Blood flow images from a normal renal scan:
Dynamic flow images (1-2 min/frame) of the abdomen and pelvis are acquired in the posterior projection, after the IV administration 10 mCi of Tc99m MAG3, followed by dynamic nephrogram images, acquired in the same projection (1 min/frame for 30 min.). Additional images may be acquired after the IV administration of lasix (diuresis renography) to evaluate for obstruction. Prompt and symmetric activity is seen in both kidneys.
Nephrogram images from a normal renal scan: Good uptake and excretion of the tracer is seen bilaterally, from the kidneys, into the ureters and the urinary bladder.
Blood flow images from a renal scan: delayed and diminished blood flow is seen in the right kidney.
Nephrogram images from the renal scan: decreased uptake is seen in the right kidney, with a normal cortical transit and stasis of the tracer in the pelvis, suspicious for obstruction. Good uptake and excretion of the tracer is seen on the left.
Post lasix images showing washout of activity from the pelvis of the right kidney, with a half time of emptying of < 10 min, ruling out obstruction. Findings are likely to be consistent with prior obstruction.
Blood flow images from a renal scan: delayed and diminished blood flow is seen in the right kidney.
Nephrogram images from the renal scan: decreased uptake and normal cortical transit is seen on the right side. Stasis of activity is also seen in the right renal pelvis, suspicious for obstruction. Good uptake and excretion of the tracer is seen on the left.
Post lasix images showing stasis of activity in the obstructed right kidney. The half time of emptying in response to lasix was $>20$ min, consistent with high grade UPJ obstruction.
Blood flow images from a renal scan: delayed and diminished blood flow is seen in the left kidney.

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Nephrogram images from the renal scan: decreased and patchy uptake is seen in the enlarged left kidney, with minimal cortical transit. Good uptake and excretion of the tracer is seen on the right side.
Post lasix images showing stasis of activity in the obstructed left kidney and leakage of urine from the thinned cortex, into the retroperitoneal space. No half time of emptying was achieved in response to lasix.
Blood flow images from a renal scan: no activity is seen in the left kidney. Normal blood flow to the right kidney.
Nephrogram images from the renal scan: no activity is seen in the chronically obstructed left kidney. Normal function and no evidence of obstruction are seen in the right kidney.
Blood flow images from a renal scan, obtained after the oral administration of 25 mgs of captopril: prompt and symmetric activity is seen in both kidneys.
Nephrogram images from the renal scan (with captopril): symmetric uptake of the tracer is seen. Prolonged cortical transit time is seen in both kidneys, suspicious for bilateral renal artery stenosis.
Blood flow images from a renal scan, at baseline (without oral captopril): prompt and symmetric activity is seen in both kidneys.
Nephrogram images from the baseline renal scan (without captopril): symmetric uptake of the tracer is seen. Normal cortical transit time is seen in both kidneys. Findings on the captopril scan are suspicious for bilateral renal artery stenosis. Prolonged retention of the tracer and stasis in the pelvis are also not seen on the baseline scan, as compared to the scan with captopril.
Normal flow and nephrogram images of a left pelvic renal transplant. Dynamic images are acquired in the anterior projection. Good blood flow, and normal uptake and excretion of the tracer is seen in the transplant. Prior failed transplant is seen in the right side of the pelvis.

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Normal flow and poor function are seen in the right pelvic renal transplant, with minimal production of urine, consistent with ATN (acute tubular necrosis or vasomotor nephropathy.)
Blood flow images from a renal scan: prompt and symmetric activity is seen in both kidneys.
Nephrogram images from the renal scan: normal uptake and cortical transit is seen in both kidneys. Persistence of blood pool activity in the spleen and cortical activity in both kidneys is suspicious for bilateral medical renal disease.