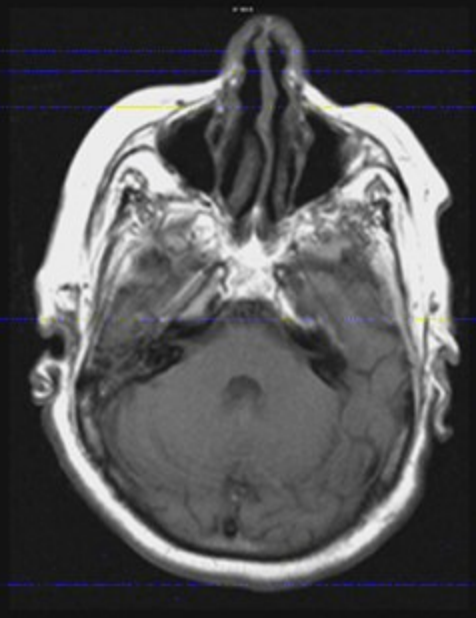




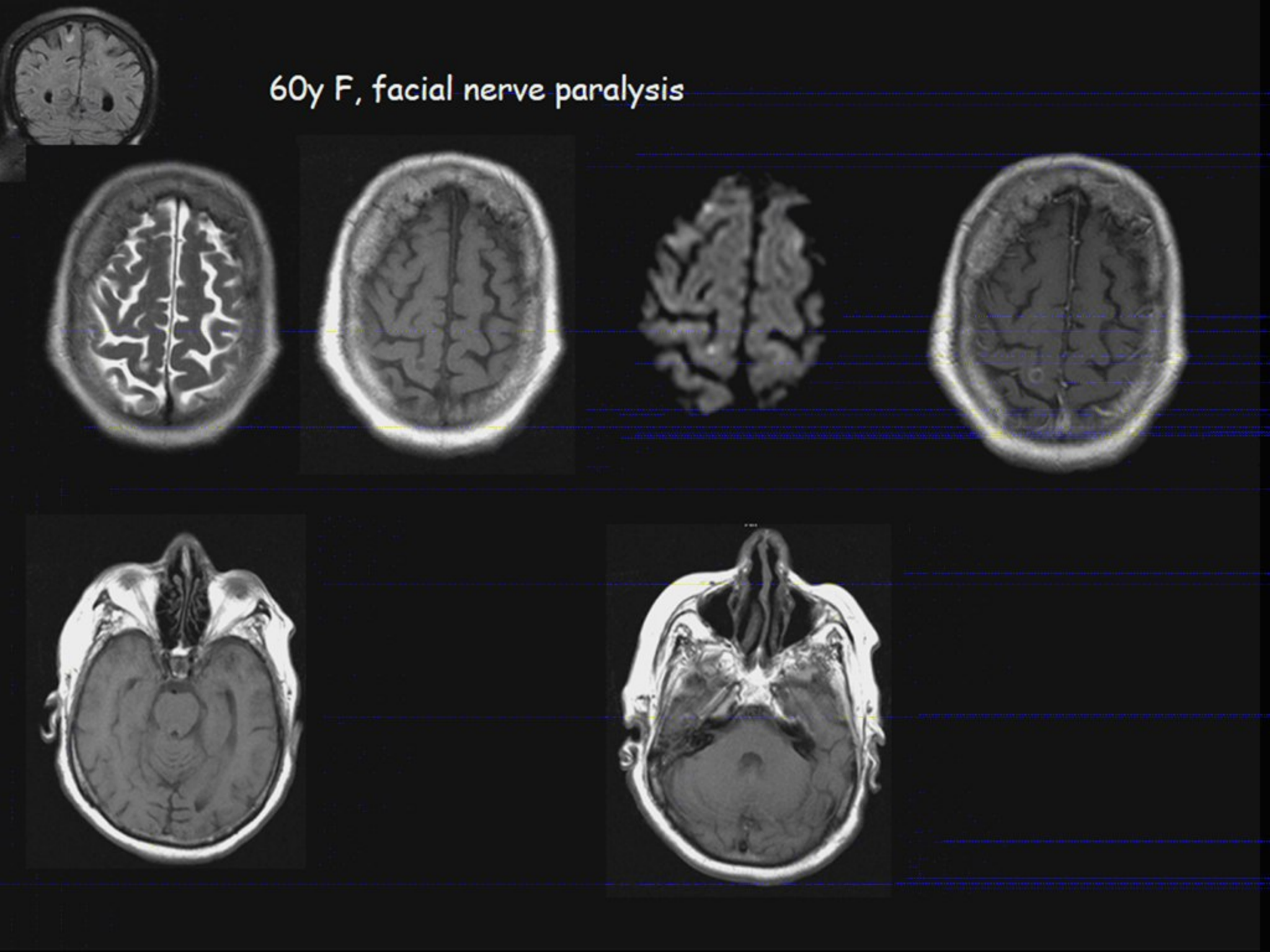




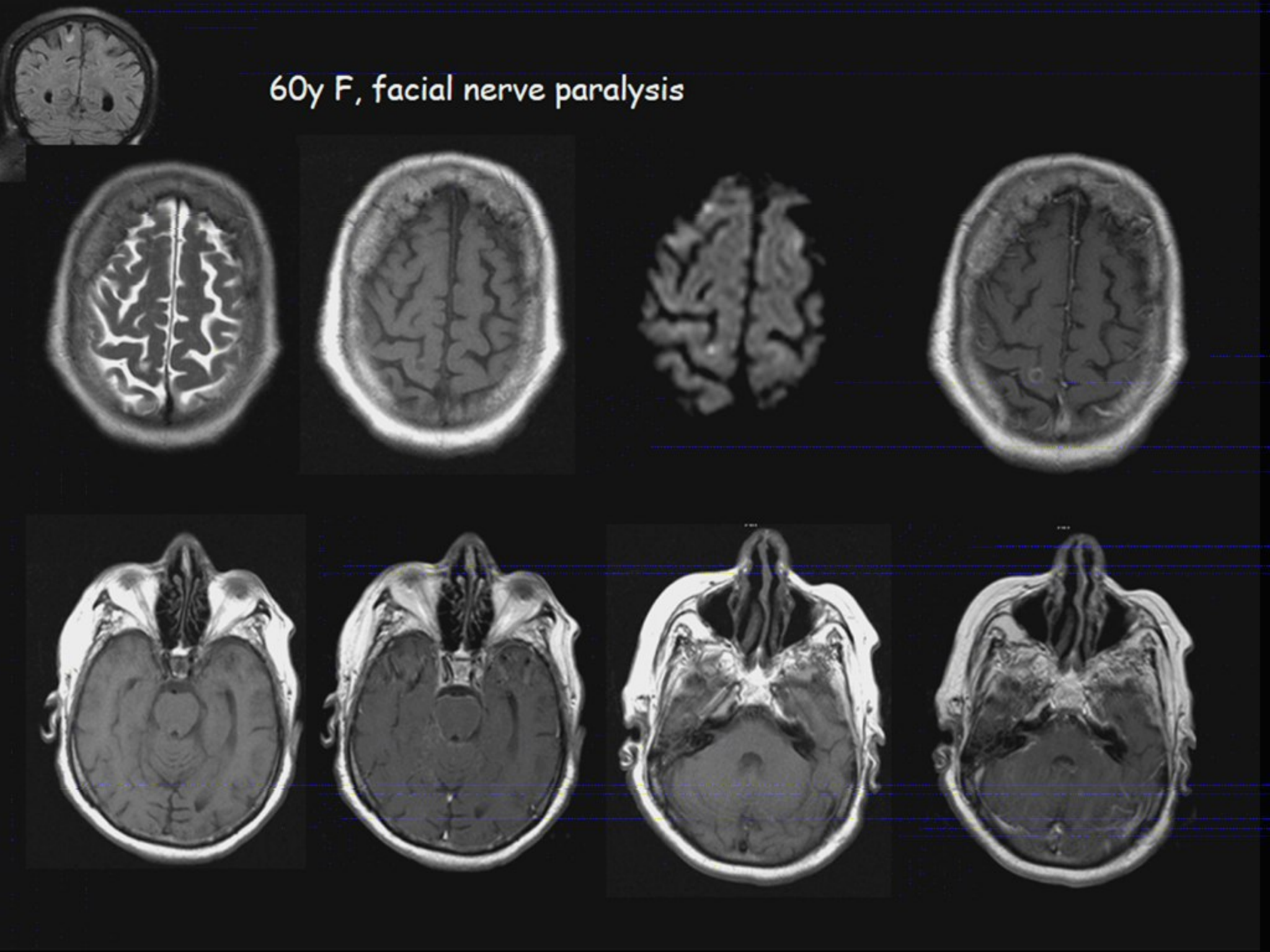




60y F, facial nerve paralysis

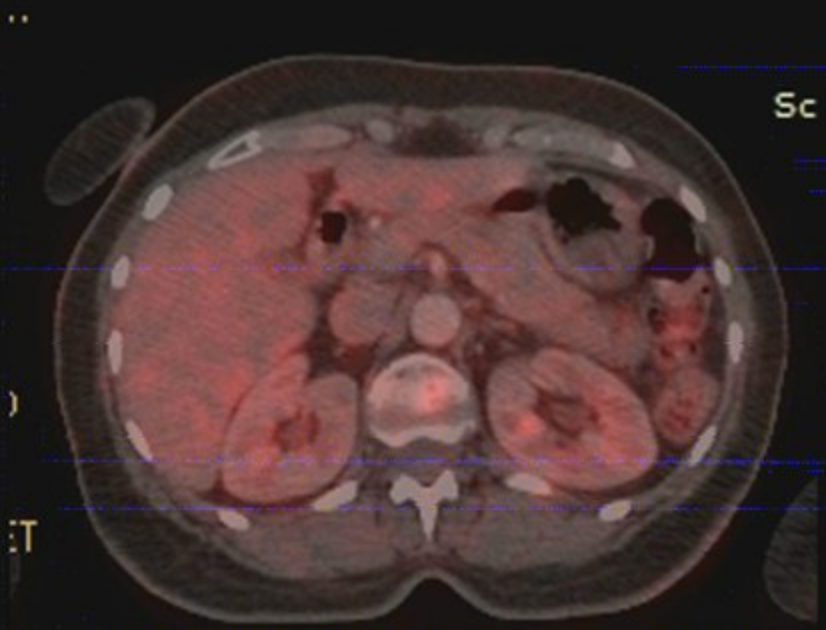


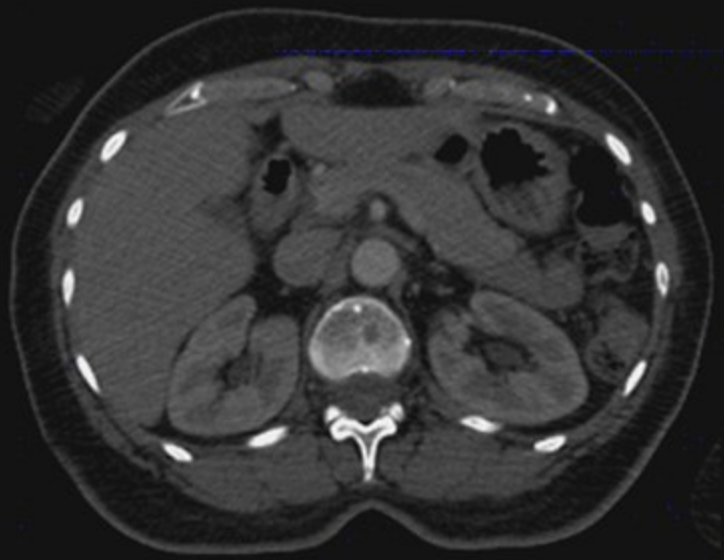
60y F, facial nerve paralysis

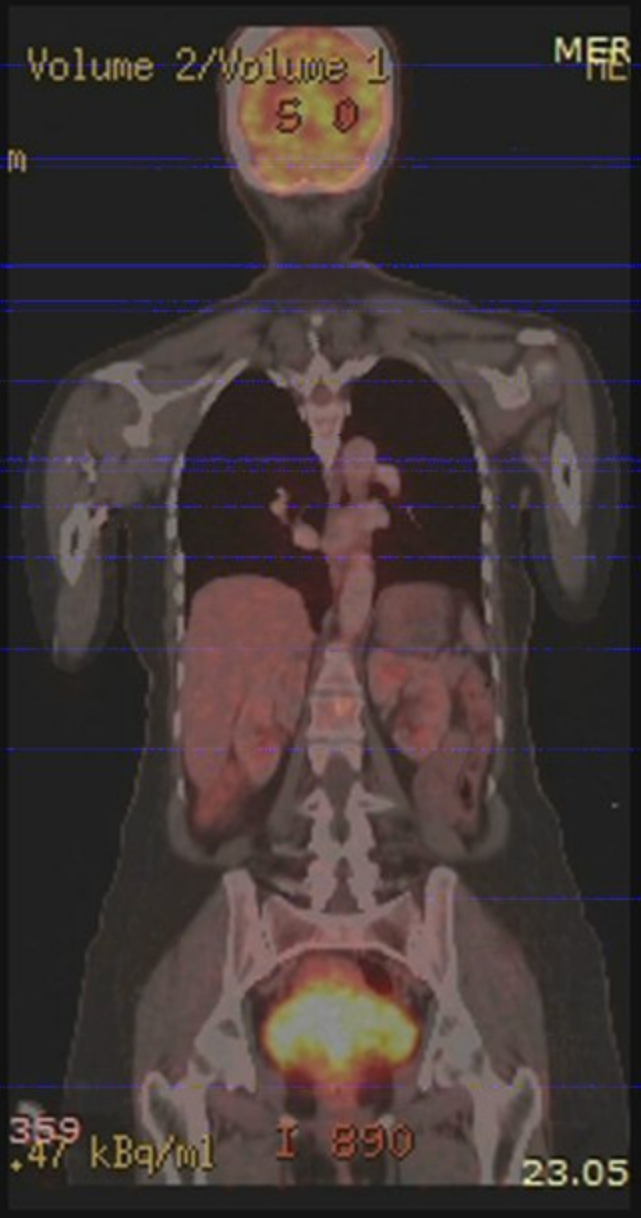


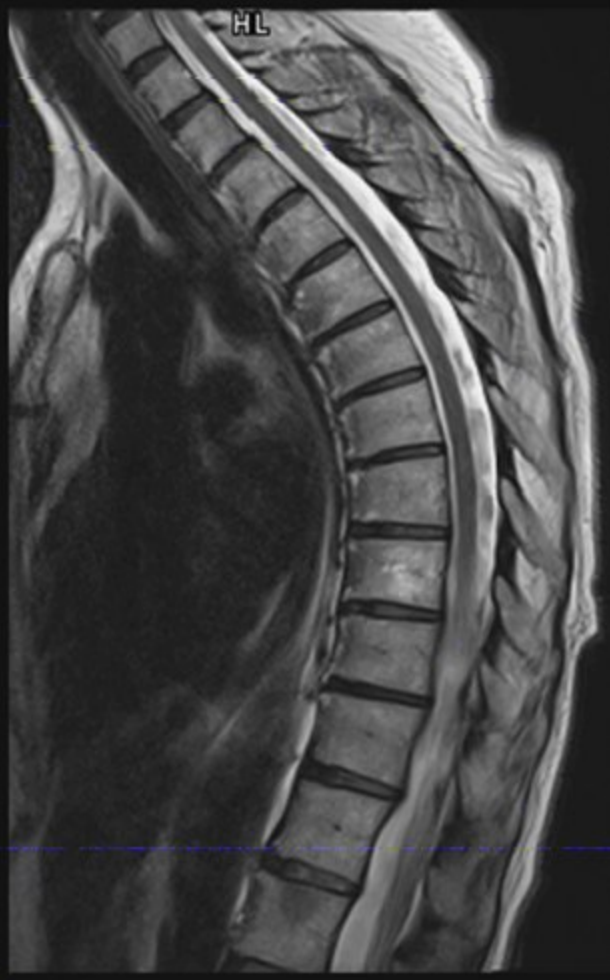
OLGU

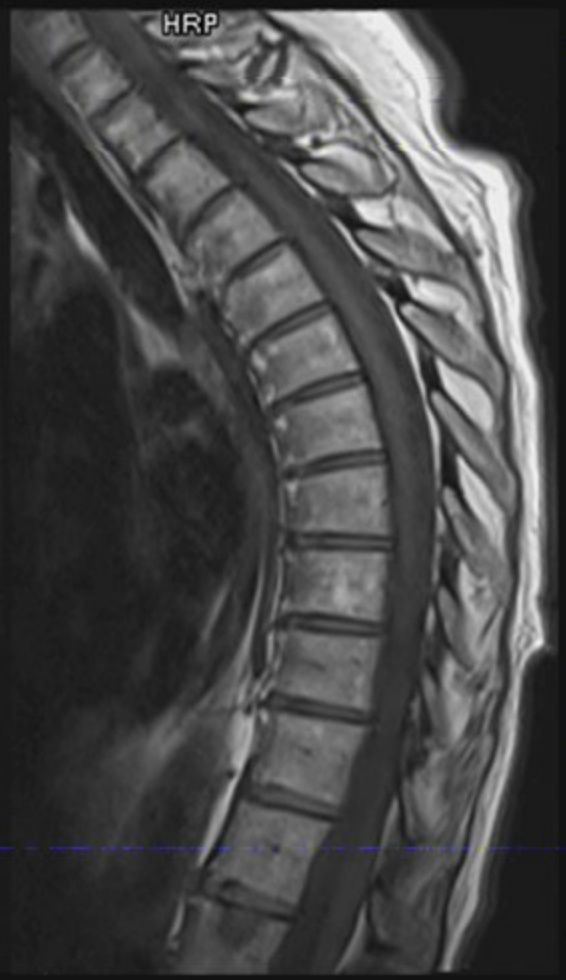
- 57 y K hasta
- Opere Meme ca
- Sırt ağrısı

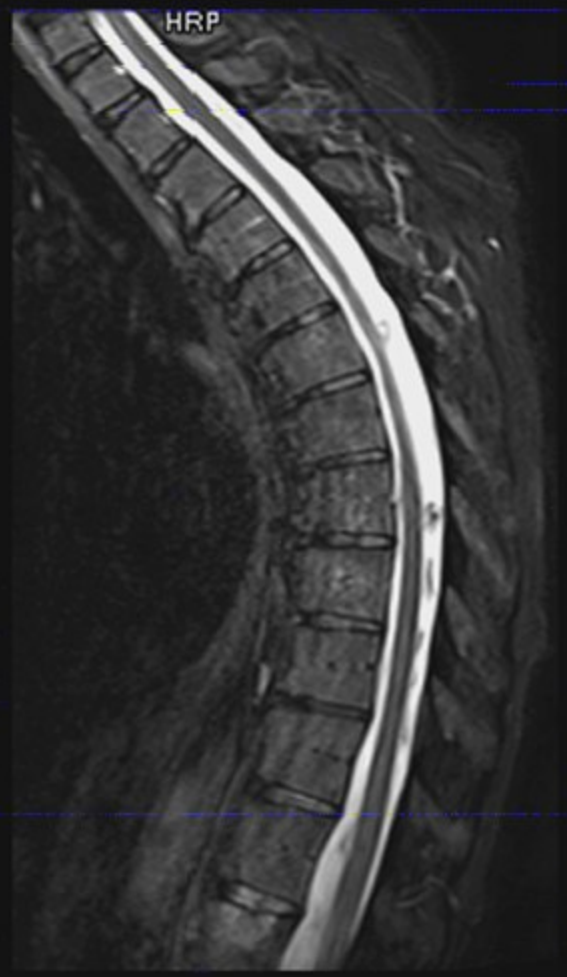





Volume 2/Volume 1
MER
359
.47 kBq/ml
23.05

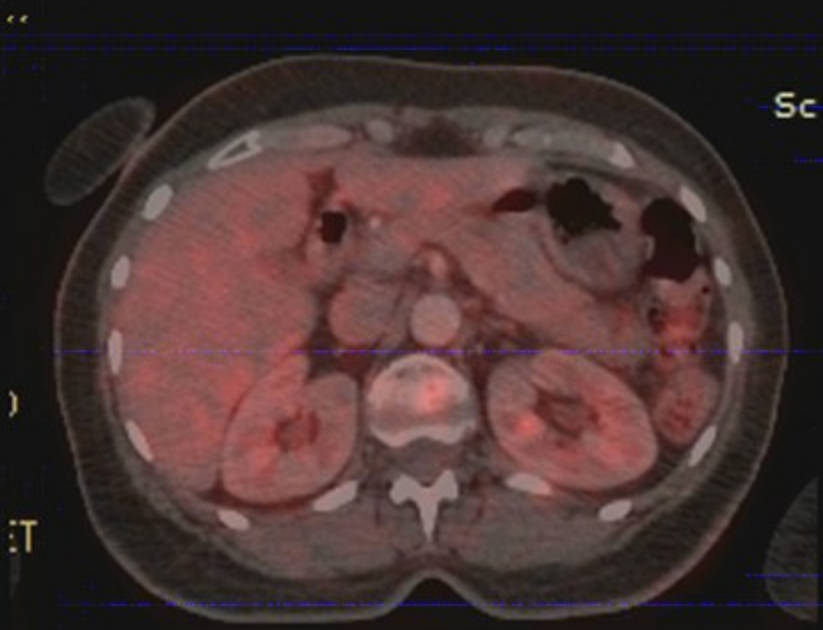

HL

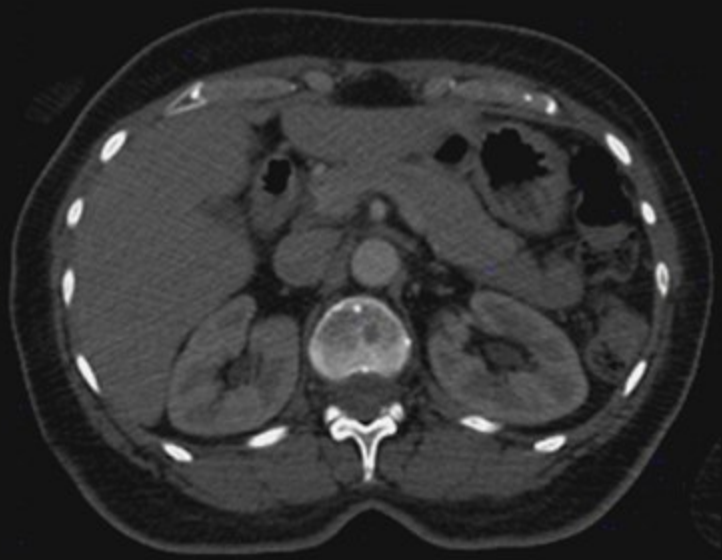

HRP

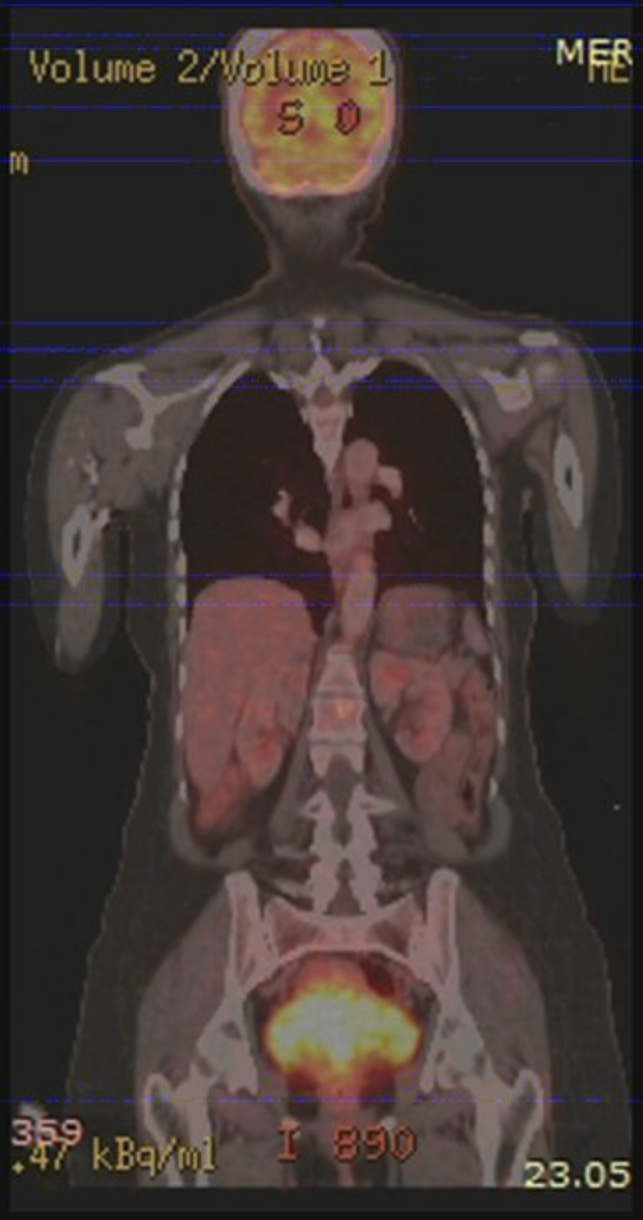

HRP

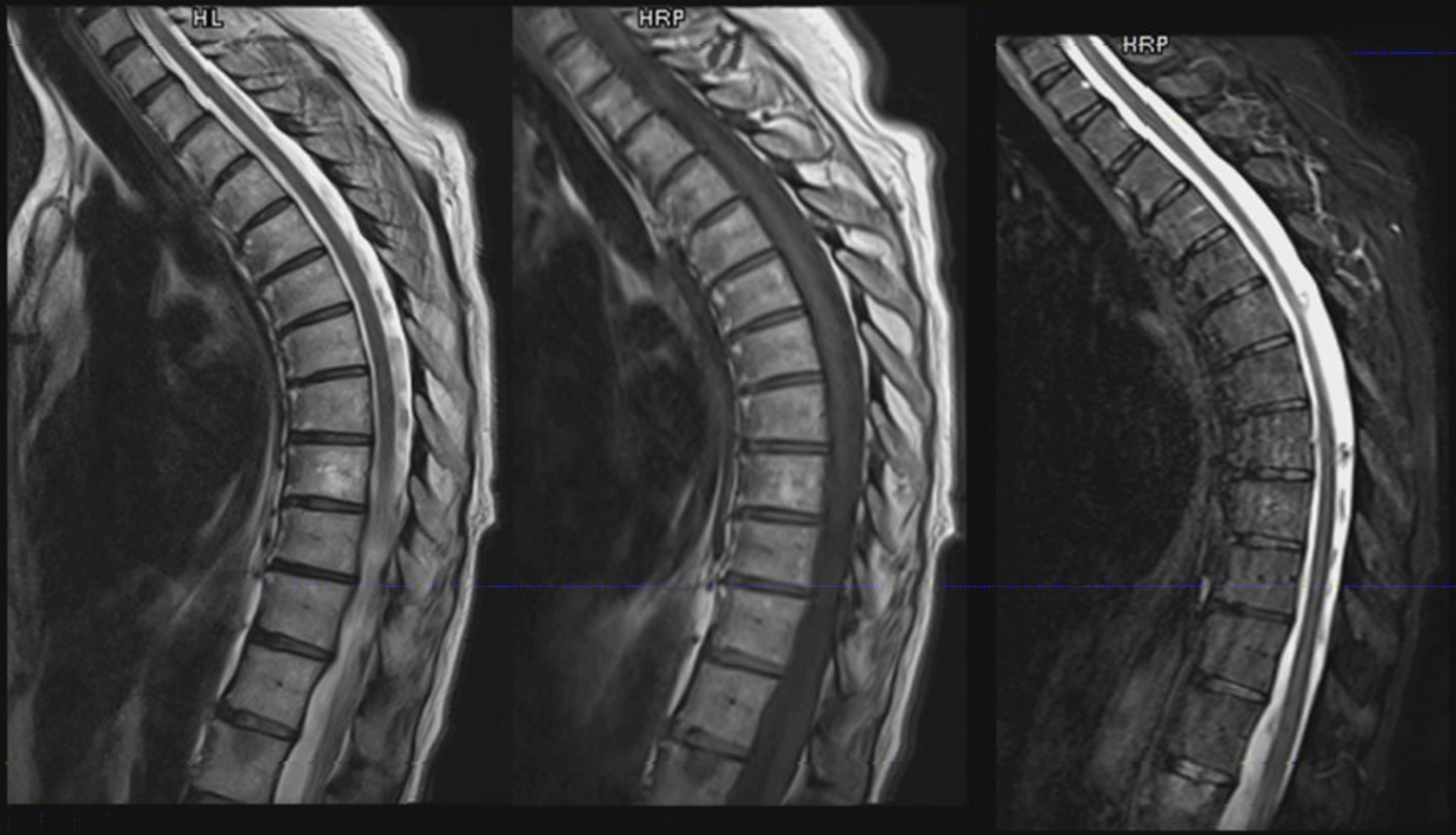
OLGU

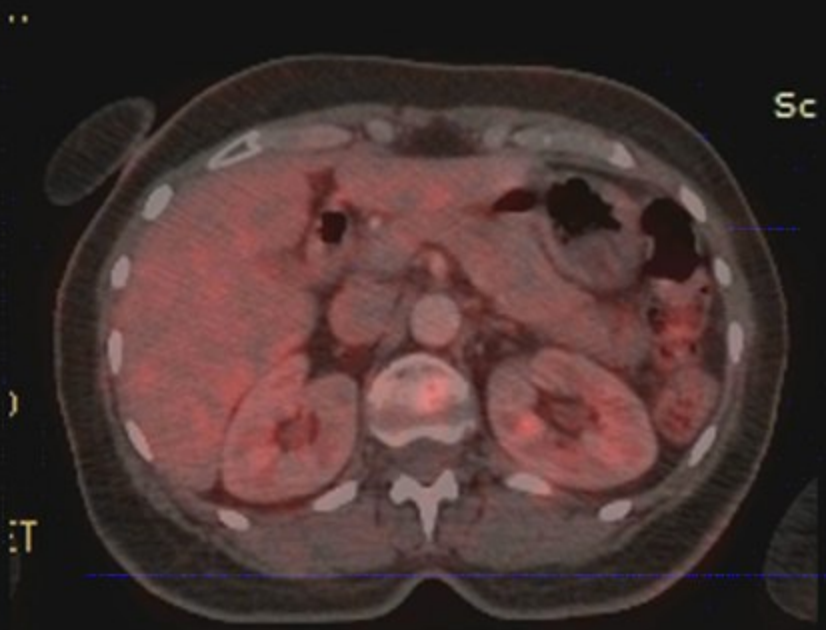
- 57 y K hasta
- Opere Meme ca
- Sırt ağrısı

