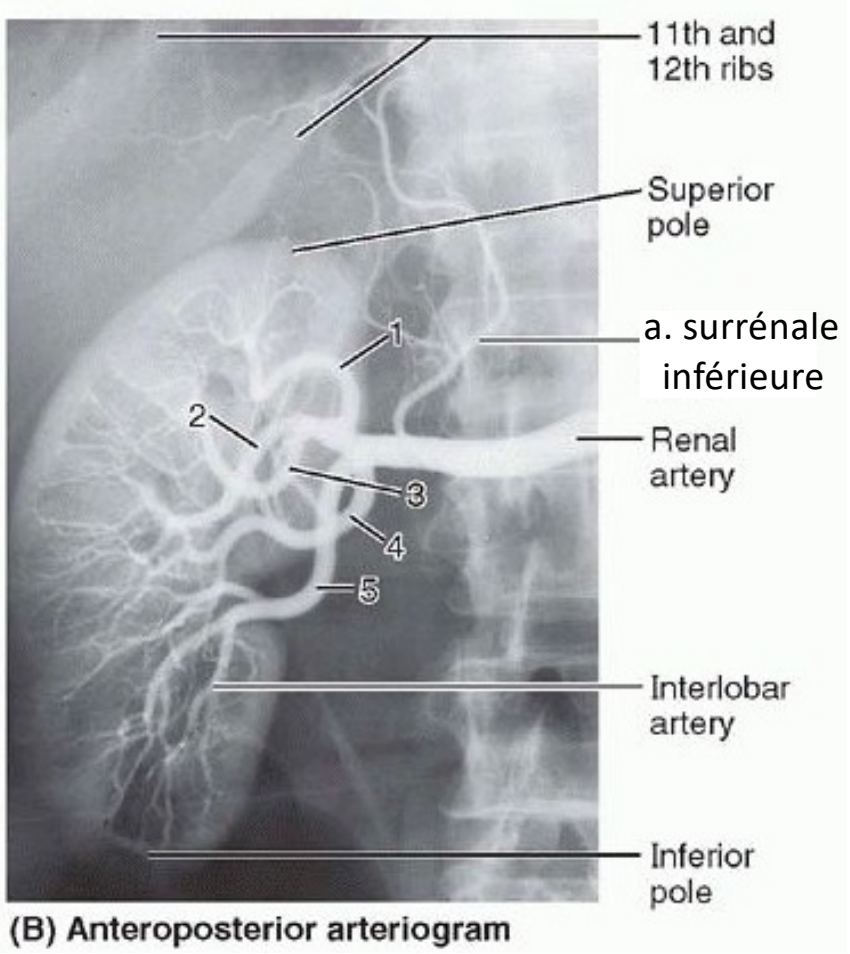
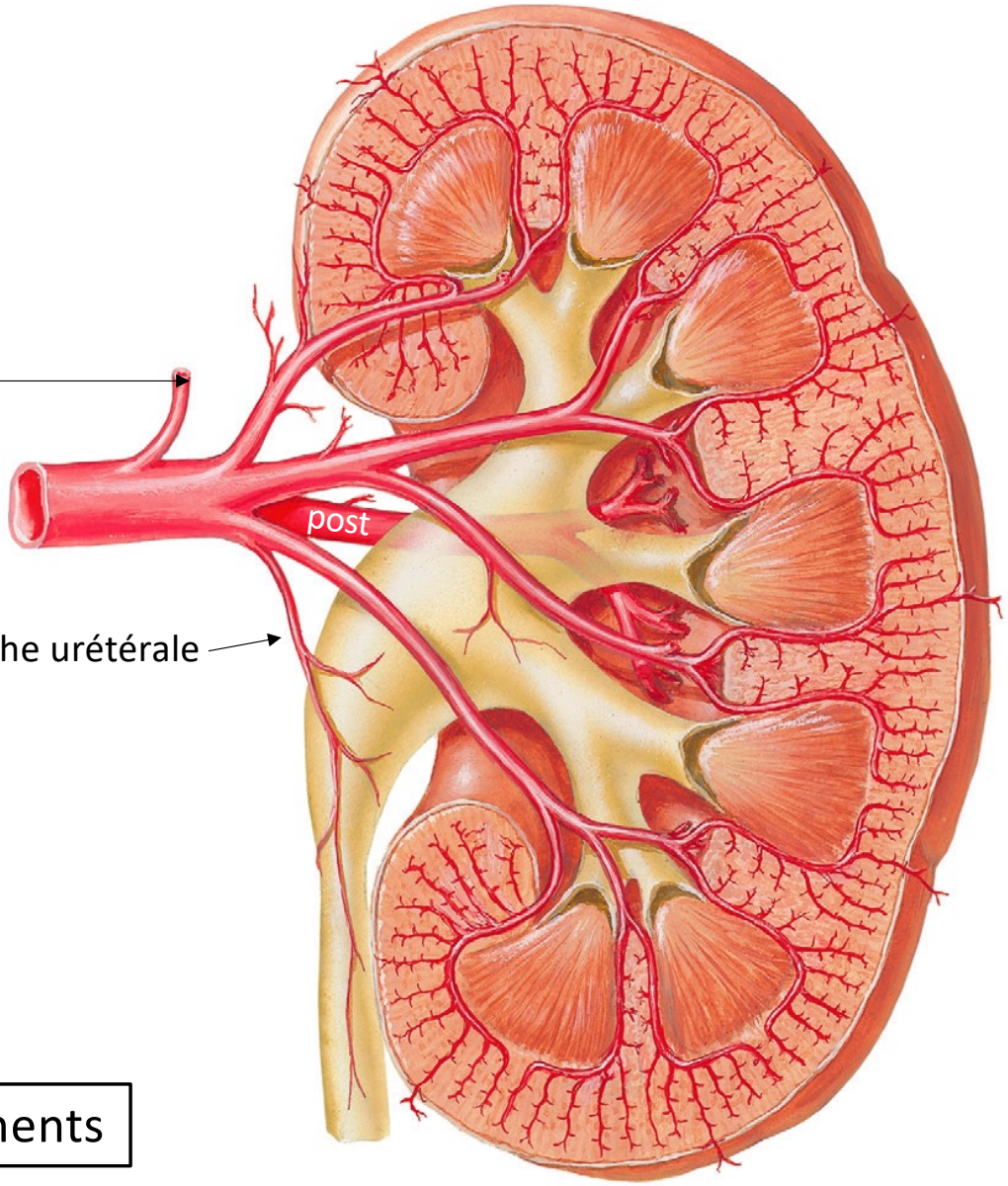


