



## **REMARKS**

### **1 Intravenous urogram (IVU)**

- 1.1 IVU has no role in acute renal failure.

### **2 US**

- 2.1 US should be the initial imaging study. It helps to differentiate potentially reversible acute renal failure from chronic end-stage renal disease. In cases of chronic renal failure, US can define the renal sizes and their echogenicity, presence of pelvicalyceal dilatation and cystic disease.
- 2.2 Color Doppler US can be used to assess the renal arterial supply and venous drainage.

### **3 Nuclear medicine**

- 3.1 Renal scan provides assessment of global and differential renal function which may reflect the potential reversibility of the renal failure. It is generally not useful in clinical decision making.

### **4 CT**

- 4.1 CT is of value for ruling out stone disease, surveying the retroperitoneum for masses in patients with suspected post-renal cause of dysfunction.

### **5 MRI**

- 5.1 In hypertensive patients or in those with extensive peripheral atherosclerotic vascular disease, magnetic resonance angiogram (MRA) with/without contrast is useful for detecting renal artery stenosis when duplex Doppler US is negative or non-diagnostic.

### **6 Pathological diagnosis**

- 6.1 Percutaneous US-guided renal biopsy yields tissue for pathological examination in patients with intrinsic renal dysfunction, such as glomerular, vascular or tubulointerstitial diseases.

## **REFERENCES**

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