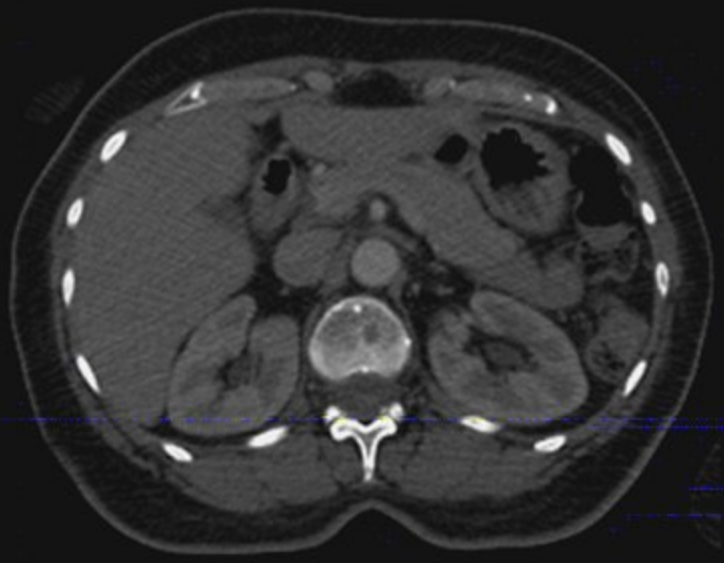


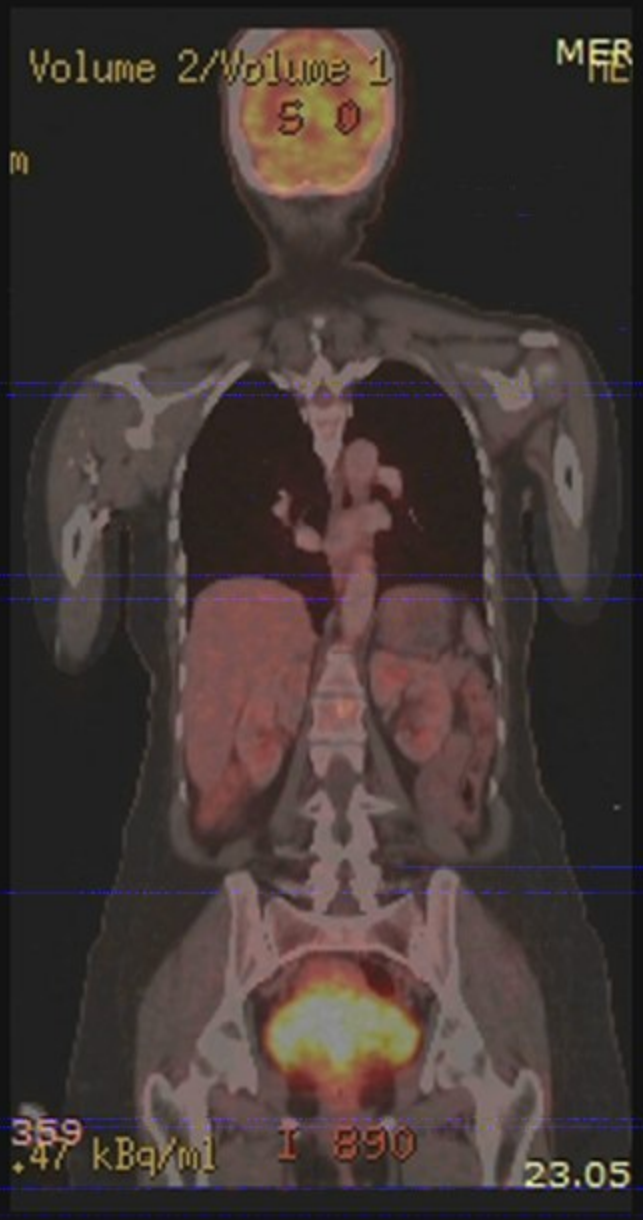


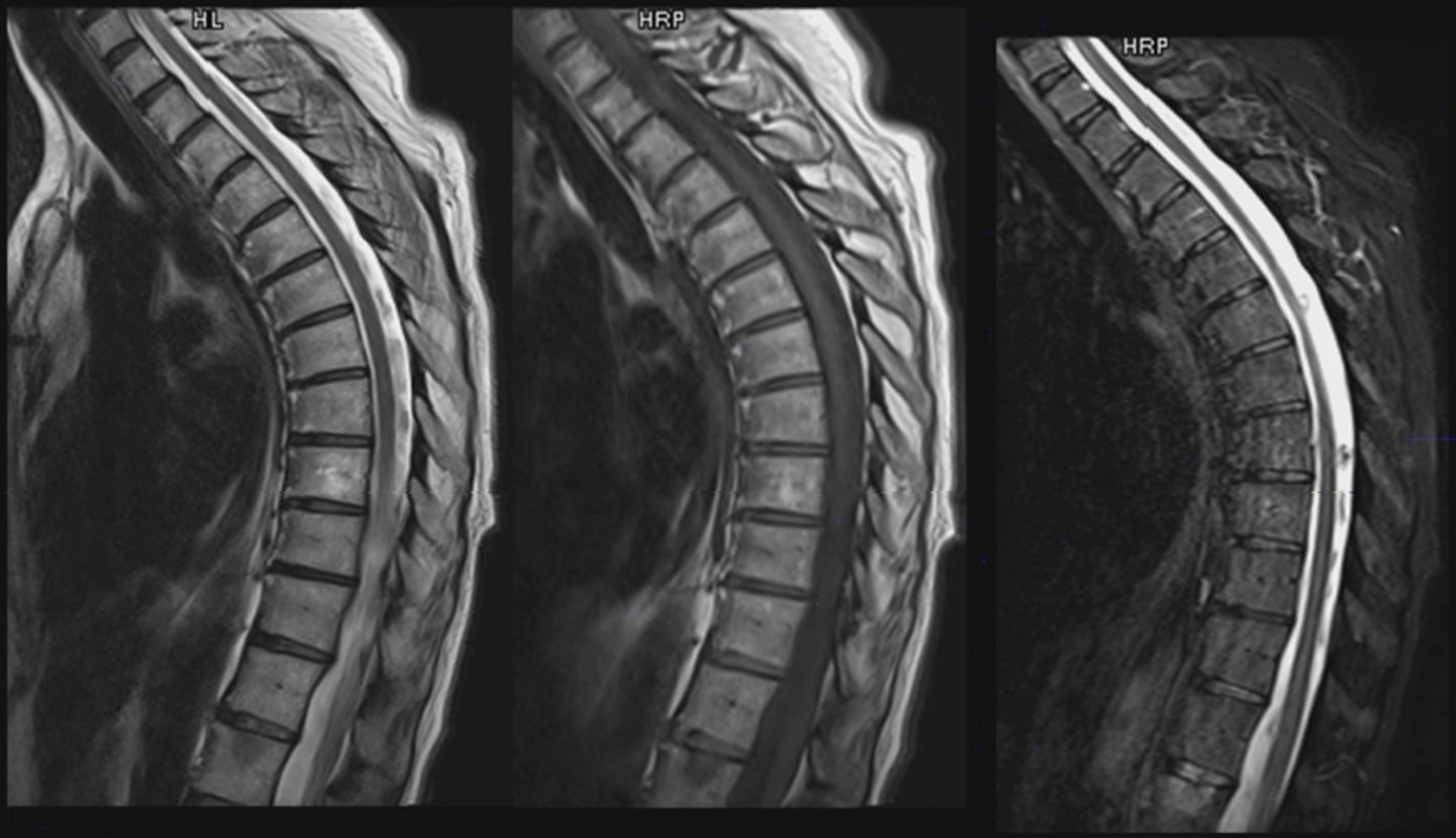

Volume 2/Volume 1
MER
359
47 kBq/ml
23.05

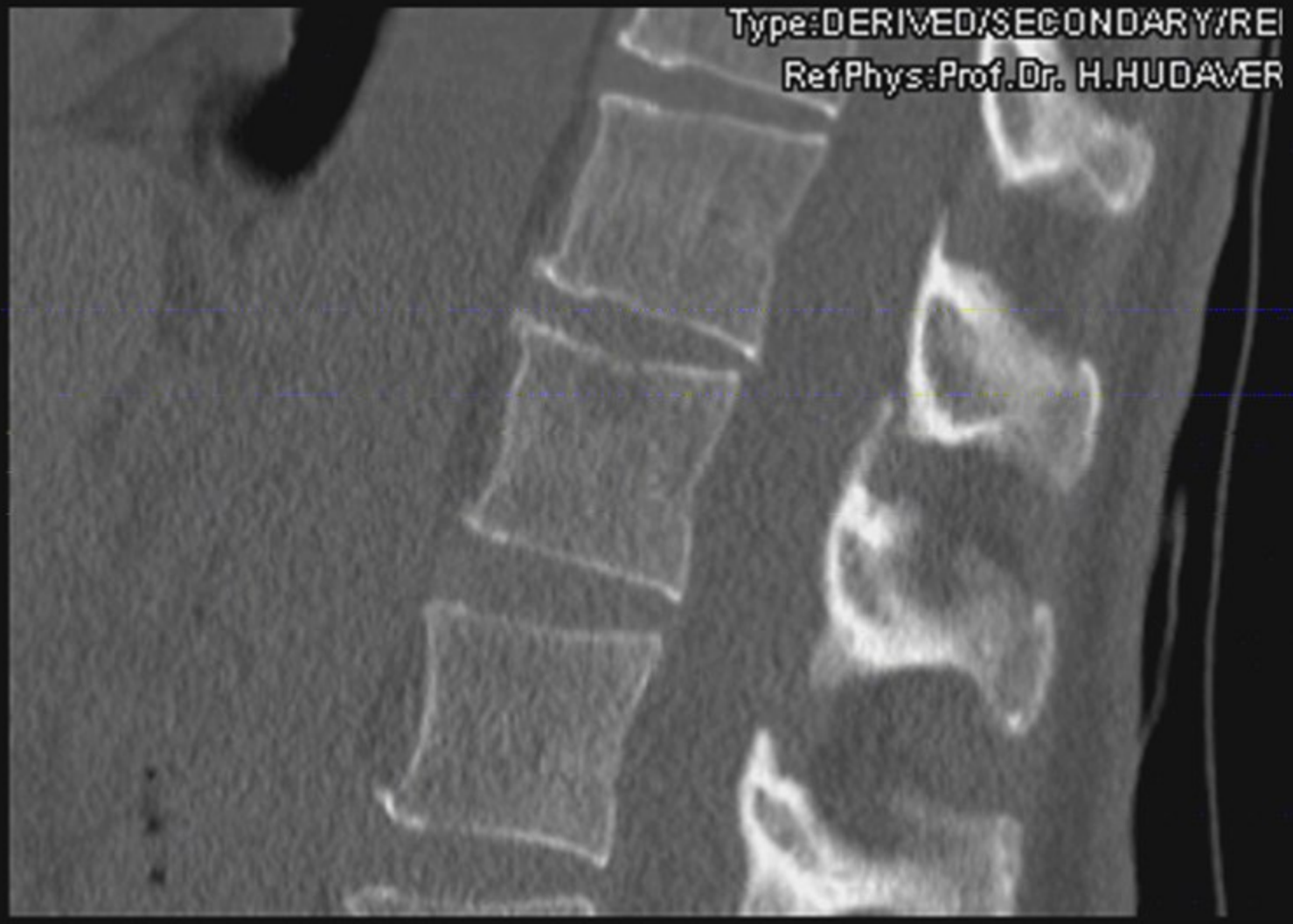

HL
HRP
HRP

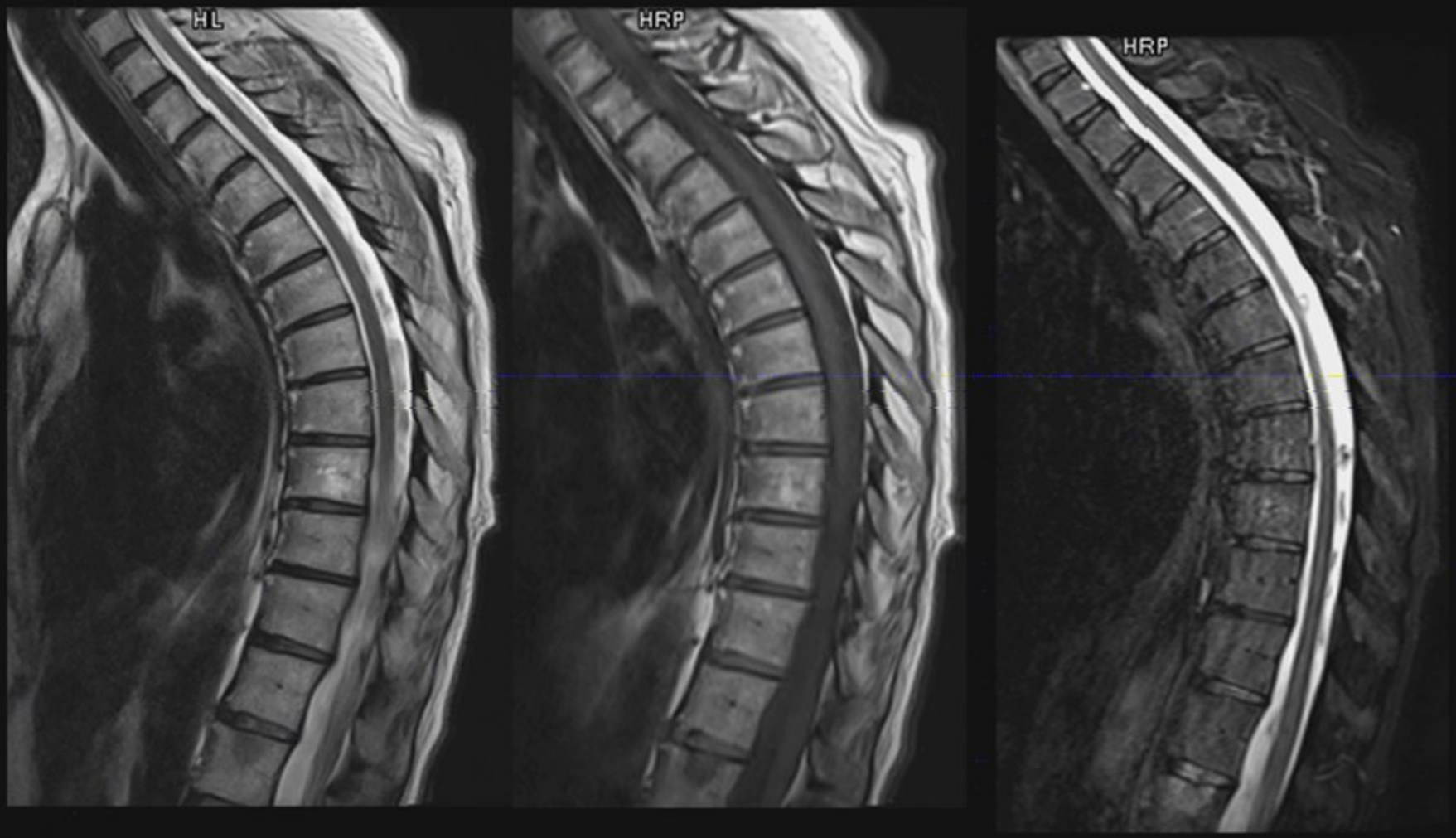


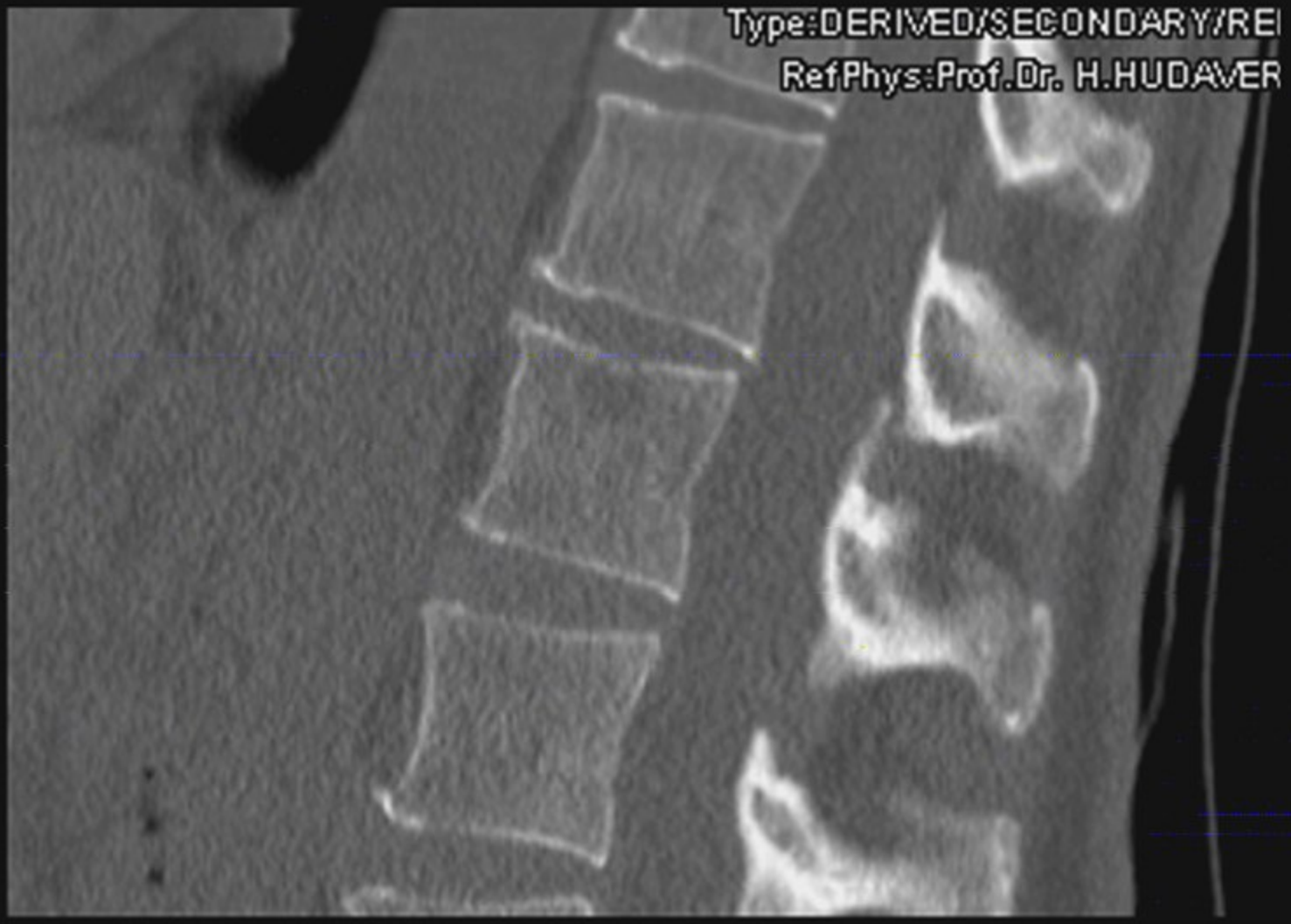


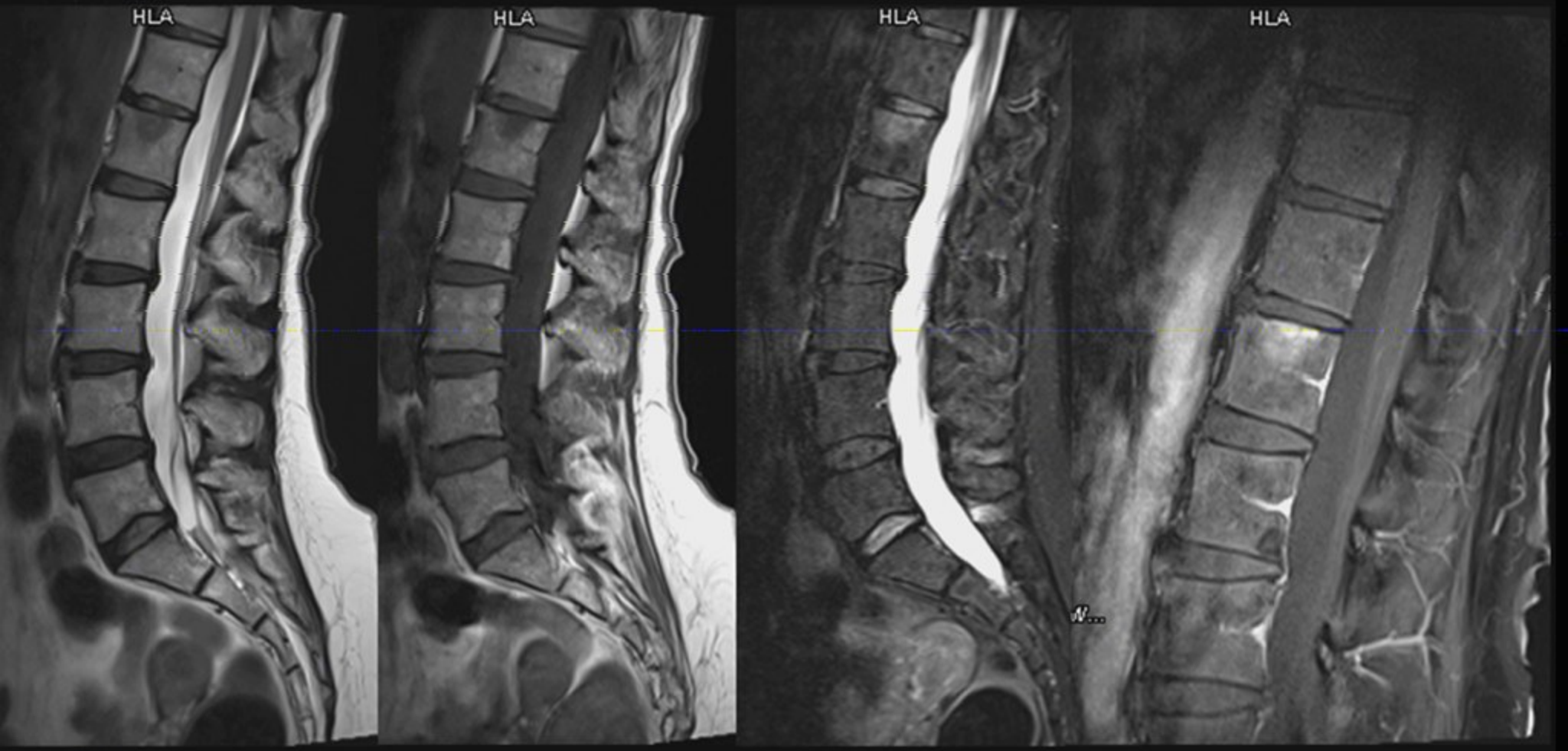

Volume 2/Volume 1
MER
359
.47 kBq/ml
23.05


HL
HRP
HRP


Type:DERIVED/SECONDARY/RE
RefPhys:Prof.Dr. H.HUDAVER


HL
HRP
HRP

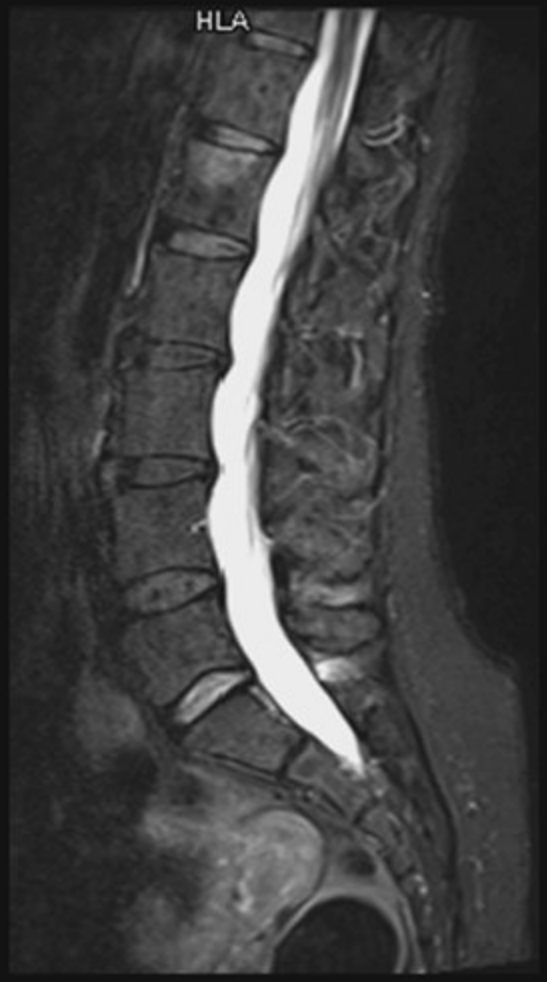

Type:DERIVED/SECONDARY/RE
RefPhys:Prof.Dr. H.HUDAVER

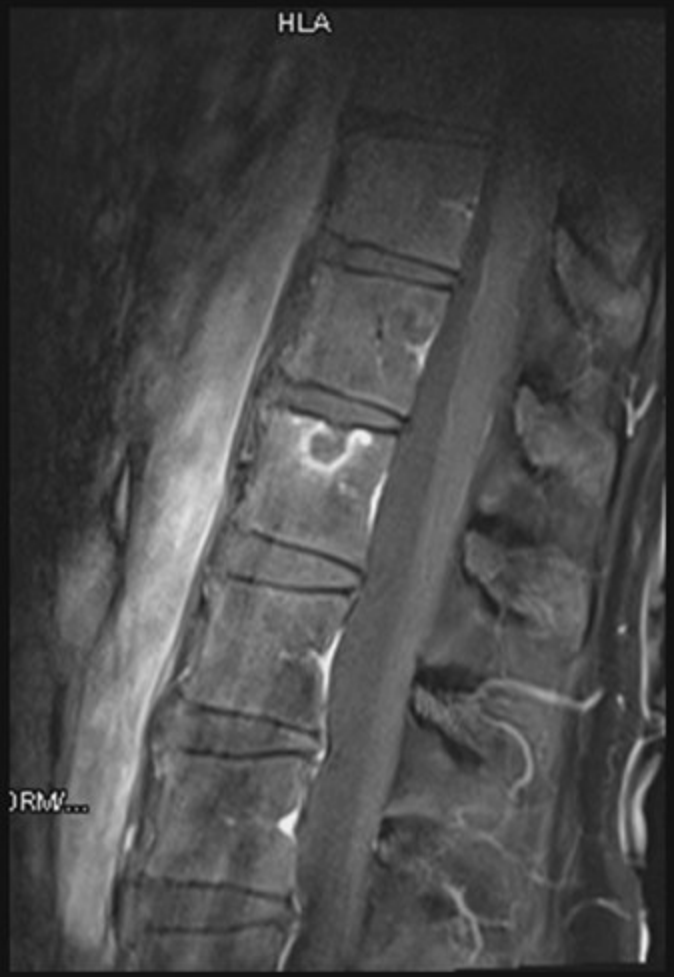

HLA
HLA
HLA
HLA

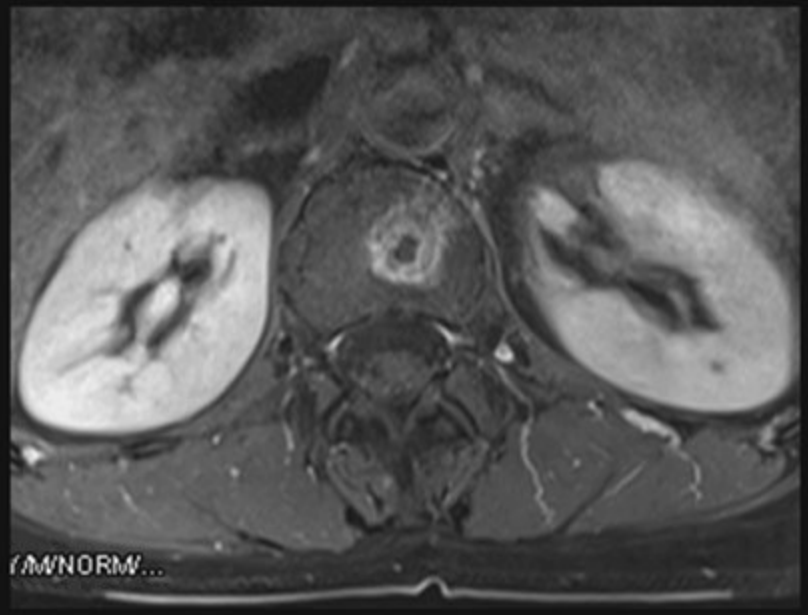
Tanınız nedir?

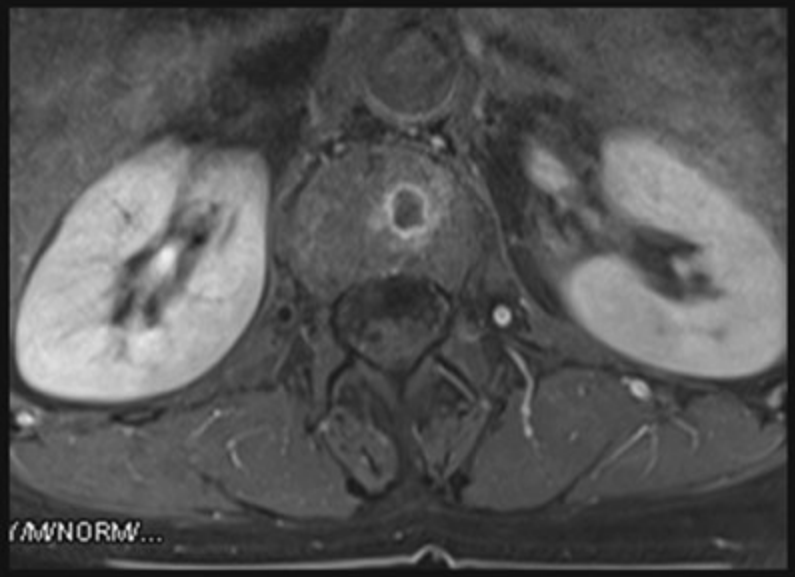
A. Metastaz

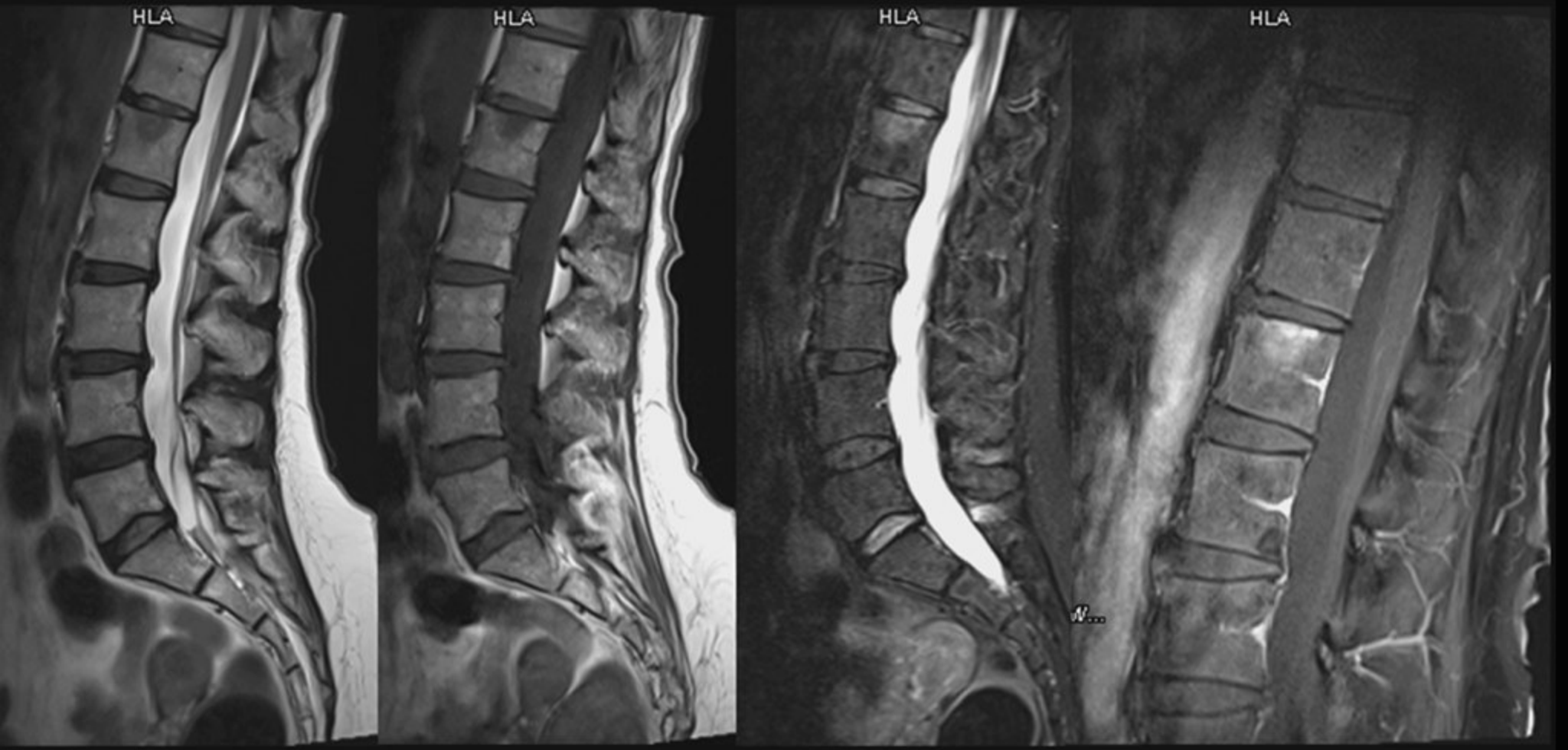
B. Başka bişey

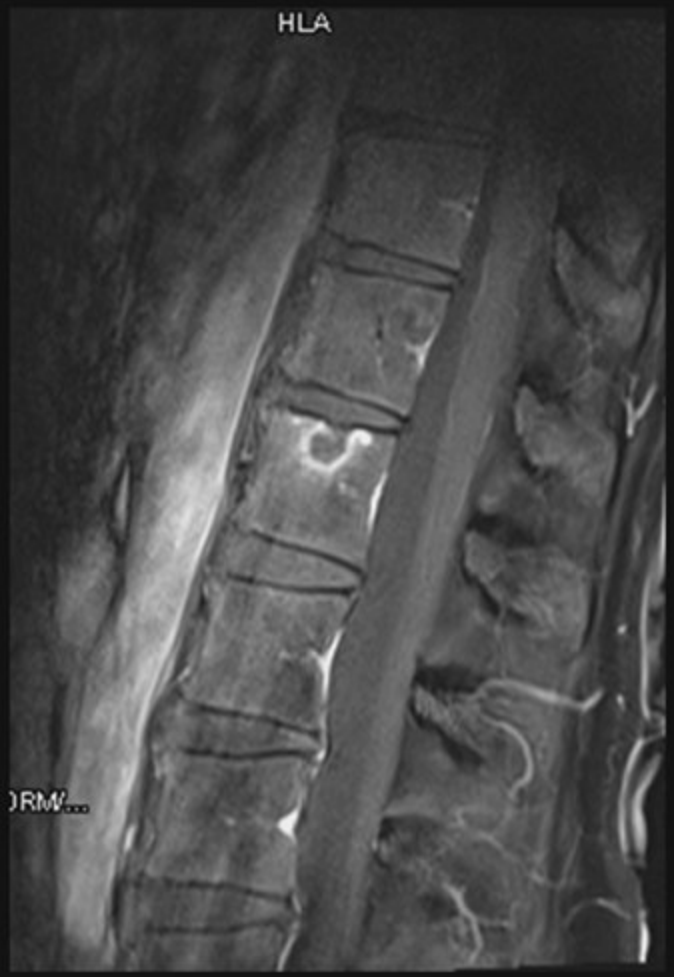


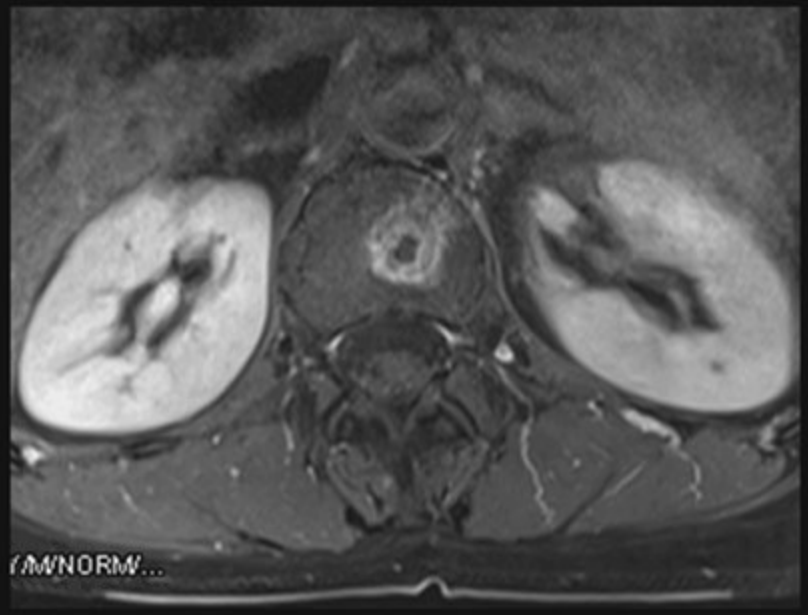

HLA

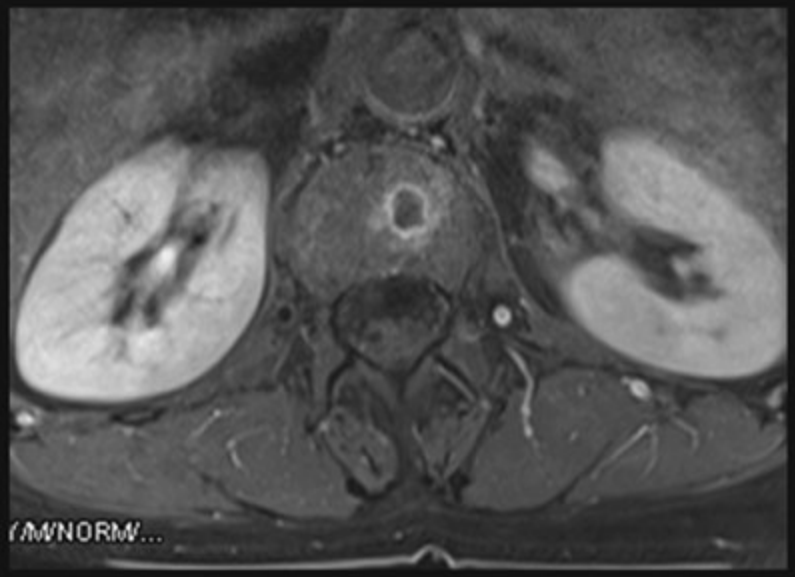


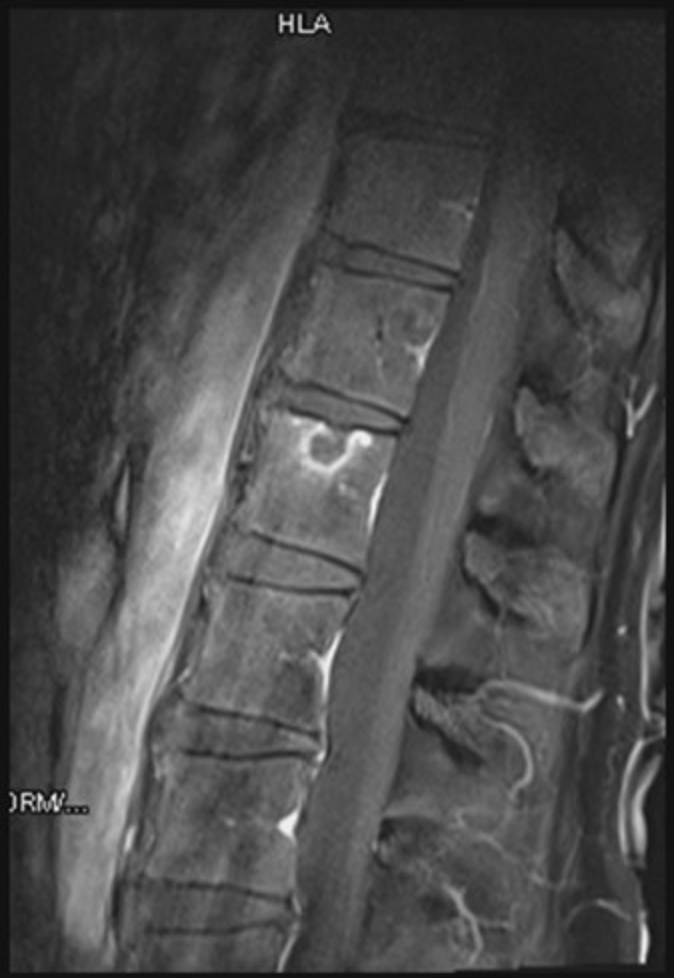


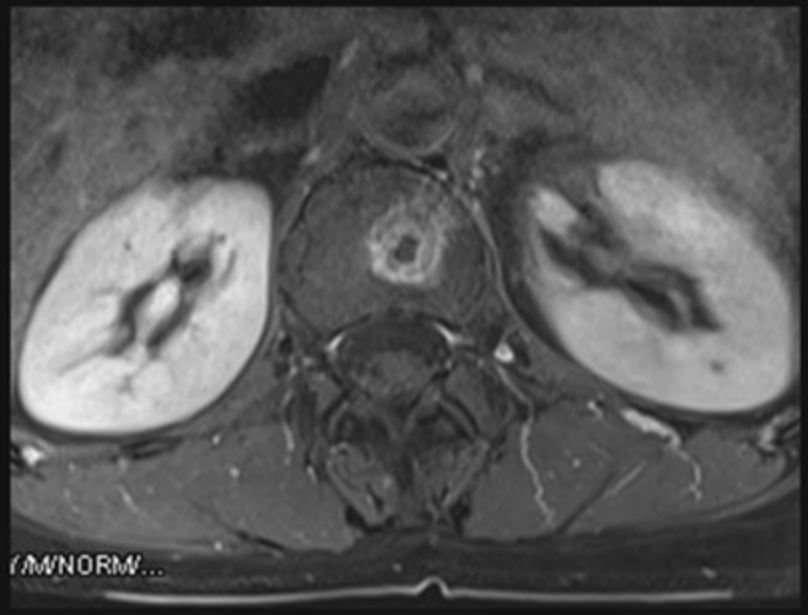

HLA
HLA
HLA
HLA

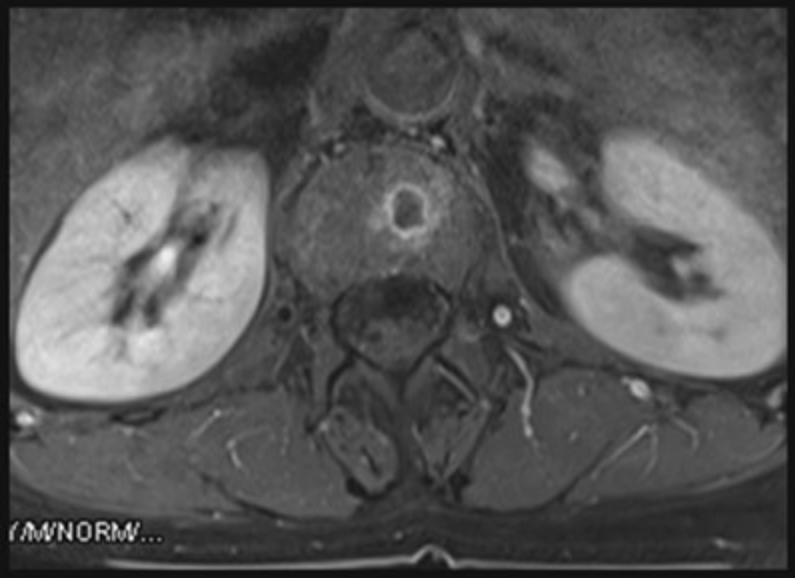

HLA







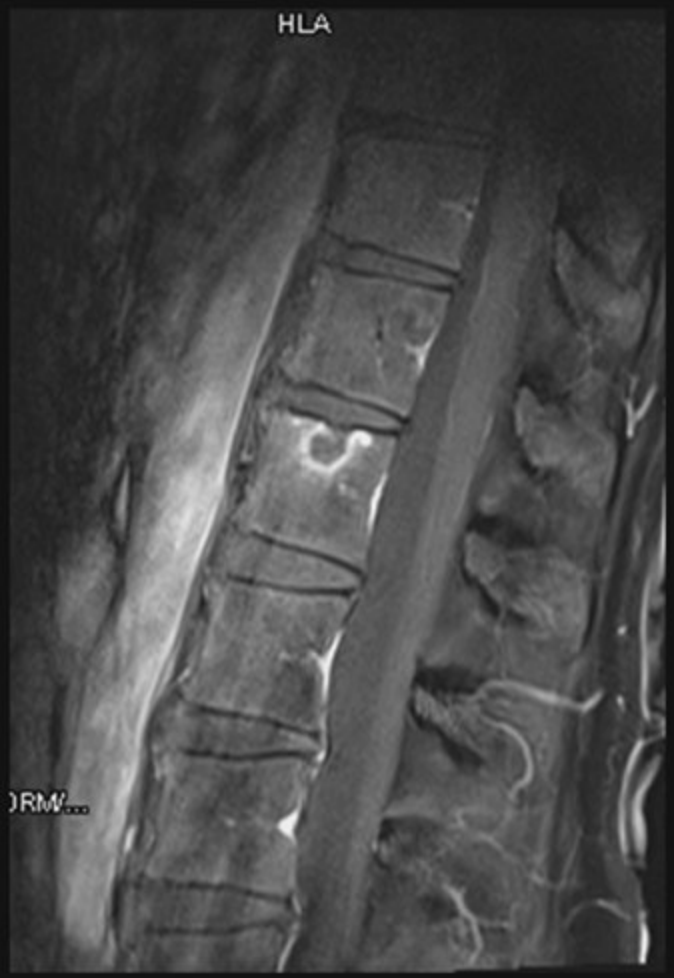


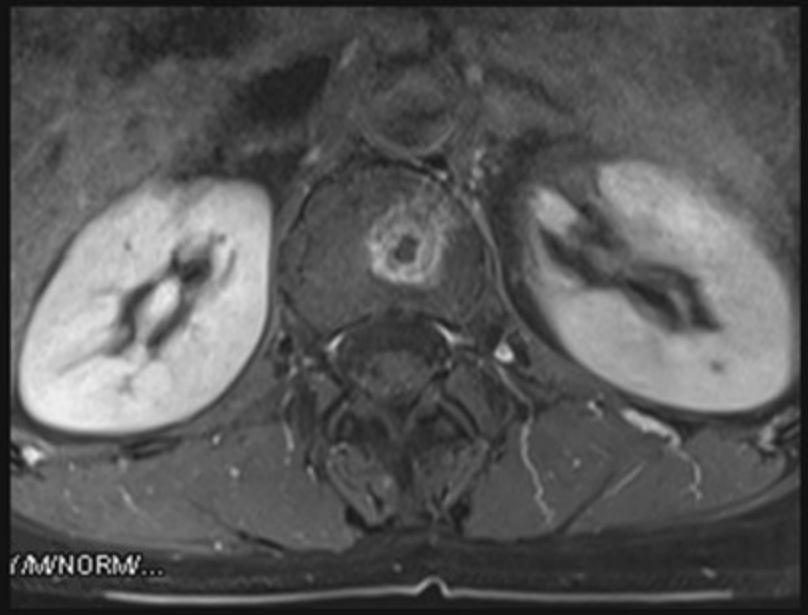


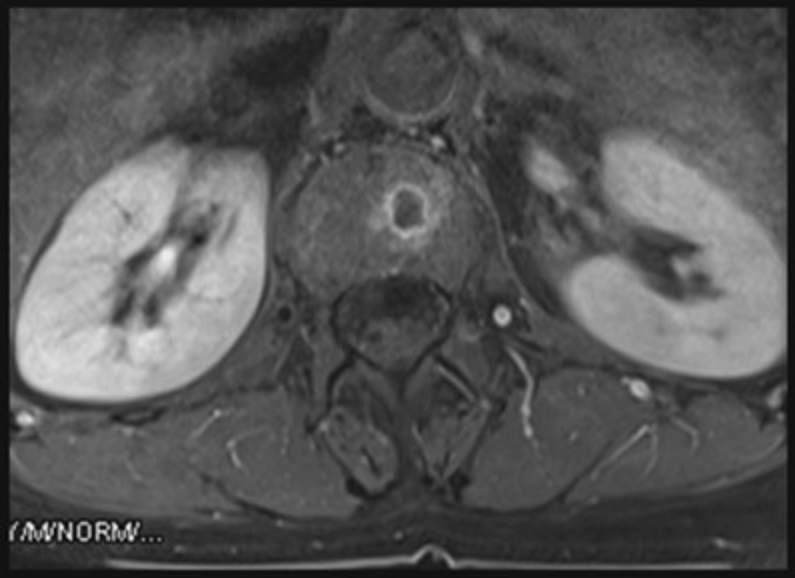
Schmorl Nodülü (İntersomatik herniasyon)

OLGU

- 5y E,
- 2 gündür ilerleyici paraparezi
- Lomber MRG➔



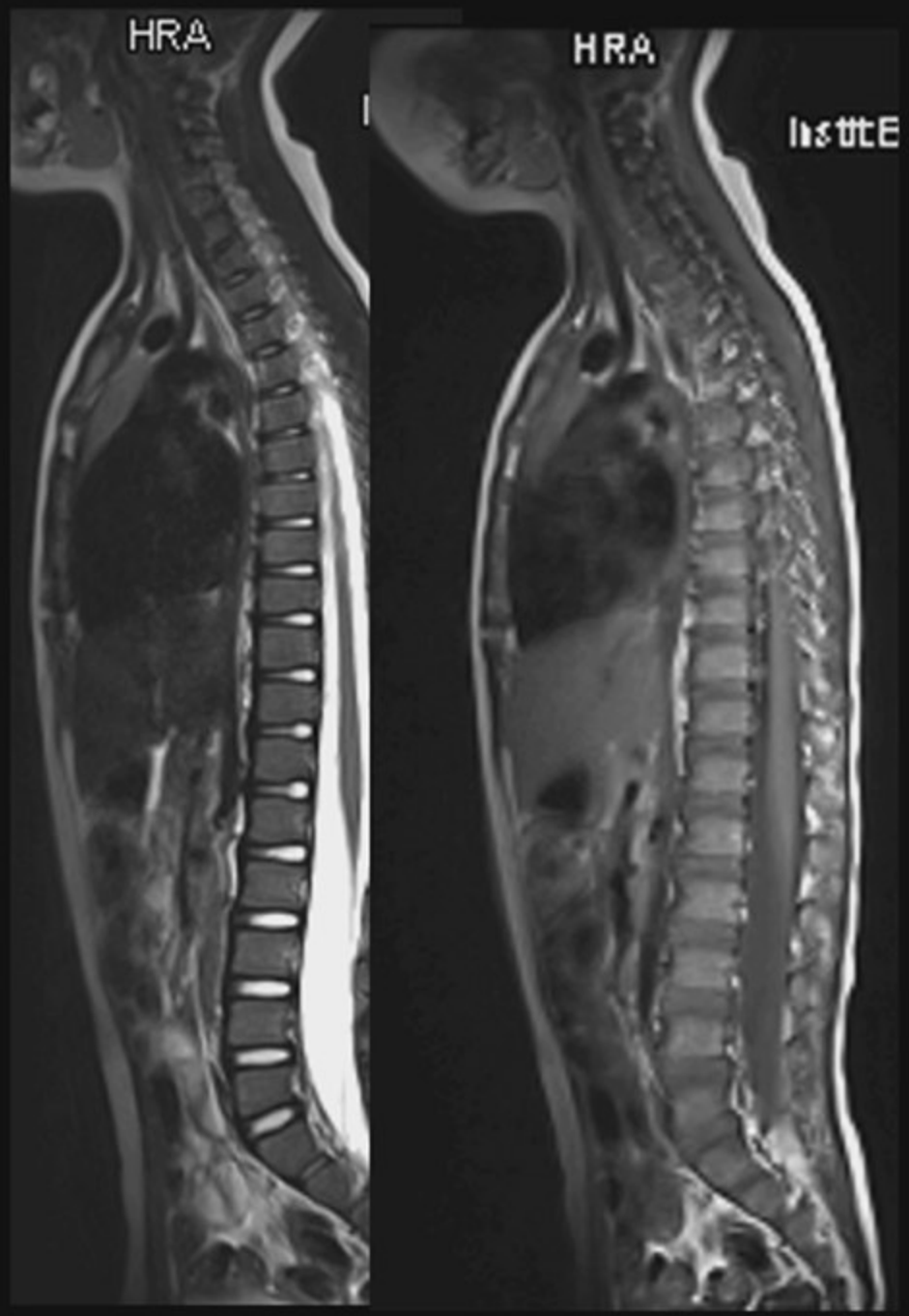


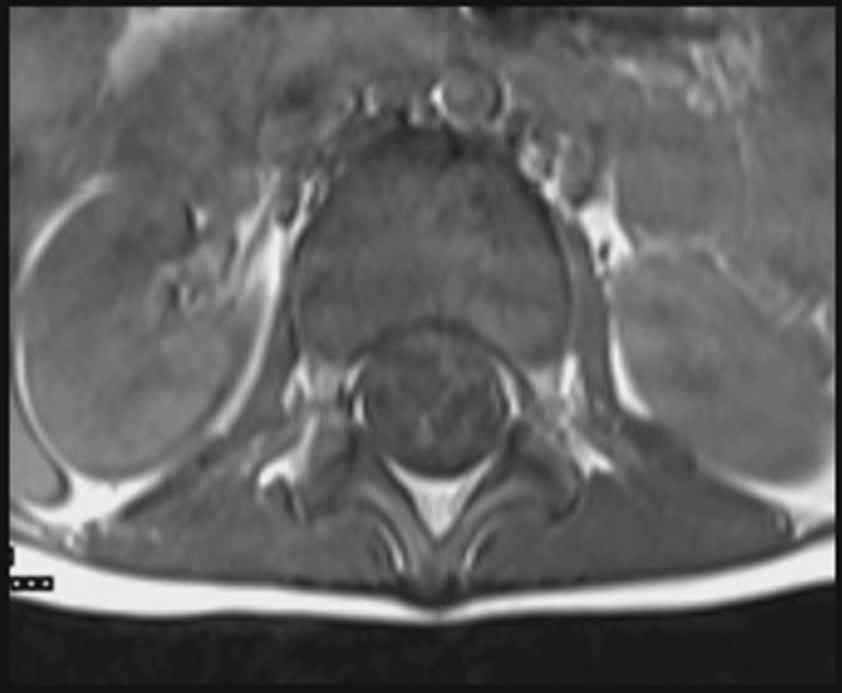


Schmorl Nodülü (İntersomatik herniasyon)

OLGU

- 5y E,
- 2 gündür ilerleyici paraparezi
- Lomber MRG➔


HRA
HRA



Tanınız nedir?

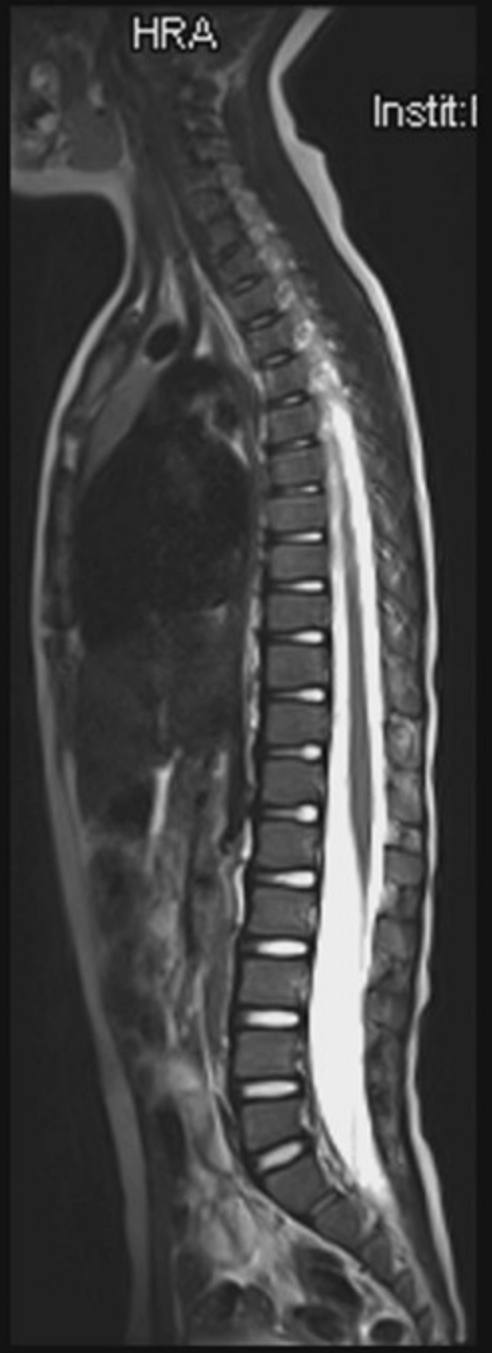
A. Normal

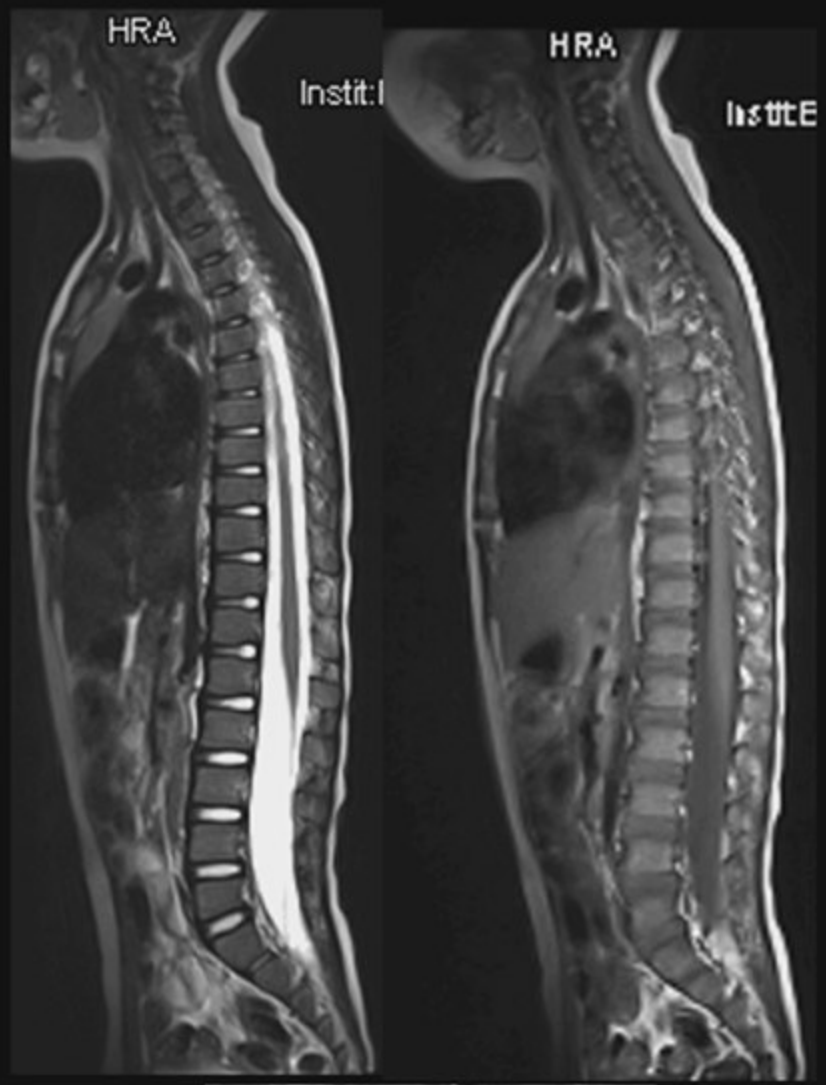
B. ADEM

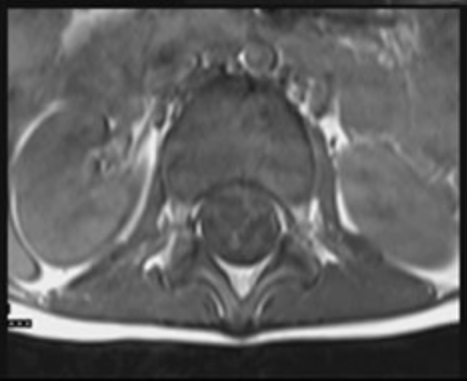
C. Kitle

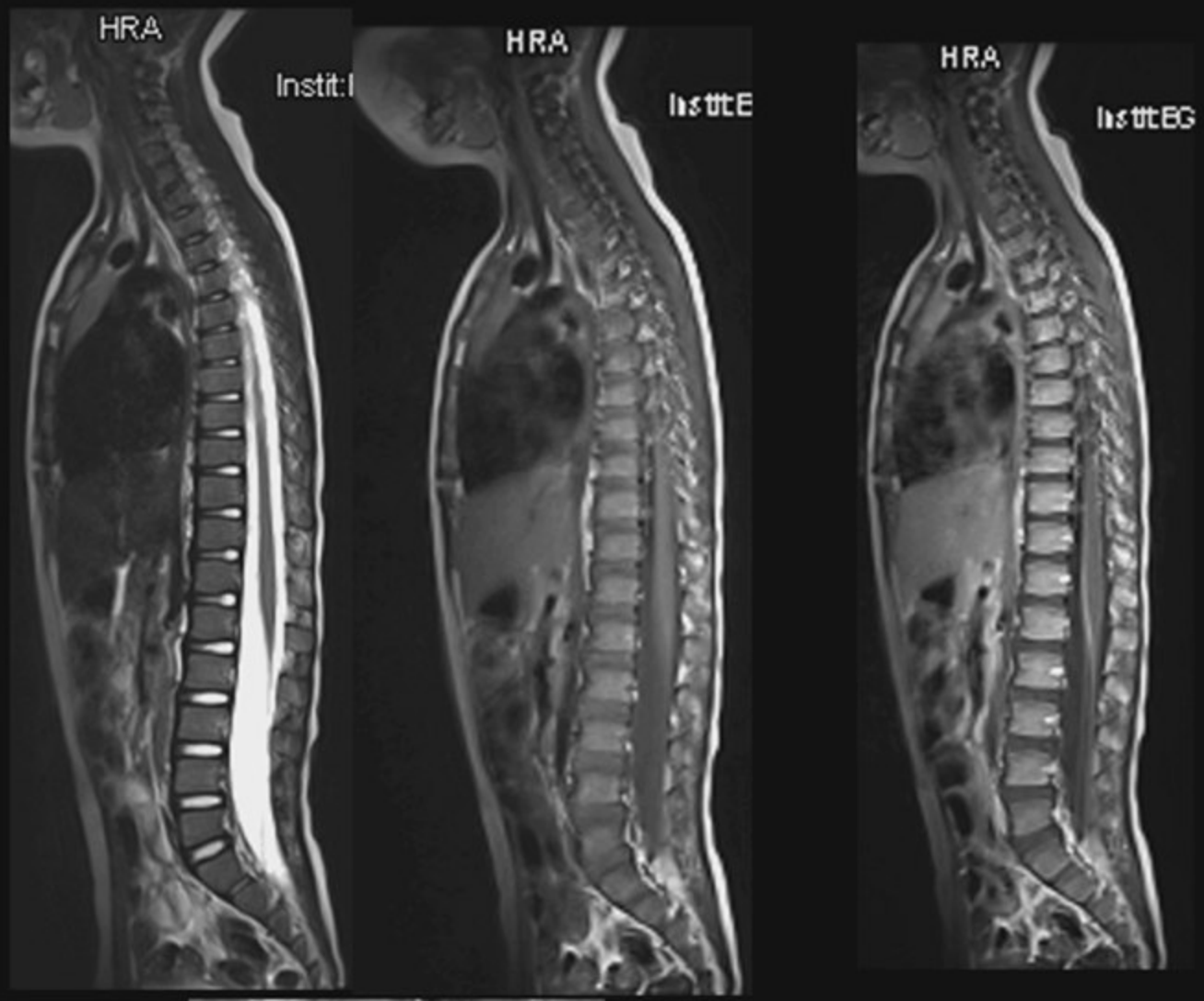
D. Guillian Bare

E. Bilemedim




HRA
HRA




HRA
HRA
HRA

Tanınız değişti mi?