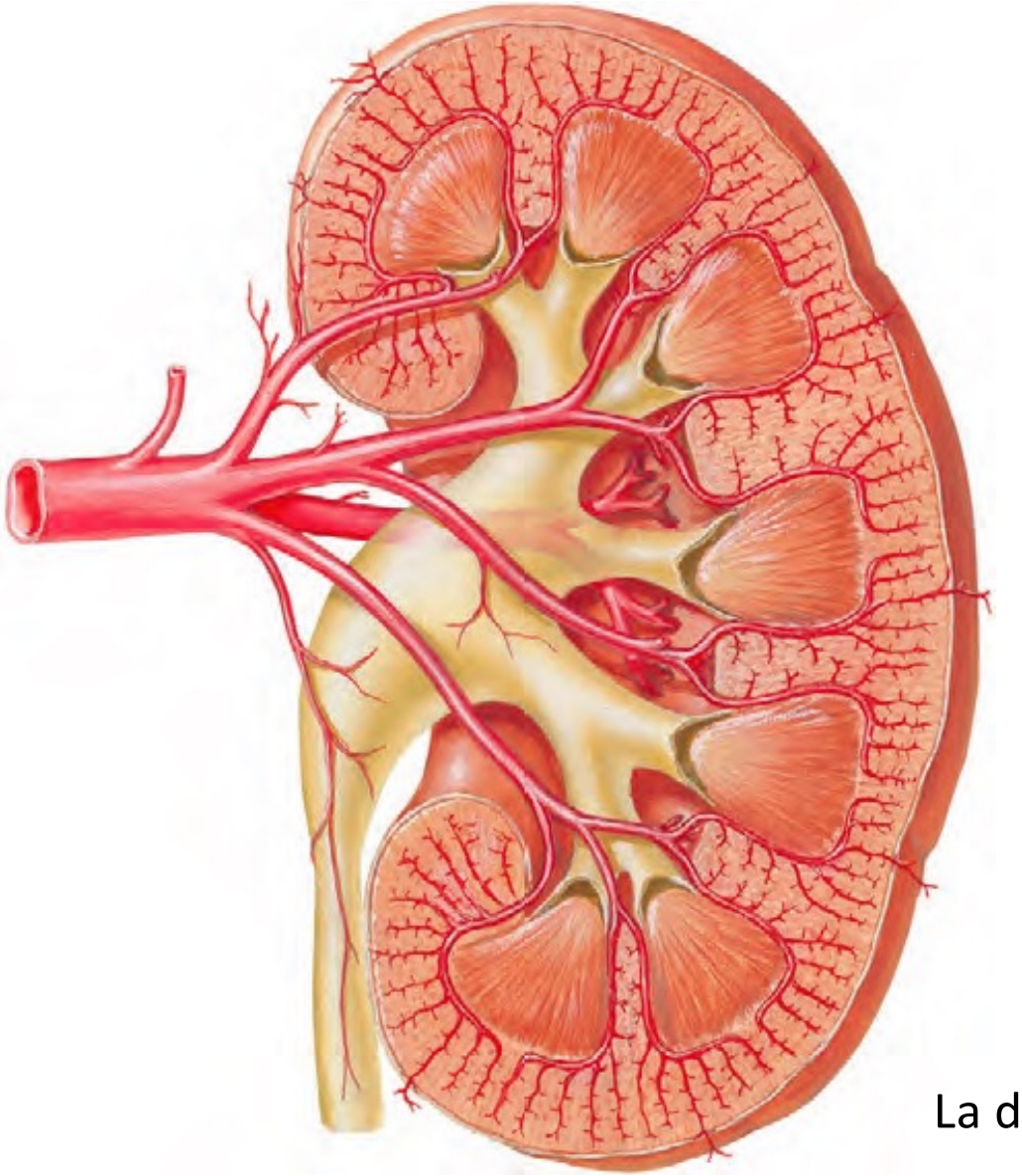
(B) Anteroposterior arteriogram

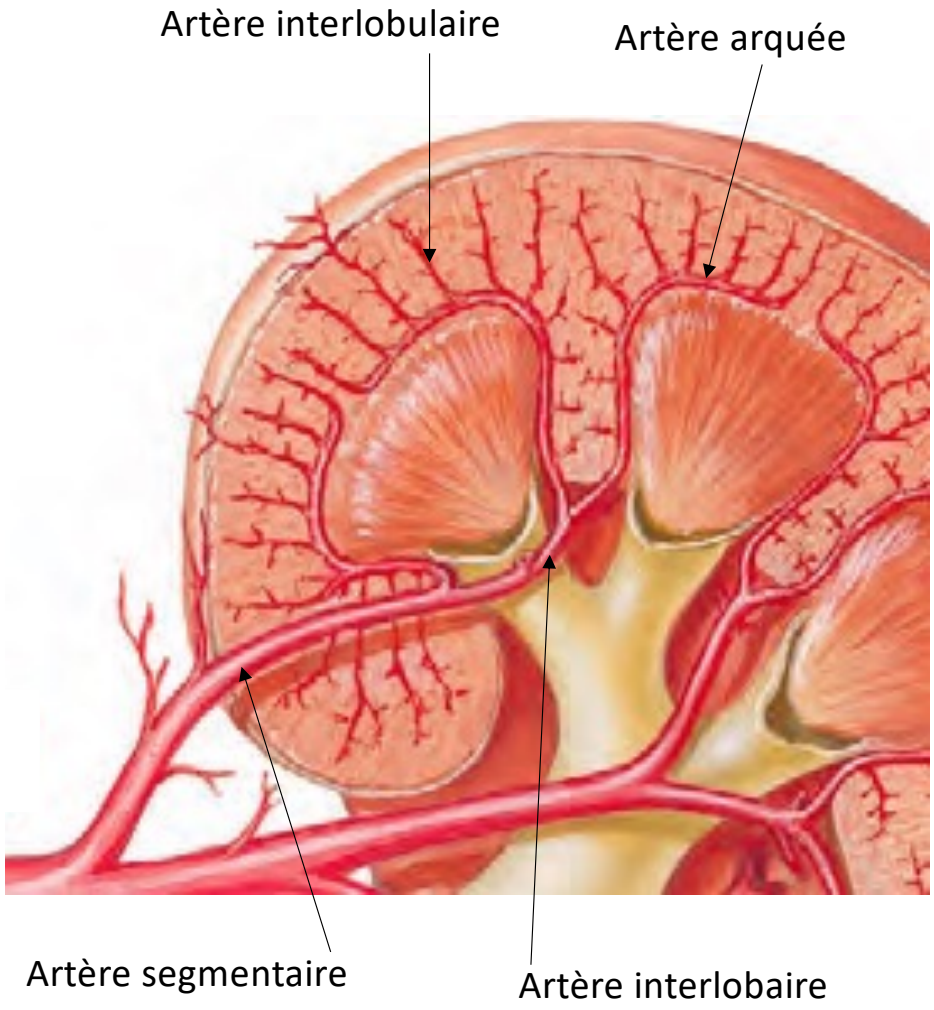
a. surrénale
