QUESTION 14
A 45-year-old woman has intermittent right upper quadrant pain. This pain is associated with ingestion of certain foods and periods of dehydration.
Her serum biochemistry results are:
- creatinine 0.08 mmol/L [0.06-0.11]
- urea 4.0 mmol/L [4.0-8.0]
- electrolytes normal
Her blood pressure is 130/85 mmHg.
Investigations have included an abdominal computed tomography (CT) scan, one view of which is shown below.

Which one of the following is the most useful next investigation?
A. Repeat CT scan in six months.
B. Aspiration.
C. Urinary cytology.
D. Renal biopsy.
E. Labelled red blood cell scan.

The clinical picture sounds like gall stones and m

Here are a few normal CT Abdo’s
http://fitsweb.uchc.edu/student/selectives/TimHerbst/anatomy.htm
Year 2003 Paper two: Questions supplied by Tricia
A. Repeat CT scan in six months. – by default the only appropriate thing to do
I think however this is gall stone disease with fairly classical symptoms here is uptodate’s recommendations

SUMMARY AND RECOMMENDATIONS — When considering gallstone disease it is helpful to categorize patients into the following clinical categories.

Gallstones but without symptoms — These patients are unlikely to develop symptoms and when they do occur they are generally mild. Thus, patients should be educated about symptoms potentially related to gallstones (principally biliary colic) without recommending specific therapy to address the gallstones.

Typical biliary symptoms and gallstones — Such patients should generally undergo treatment (generally cholecystectomy) since they are likely to develop recurrent symptoms, which can be severe. The National Cooperative Gallstone Study (one of the most definitive studies on the subject) showed that the risk of further symptoms and complications in such patients was approximately 70 percent within two years after initial presentation.

Atypical symptoms and gallstones — Such patients should undergo a search for non-gallstone-related causes of symptoms. If investigation is unrevealing, treatment of gallstones can be considered with the understanding that the rate of persistent symptoms is high.

Typical biliary symptoms but without gallstones — Clinical suspicion for gallstone disease should be maintained in such patients. A repeat extracorporeal ultrasound should be obtained. If results are unrevealing, EUS and collection of duodenal bile for microscopy should be considered. If results continue to be unrevealing, a search for other causes of biliary pain is reasonable.

B. Aspiration.
There is nothing to aspirate - ?bowel
C. Urinary cytology.
Looking for bladder ca / urinary tract malignancy
History should include, urinary symptoms, dysuria, haematuria
D. Renal biopsy.
Indications for renal biopsy
- Acute renal impairment – pre and post renal causes exclude
- Isolated glomerular haematuria
- Nephritic, nephritic syndrome with exclusion of systemic causes
History should include haematuria / oliguria and abnormal renal function
E. Labelled red blood cell scan.
- Looking for source of bleeding / no history