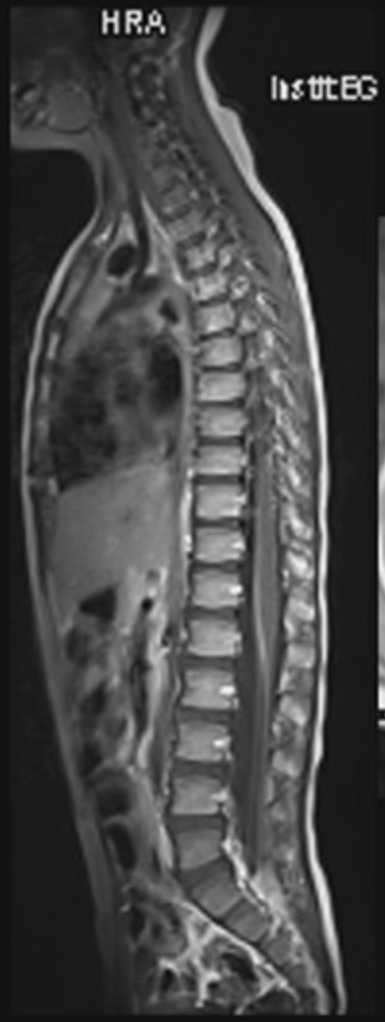
A. Normal

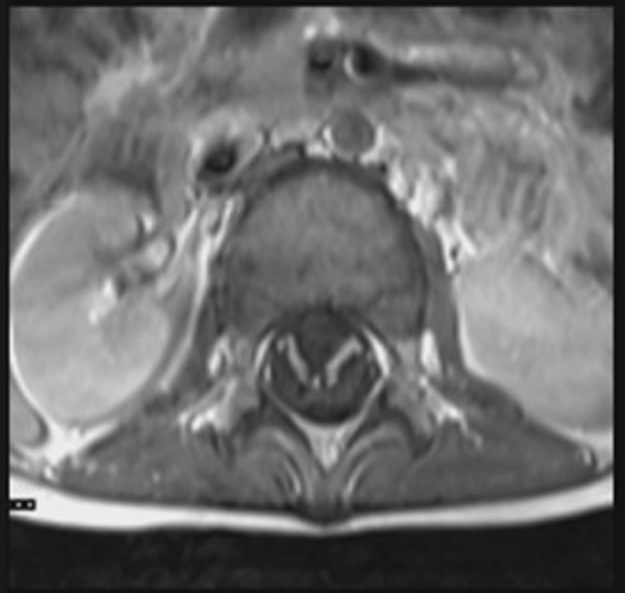
B. ADEM

C. Kitle

D. Guillian Bare

E. Bilemedim





Tanınız değişti mi?

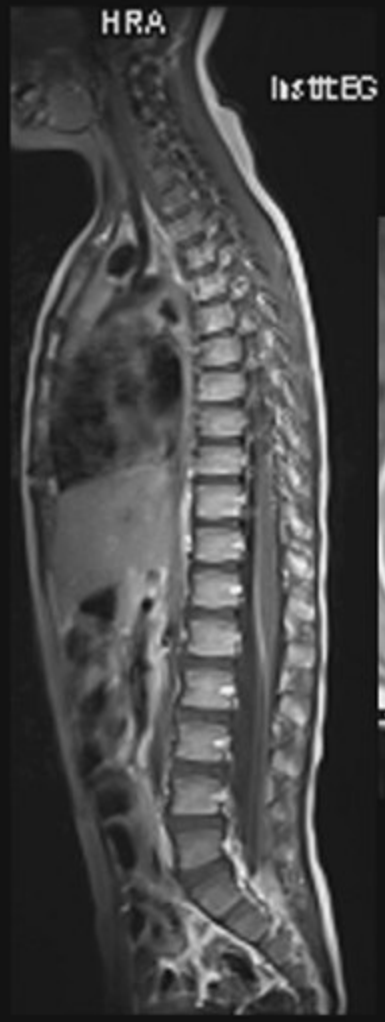
A. Normal

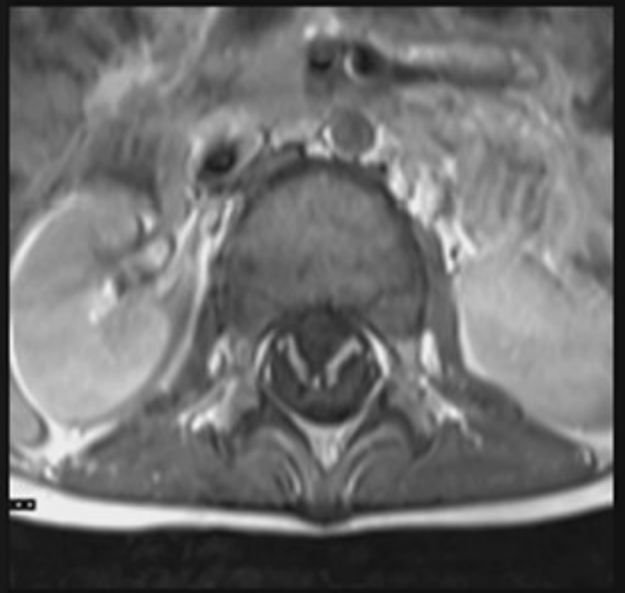
B. ADEM

C. Kitle

D. Guillian Bare

E. Bilemedim





OLGU

- 48 y K,
- Motor nöbet
- Kranial MRG➔

Tanınız değişti mi?

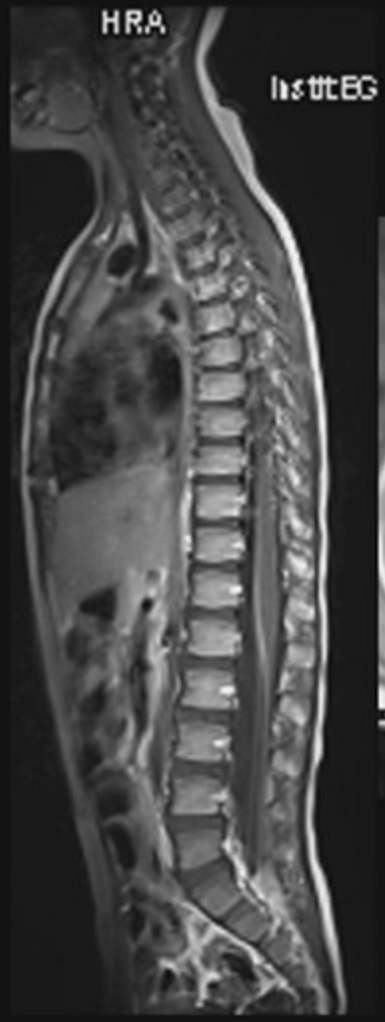
A. Normal

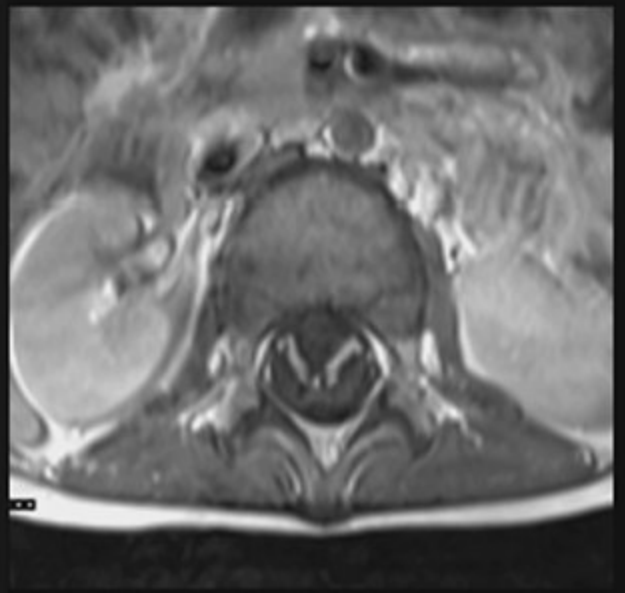
B. ADEM

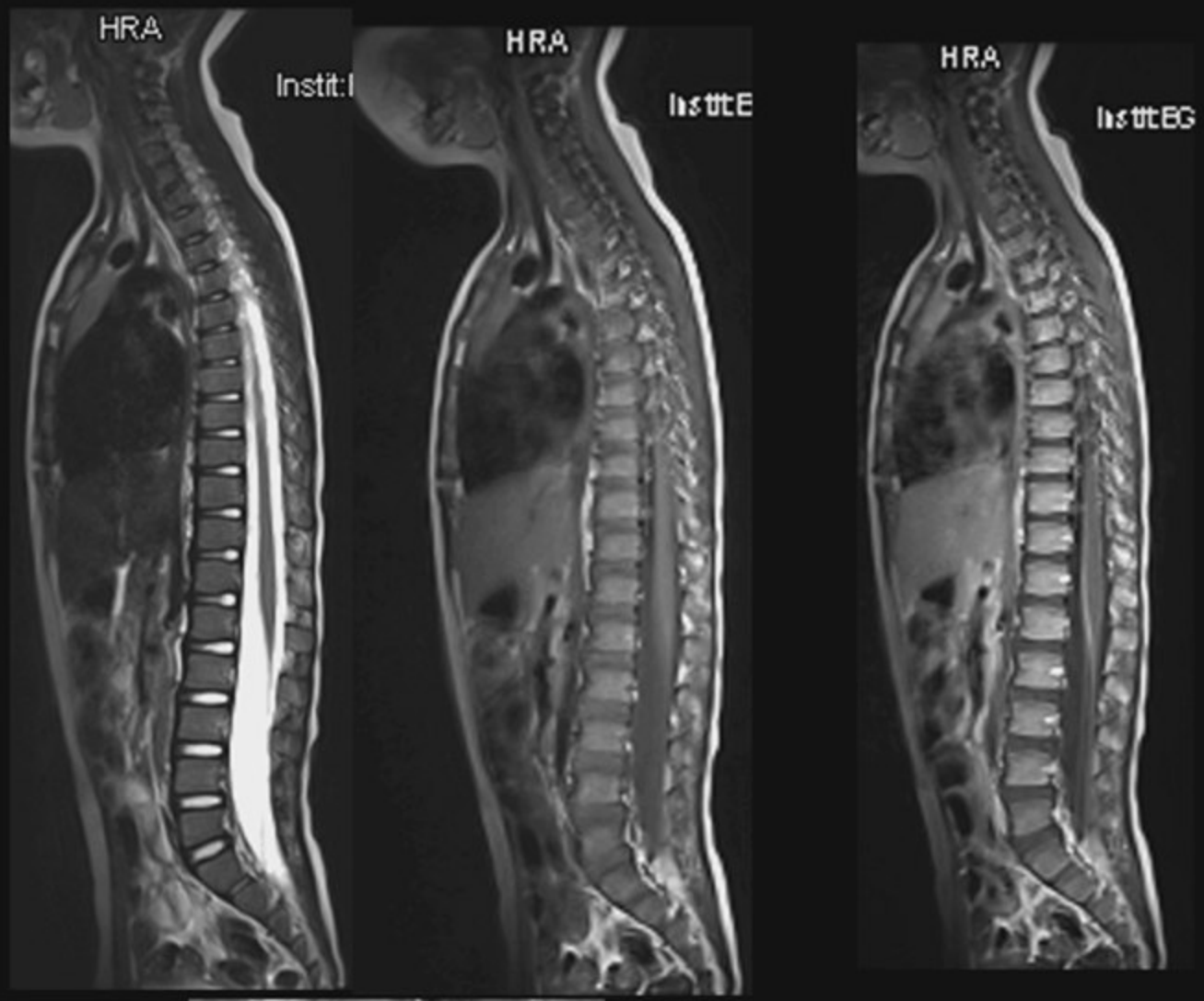
C. Kitle

D. Guillian Bare

E. Bilemedim






HRA
HRA
HRA

Tanınız değişti mi?

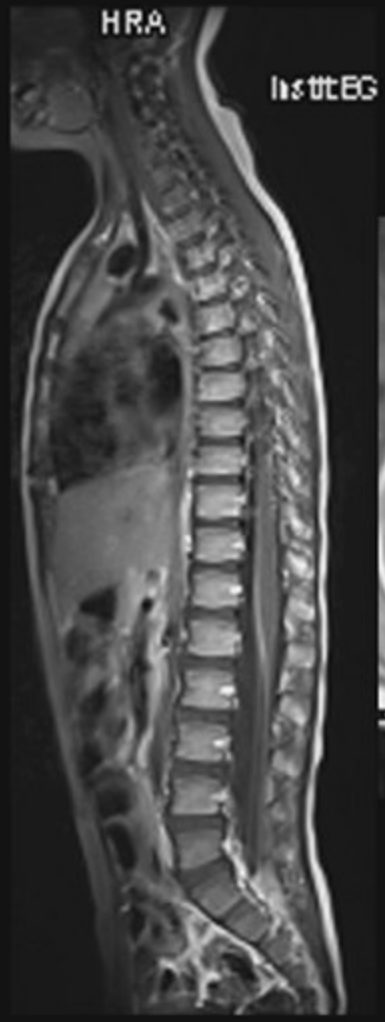
A. Normal

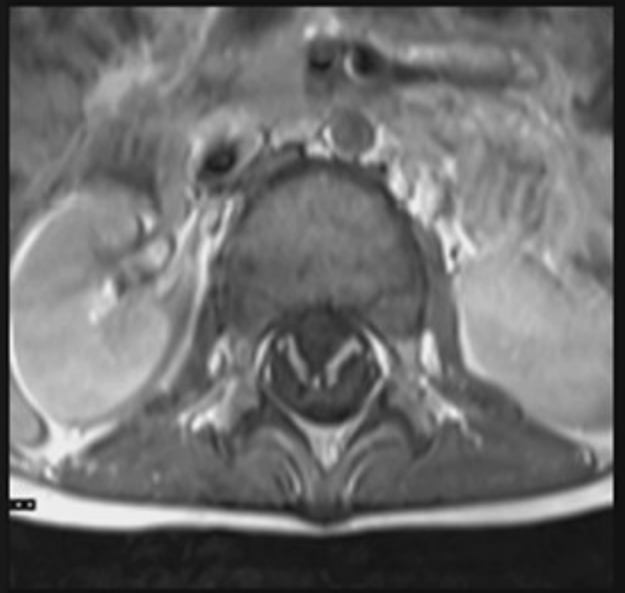
B. ADEM

C. Kitle

D. Guillian Bare

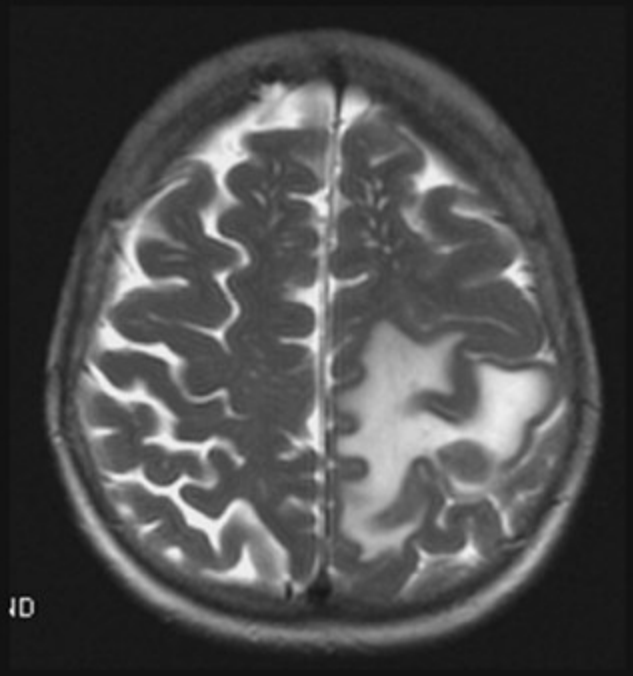
E. Bilemedim

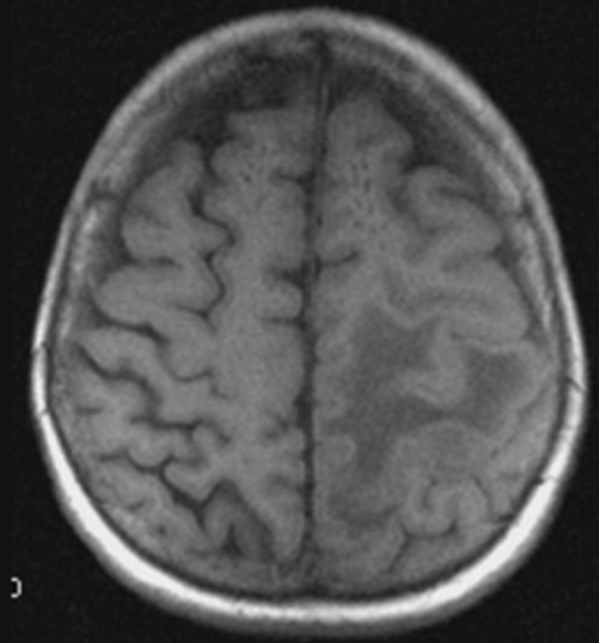


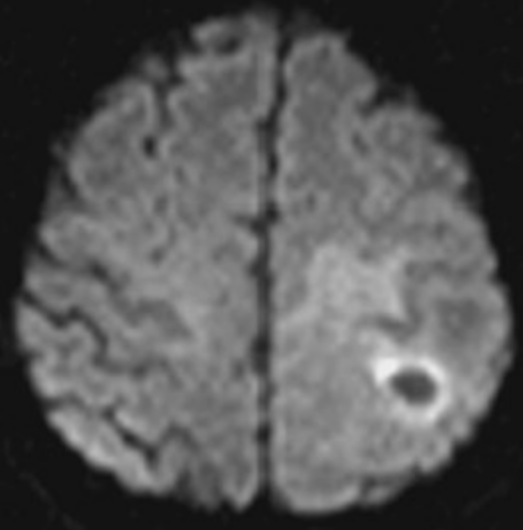


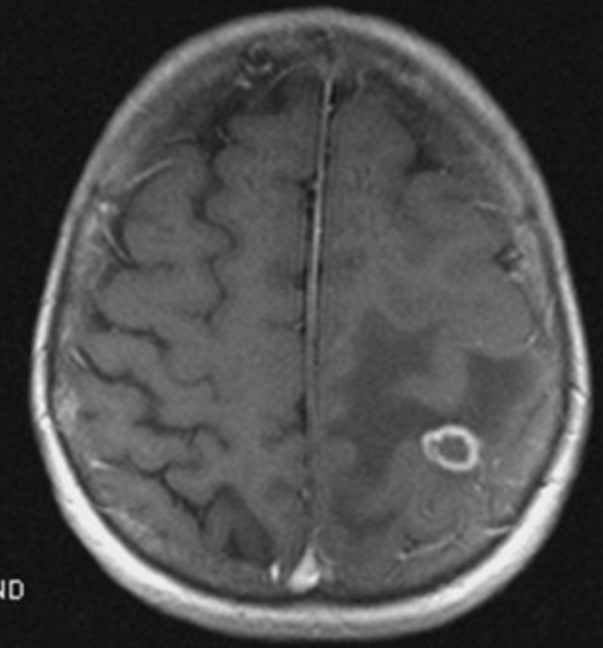
OLGU

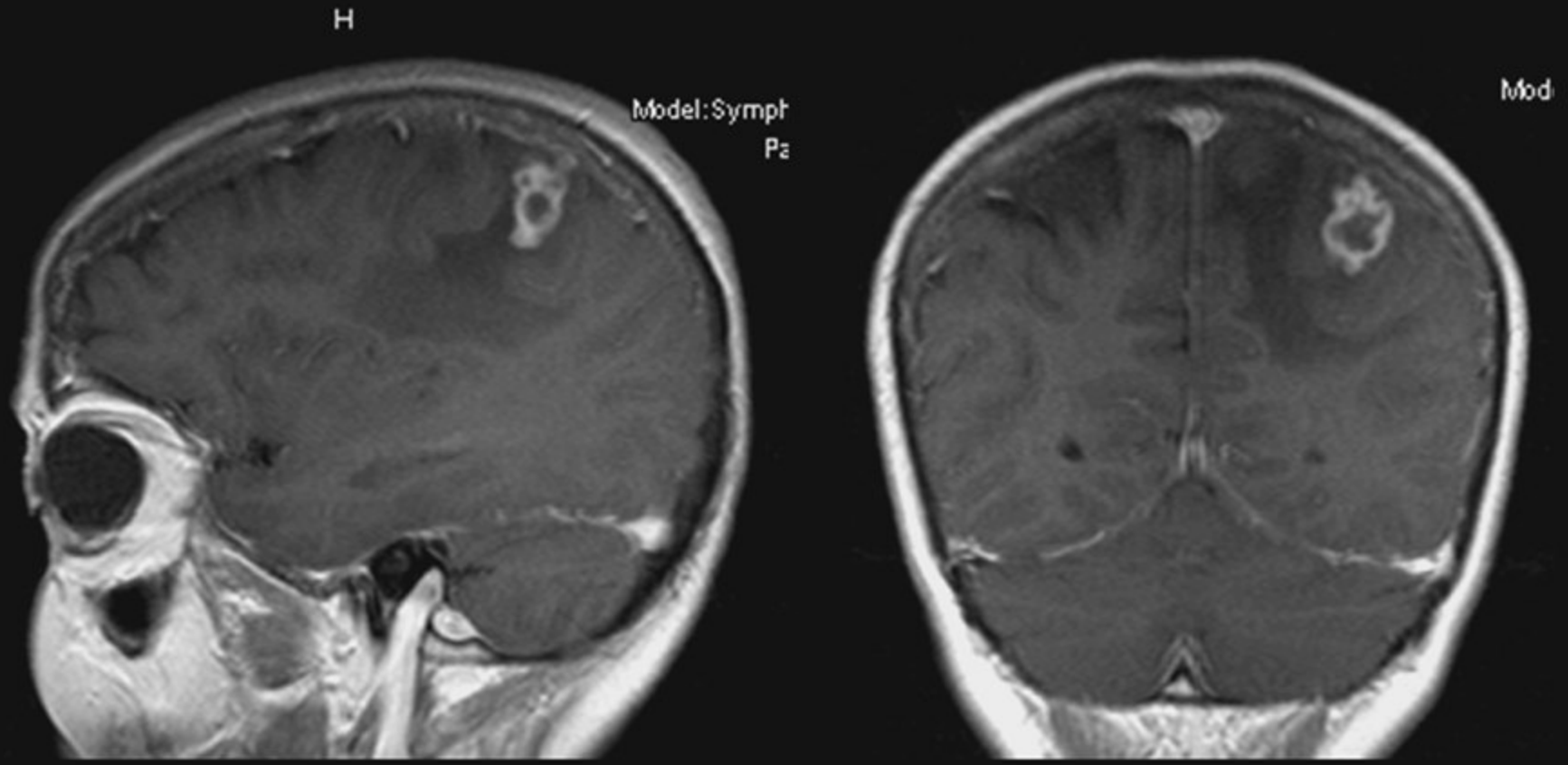
- 48 y K,
- Motor nöbet
- Kranial MRG➔










H
Model:Sympt
Pa
Mod

Tanınız nedir?

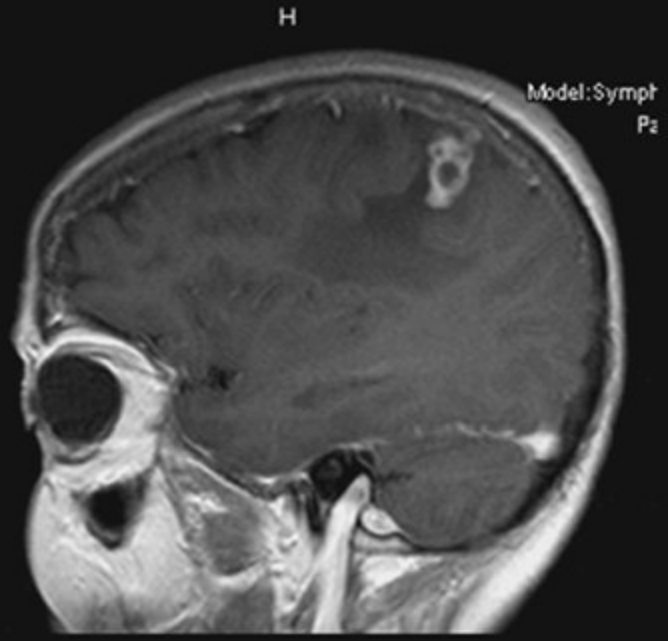
A. GBM

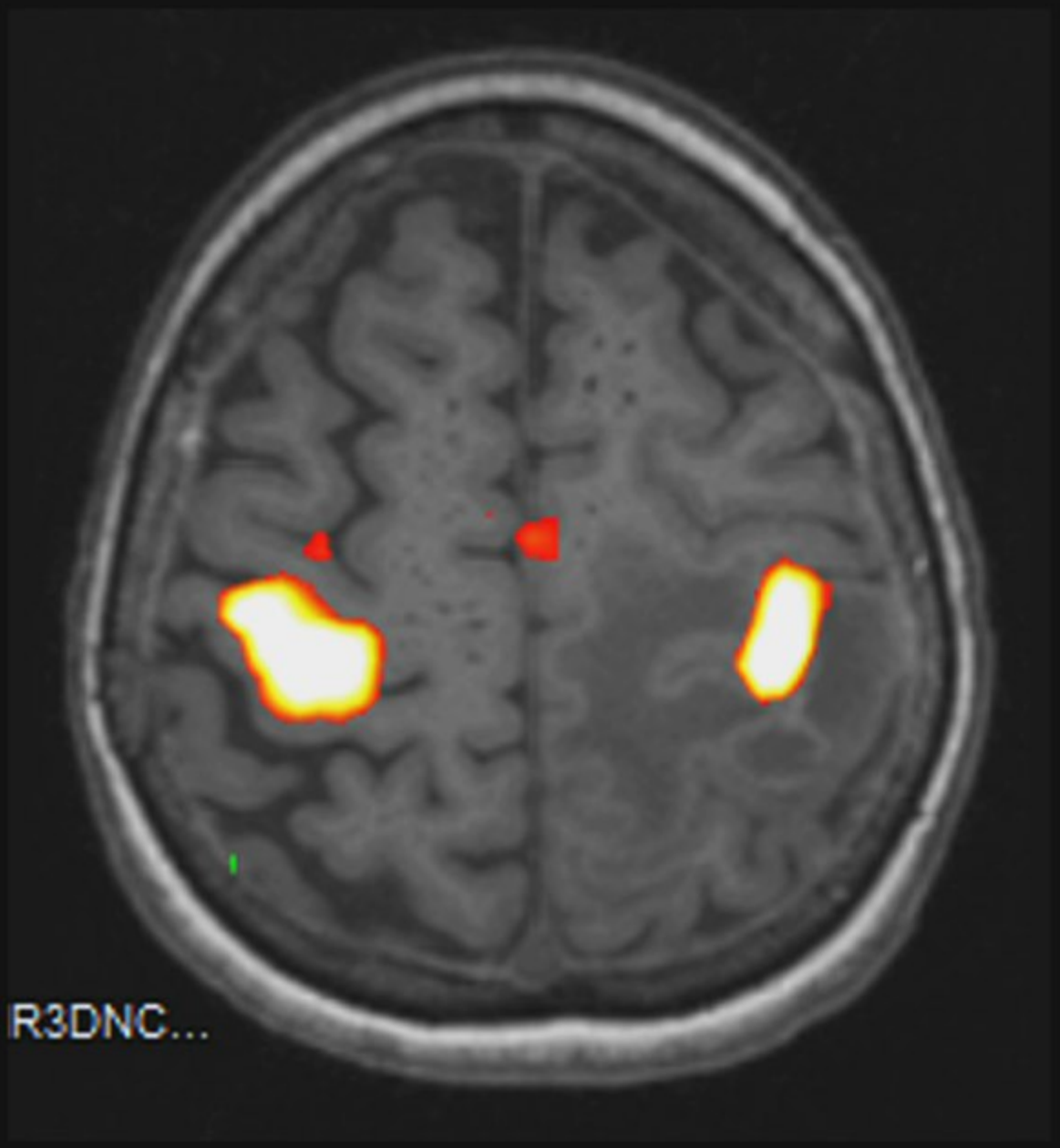
B. Anaplastik astrositom

C. Enfeksiyon

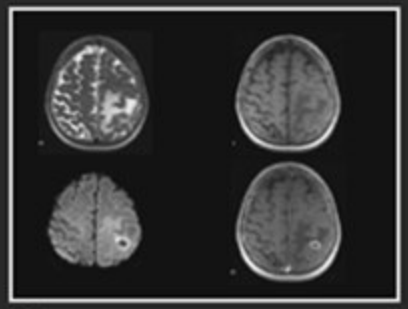
D. Metastaz

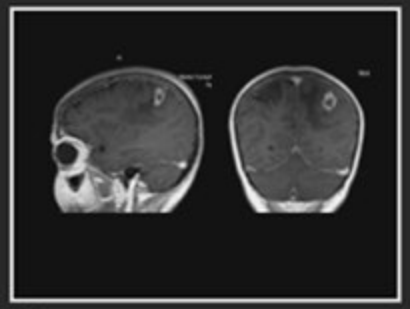
E. Lenfoma



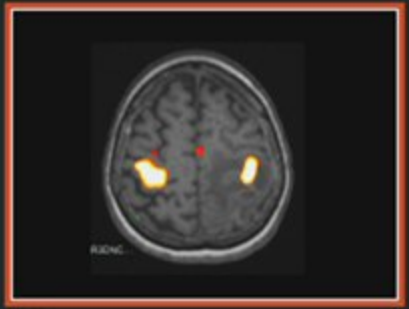

R3DNC...

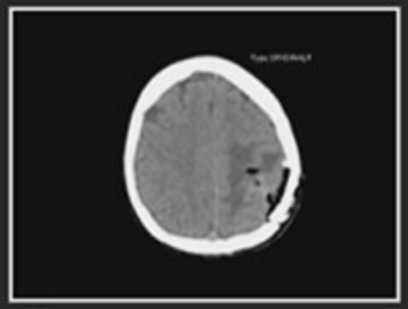
21

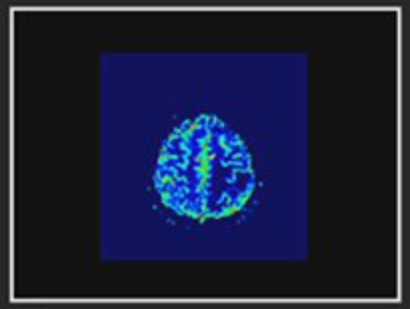

22


23

24


25

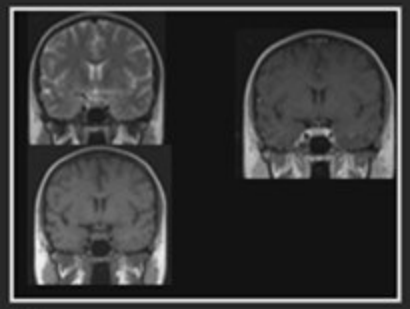

26


27

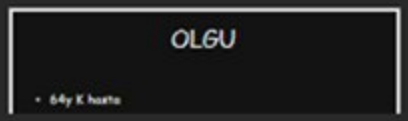
28

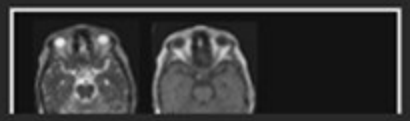
29

30


31

32





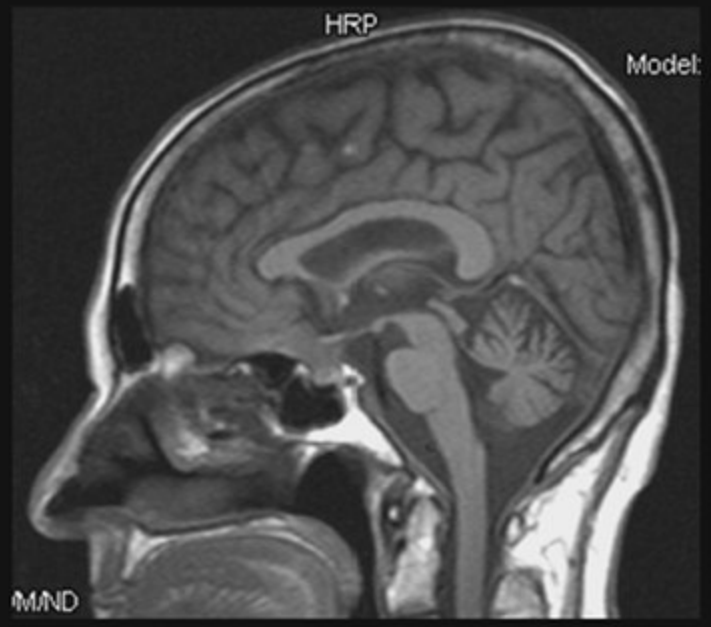
Yorum

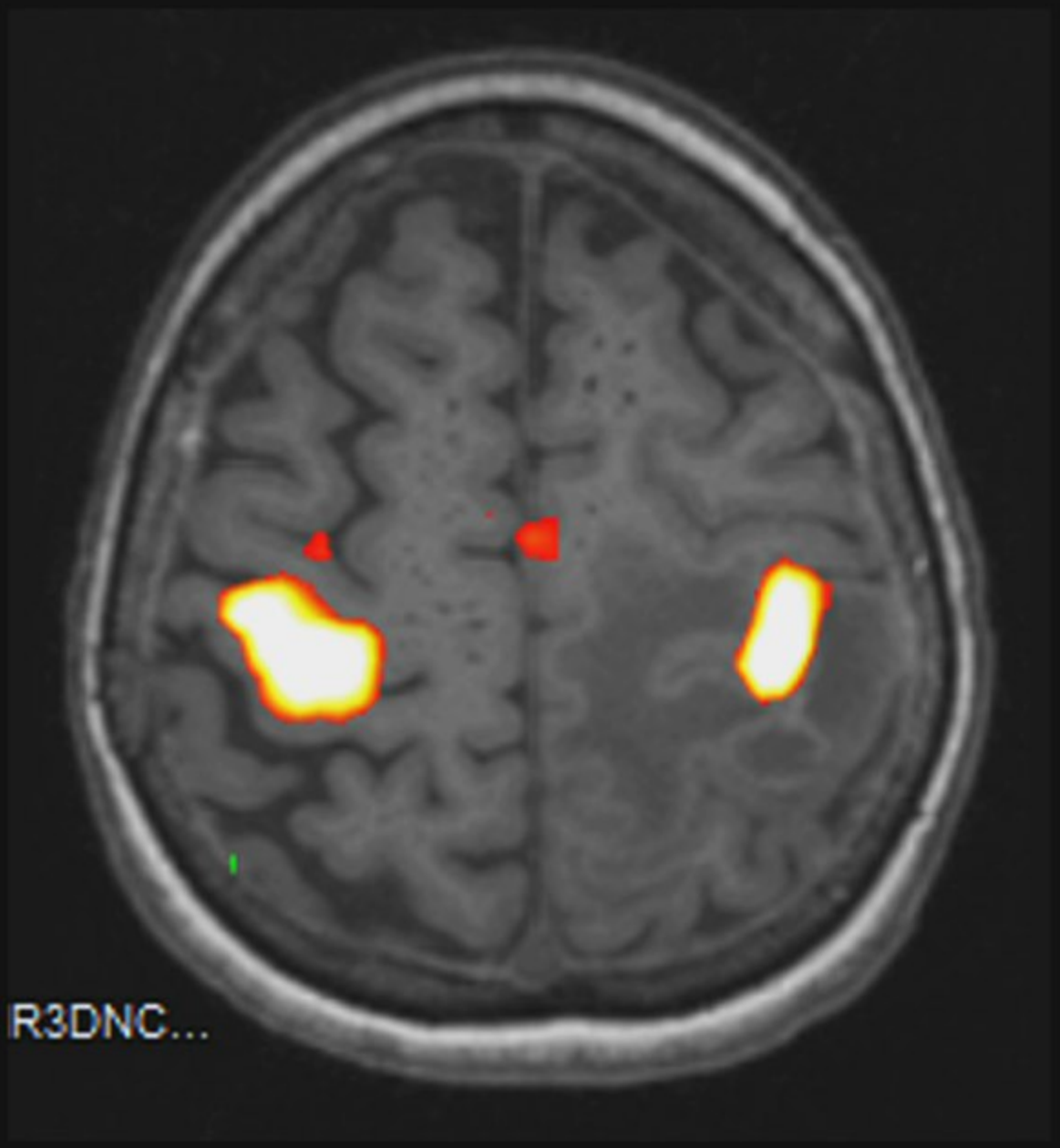
A. Normal, bişicik yok.

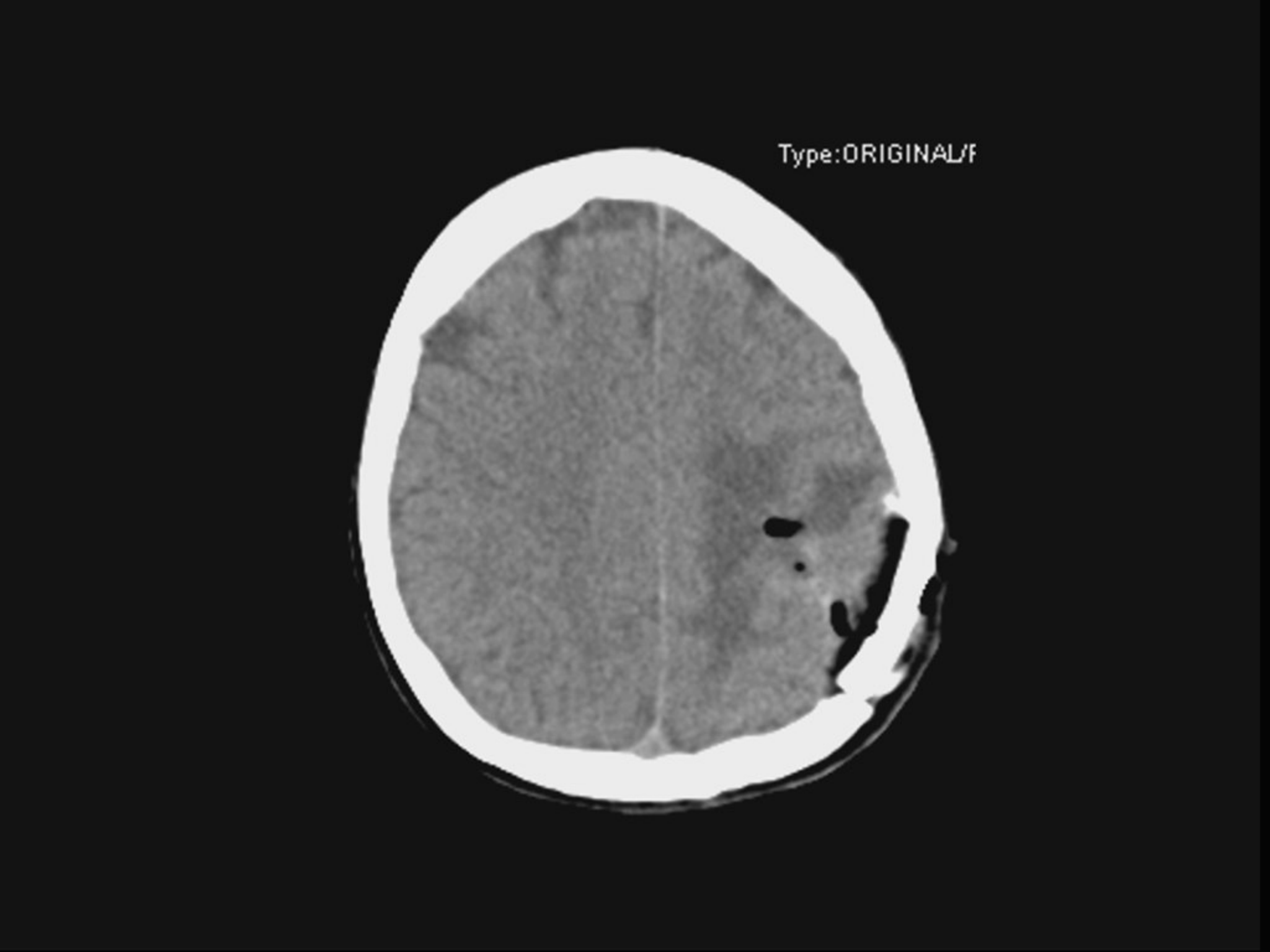
B. Makroadenom var. Raporu yazar geçerim

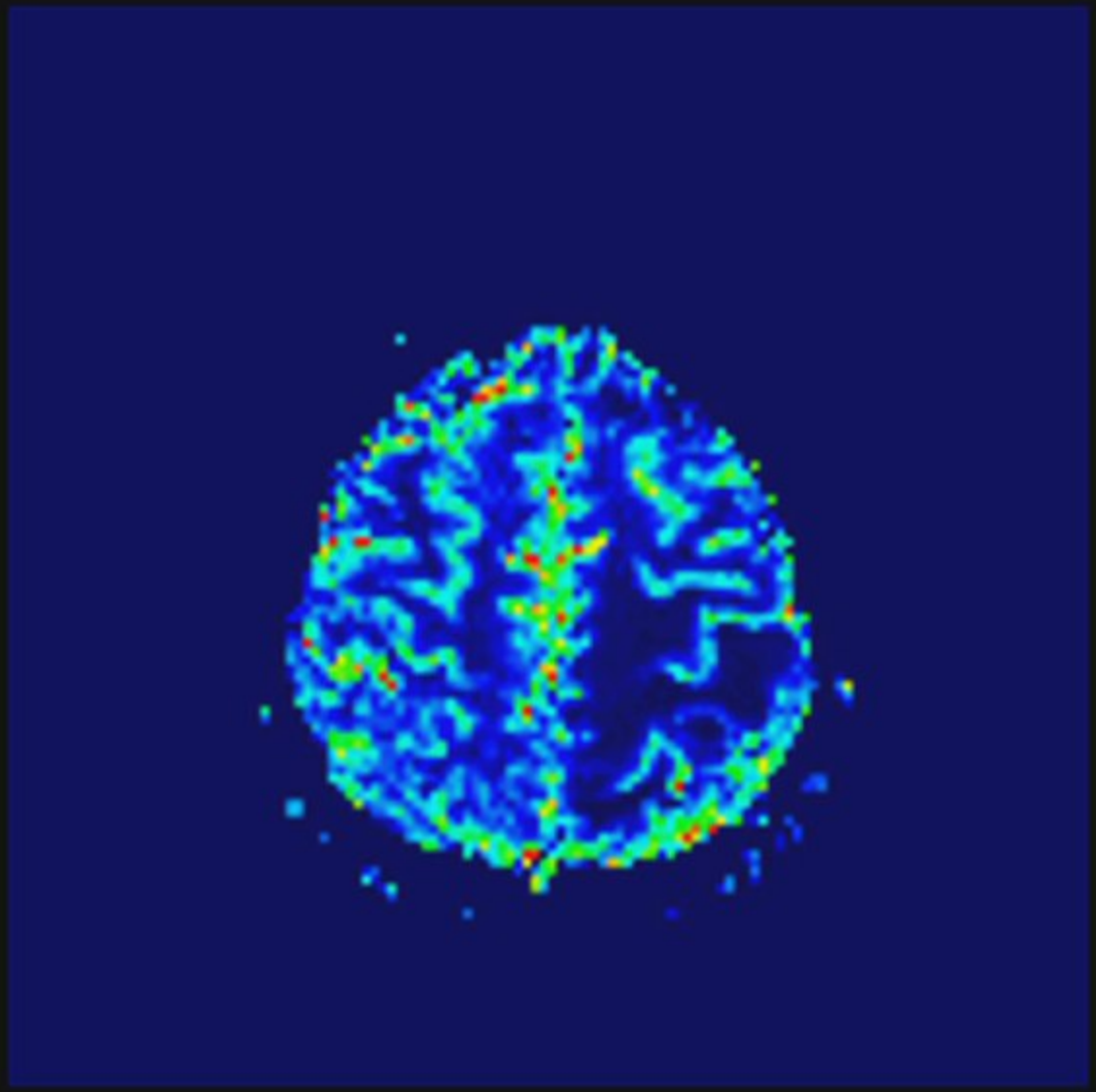
C. Makroadenom var kontrast verelim

D. Bana ne




R3DNC...


Type:ORIGINAL/P



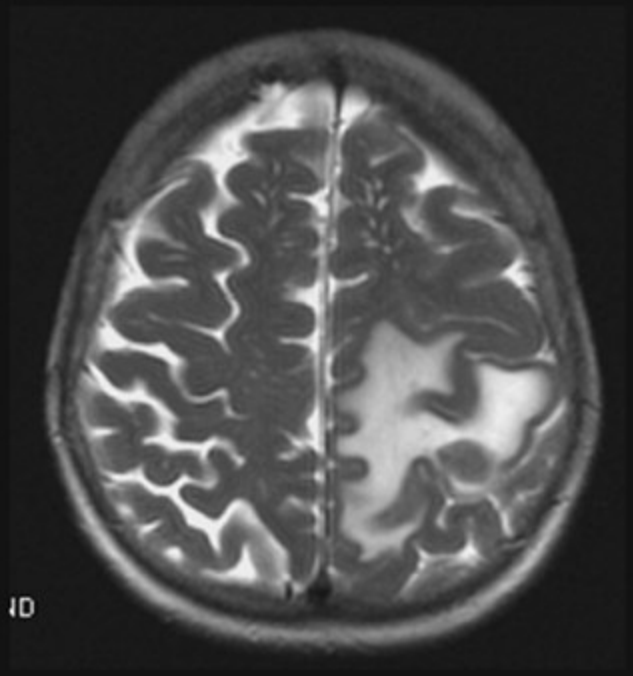
Tanınız nedir?