inférieure

Branche urétérale



Vascularisation artérielle du rein : 5 segments



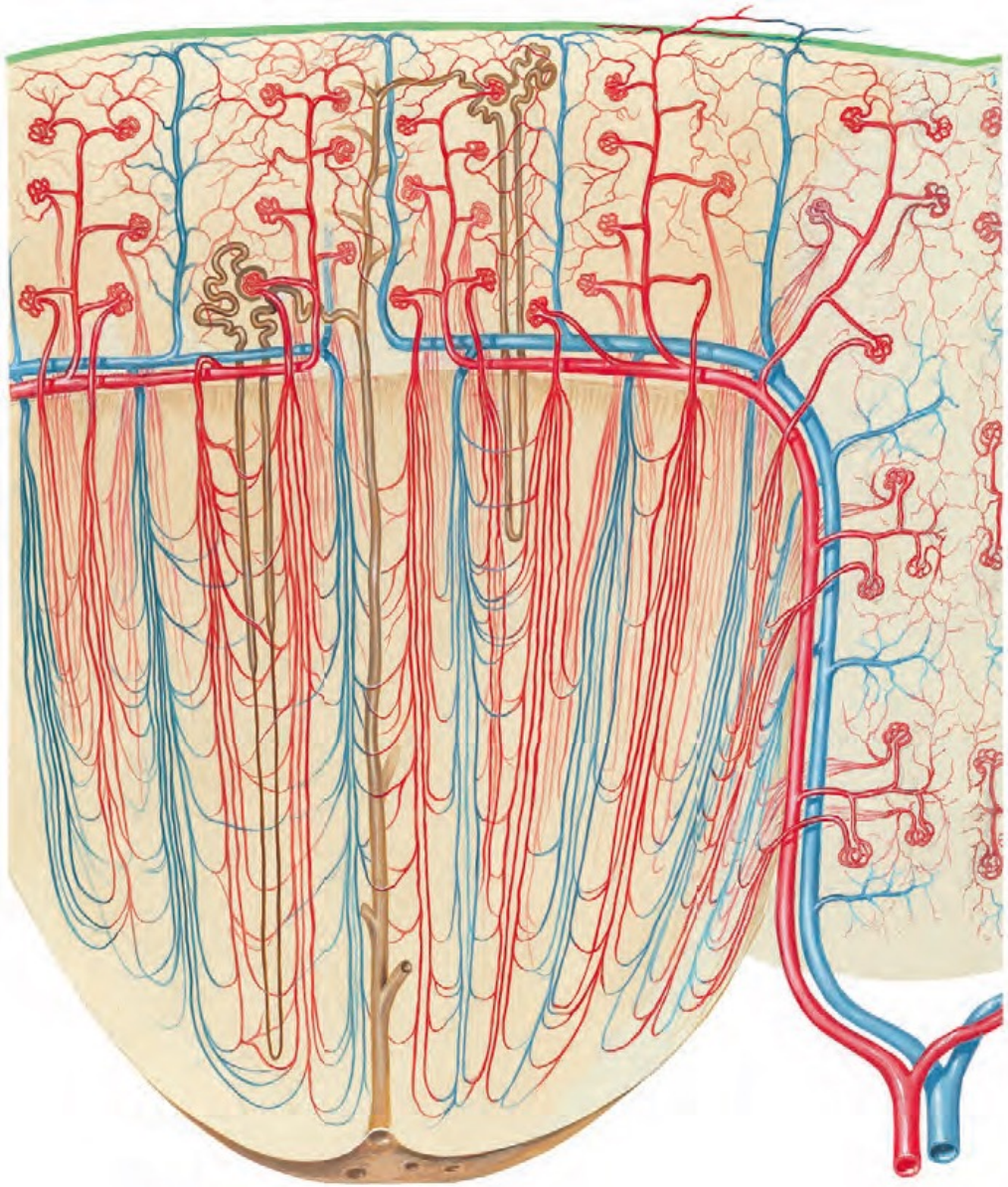


La division antérieure donne 4 arètres segmentaires

Vascularisation du rein

Dans la médulla :
vasa recta
(vaisseaux droits)

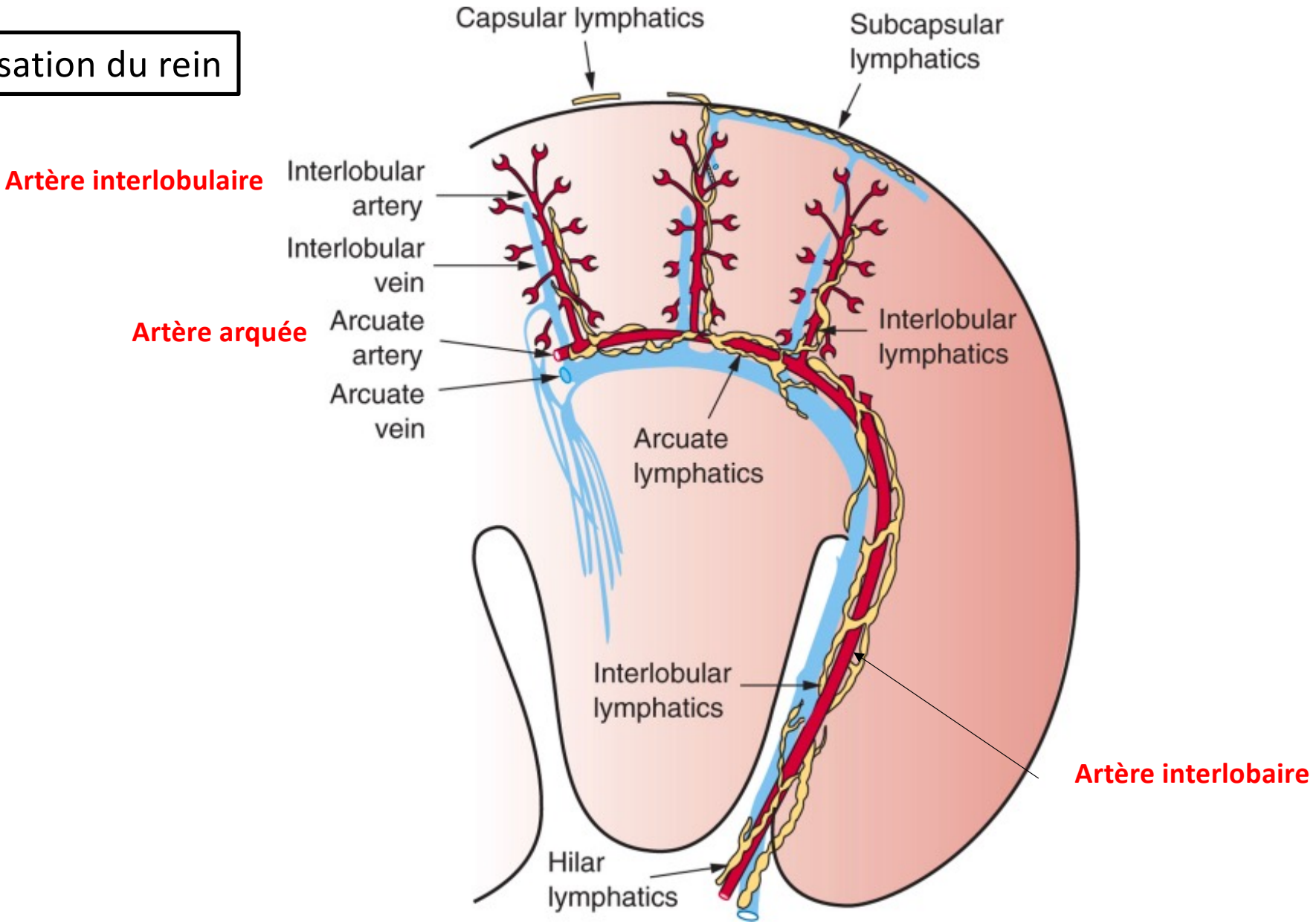
Notez la différence de
vascularisation entre
le cortex et la médulla.