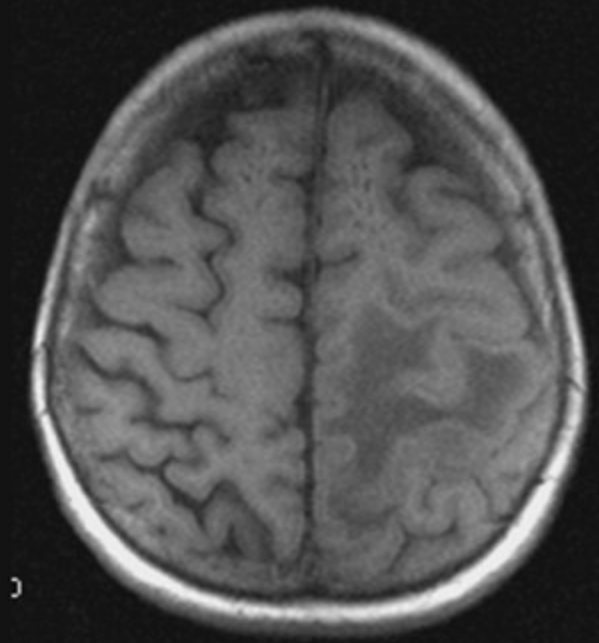
A. GBM
B. Anaplastik astrositom
C. Enfeksiyon
D. Metastaz
E. Lenfoma

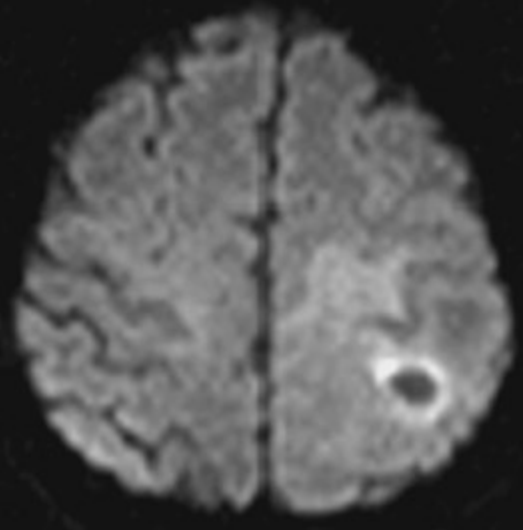
Tüberkülom

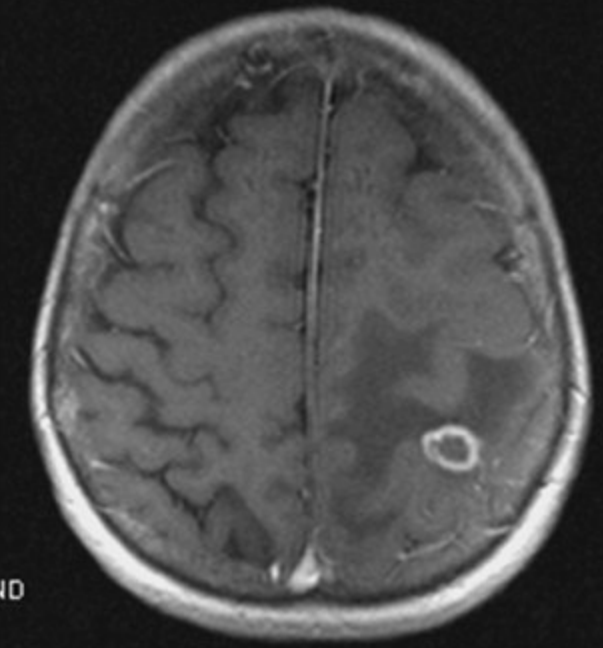
OLGU

- 26y K hasta
- Hiperprolaktinemi







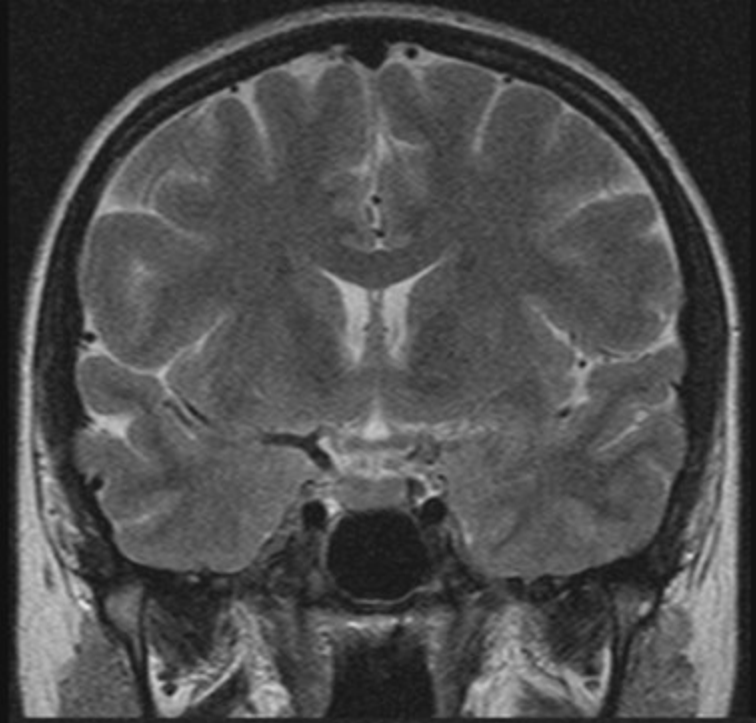


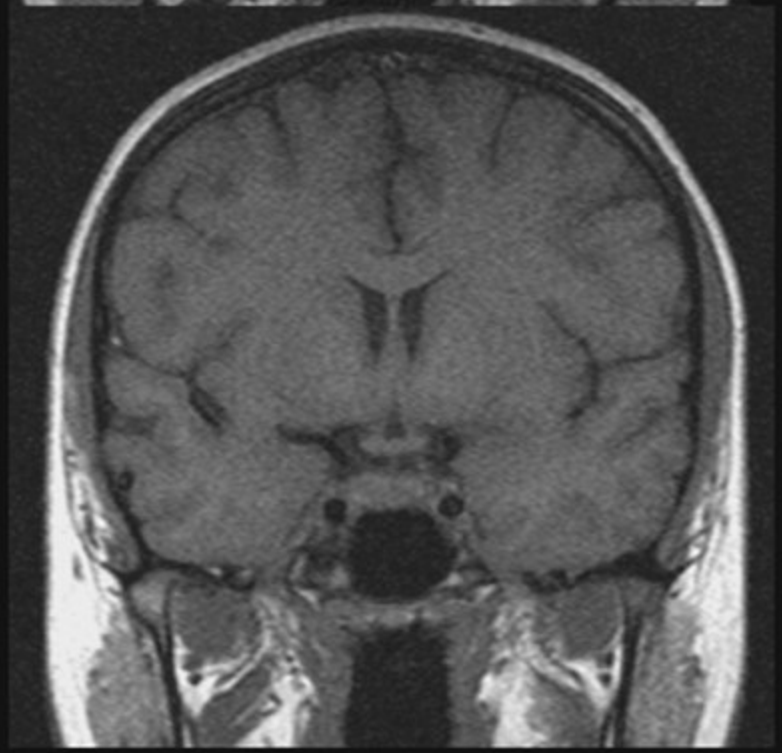
Tanınız nedir?

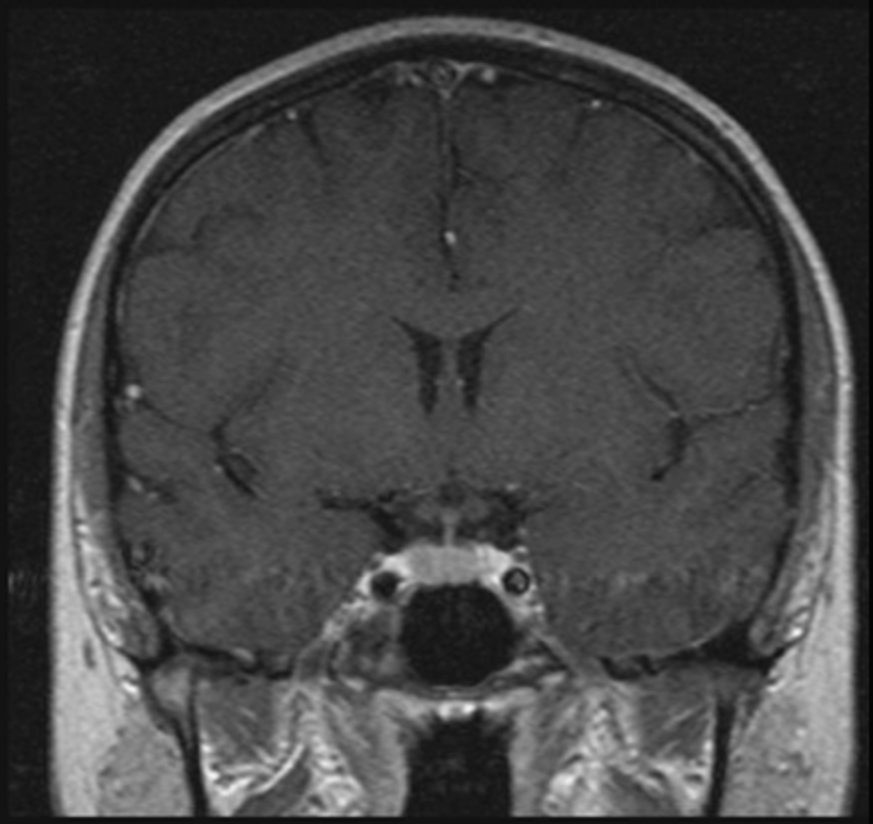
A. GBM
B. Anaplastik astrositom
C. Enfeksiyon
D. Metastaz
E. Lenfoma

OLGU

- 26y K hasta
- Hiperprolaktinemi



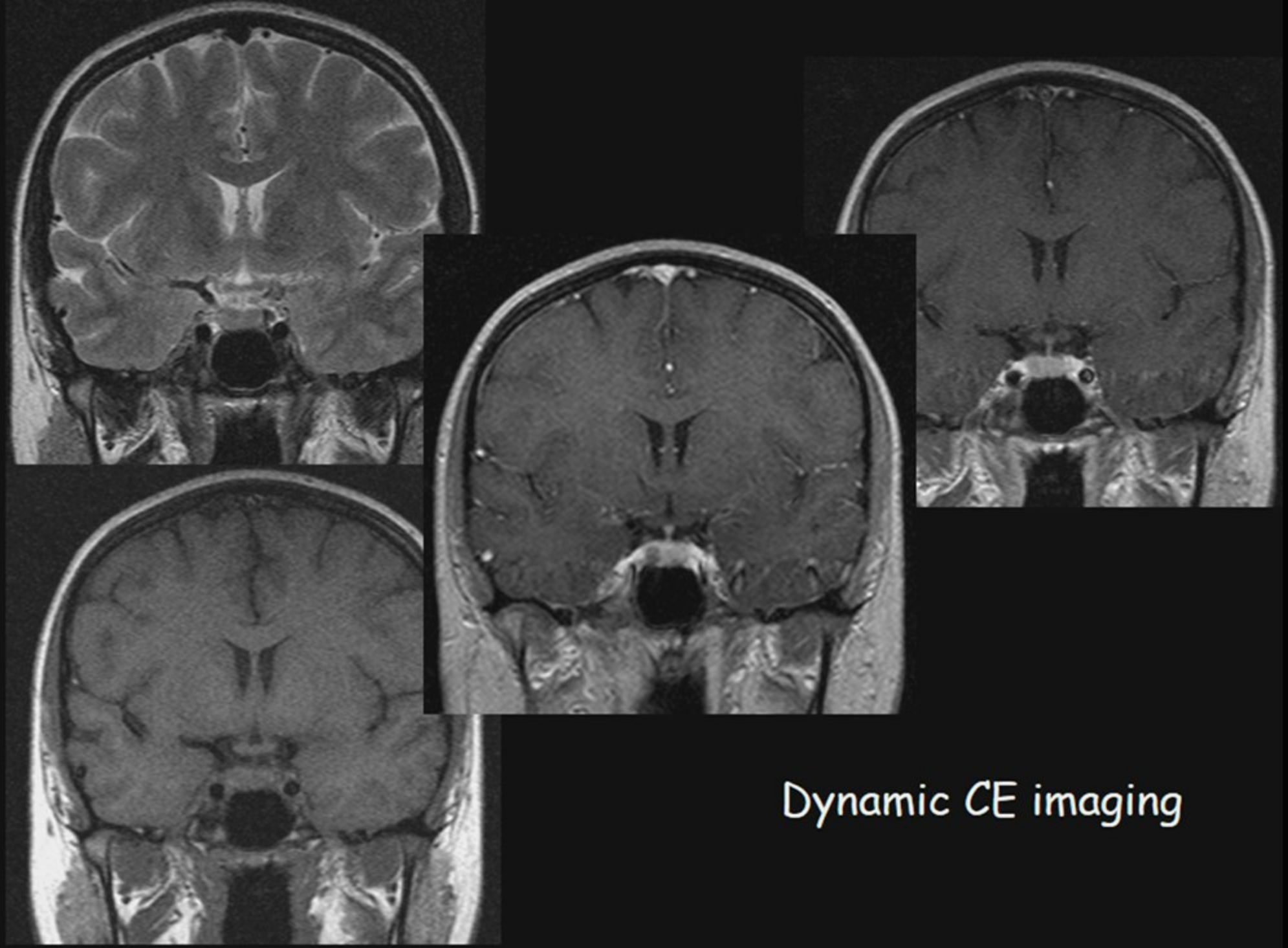




Yorum

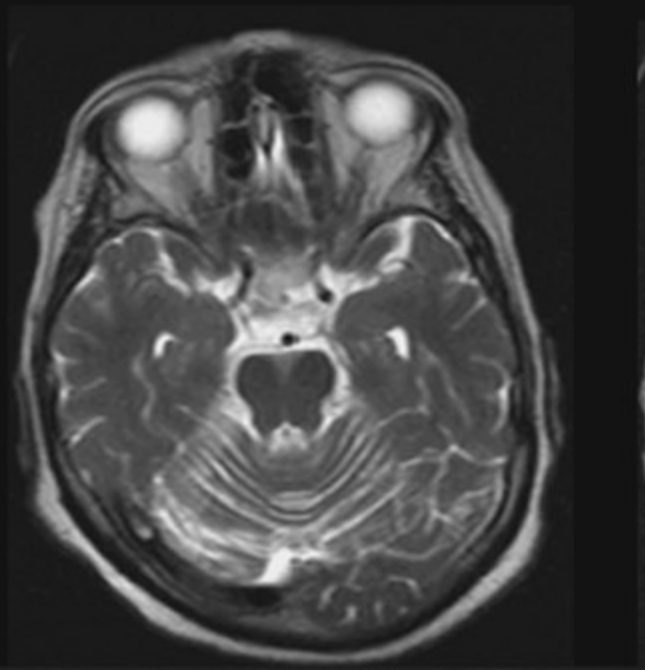
A. Adenom yok strestendir

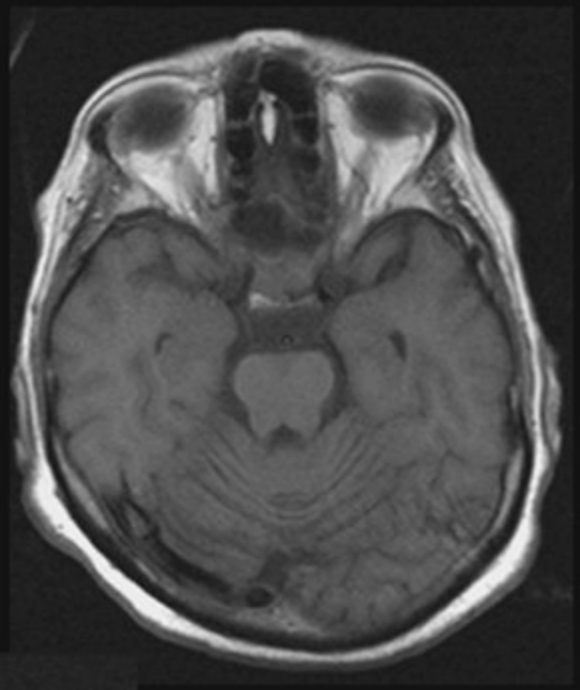
B. Kabak gibi adenom var, tedavi edilsin

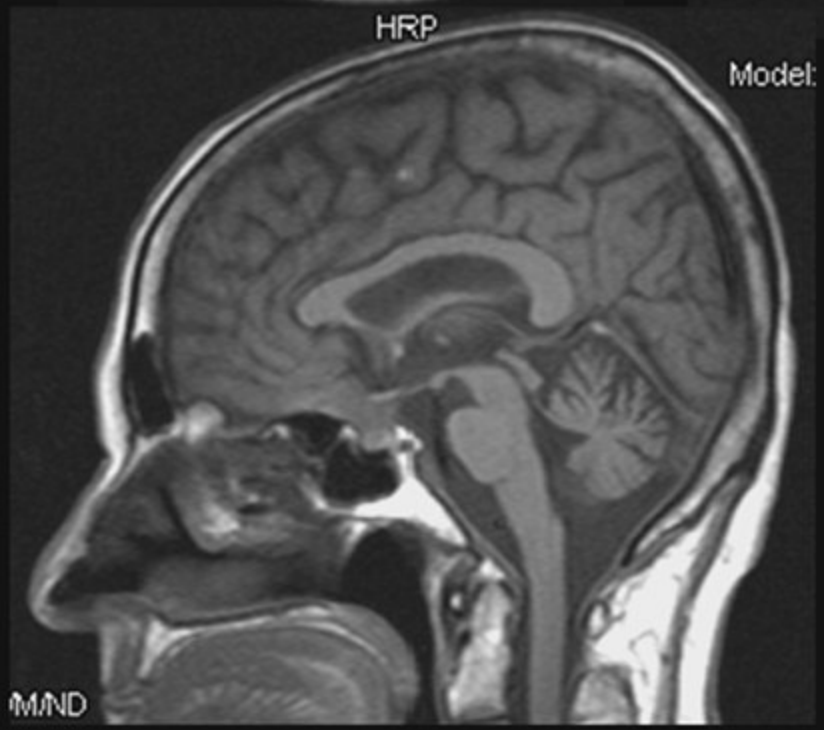

Dynamic CE imaging

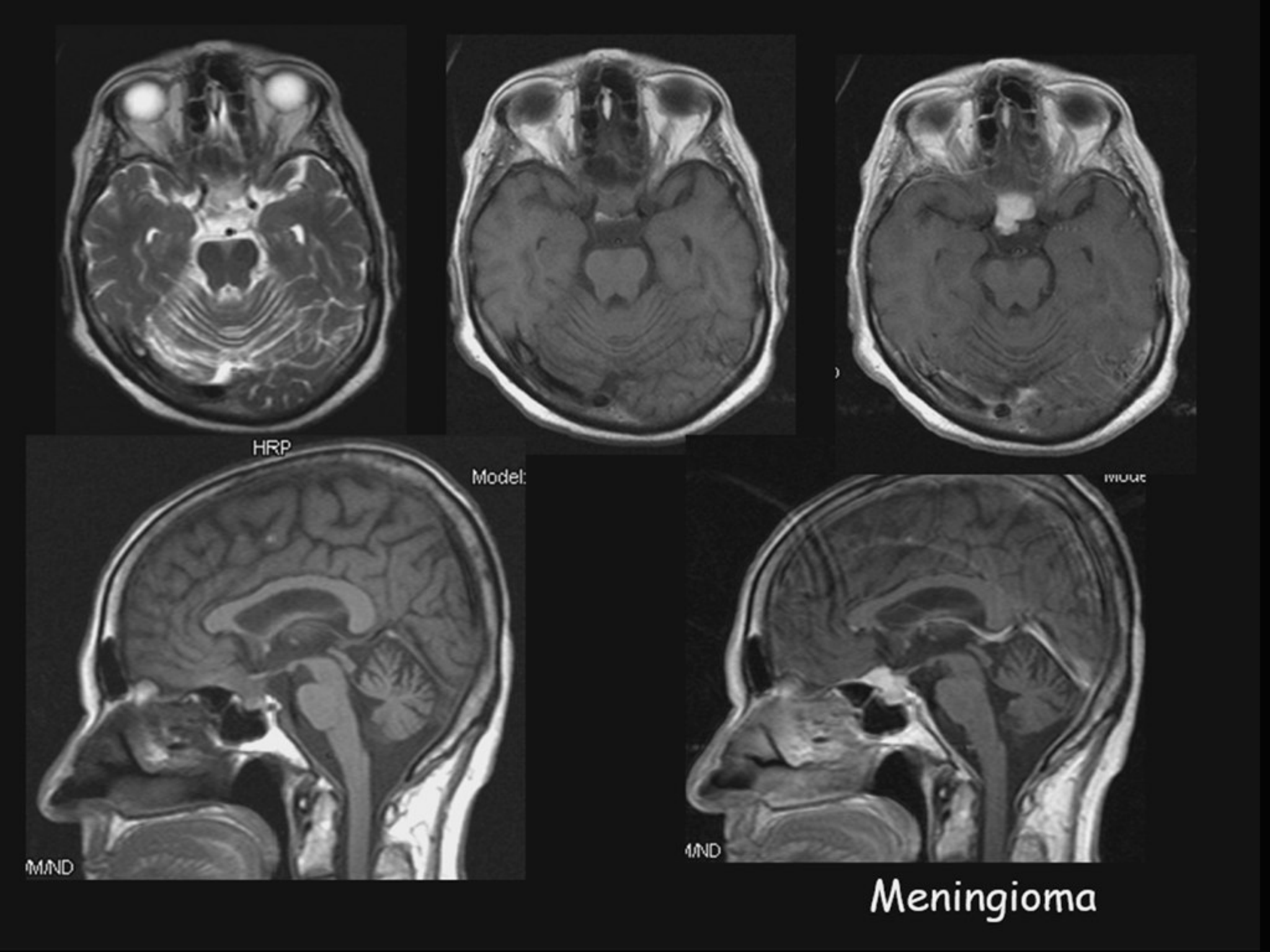
OLGU

- 64y K hasta
- Başağrısı





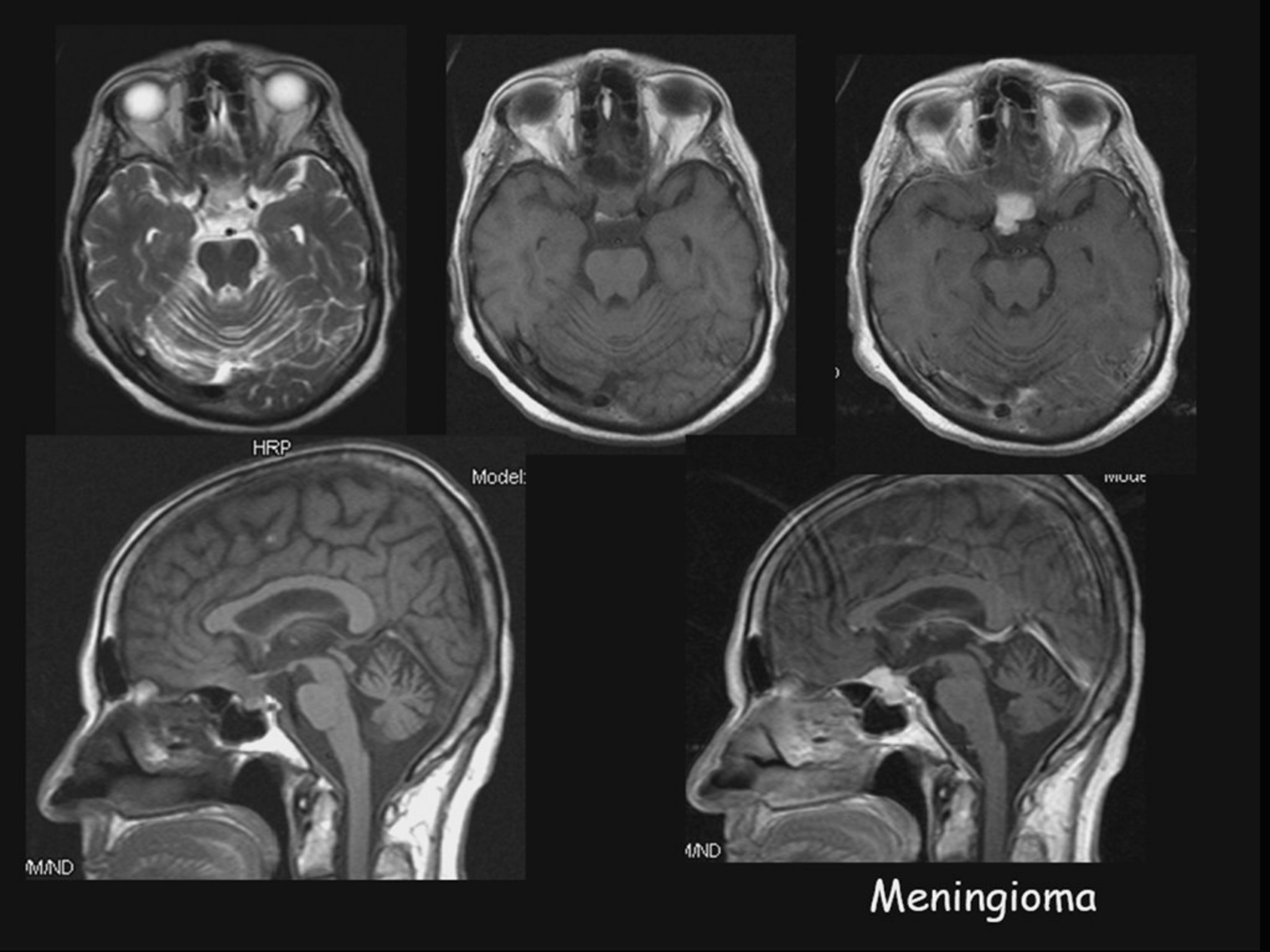

HRP
Model:
MND



Meningioma

OLGU

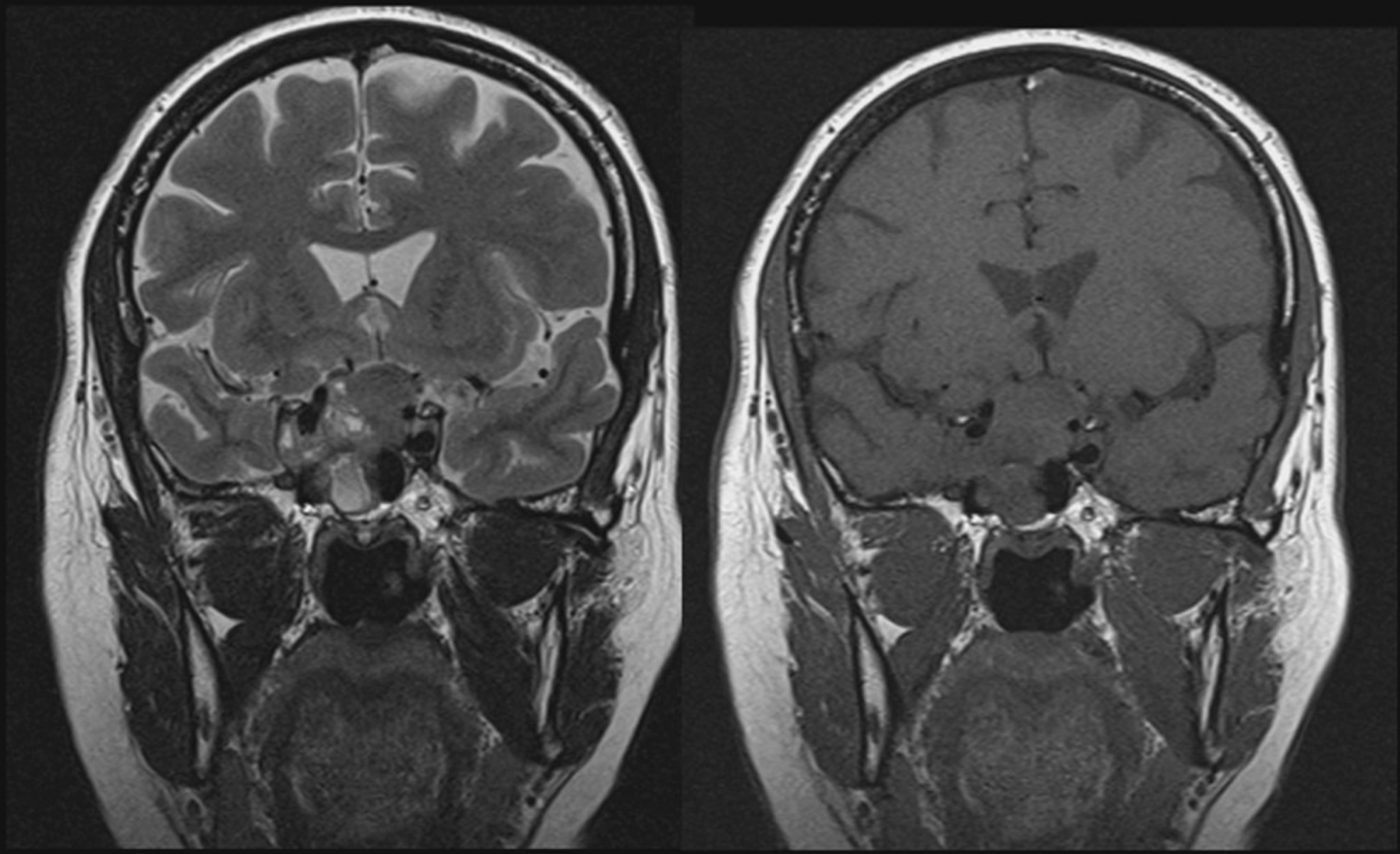
- 45y K hasta
- Başağrısı, görme bozukluğu

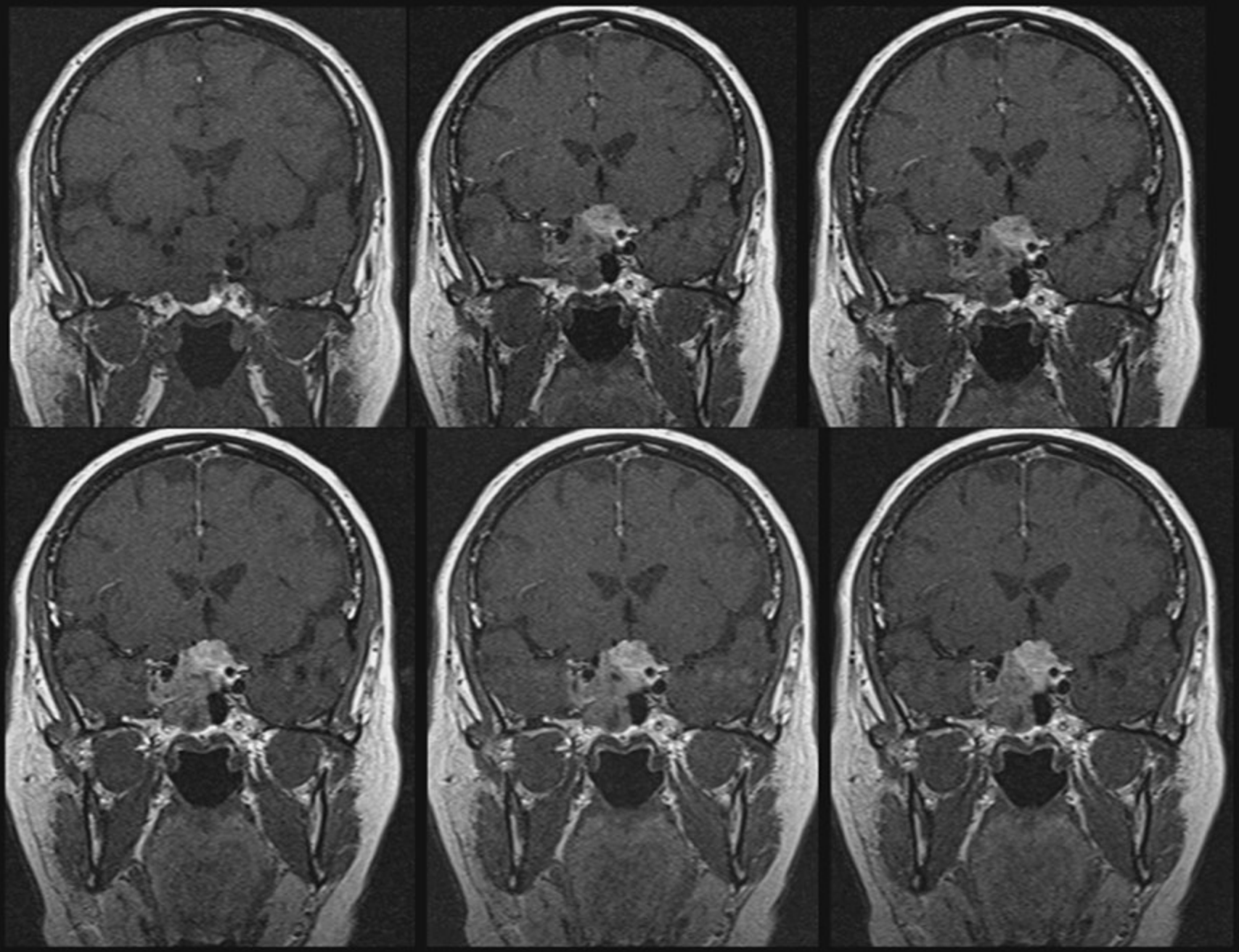


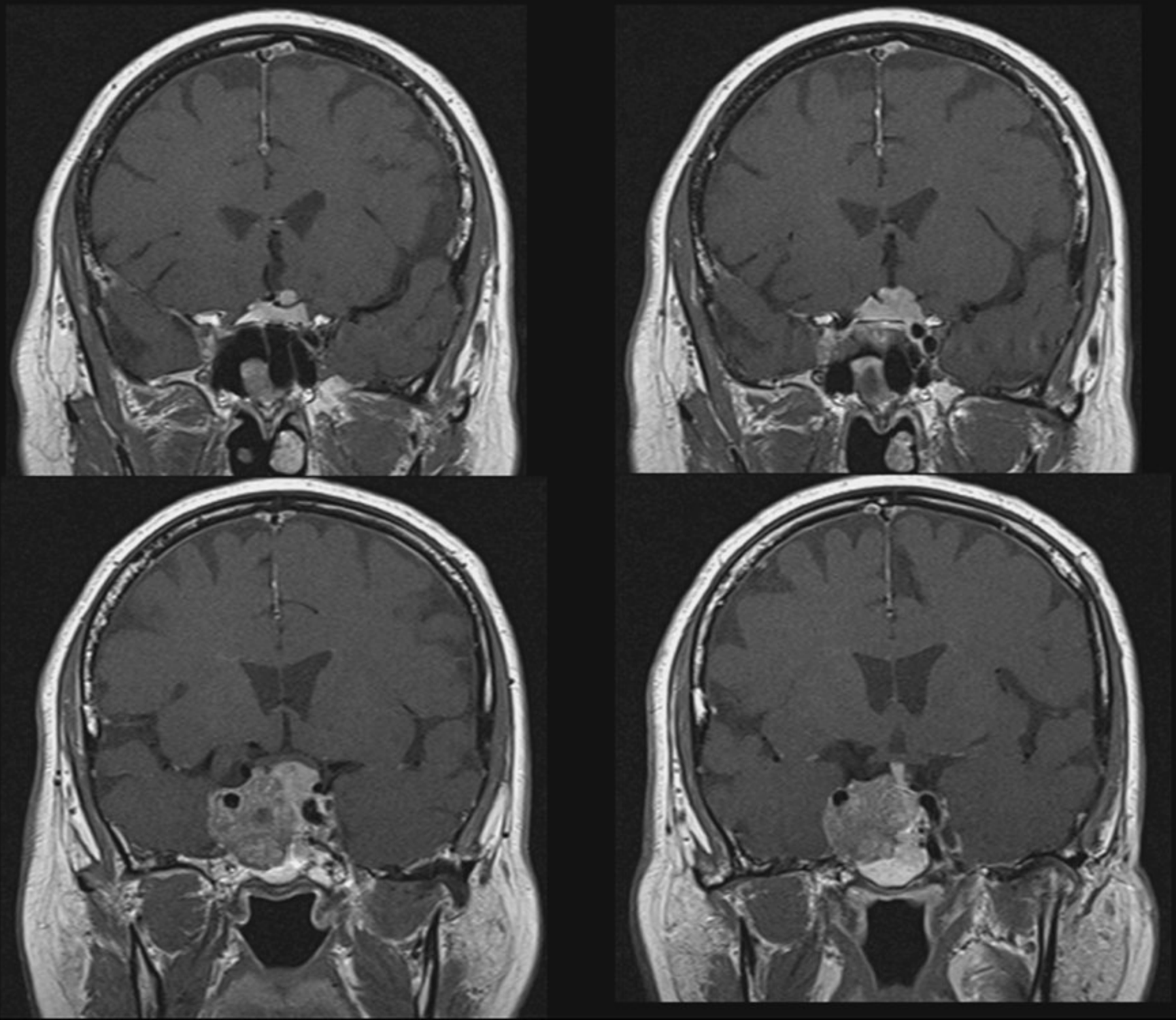
Meningioma

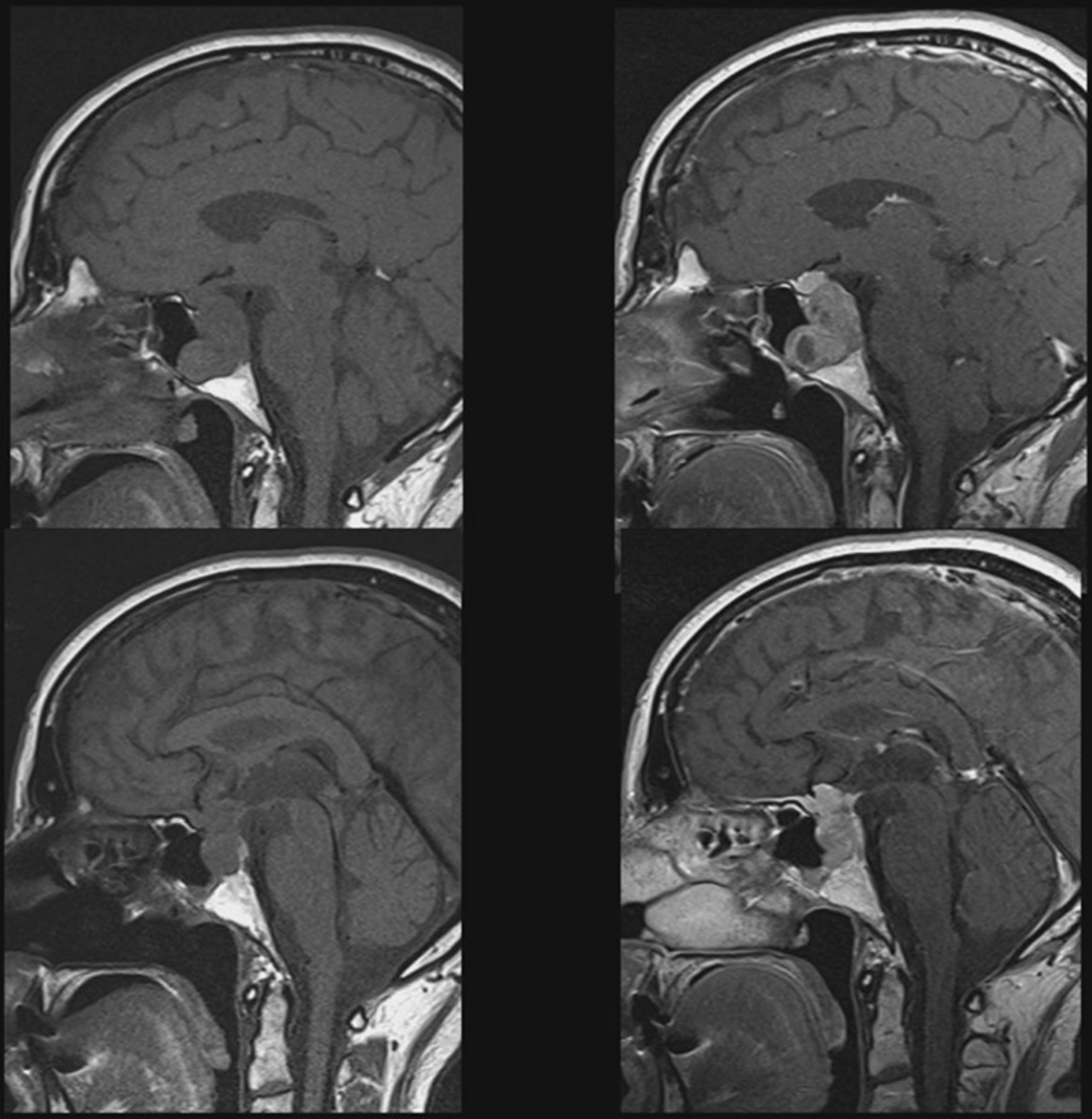
OLGU

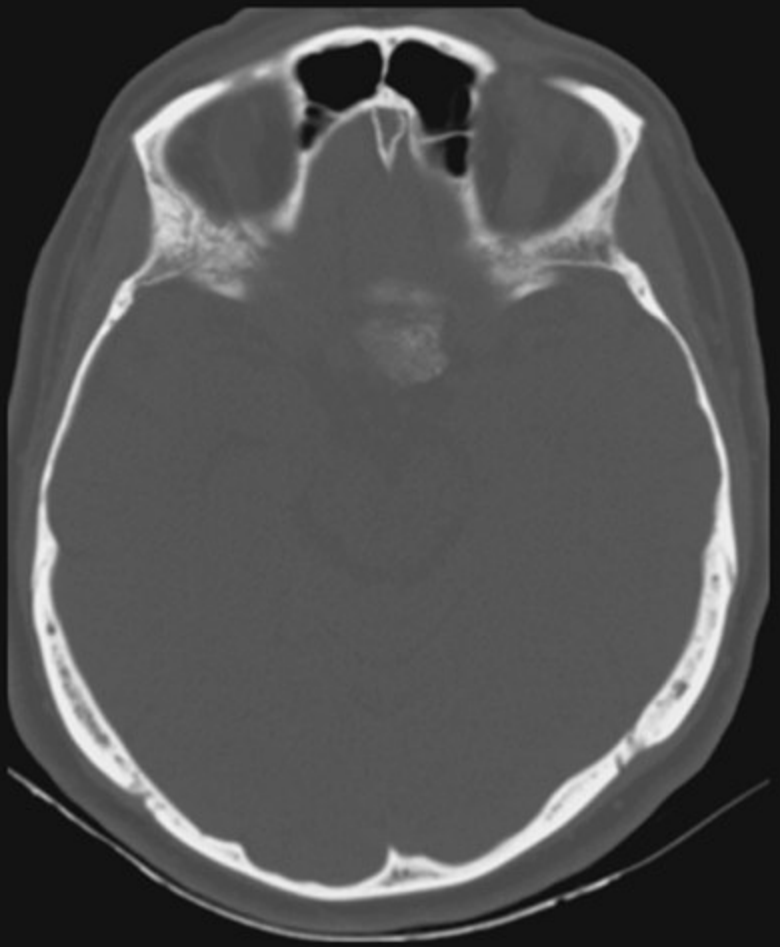
- 45y K hasta
- Başağrısı, görme bozukluğu

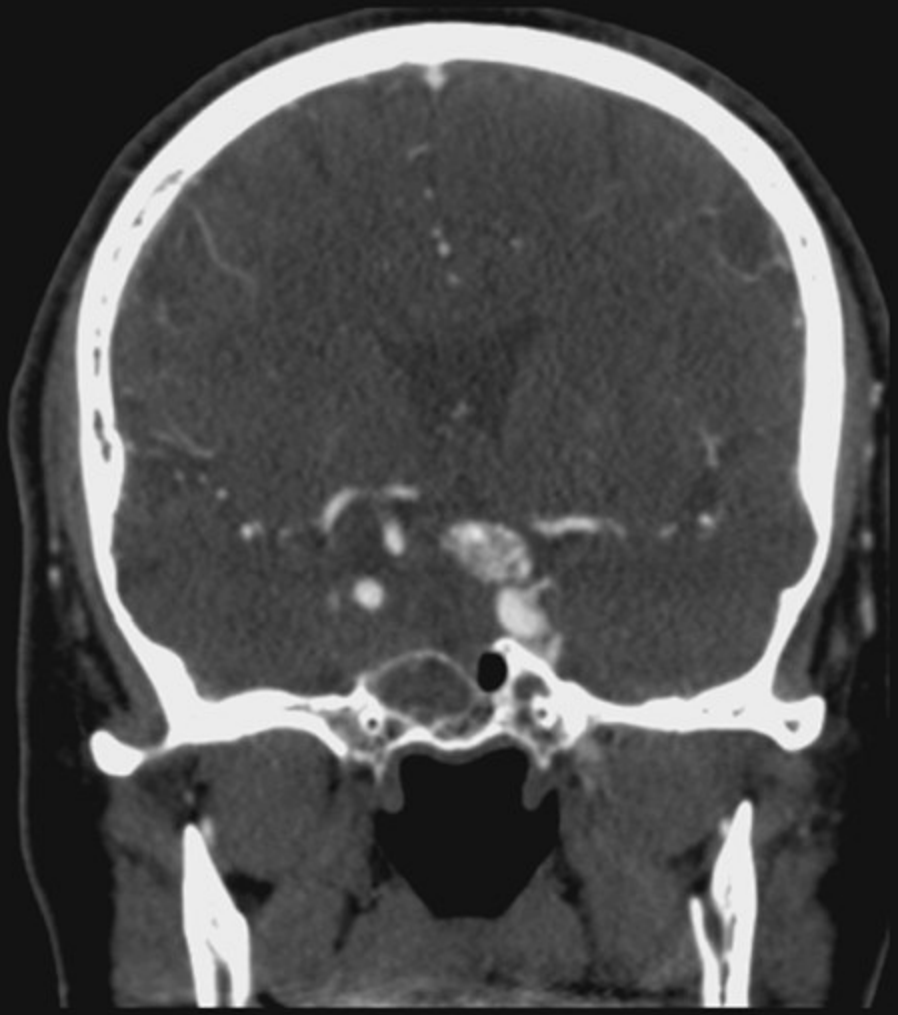












Tanınız nedir?

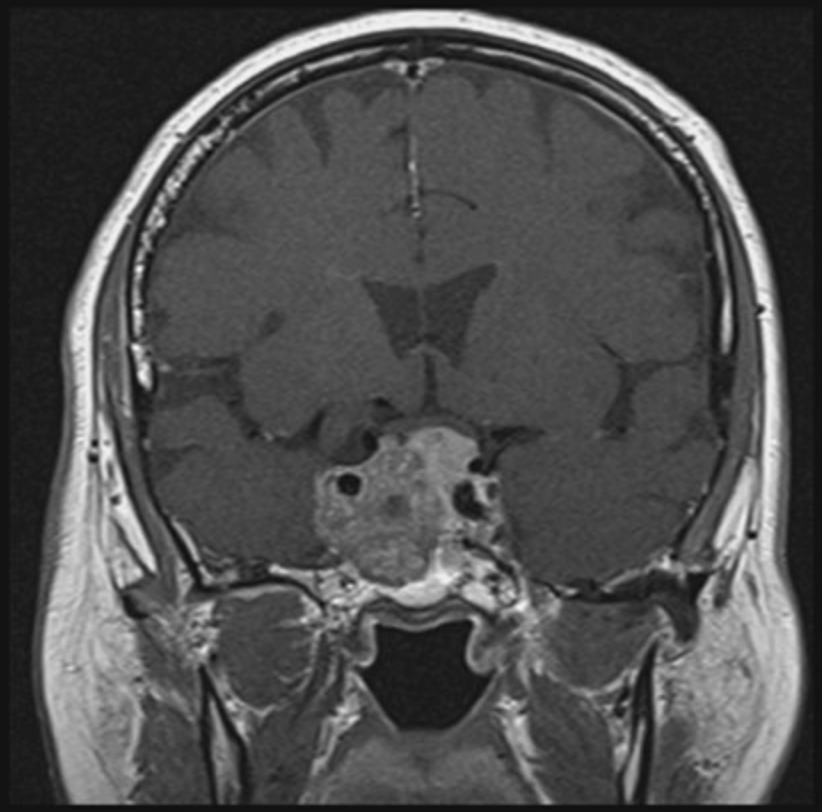
A. Makroadenom

B. Meninjiom

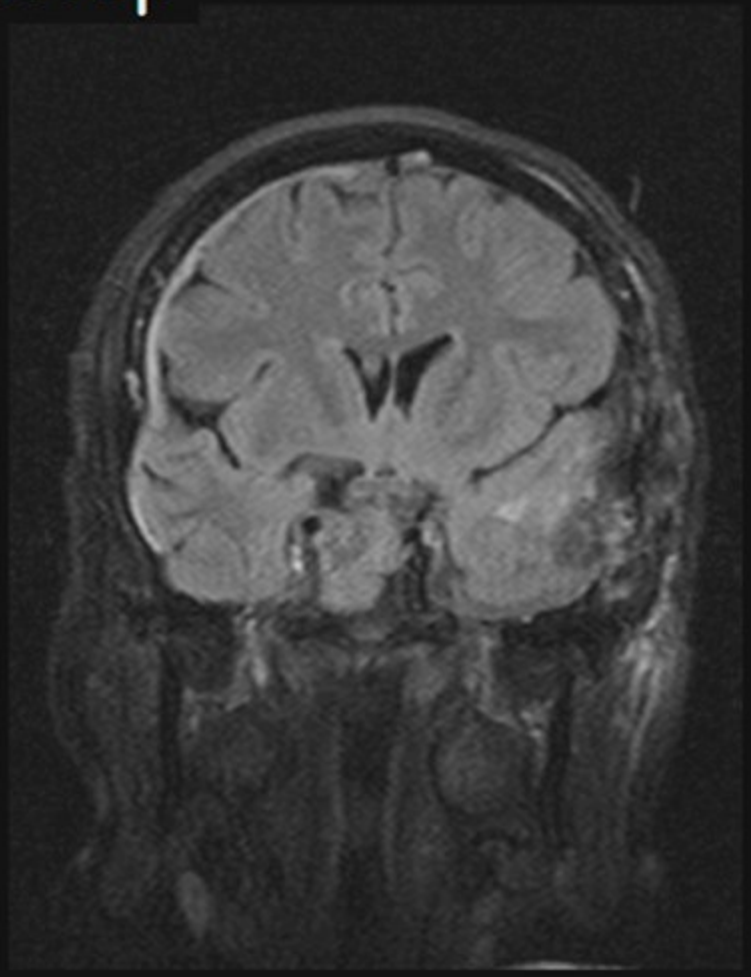
C. Metastaz

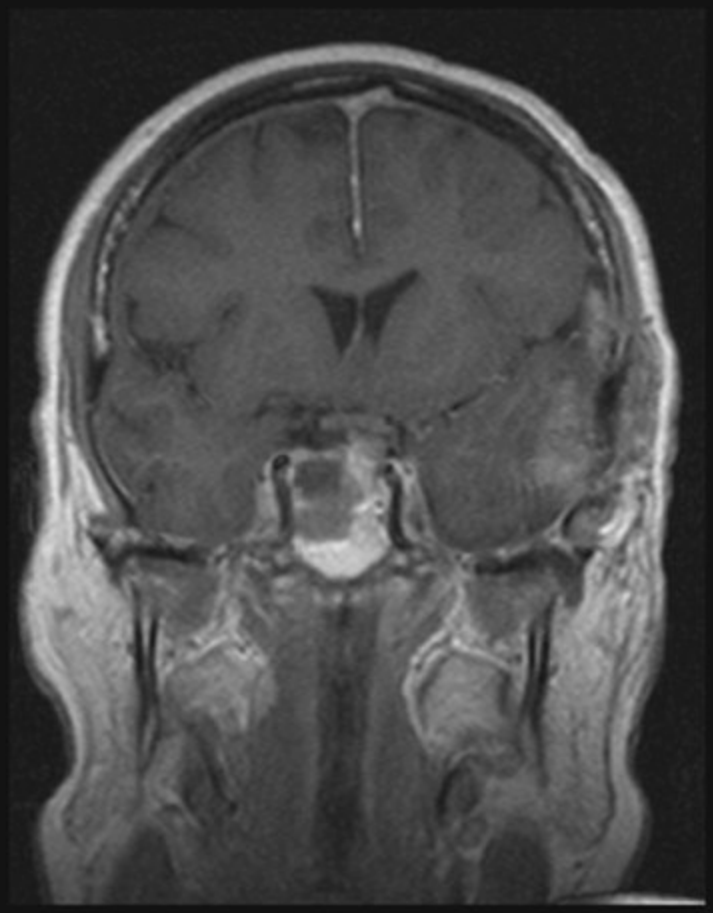
D. A + B

E. Allah bilir



Postop

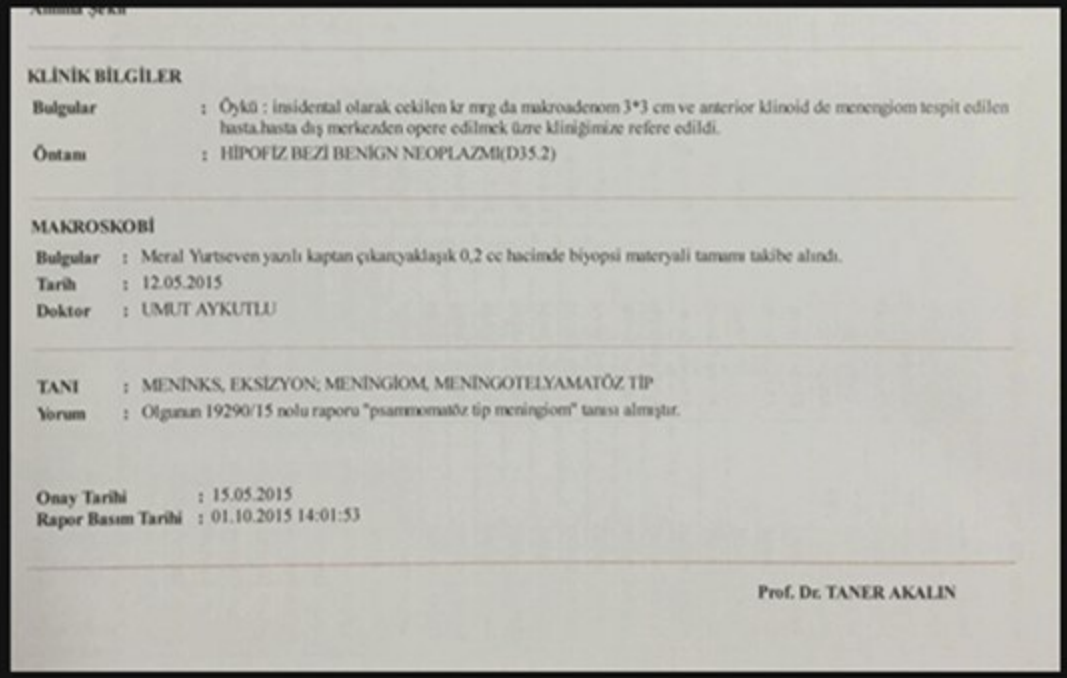




Meningiom

+

Makroadenom



KLİNİK BİLGİLER

Bulgular : Öykü : insidental olarak cekilen kr mrg da makroadenom 3*3 cm ve anterior klinoid de menengiom tespit edilen hasta.hasta dış merkezden opere edilmek üzre kliniğimize refere edildi.

Öntanı : HİPOFİZ BEZİ BENİGN NEOPLAZMI(D35.2)

MAKROSKOBİ

Bulgular : Meral Yurtseven yazılı kaptan çıkarıyaklaşık 0,2 cc hacimde biyopsi materyali tamamı takibe alındı.

Tarih : 12.05.2015

Doktor : UMUT AYKUTLU

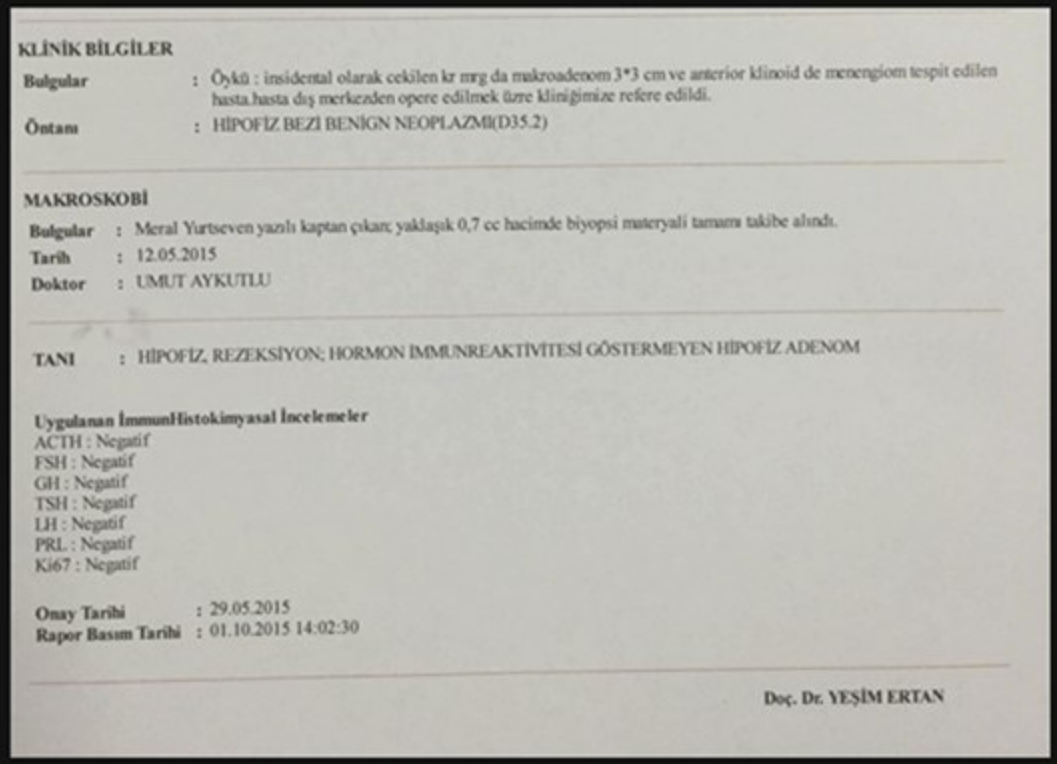
TANI : MENİNKS, EKSİZYON; MENİNGİOM, MENİNGOTELYAMATÖZ TİP

Yorum : Olgunun 19290/15 nolu raporu "psammomatöz tip meningiom" tanısı almıştır.

Onay Tarihi : 15.05.2015

Rapor Basım Tarihi : 01.10.2015 14:01:53

Prof. Dr. TANER AKALIN



KLİNİK BİLGİLER

Bulgular : Öykü : insidental olarak cekilen kr mrg da makroadenom 3*3 cm ve anterior klinoid de menengiom tespit edilen hasta.hasta dış merkezden opere edilmek üzre kliniğimize refere edildi.

Öntanı : HİPOFİZ BEZİ BENİGN NEOPLAZMI(D35.2)

MAKROSKOBİ

Bulgular : Meral Yurtseven yazılı kaptan çıkarı yaklaşık 0,7 cc hacimde biyopsi materyali tamamı takibe alındı.

Tarih : 12.05.2015

Doktor : UMUT AYKUTLU

TANI : HİPOFİZ, REZEKSİYON; HORMON İMMUNREAKTİVİTESİ GÖSTERMEYEN HİPOFİZ ADENOM

Uygulanan İmmunHistokimyasal İncelemeler

ACTH : Negatif
FSH : Negatif
GH : Negatif
TSH : Negatif
LH : Negatif
PRL : Negatif
Ki67 : Negatif

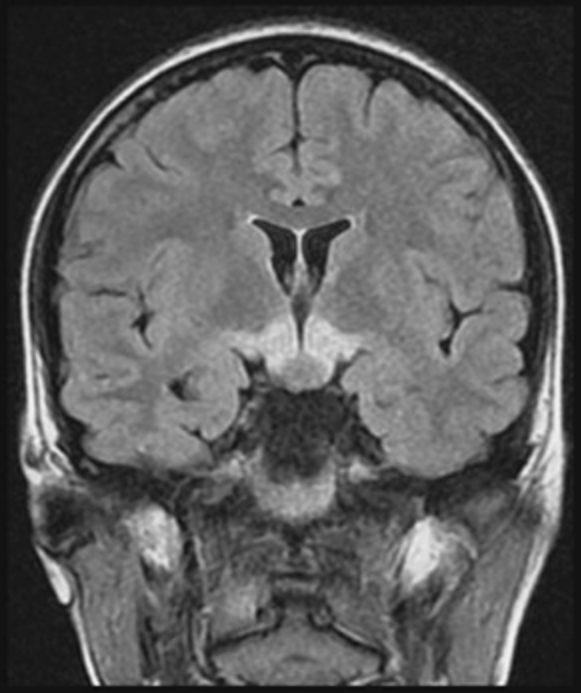
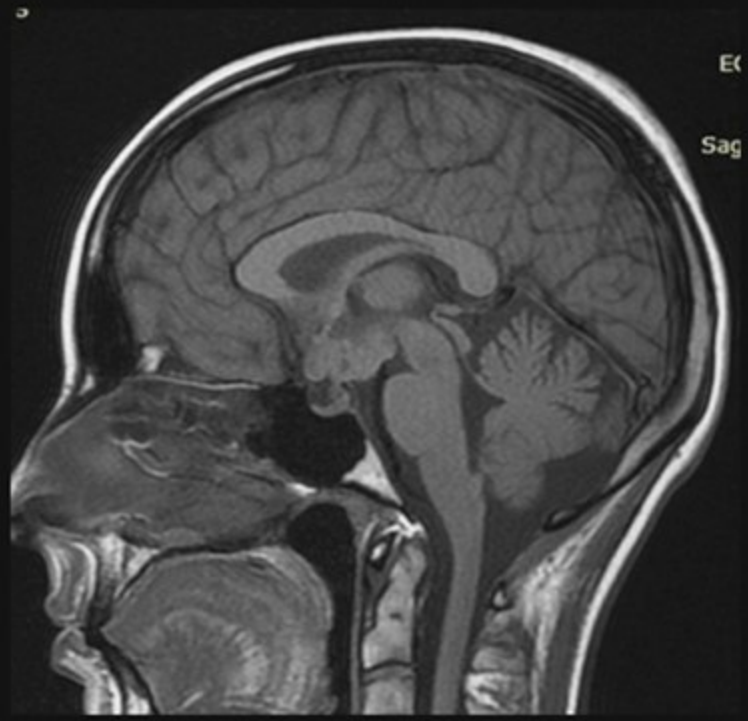
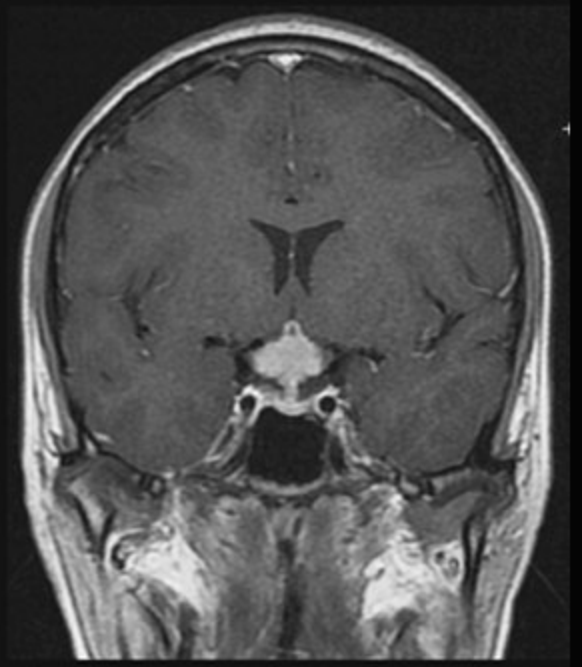
Onay Tarihi : 29.05.2015

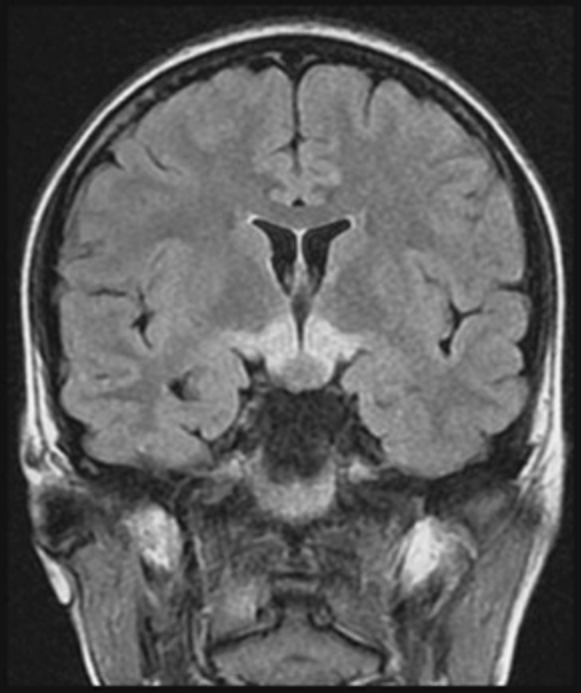
Rapor Basım Tarihi : 01.10.2015 14:02:30

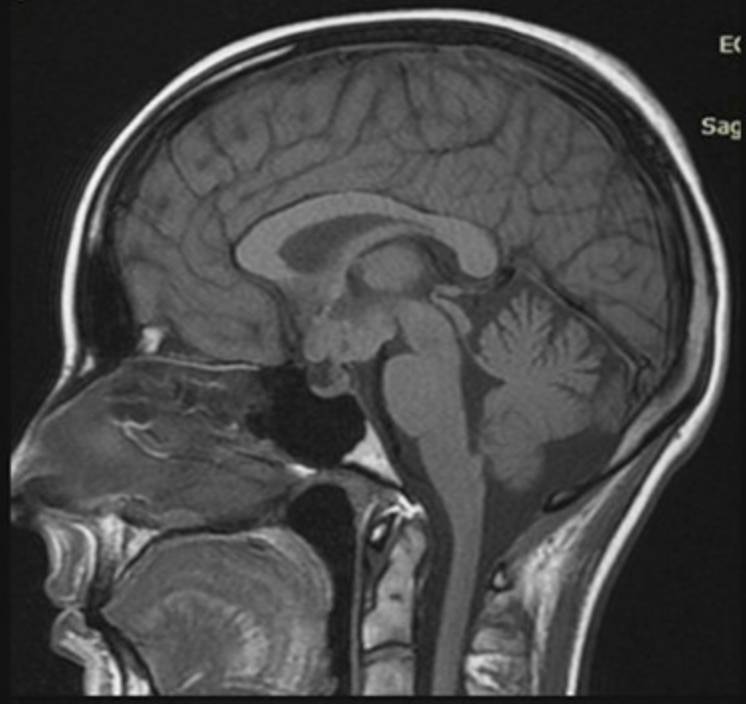
Doç. Dr. YEŞİM ERTAN

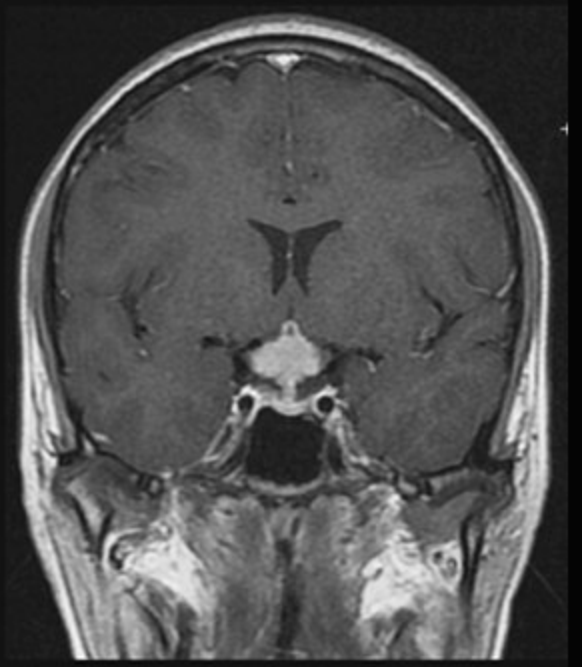
OLGU

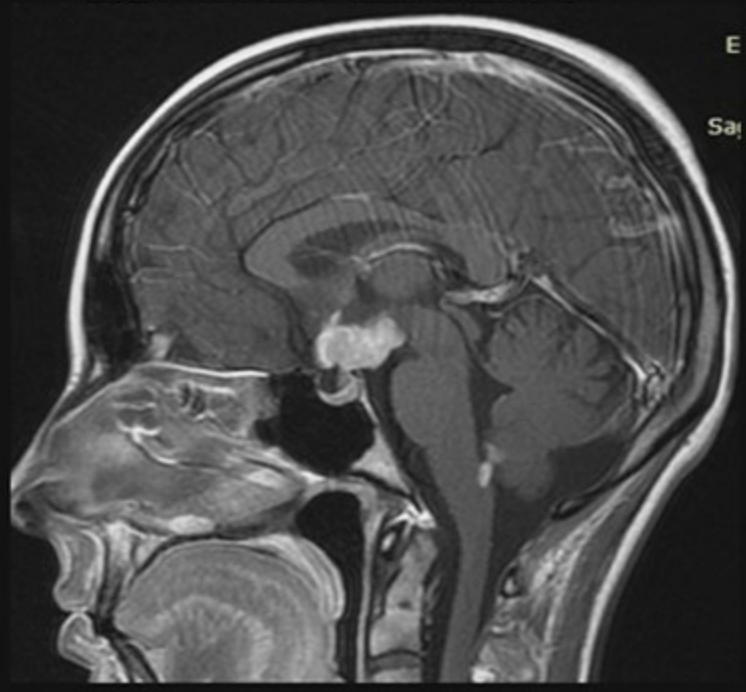
- 14y K hasta
- Görme bozukluğu

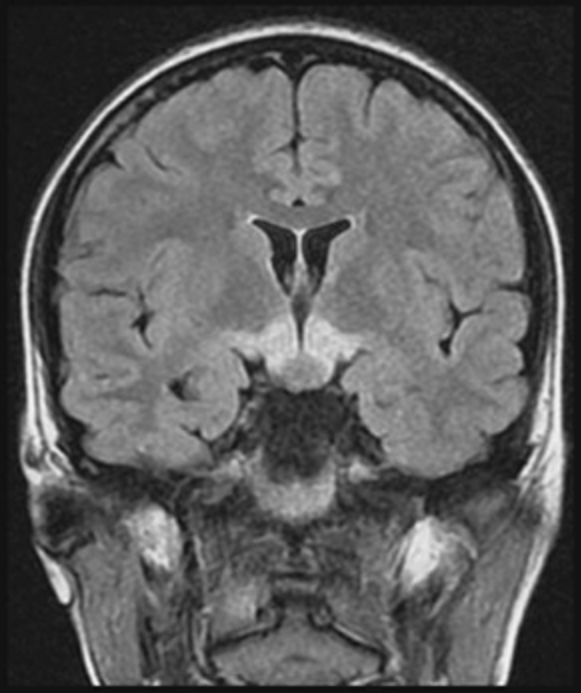


Sag


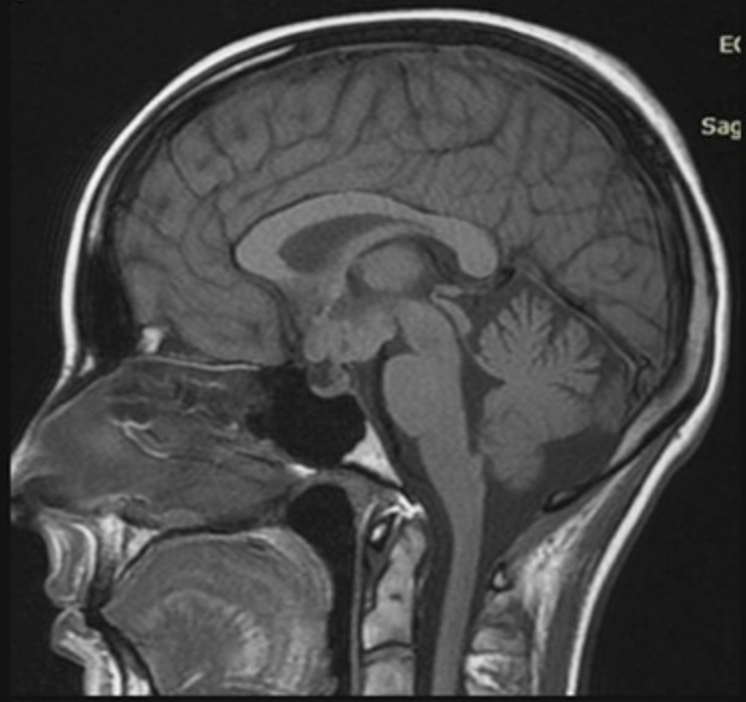


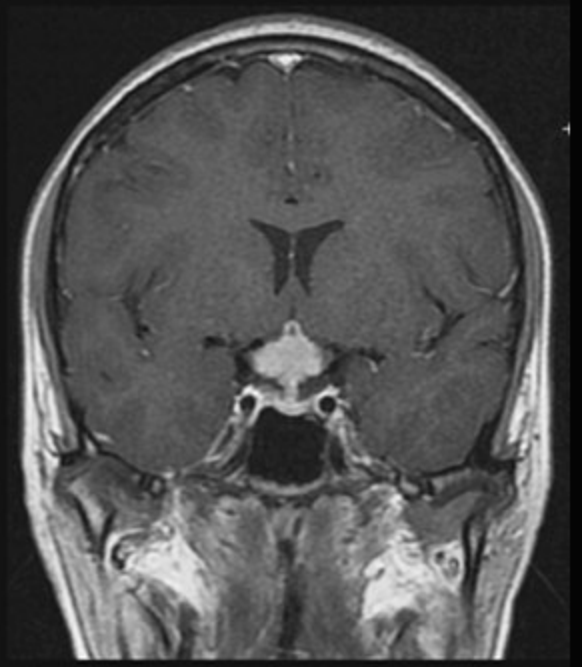


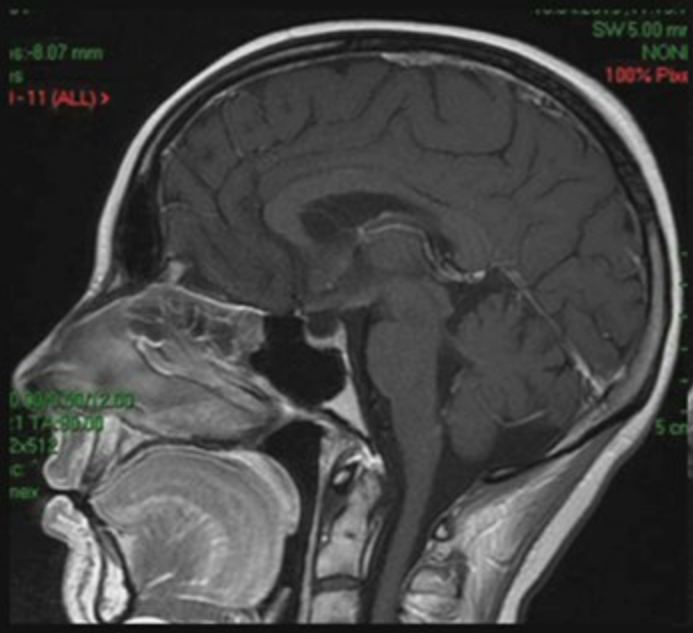


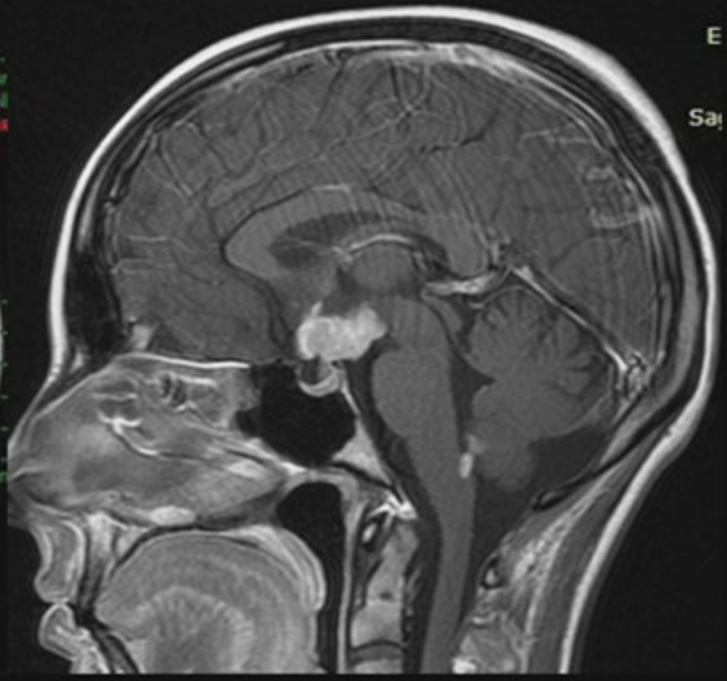









SW 5.00 mm
NONI
100% Pix

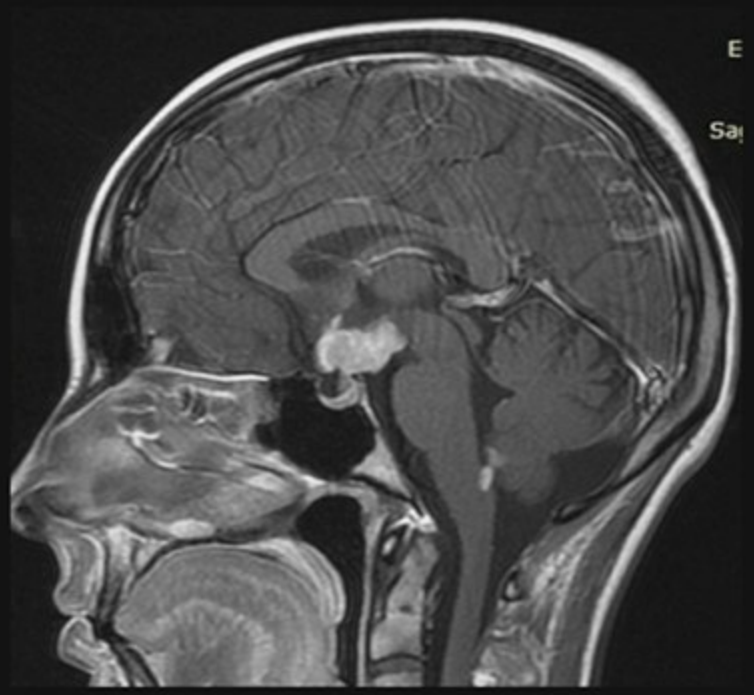


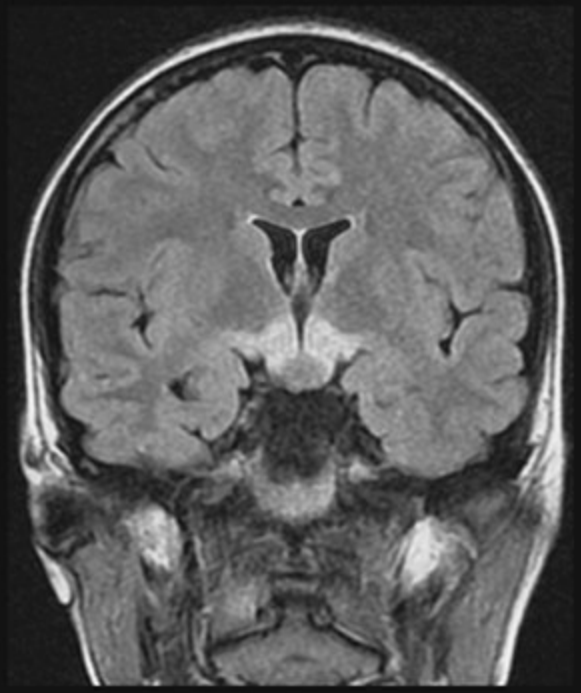
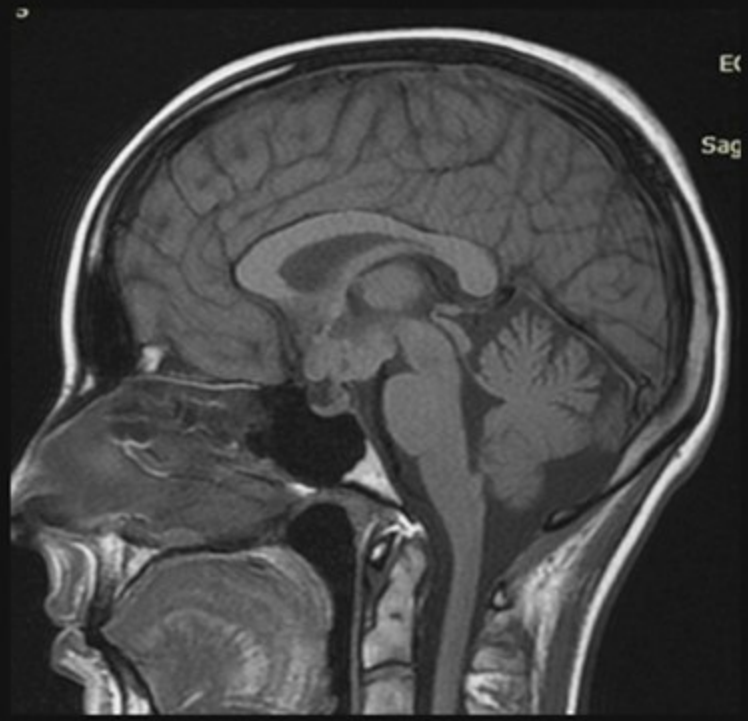
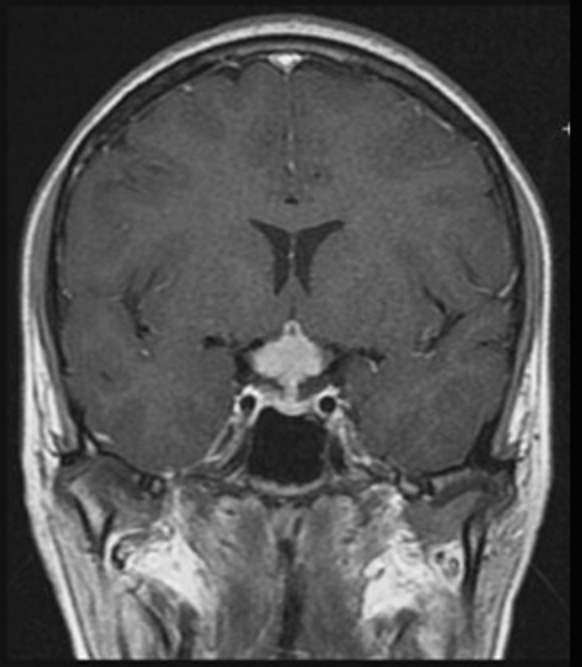
Tanınız nedir?

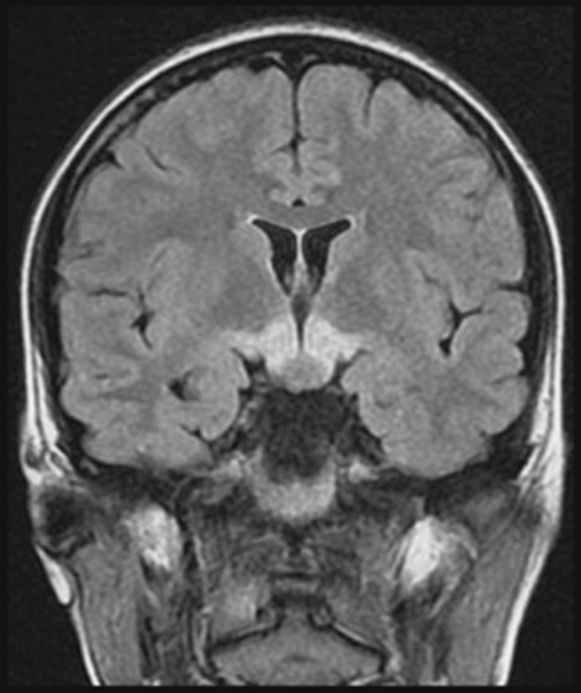
A. Makroadenom
B. Meninjiom
C. Metastaz
D. Optik gliom
E. Germinom

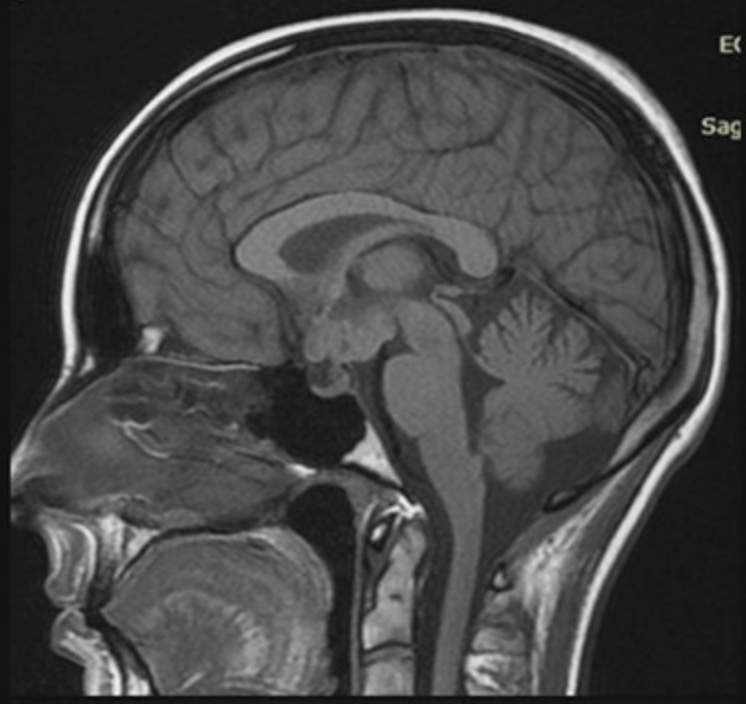
Tanınız nedir?

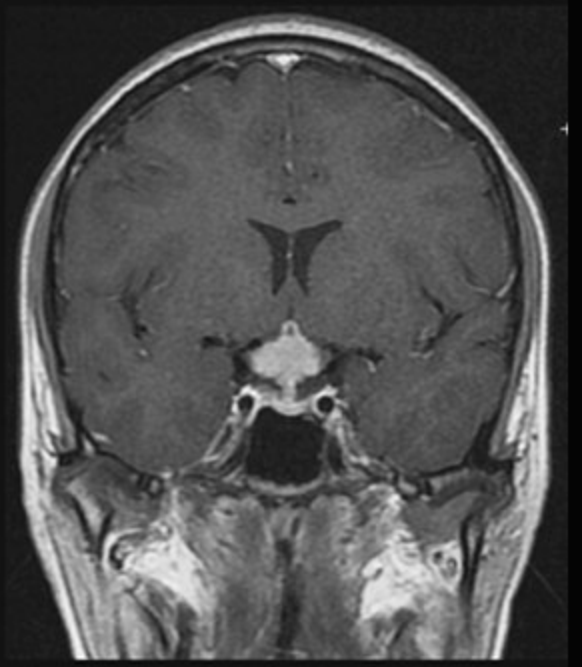
A. Makroadenom
B. Meninjiom
C. Metastaz
D. Optik gliom
E. Germinom

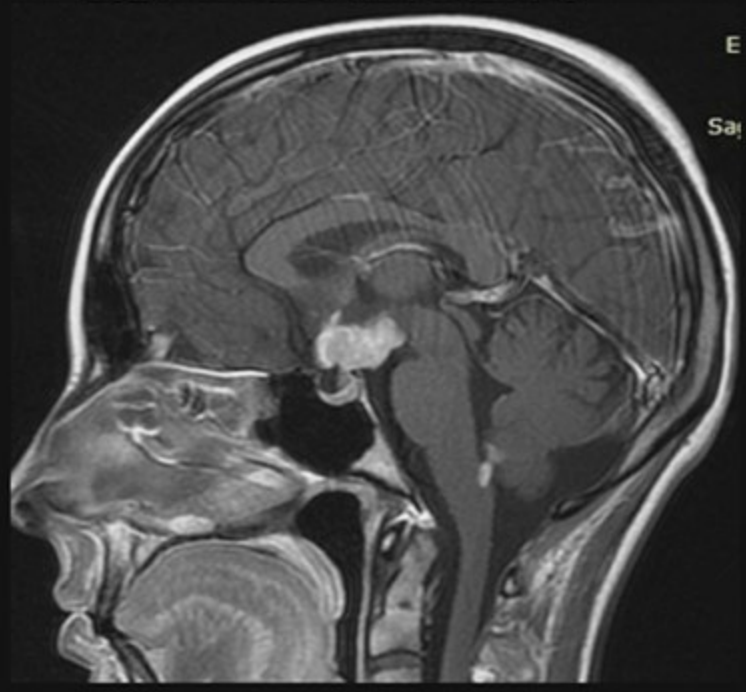




Sag




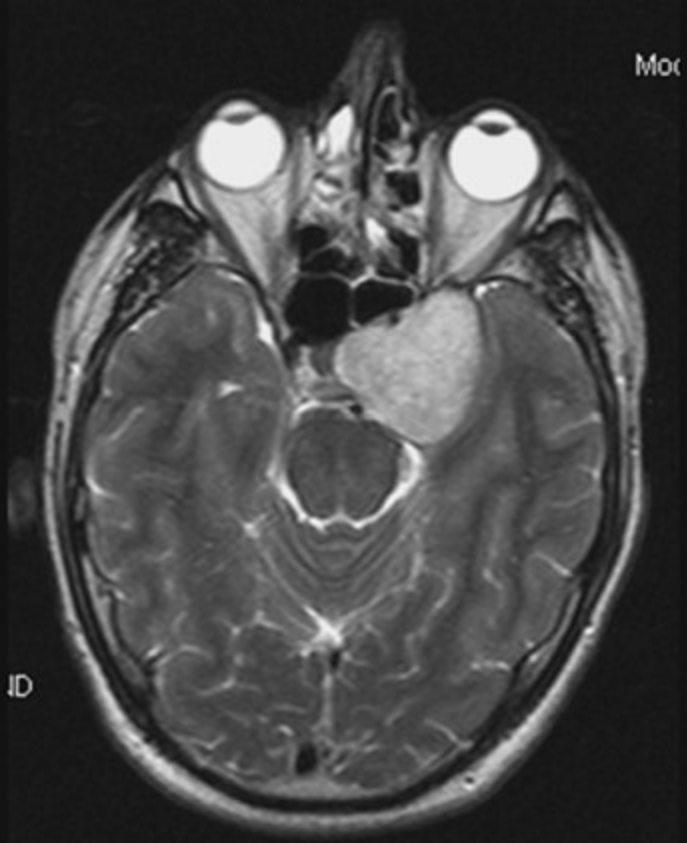


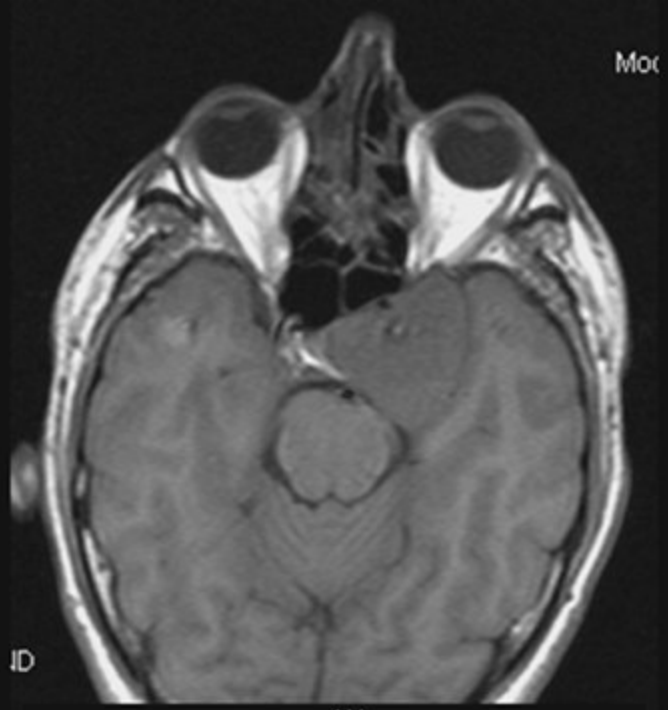


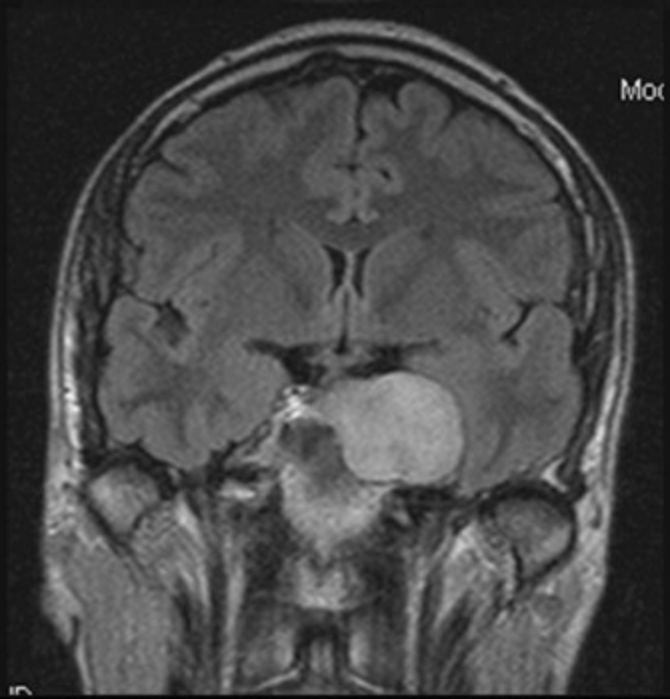


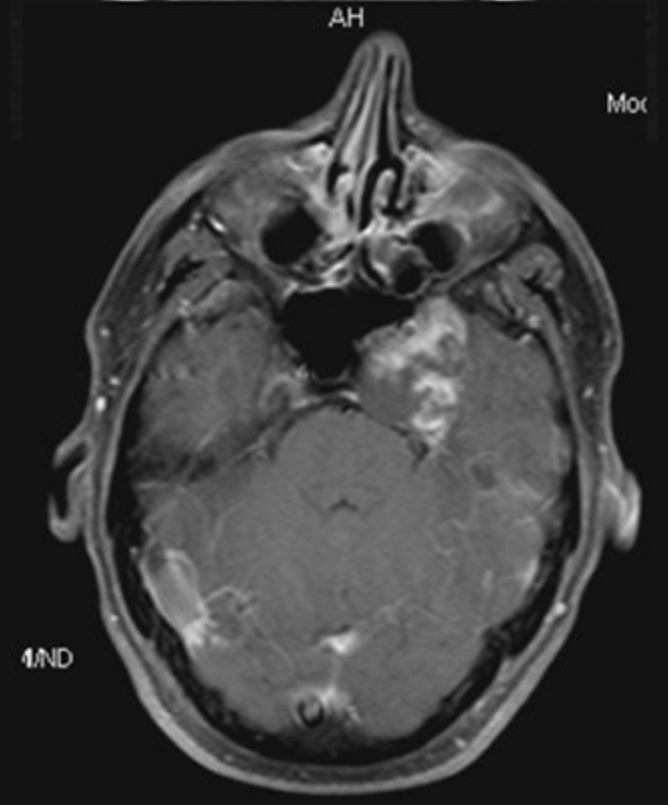
OLGU

- 34y E hasta
- Trigeminal nevralji



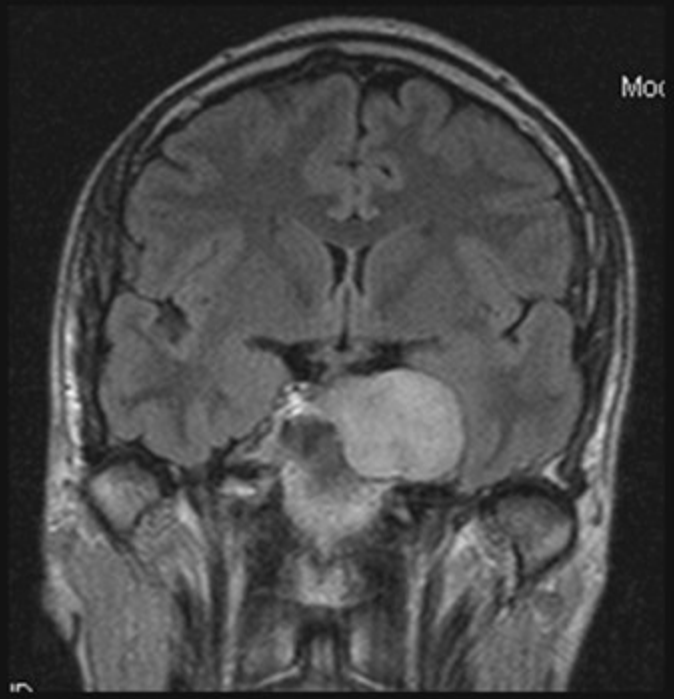


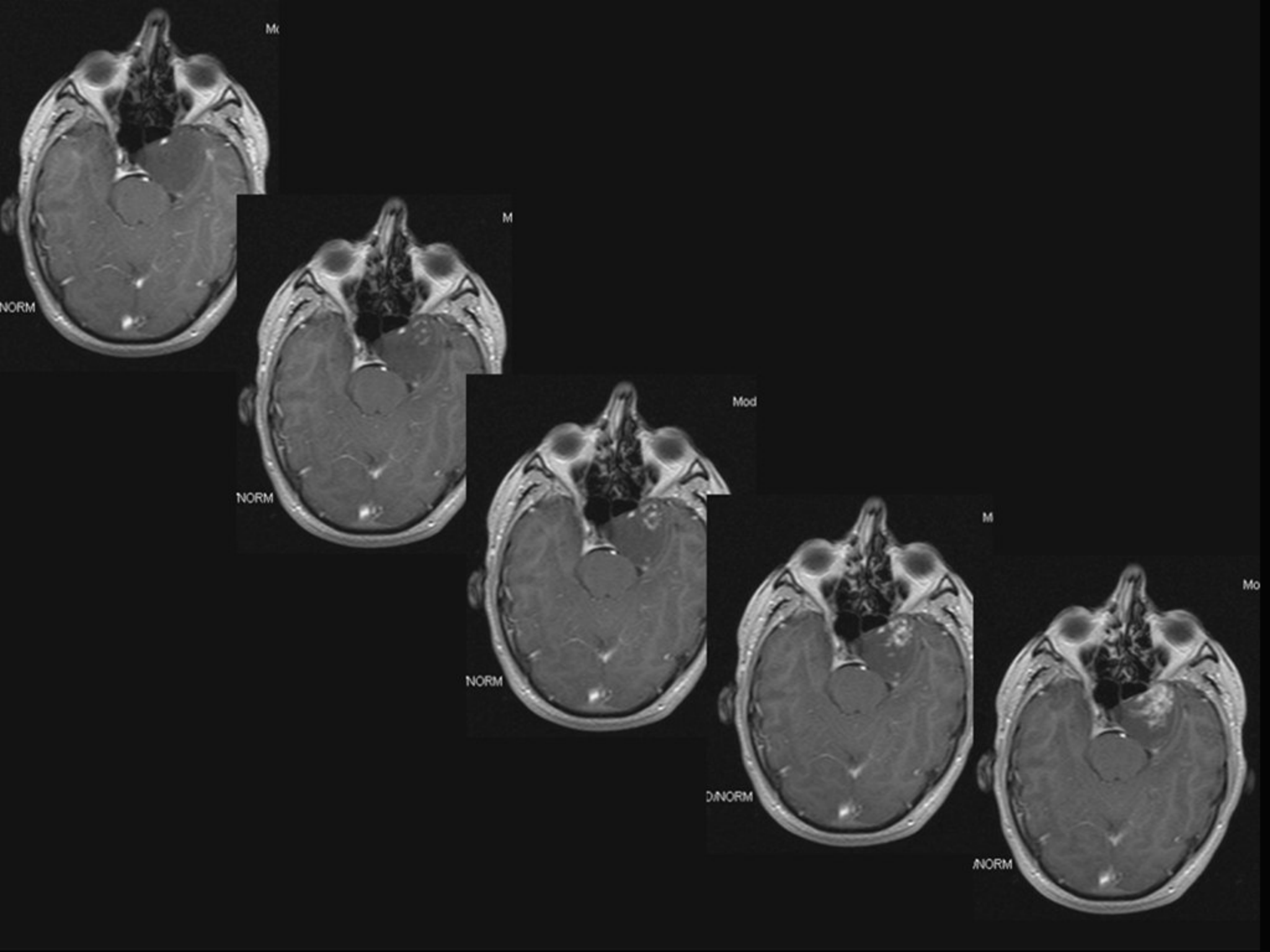


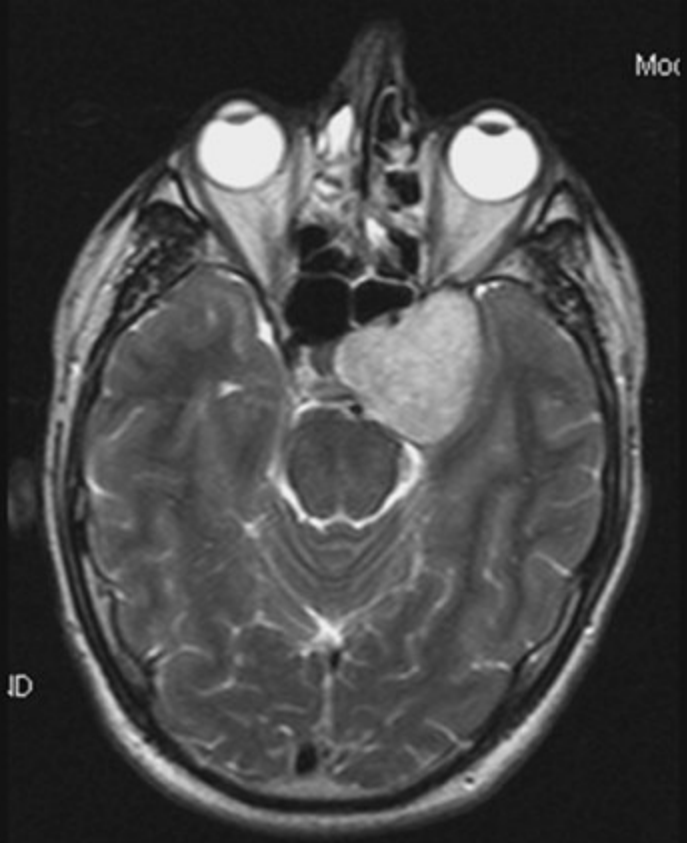


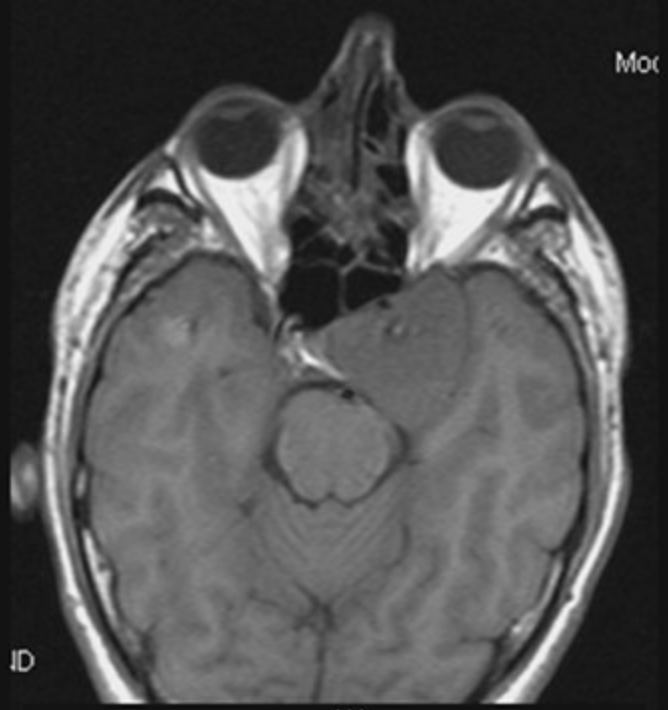
Tanınız nedir?

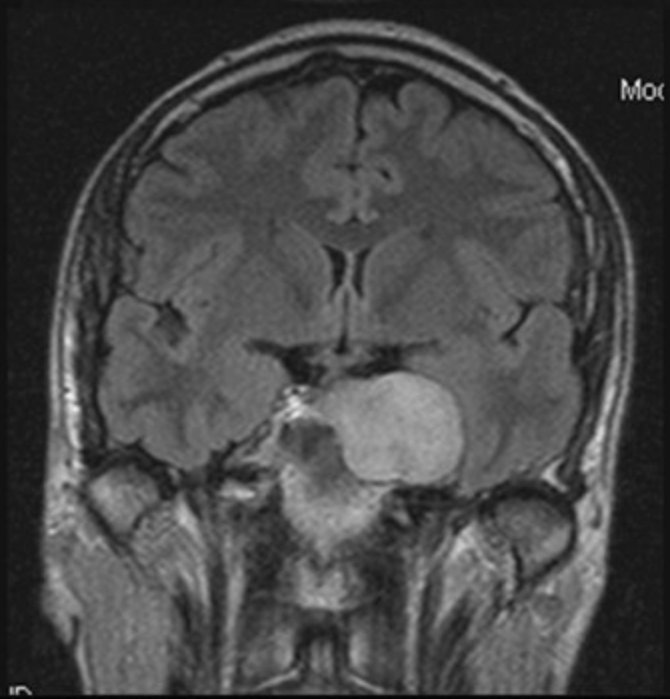
A. Meninjiom
B. Nörinom
C. Lenfoma
D. Metastaz
E. Hiçbiri

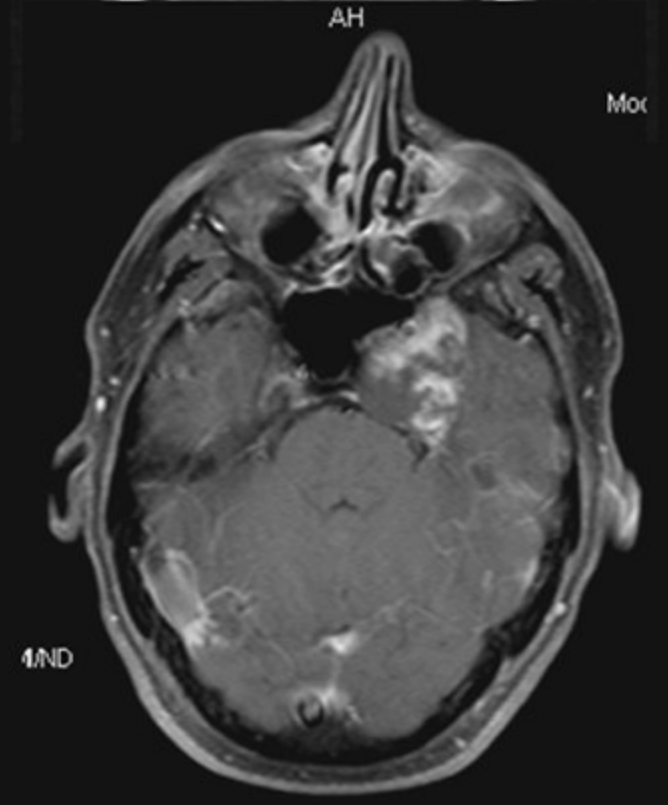


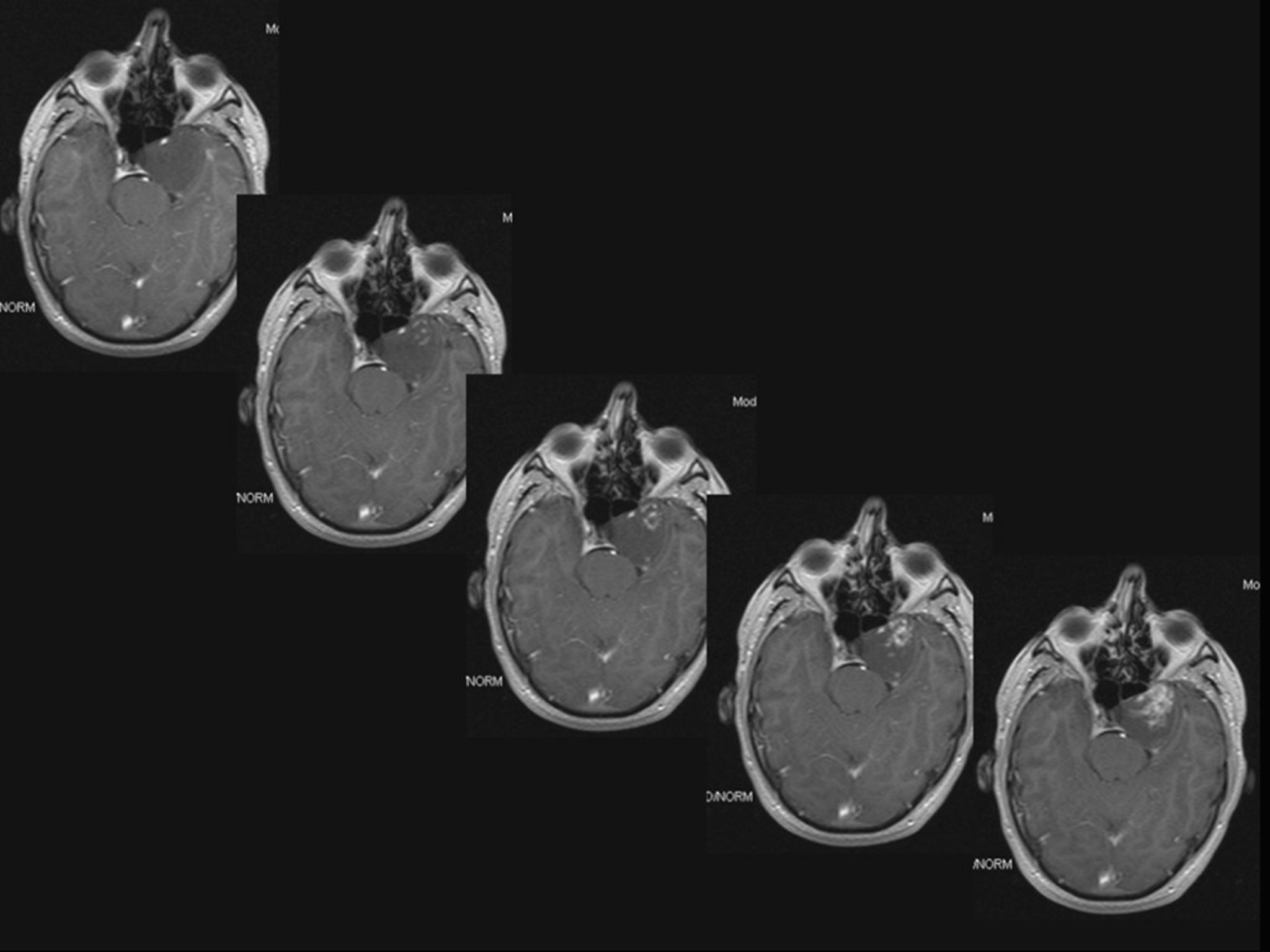

NORM
NORM
Mod
D/NORM
/NORM

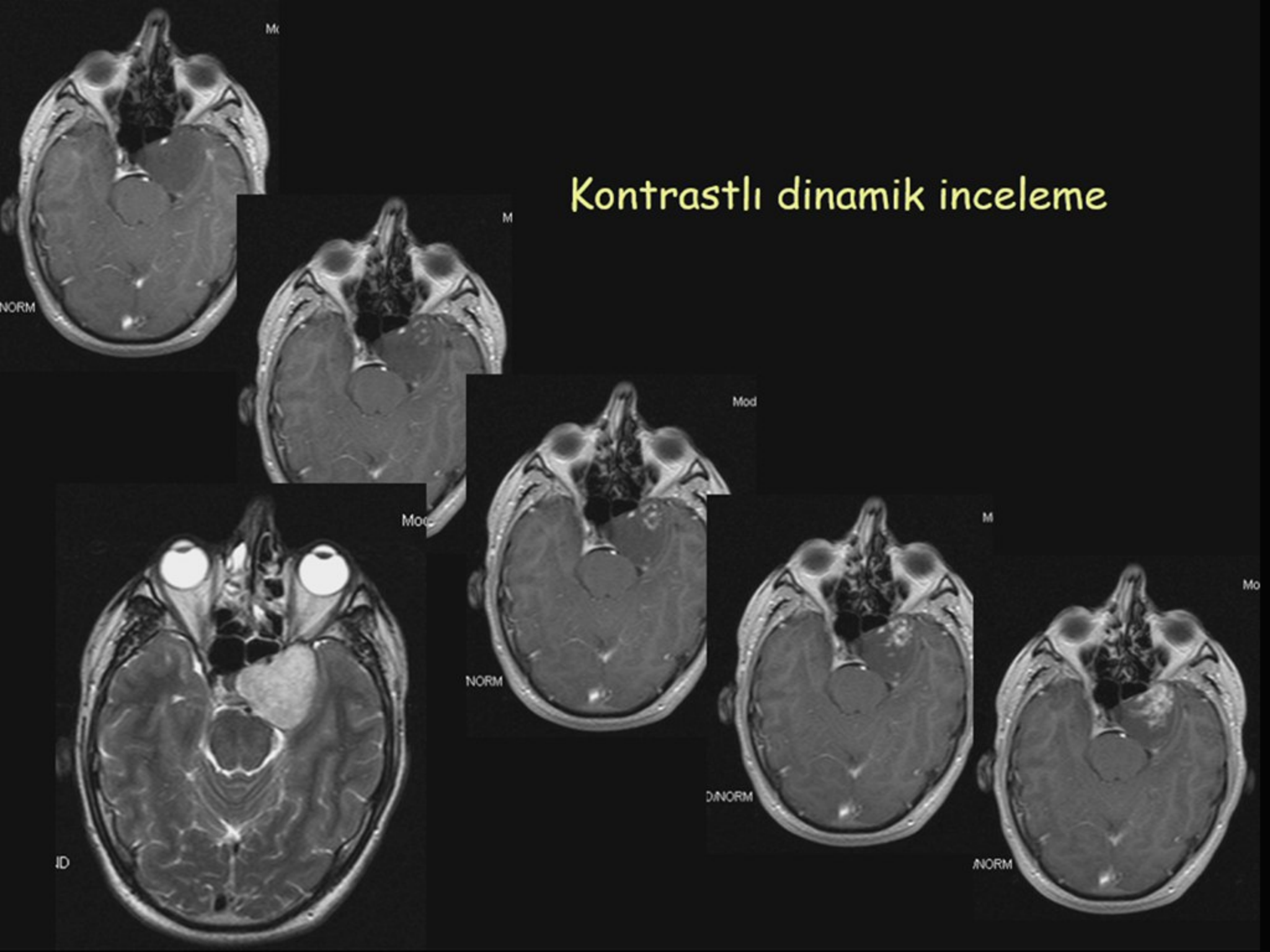









NORM
NORM
Mod
D/NORM
/NORM


Kontrastlı dinamik inceleme

Tanınız değişti mi?

A. Meninjiom

B. Nörinom

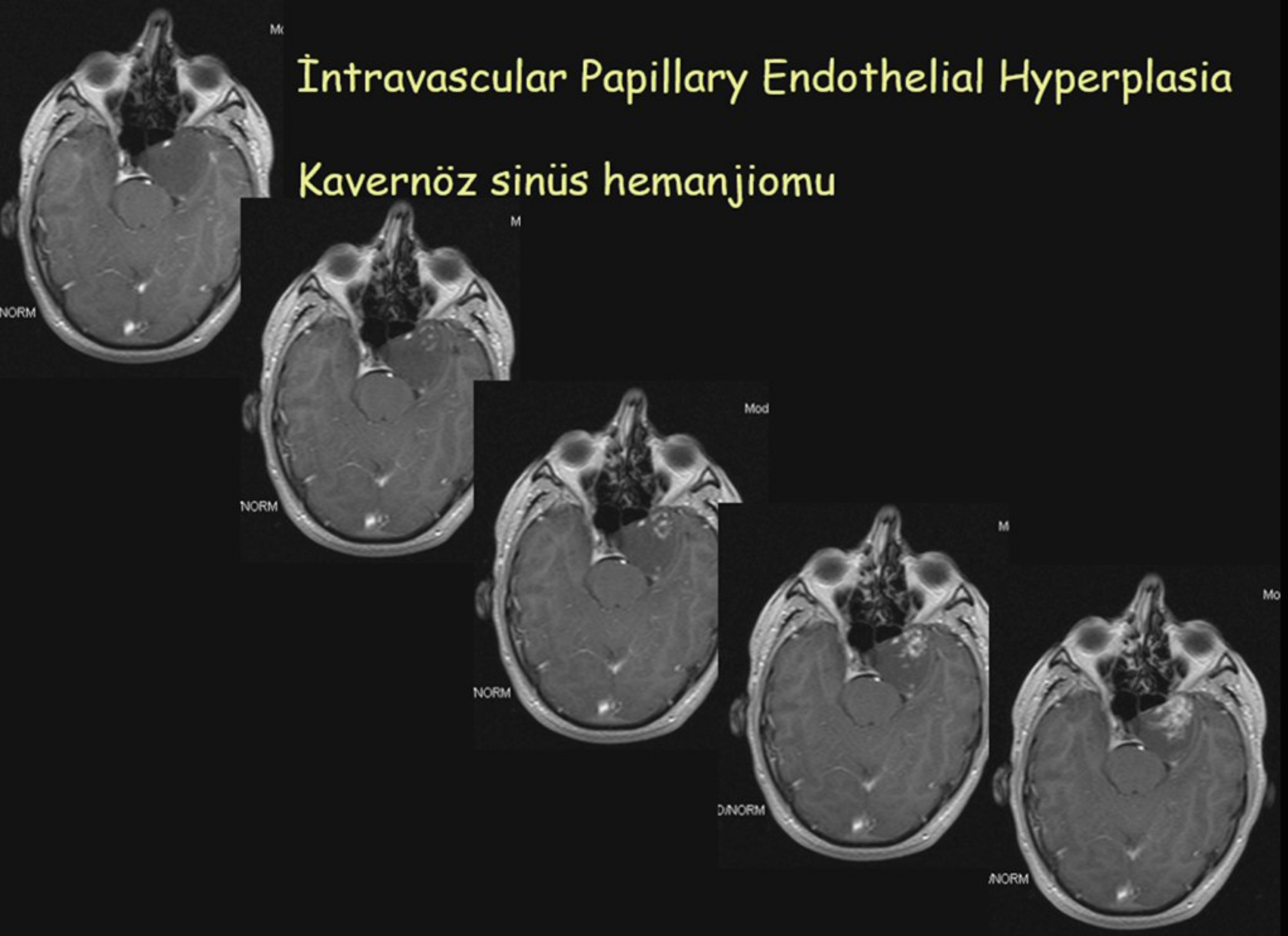
C. Lenfoma

D. Metastaz

E. Hemanjiom

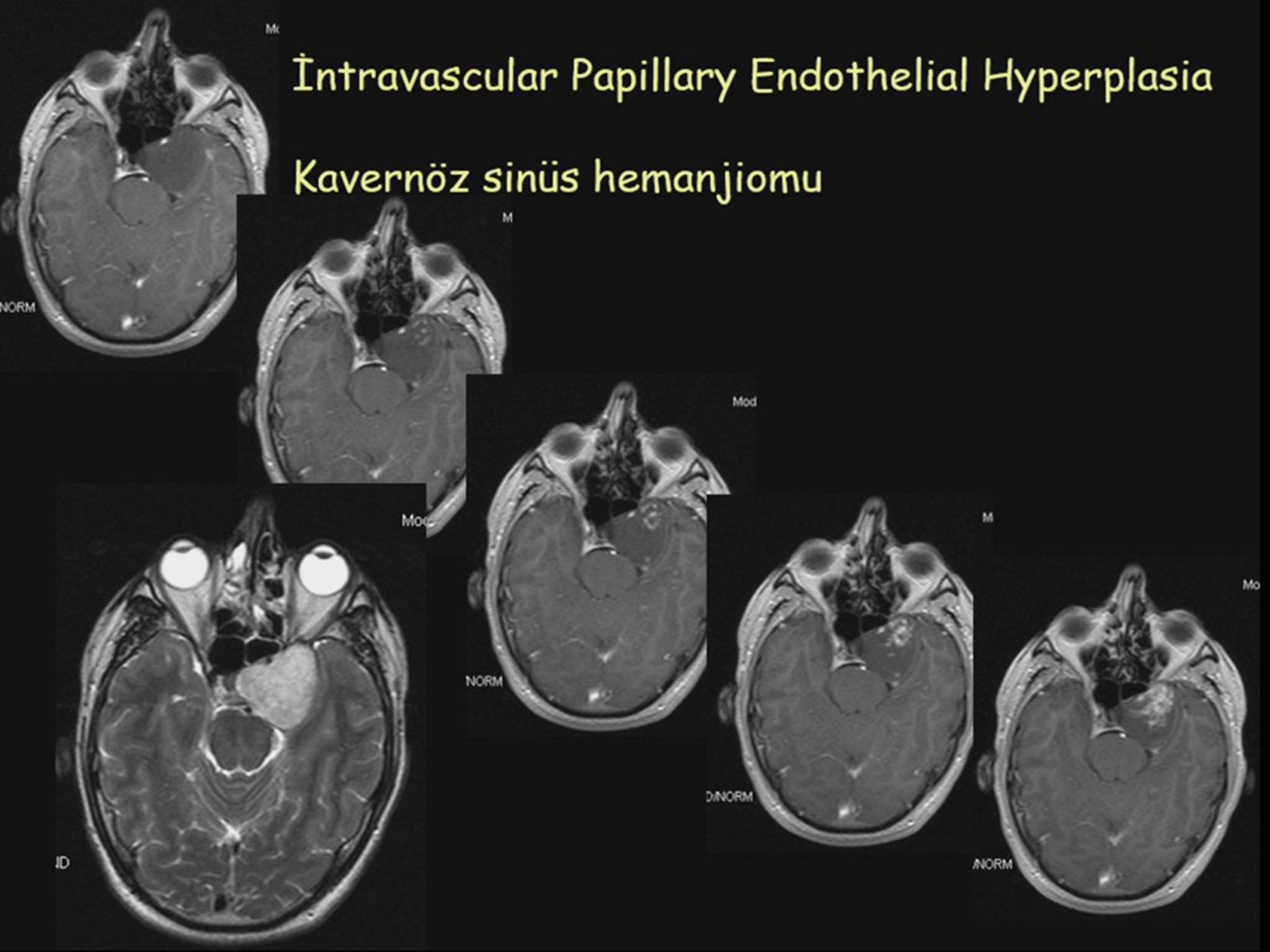
İntravascular Papillary Endothelial Hyperplasia

Kavernöz sinüs hemanjiomu



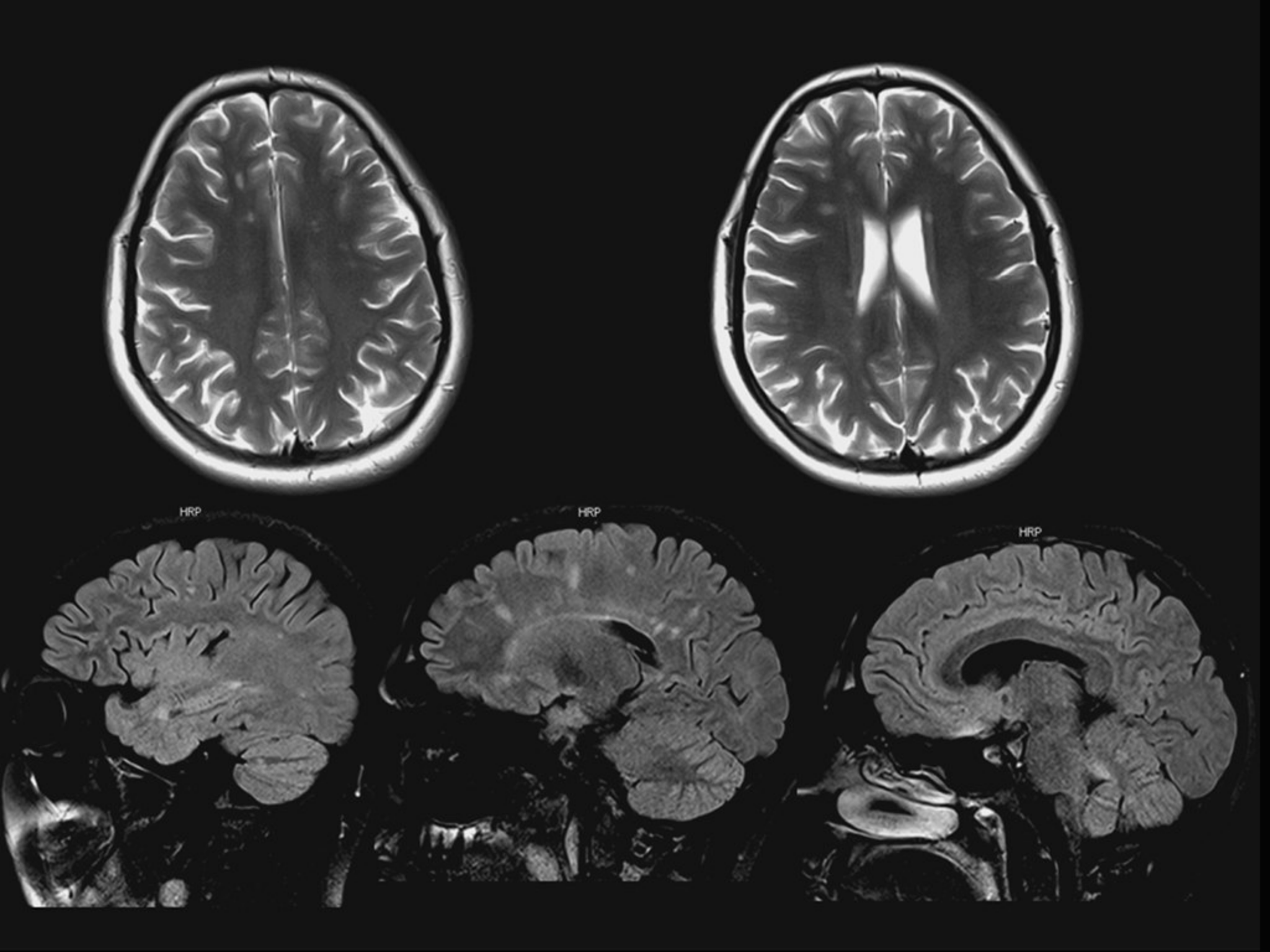
OLGU

- 18y K hasta
- Başdönmesi, hipoestezi


İntravascular Papillary Endothelial Hyperplasia
Kavernöz sinüs hemanjiomu

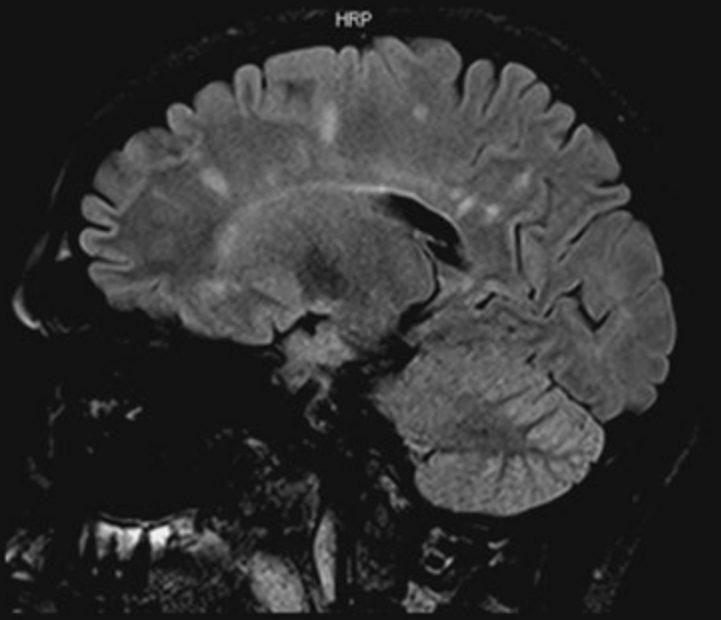
OLGU

- 18y K hasta
- Başdönmesi, hipoestezi


HRP
HRP
HRP

Tanınız nedir?

A. Kronik iskemik gliozis odakları
B. MS plakları
C. ADEM
D. Metastaz
E. Bilemedim

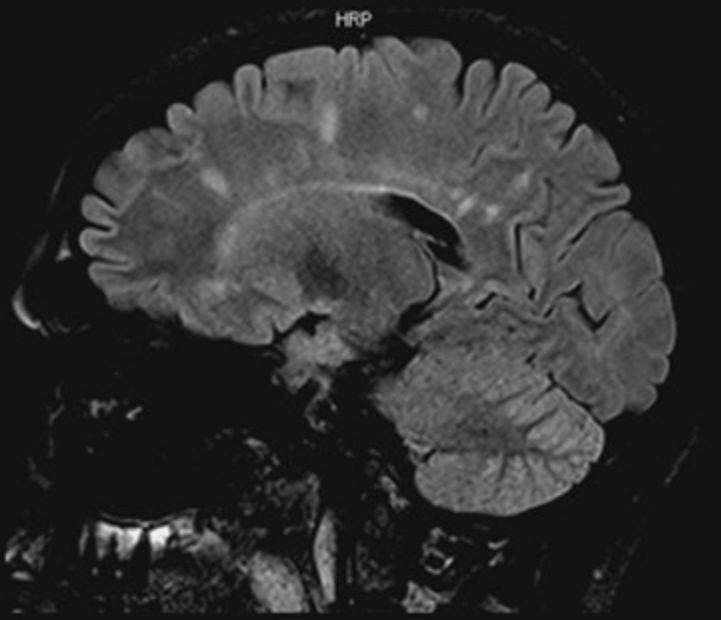


OLGU

- 43y E hasta
- Başdönmesi, başağrısı, GİA

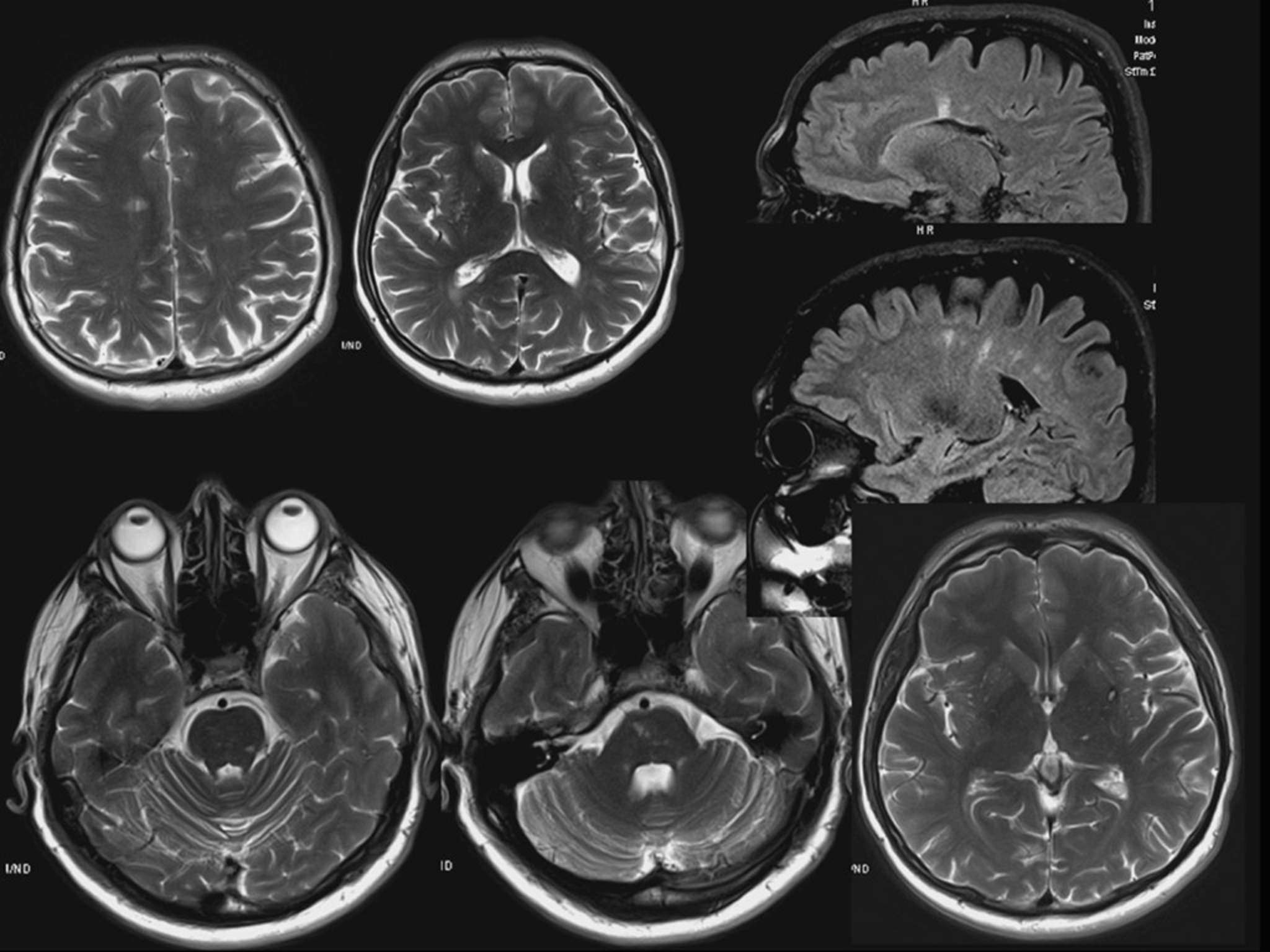
Tanınız nedir?

A. Kronik iskemik gliozis odakları
B. MS plakları
C. ADEM
D. Metastaz
E. Bilemedim



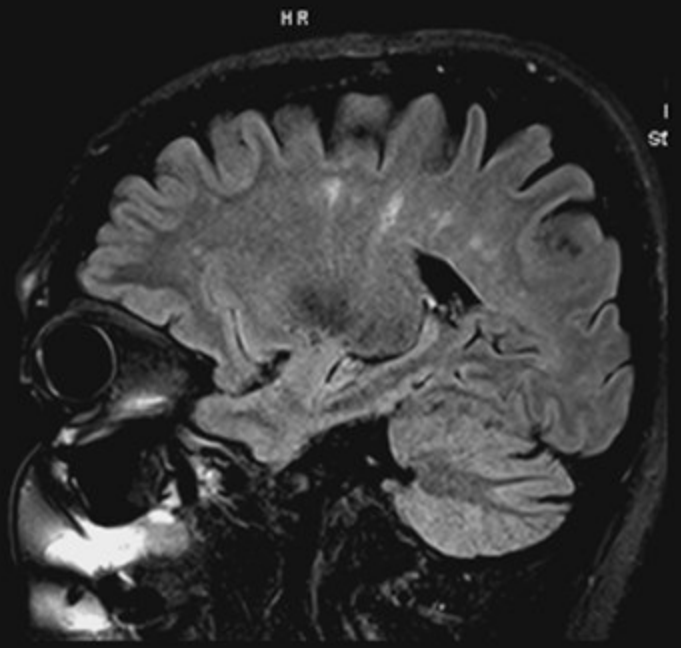
OLGU

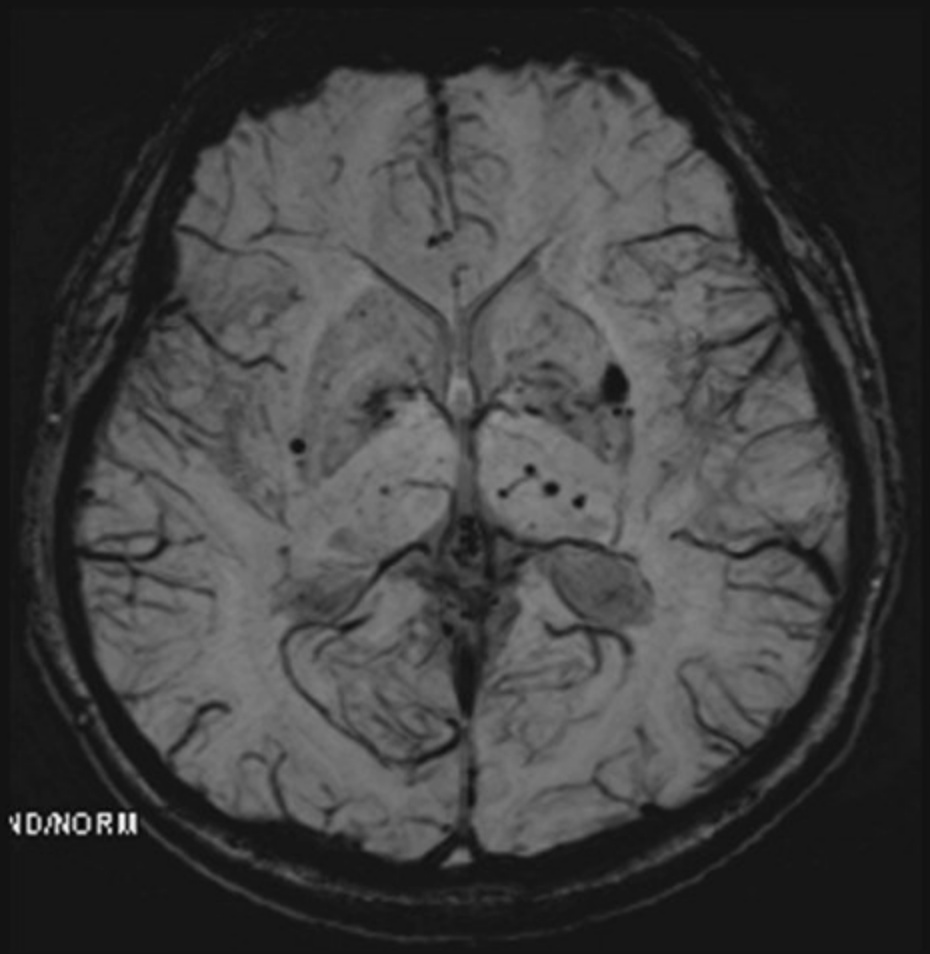
- 43y E hasta
- Başdönmesi, başağrısı, GİA

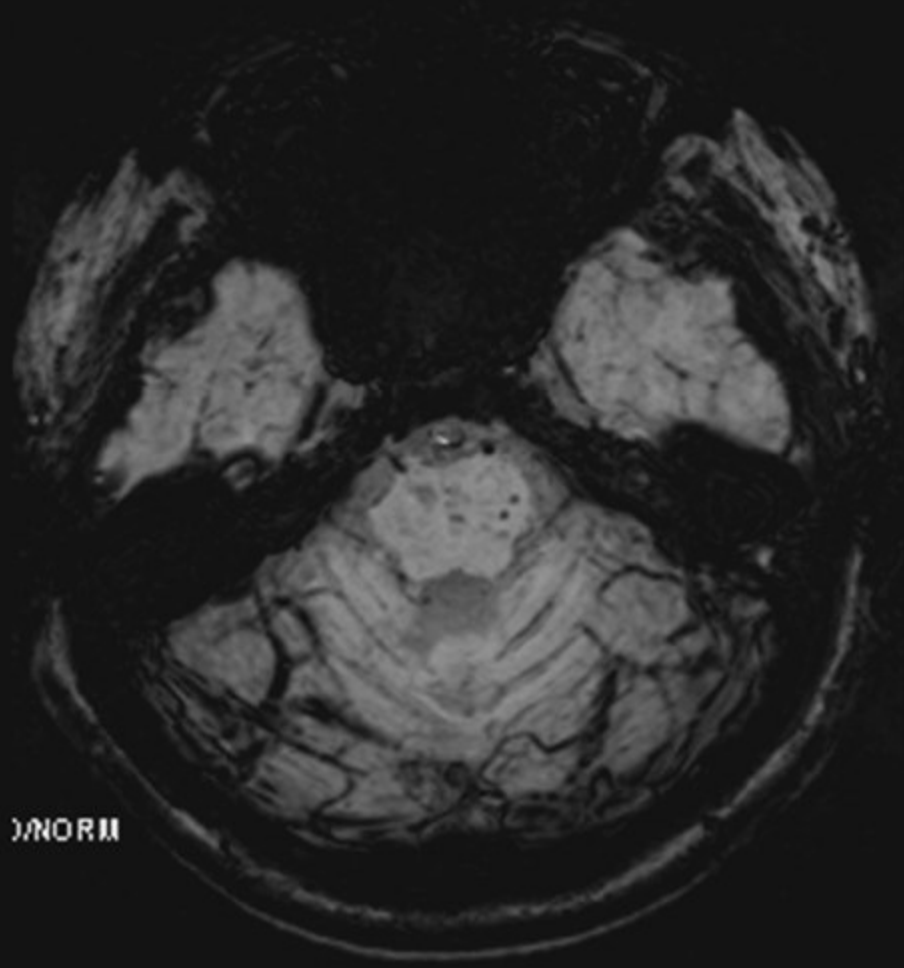


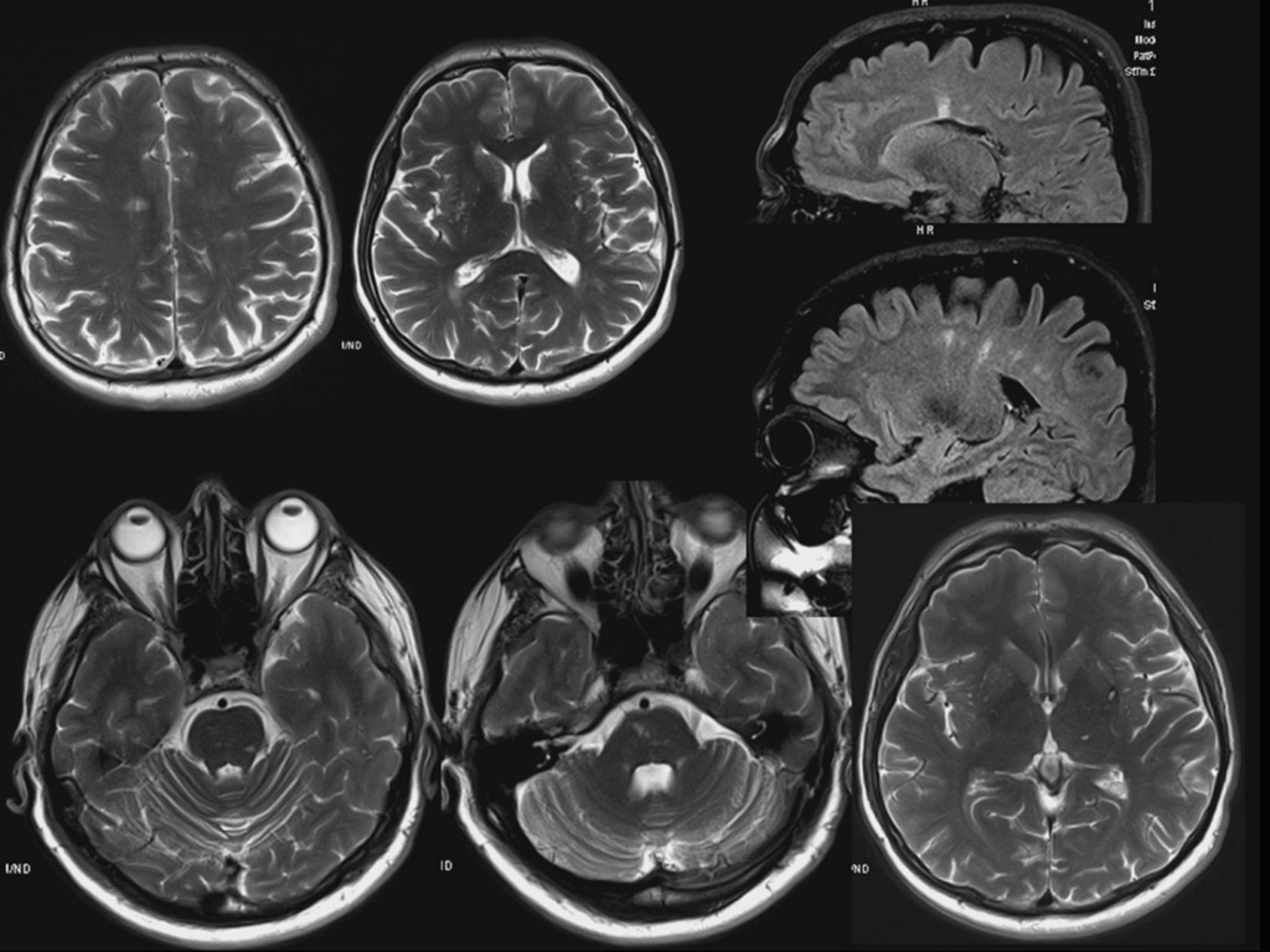
Tanınız nedir?

A. Kronik iskemik gliozis odakları
B. MS plakları
C. ADEM
D. Metastaz
E. Bilemedim



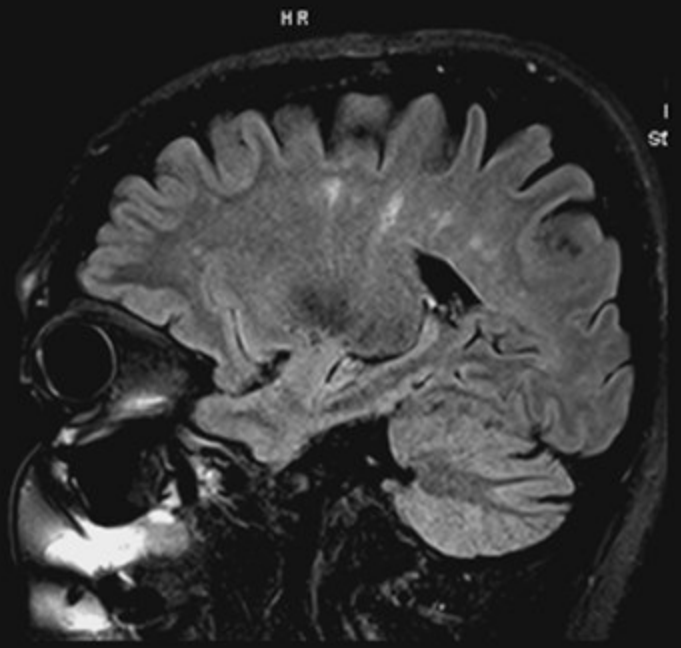

ND/NORM

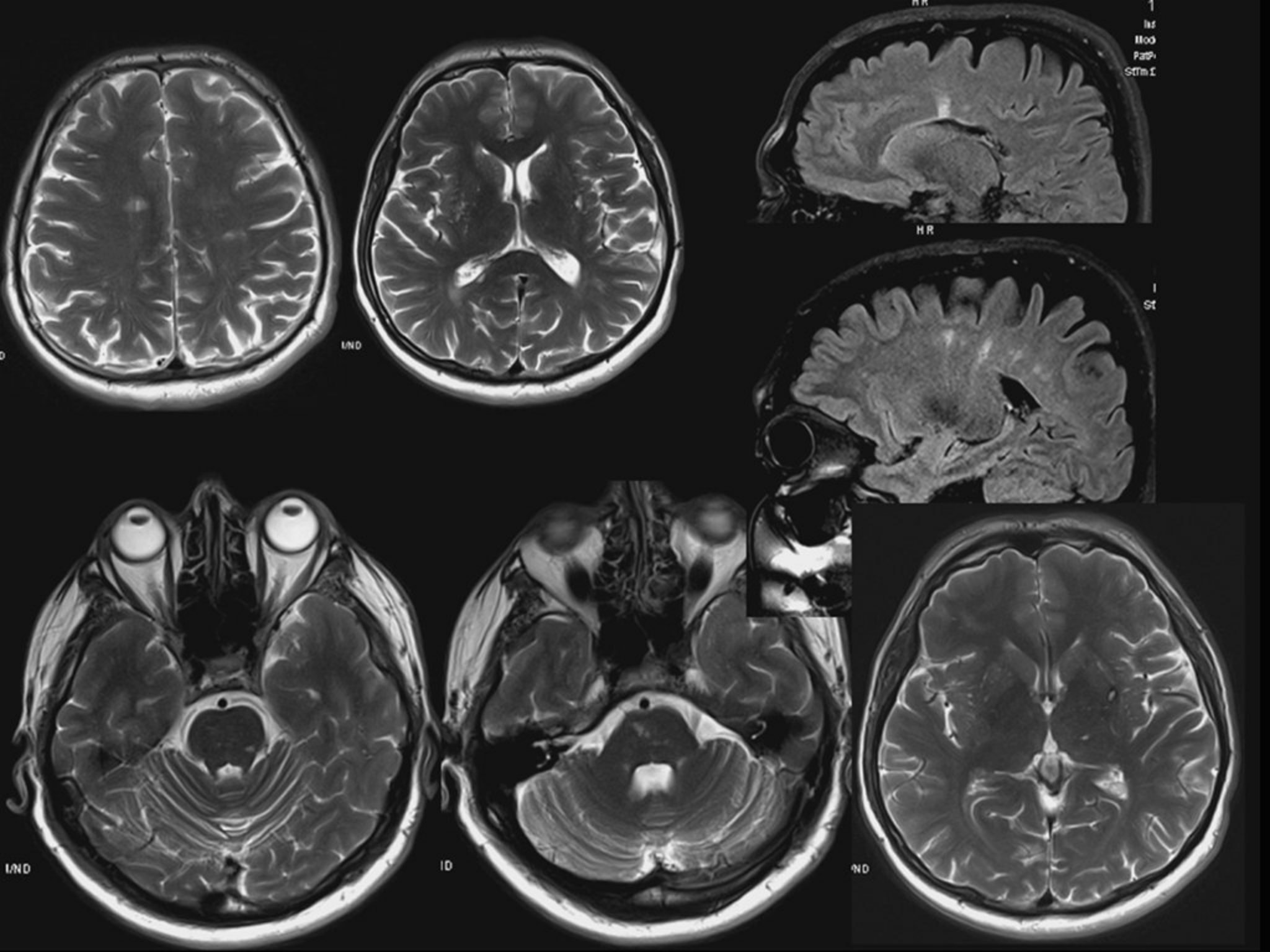

D/NORM



Tanınız nedir?

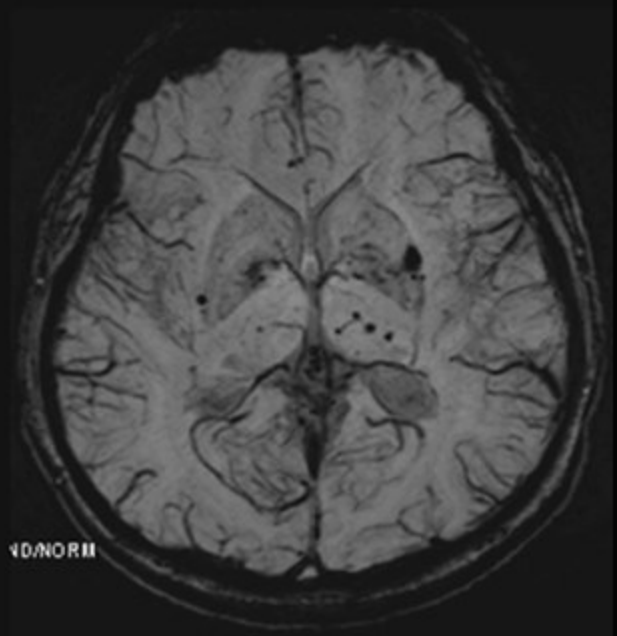
A. Kronik iskemik gliozis odakları
B. MS plakları
C. ADEM
D. Metastaz
E. Bilemedim

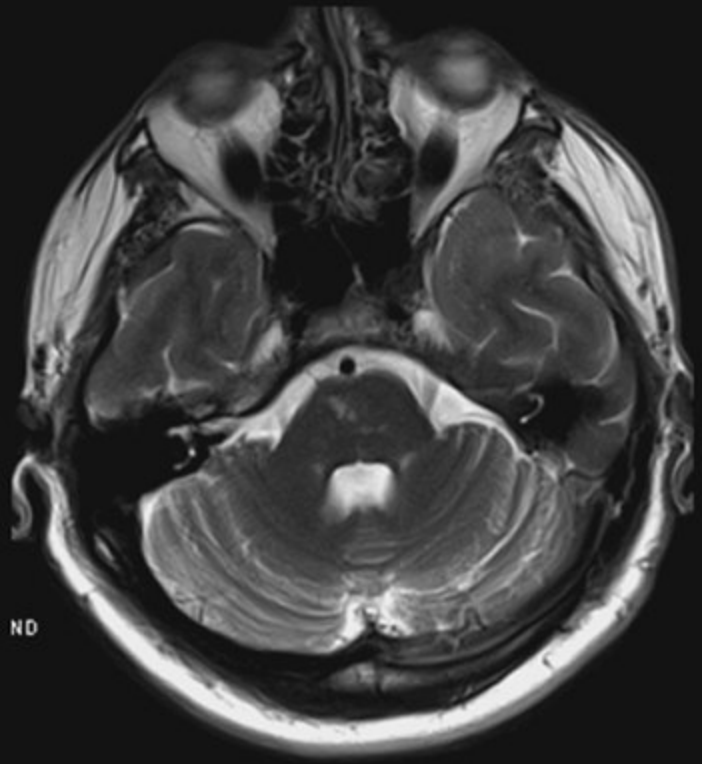


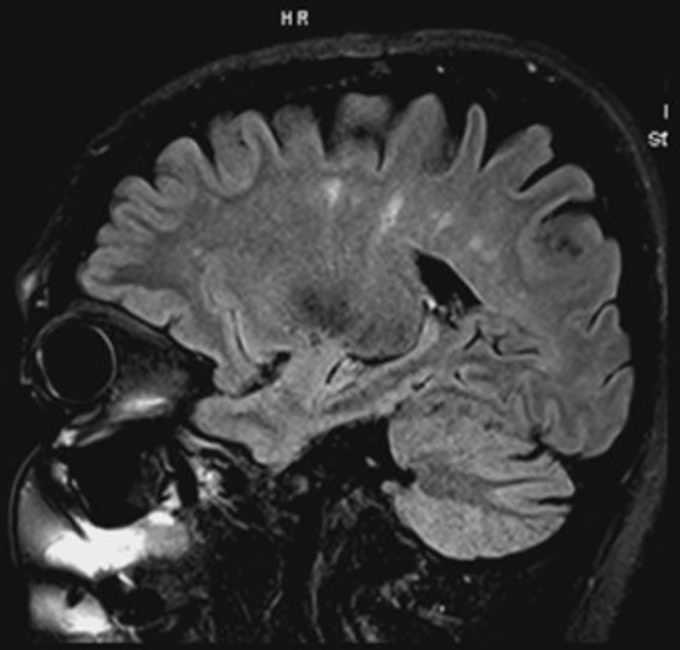


Tanınız değişti mi?

A. Kronik iskemik gliozis odakları
B. MS plakları
C. ADEM
D. Metastaz
E. İnatçıyım, ilk tanımı değiştirmem







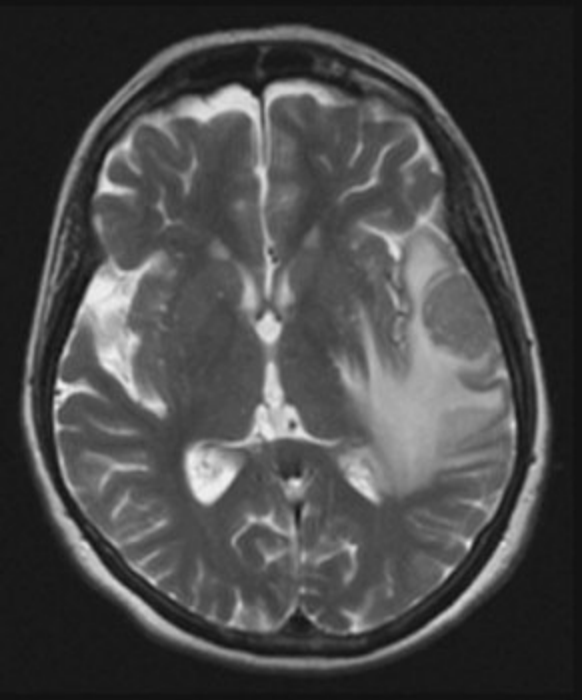
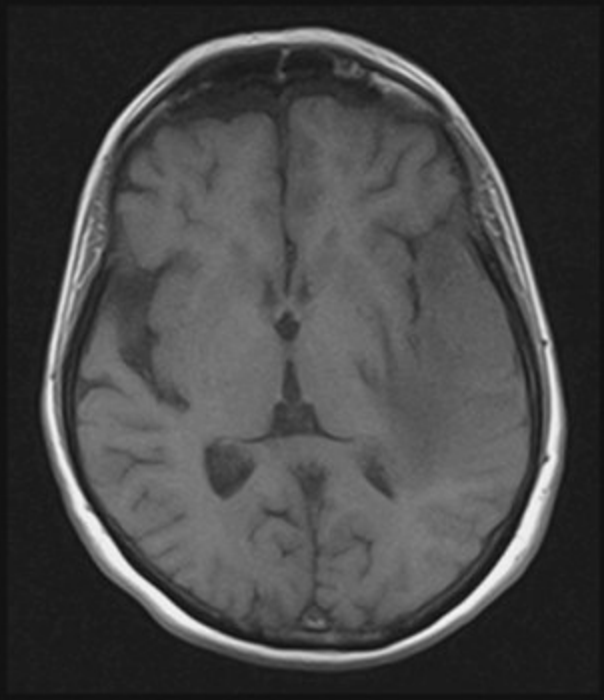
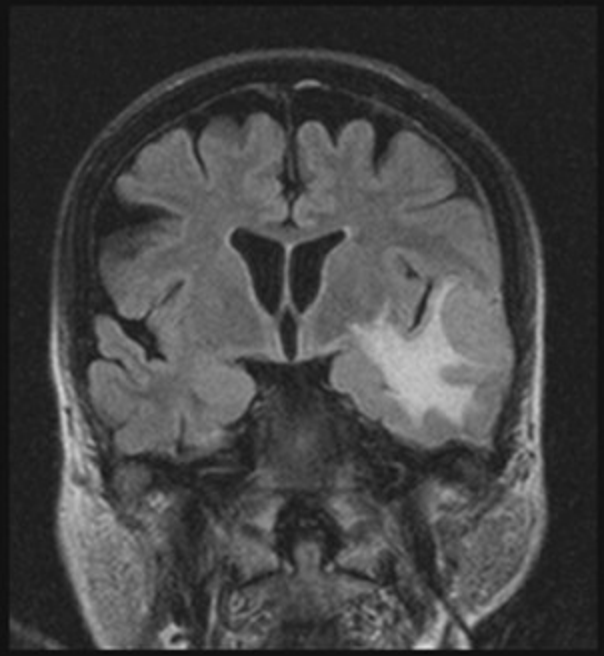
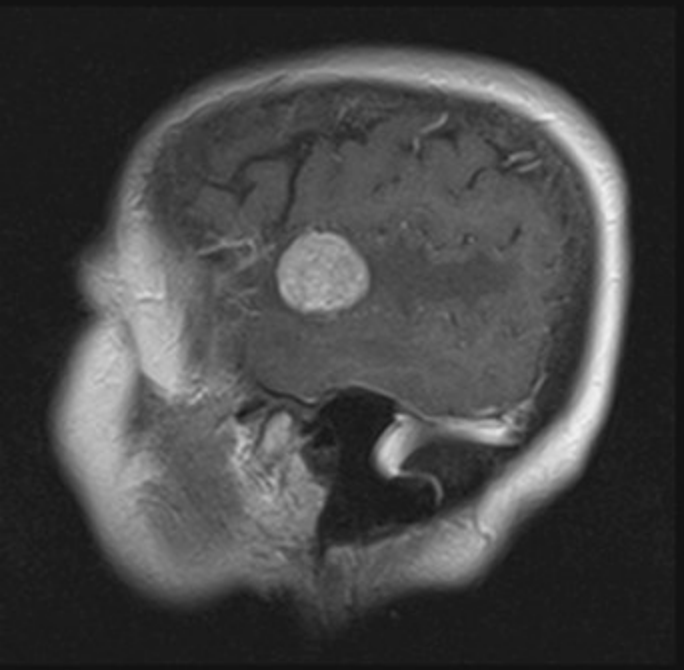
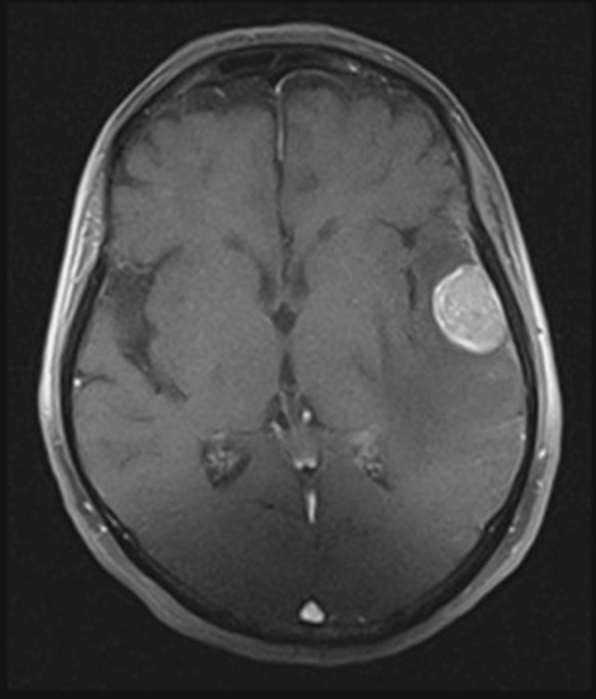
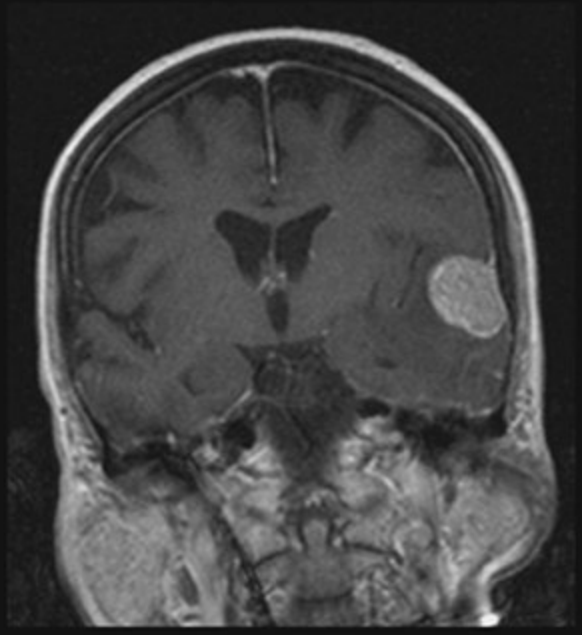
Kronik hipertansif ansefalopati, mikrokanama odakları

Case

73y F

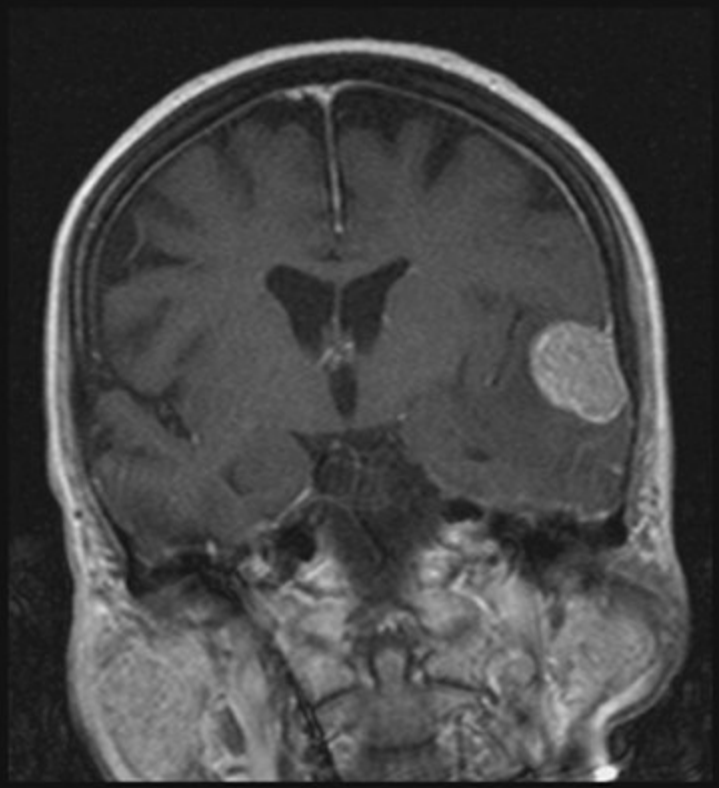
Progressive dysphasia

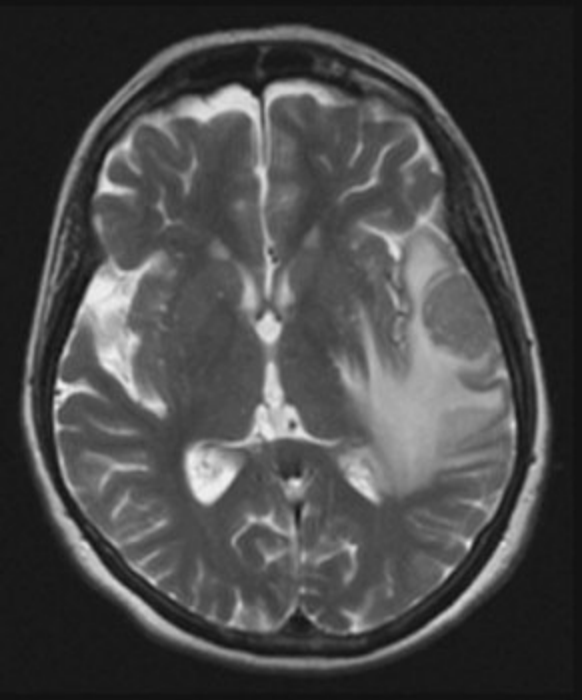
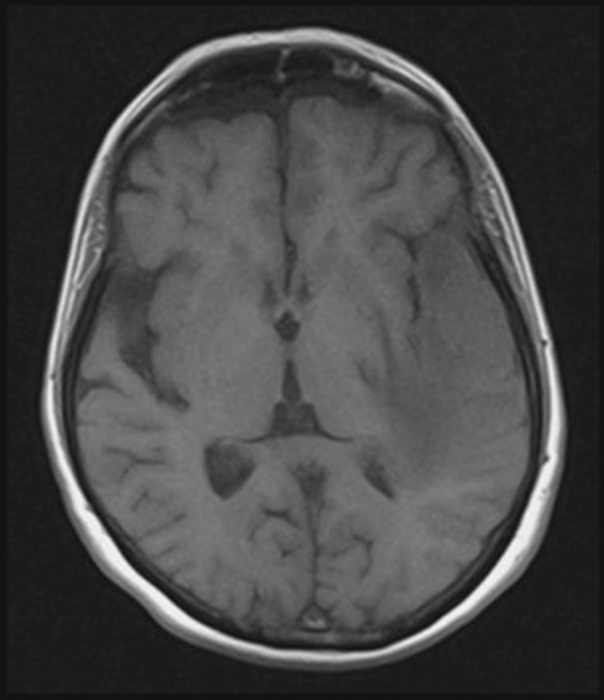
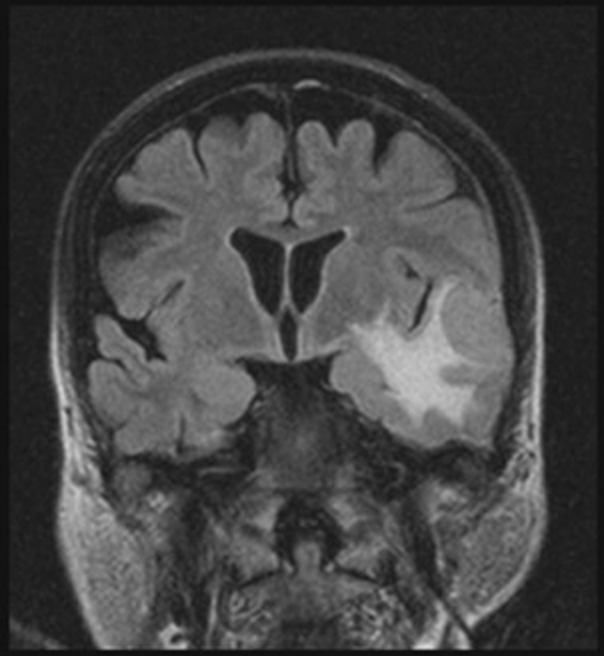
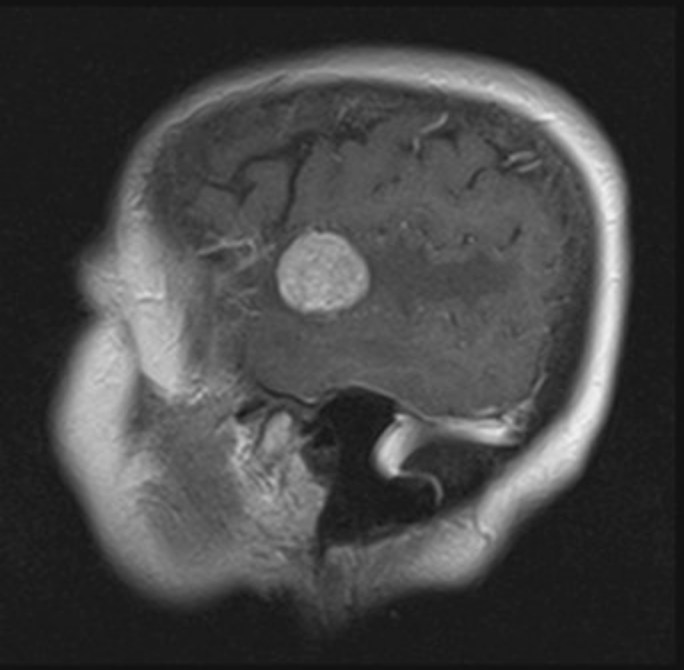
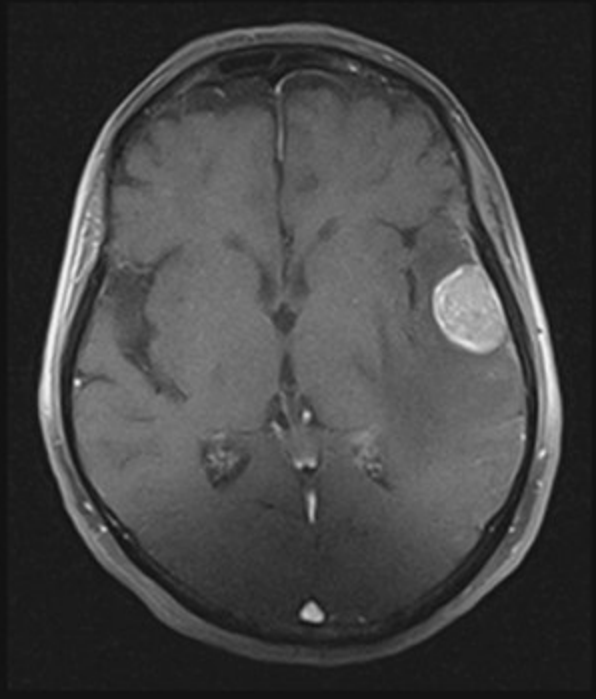
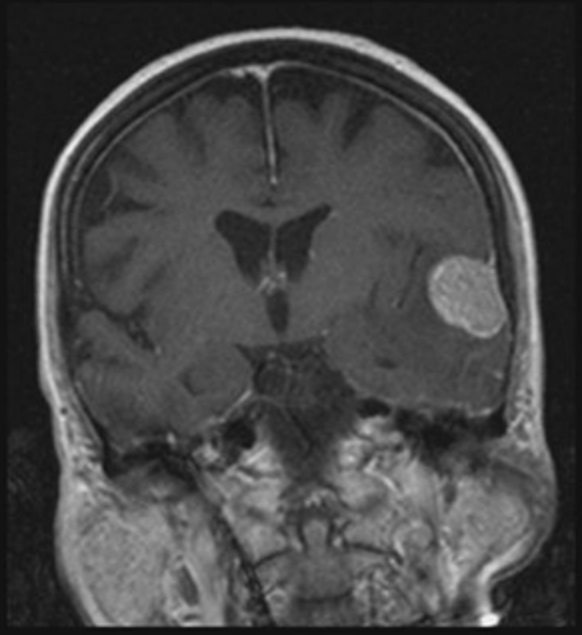
Bladder ca (1 year ago)

What is your diagnosis?

a. Dural metastasis
b. Meningioma
c. Cerebral metastasis
d. Glial tm
e. Abscess



KLİNİK BİLGİLER

Bulgular : Yakınma : Konuşma İdrar çıkışında azalma Öykü : 73 yaşında kadın hasta, bilinen HT,DM(insülin kullanıyor) tanılı TAH+BSO?lu(20 yıl önce) Haziran 2015?de mesane CA nedeniyle total sistektomi yapılmış. 15 gün önce konuşma güçlüğü şikayetiyle dış merkeze başvurmuş, kranial MRG?da sol temporal lob komşuluğunda sol serebral hemisferde 2,5x1,6x2,2cm boyutunda kitle izlenmiş, operasyon yapılmış, frozen sonuç;metastaz. 04.03.2016?da operasyon yapılmış, postop kreatinin 1,7. Postop Kranial BT `4mm şift izlenmiş(ameliyat öncesi de varmış) Kanama izlenmemiş, Ödem(+). Bugün idrar çıkışında azalma olmuş, bakılan rutinleri Kre:3.39, Na:119, K:5.08, Üre:107 Hasta hiponatremi+ABY tanısıyla yatırıldı.

Öntanı : AKUT BÖBREK YETMEZLİĞİ(N17)

MAKROSKOBİ

Bulgular : Kent Hastanesinden 1437/16 numaralı, 1 adet parafin blok, 4 adet HE boyalı preperat ve 12 adet boyasız kesit gönderildi.

Tarih : 08.03.2016

Doktor : SAİT ŞEN

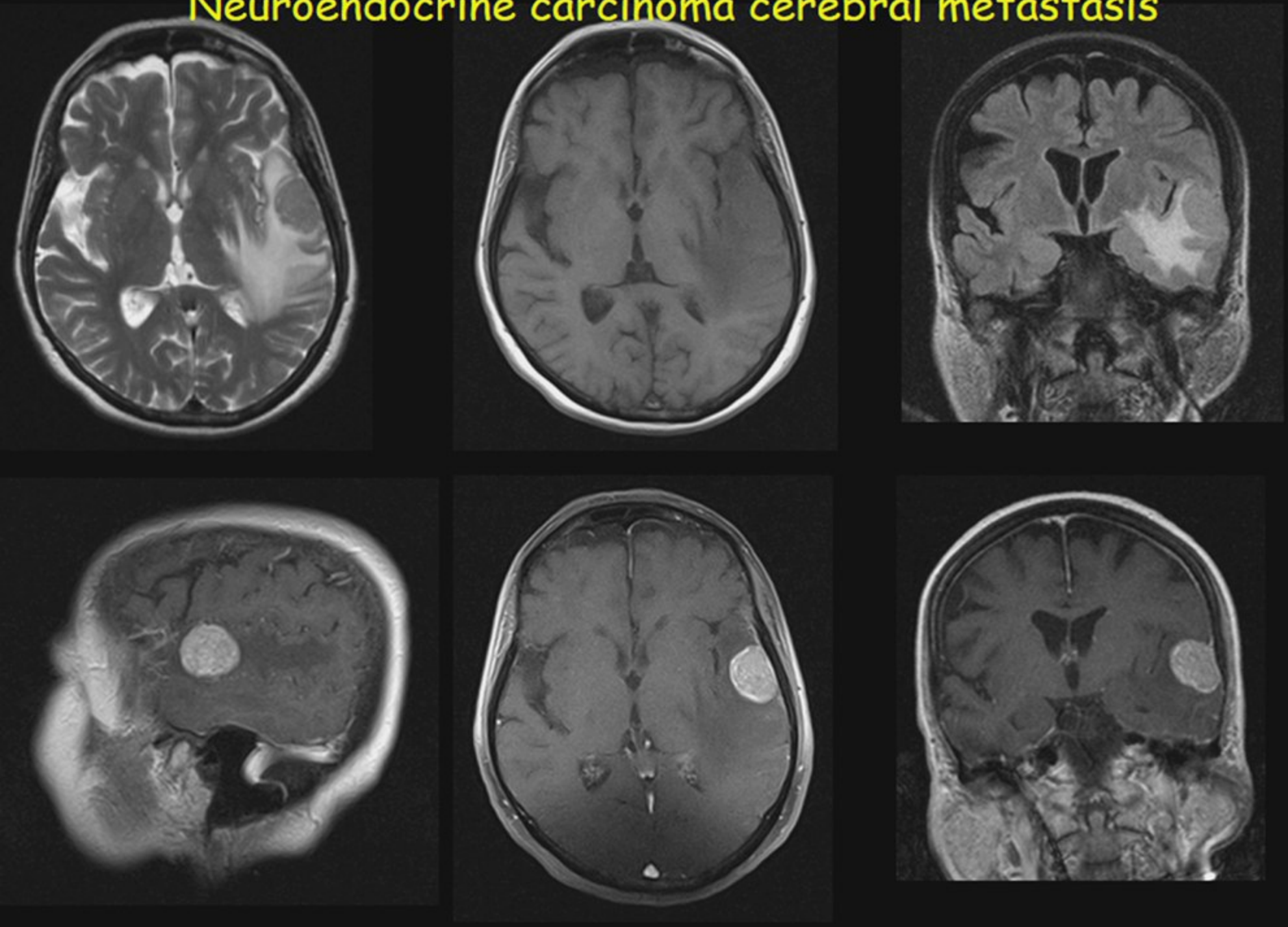
TANI : BEYİN, KONSÜLTASYON, TEMPORAL LOB; KARSİNOM METASTAZI

Yorum : Biyopsi materyalinin seri kesitlerinde az diferansiye nöroendokrin karsinom morfolojisinde tümör ön plandadır. İmmunhistokimyasal incelemede sitokeratin 7 ve p63 pozitifliği ile fokal, sitokeratin 5/6 pozitif daha geniş sitoplazmalı hücreler ile karakterli gruplar görüldü. Olgu önceki mesane TUR materyali 23956/15 nolu raporumuzla ve morfolojik immunhistokimyasal bulguları ile birlikte mesane tümörünün az diferansiye nöroendokrin karsinom morfolojisindeki metastazı ile uyumlu değerlendirildi.

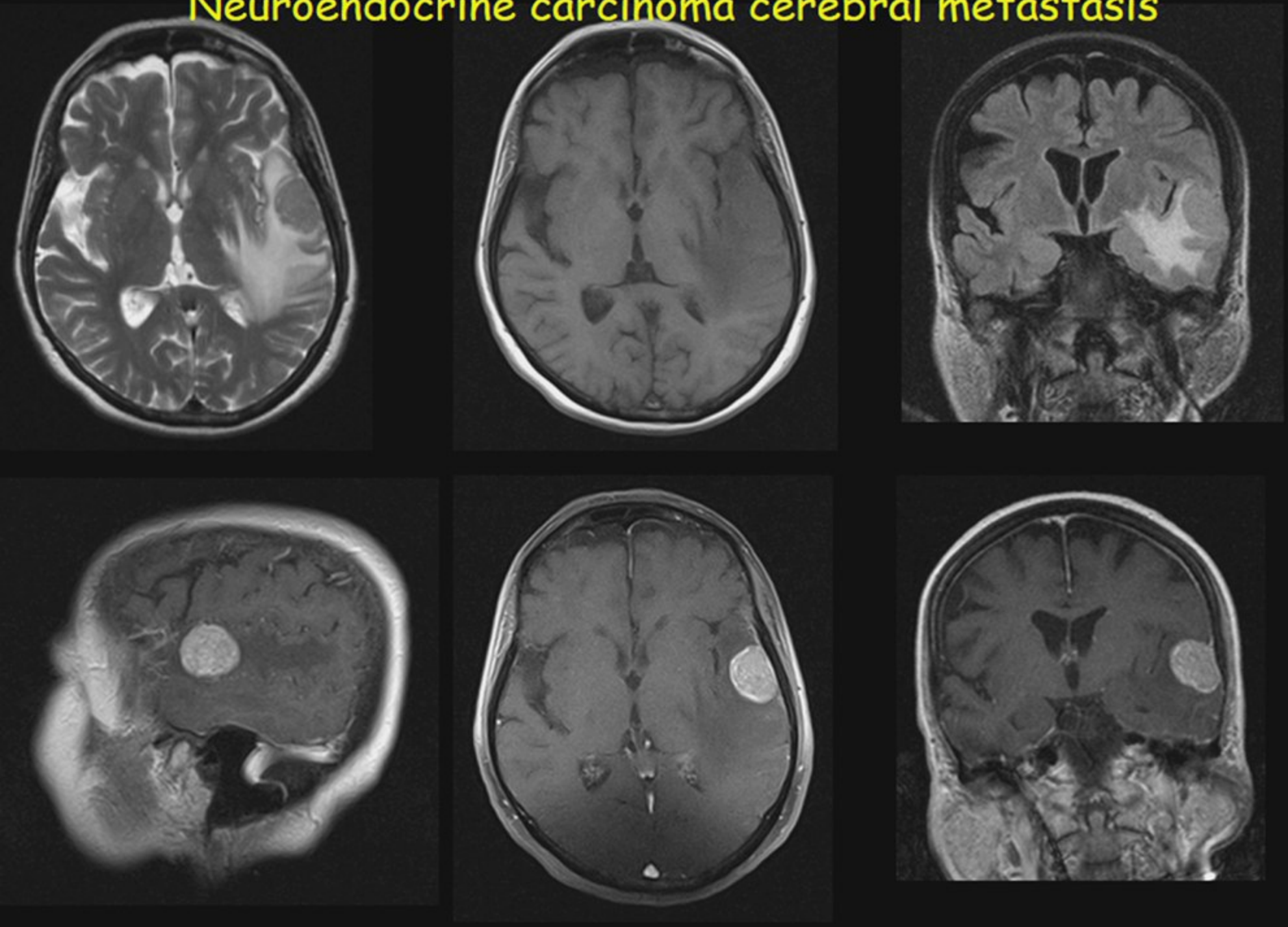
Uygulanan İmmunHistokimyasal İncelemeler

Sitokeratin, YMA : mesane ile pozitif
Sinaptofizin : pozitif
P63 : fokal (+)
İMMÜNHISTOKIMYASAL İNCELEME : GATA3: negatif
CD56 : pozitif
Sitokeratin 7 : pozitif
TTF1 : fokal (+)
Sitokeratin AE1/AE3 : pozitif
Sitokeratin 20 : pozitif
Sitokeratin 5/6 : negatif
Sitokeratin 7 : mesane ile pozitif
TTF1 : mesane ile pozitif
Sinaptofizin : mesane ile pozitif
P63 : mesane ile fokal (+)
Kromogranin A : pozitif
Ki67 : pozitif
İMMÜNHISTOKIMYASAL İNCELEME : GATA3: mesane ile negatif
CD57 : negatif
CD31 : pozitif
CD56 : mesane ile pozitif
Ki67 : %65

Neuroendocrine carcinoma cerebral metastasis



Neuroendocrine carcinoma cerebral metastasis



KLİNİK BİLGİLER

Bulgular : Yakınma : Konuşma İdrar çıkışında azalma Öykü : 73 yaşında kadın hasta, bilinen HT,DM(insülin kullanıyor) tanılı TAH+BSO?lu(20 yıl önce) Haziran 2015?de mesane CA nedeniyle total sistektomi yapılmış. 15 gün önce konuşma güçlüğü şikayetiyle dış merkeze başvurmuş, kranial MRG?da sol temporal lob komşuluğunda sol serebral hemisferde 2,5x1,6x2,2cm boyutunda kitle izlenmiş, operasyon yapılmış, frozen sonuç;metastaz. 04.03.2016?da operasyon yapılmış, postop kreatinin 1,7. Postop Kranial BT `4mm şift izlenmiş(ameliyat öncesi de varmış) Kanama izlenmemiş, Ödem(+). Bugün idrar çıkışında azalma olmuş, bakılan rutinleri Kre:3.39, Na:119, K:5.08, Üre:107 Hasta hiponatremi+ABY tanısıyla yatırıldı.

Öntanı : AKUT BÖBREK YETMEZLİĞİ(N17)

MAKROSKOBİ

Bulgular : Kent Hastanesinden 1437/16 numaralı, 1 adet parafin blok, 4 adet HE boyalı preperat ve 12 adet boyasız kesit gönderildi.

Tarih : 08.03.2016

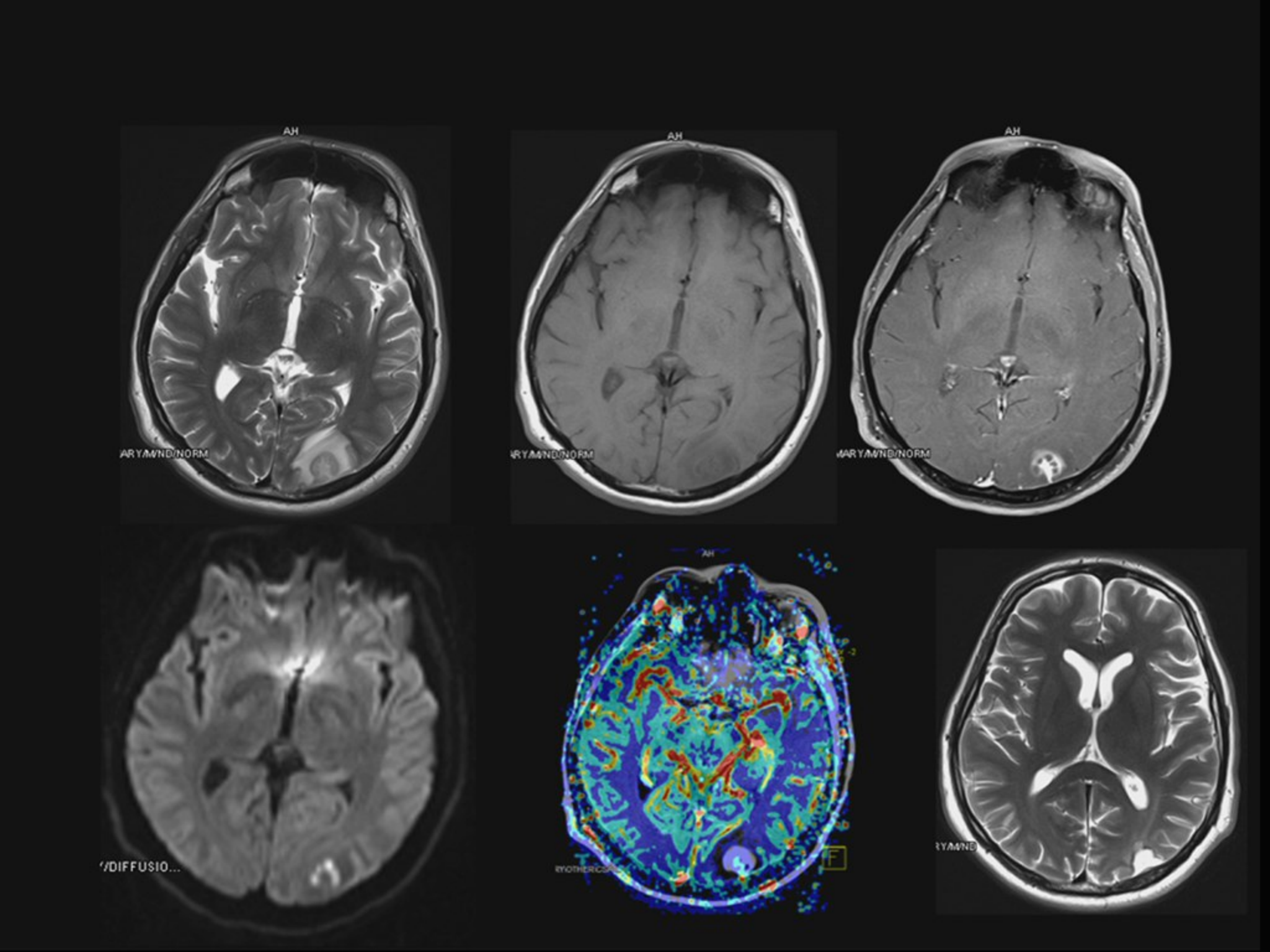
Doktor : SAİT ŞEN

TANI : BEYİN, KONSÜLTASYON, TEMPORAL LOB; KARSİNOM METASTAZI

Yorum : Biyopsi materyalinin seri kesitlerinde az diferansiye nöroendokrin karsinom morfolojisinde tümör ön plandadır. İmmunhistokimyasal incelemede sitokeratin 7 ve p63 pozitifliği ile fokal, sitokeratin 5/6 pozitif daha geniş sitoplazmalı hücreler ile karakterli gruplar görüldü. Olgu önceki mesane TUR materyali 23956/15 nolu raporumuzla ve morfolojik immunhistokimyasal bulguları ile birlikte mesane tümörünün az diferansiye nöroendokrin karsinom morfolojisindeki metastazı ile uyumlu değerlendirildi.

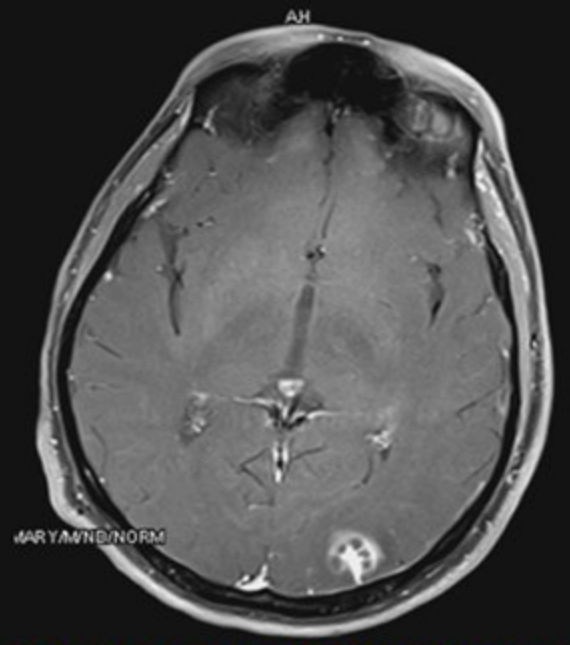
Uygulanan İmmunHistokimyasal İncelemeler

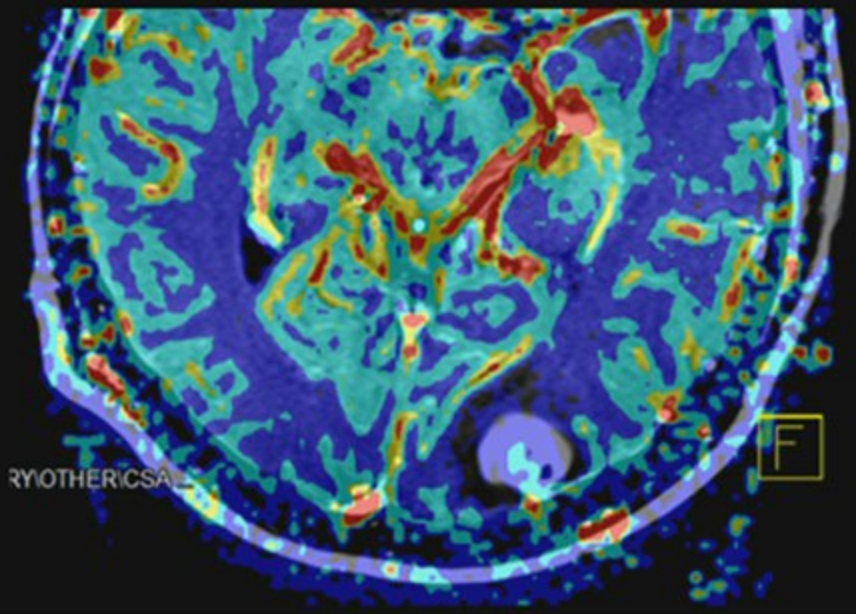
Sitokeratin, YMA : mesane ile pozitif
Sinaptofizin : pozitif
P63 : fokal (+)
İMMÜNHISTOKIMYASAL İNCELEME : GATA3: negatif
CD56 : pozitif
Sitokeratin 7 : pozitif
TTF1 : fokal (+)
Sitokeratin AE1/AE3 : pozitif
Sitokeratin 20 : pozitif
Sitokeratin 5/6 : negatif
Sitokeratin 7 : mesane ile pozitif
TTF1 : mesane ile pozitif
Sinaptofizin : mesane ile pozitif
P63 : mesane ile fokal (+)
Kromogranin A : pozitif
Ki67 : pozitif
İMMÜNHISTOKIMYASAL İNCELEME : GATA3: mesane ile negatif
CD57 : negatif
CD31 : pozitif
CD56 : mesane ile pozitif
Ki67 : %65

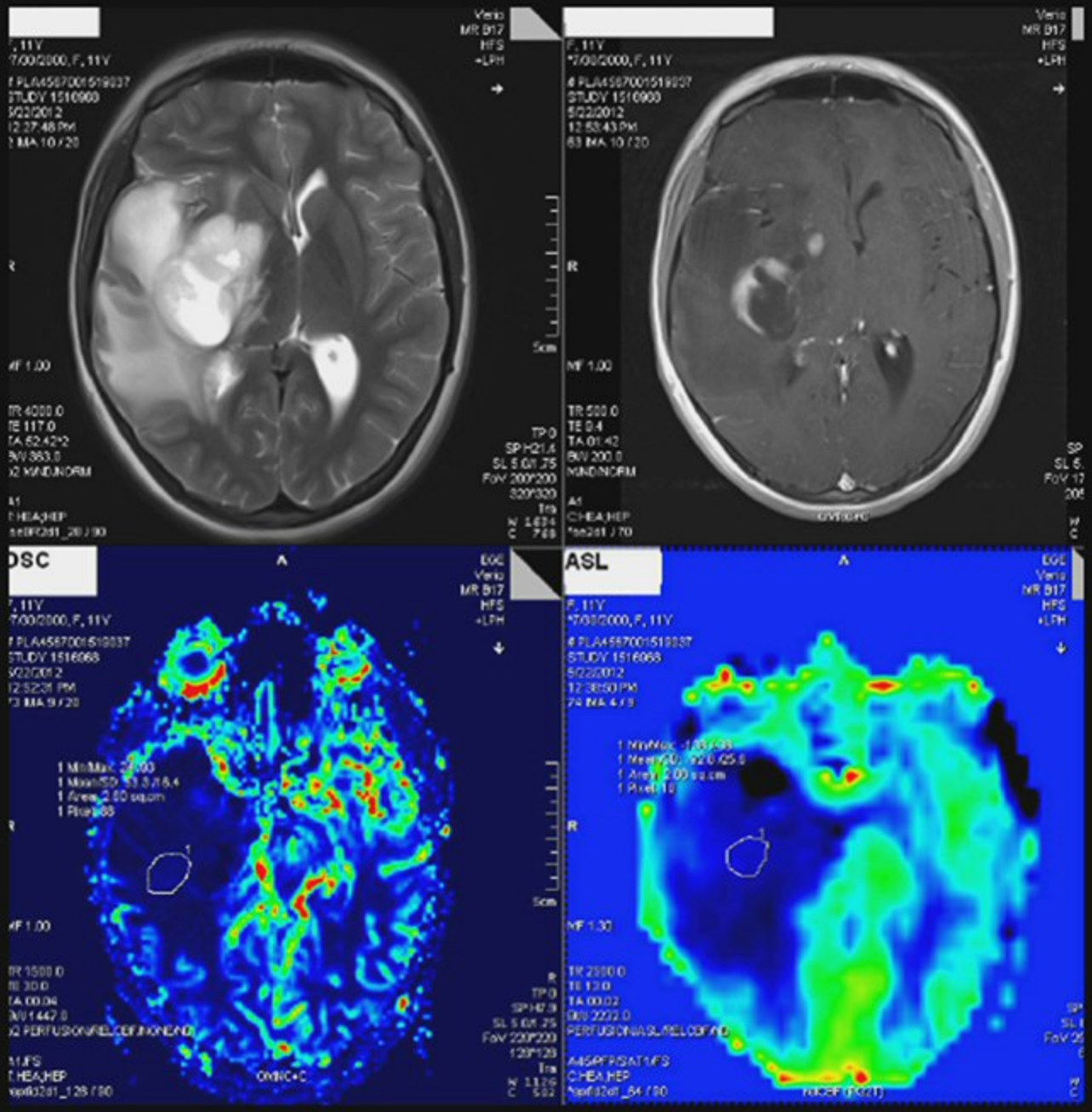

AH
AH
AH
/DIFFUSIO...

What is your diagnosis?

a. Dural metastasis
b. Meningioma
c. Cerebral metastasis
d. Glial tm
e. Abscess

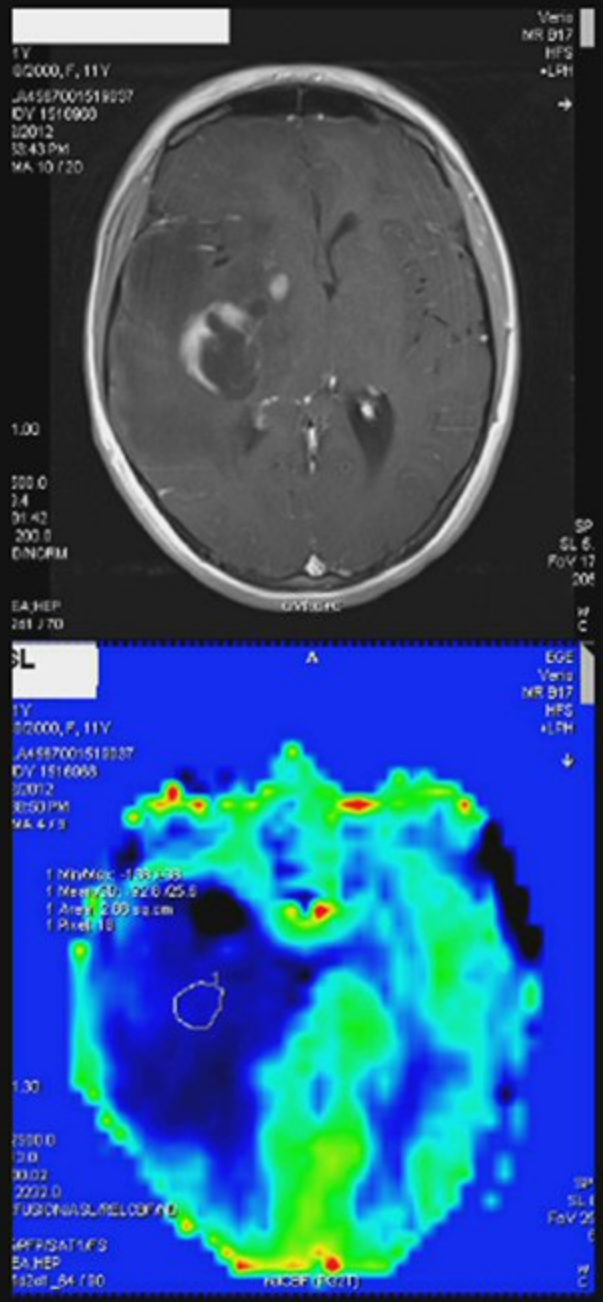


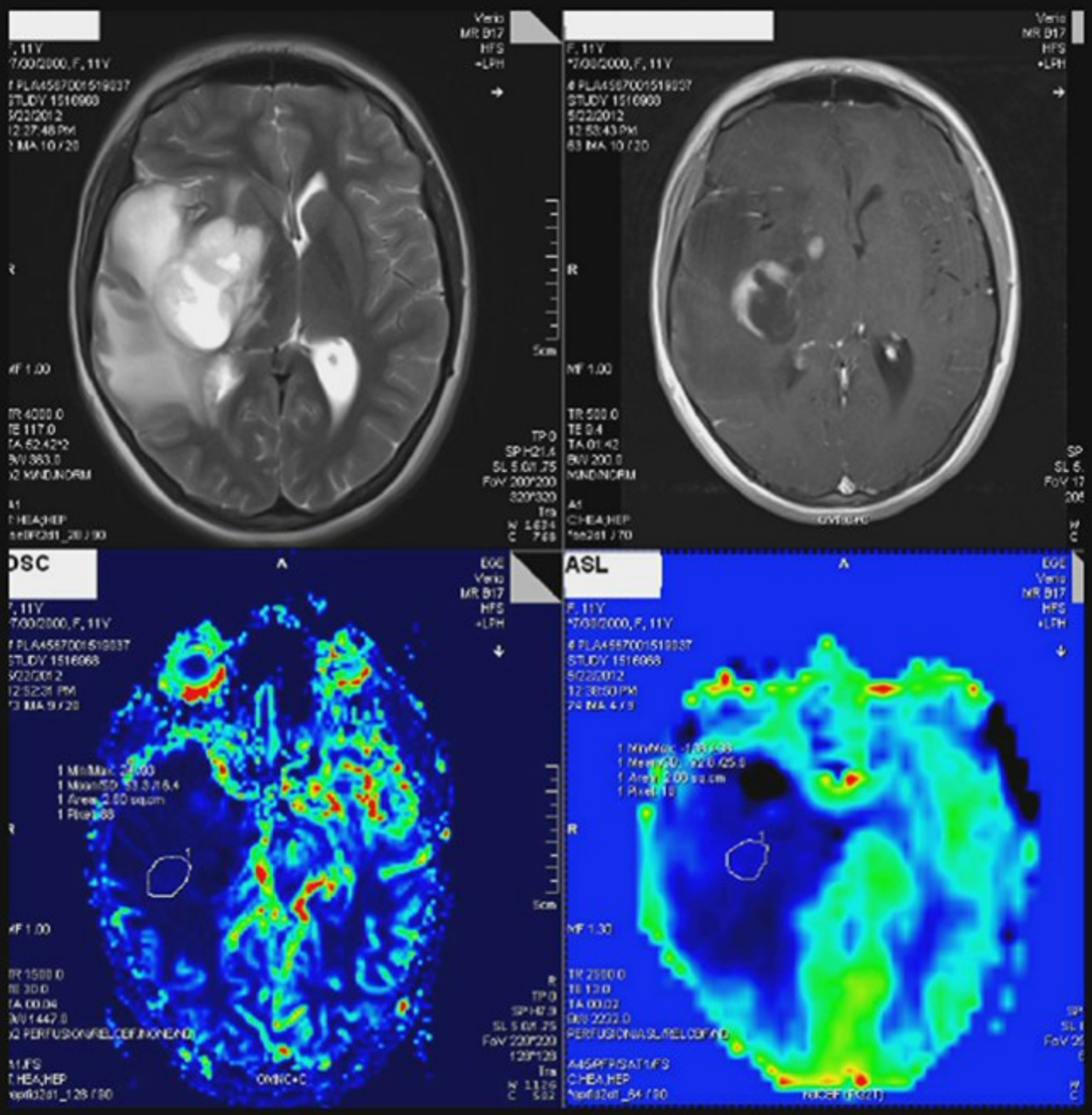



DSC
ASL

What is your diagnosis?

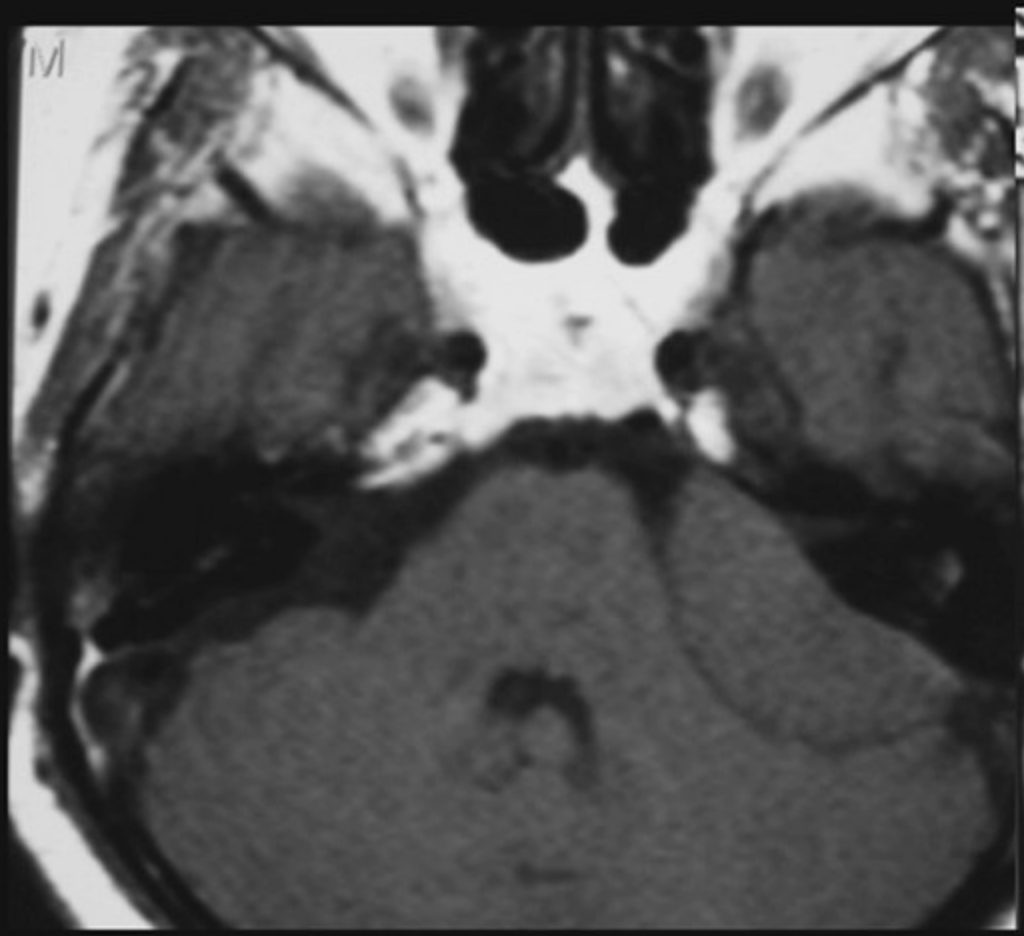
a. Low grade glioma
b. Anaplastic astrocytoma
c. Cerebral metastasis
d. Glioblastoma
e. Abscess

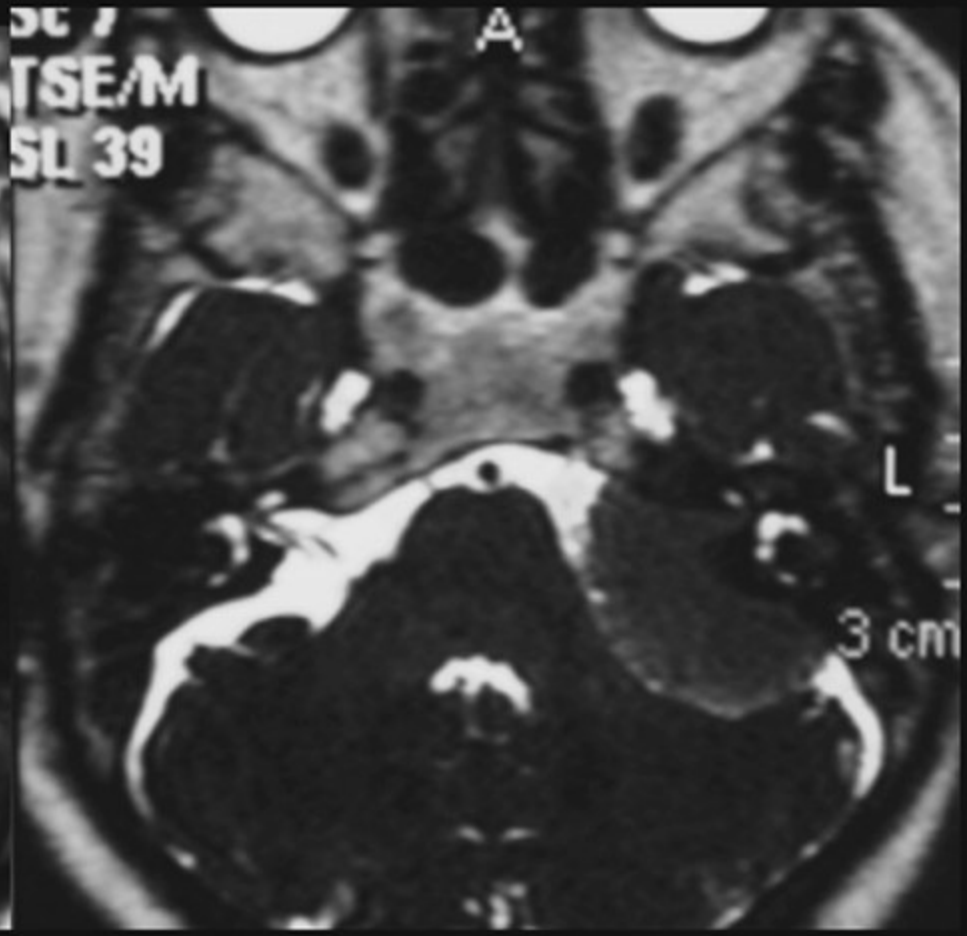


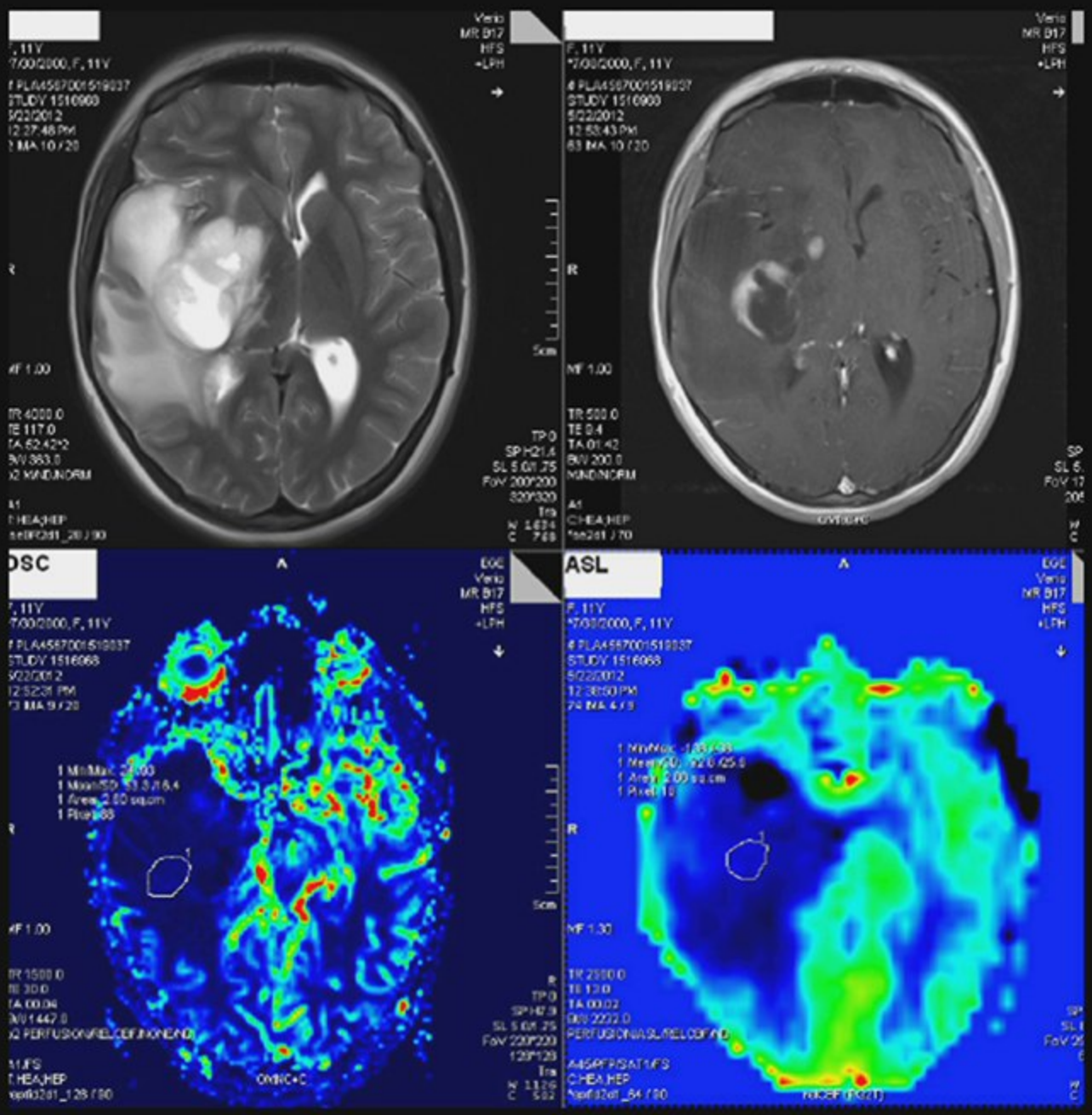


Papillary Glioneuronal tumor, WHO Grade I

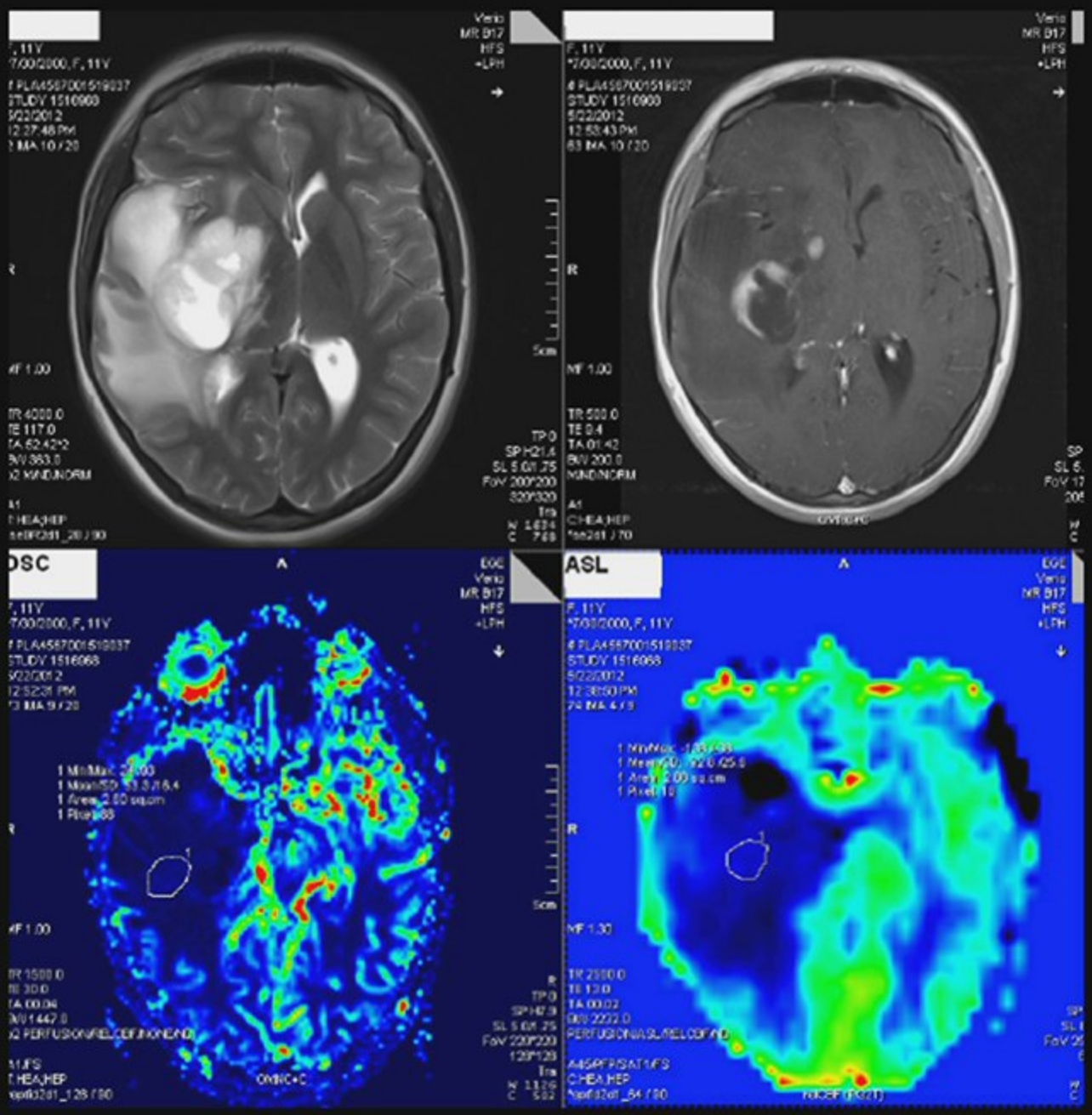
- Meningioma?
- Scwannoma?





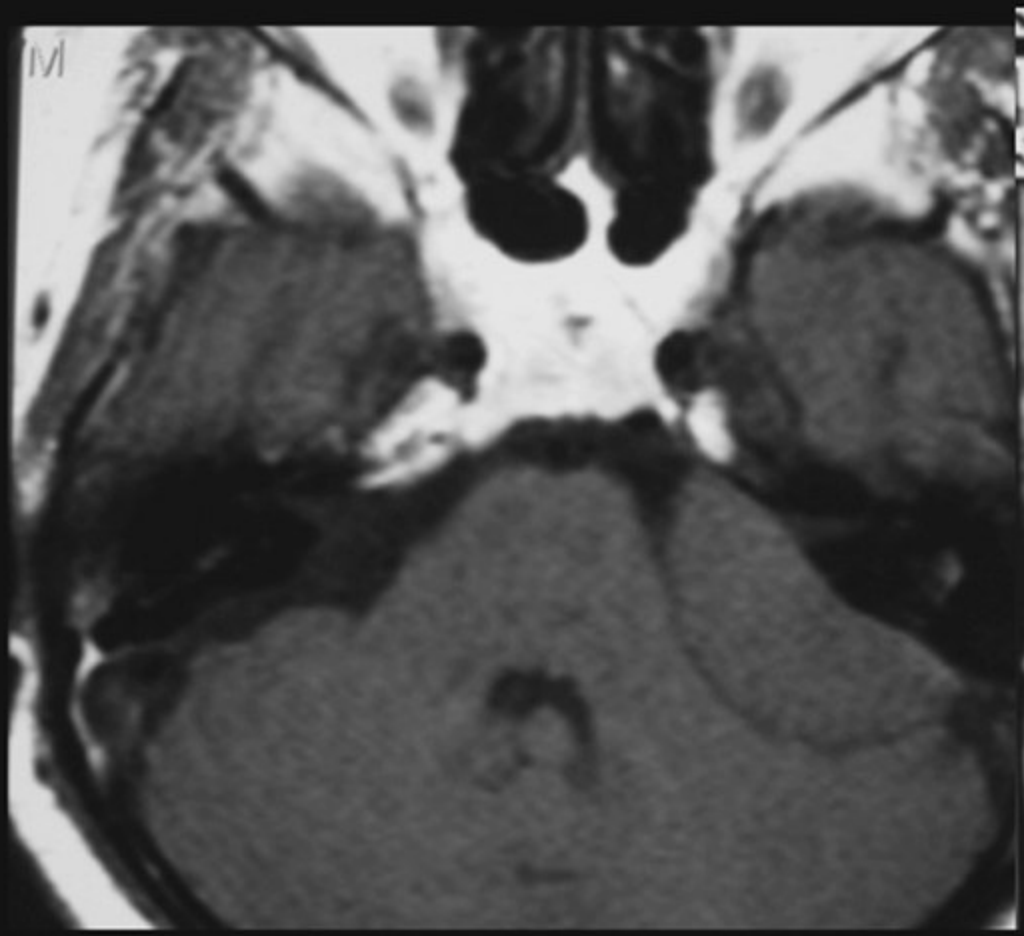


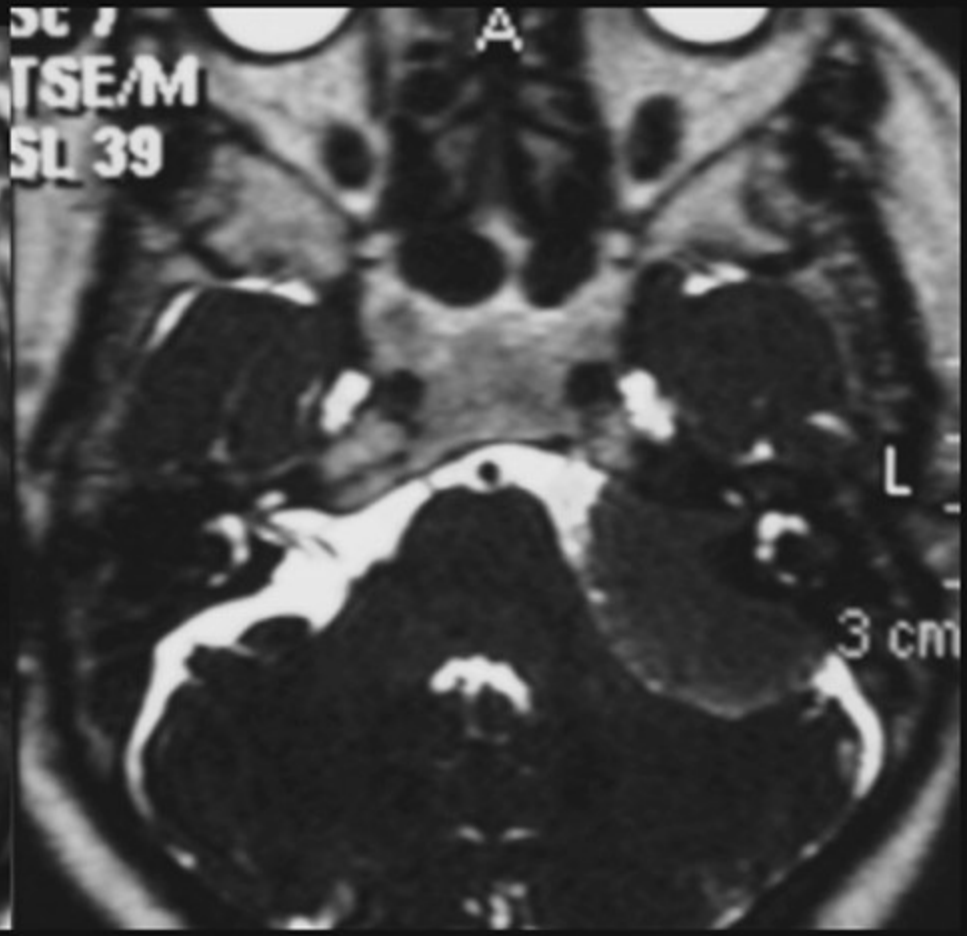
Papillary Glioneuronal tumor, WHO Grade I

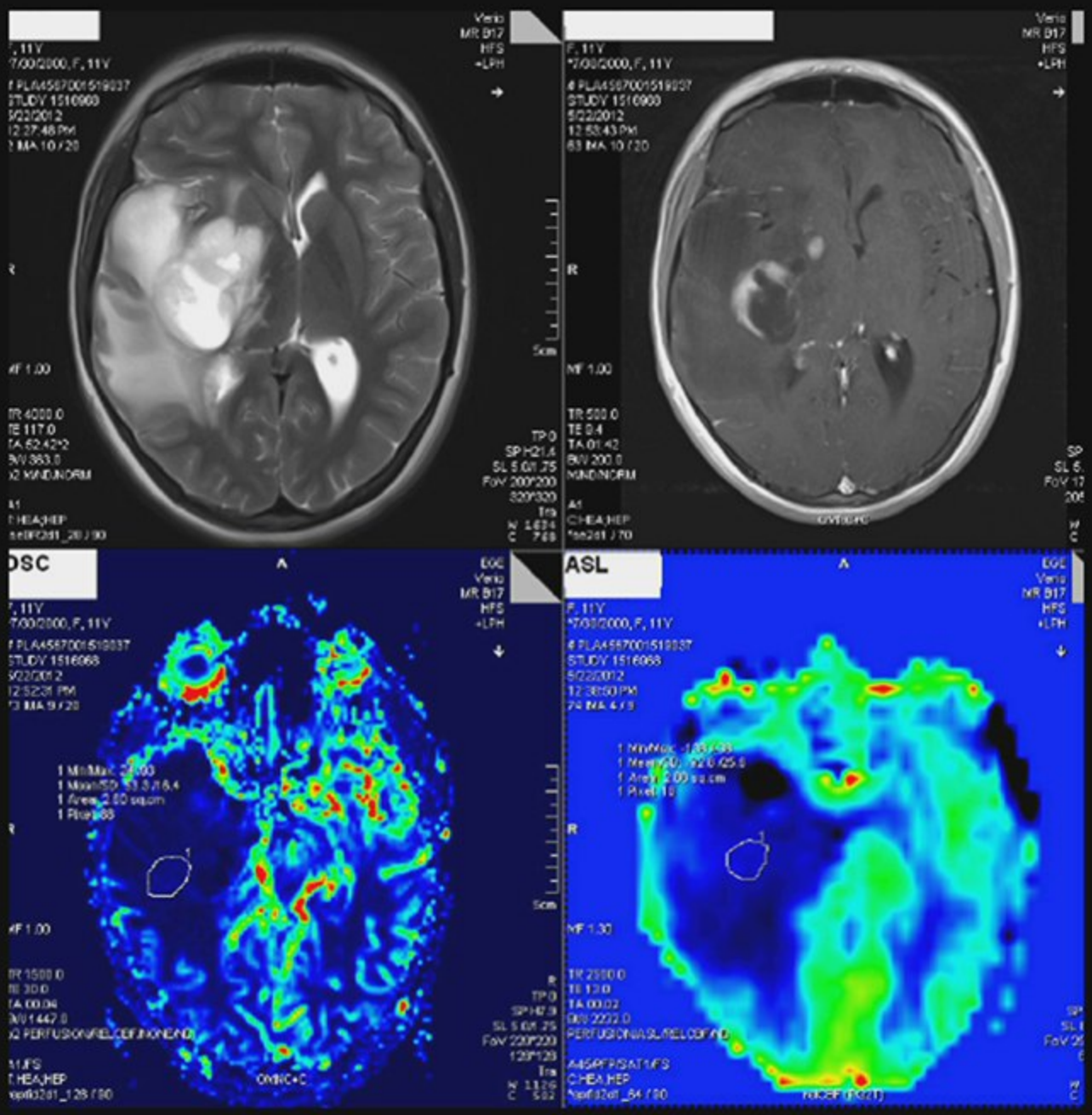


Papillary Glioneuronal tumor, WHO Grade I

- Meningioma?
- Scwannoma?

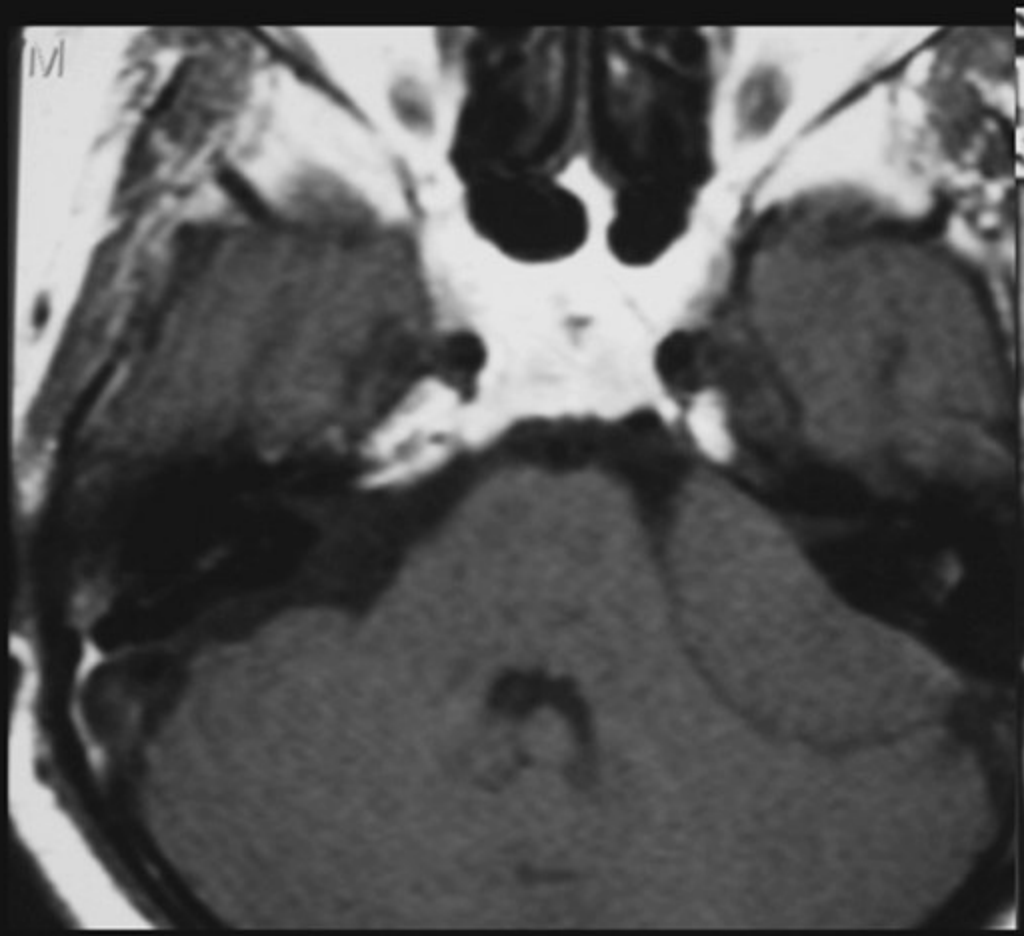


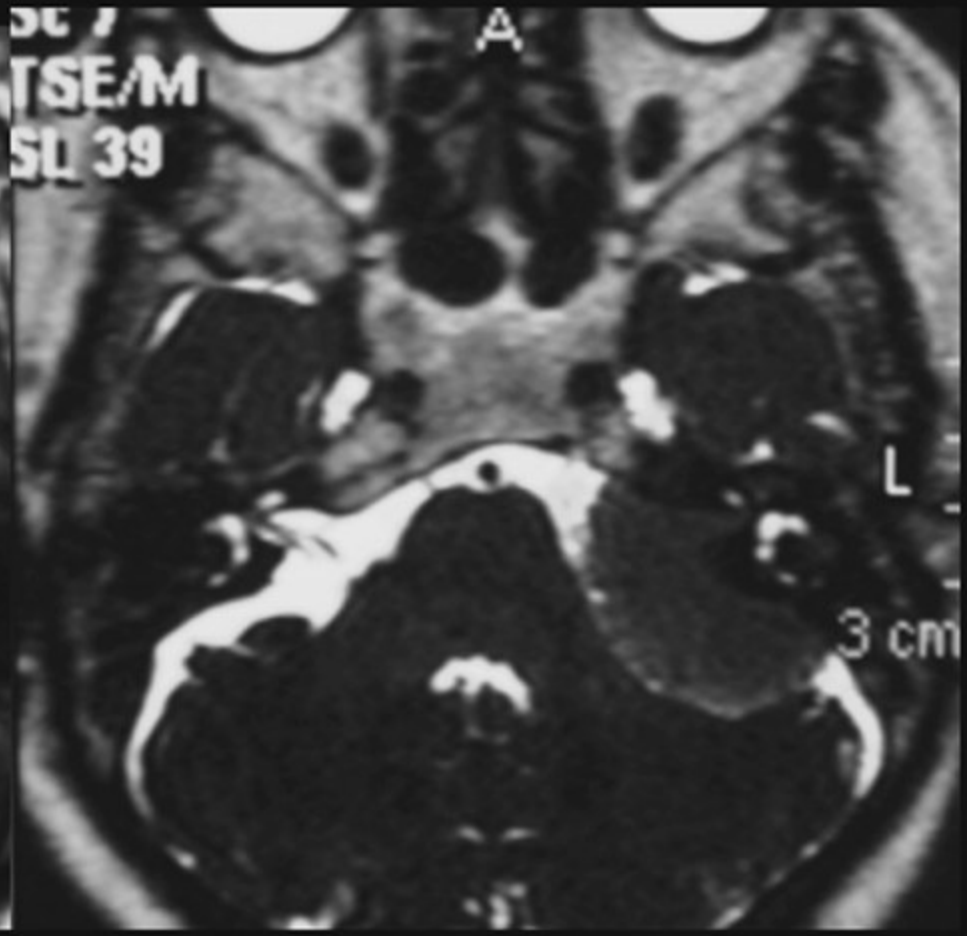




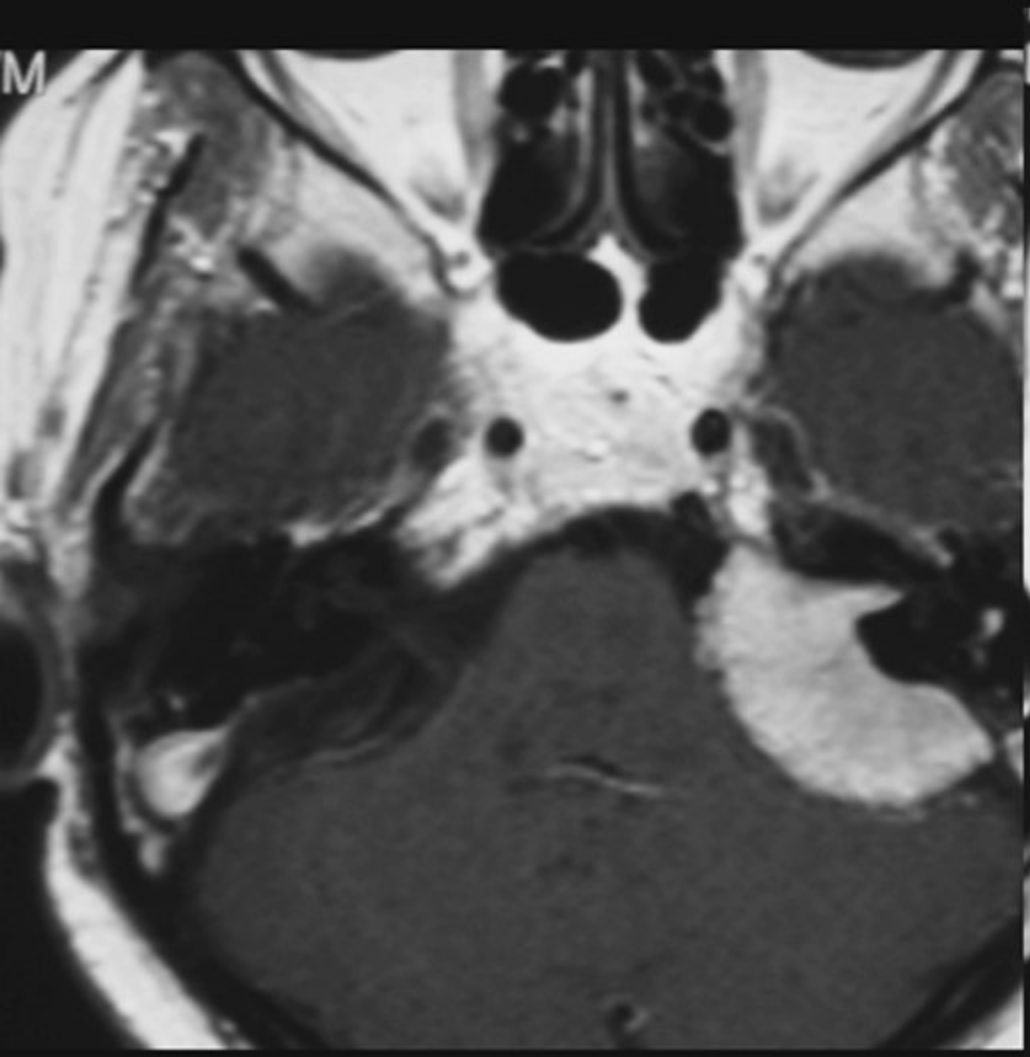
Papillary Glioneuronal tumor, WHO Grade I

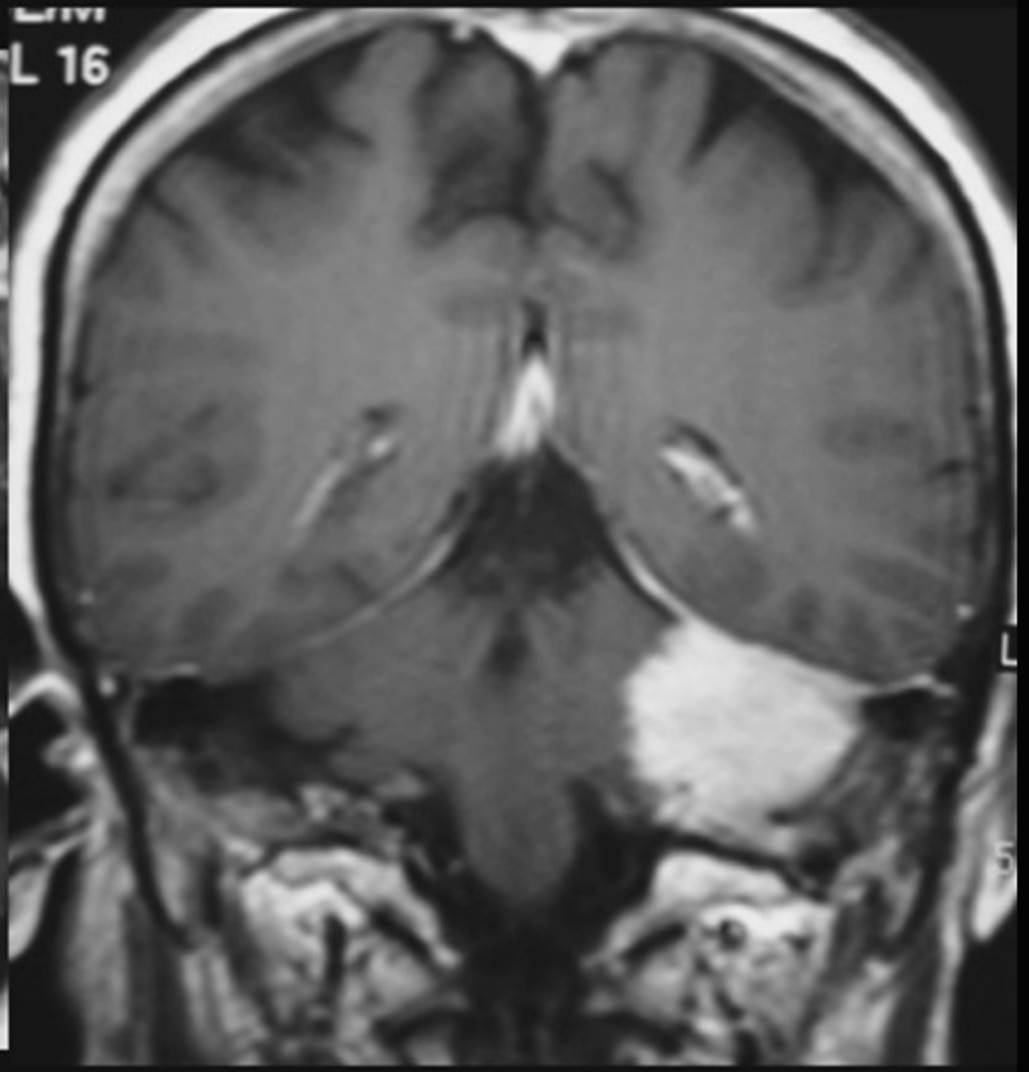
- Meningioma?
- Scwannoma?





- Meningioma?
- Scwannoma?






HappyToast
Nutty Wedges
Health Farm
and Spa