Artère arquée

Artère interlobaire

Vascularisation du rein

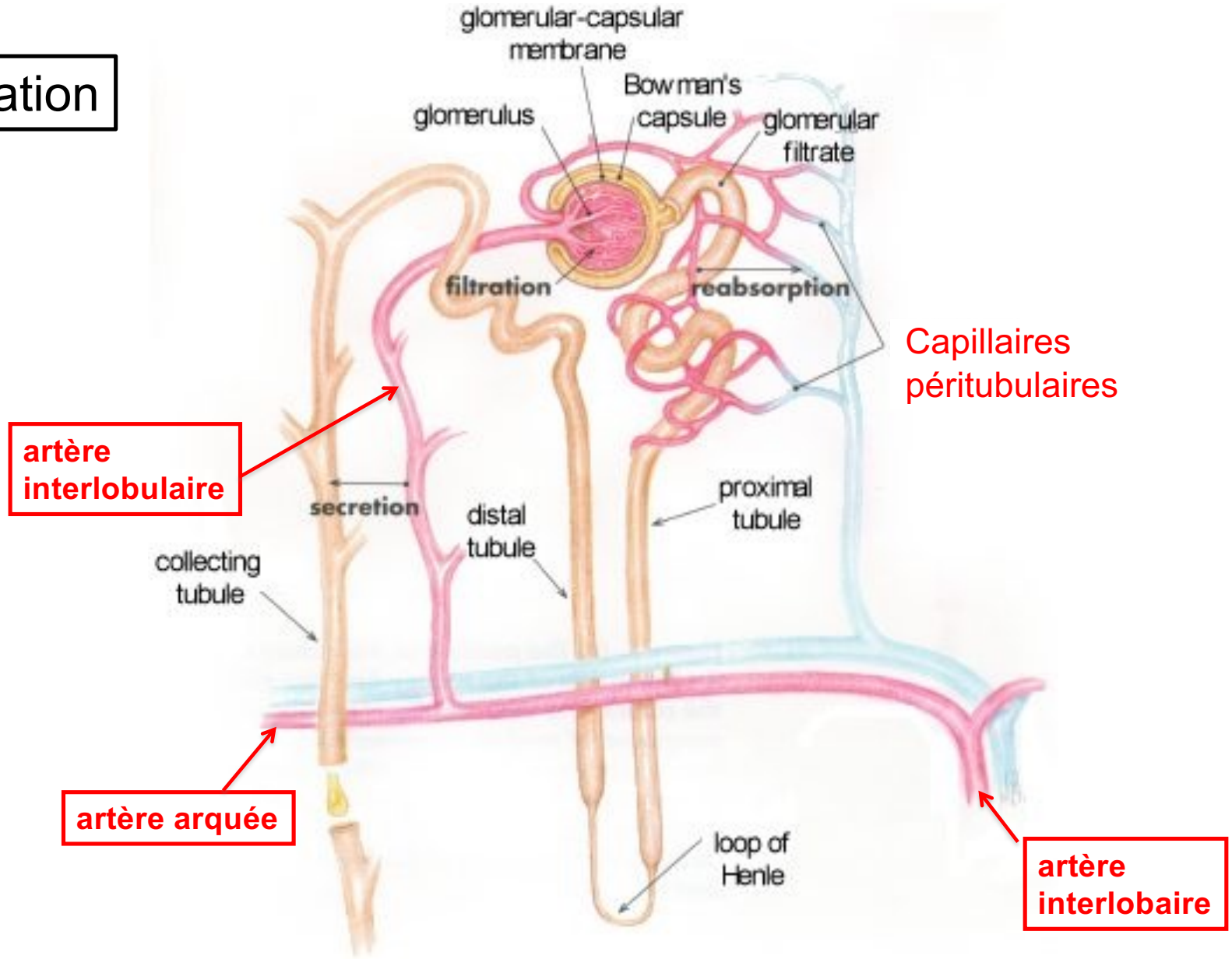


Artère interlobulaire

Artère arquée

Artère interlobaire

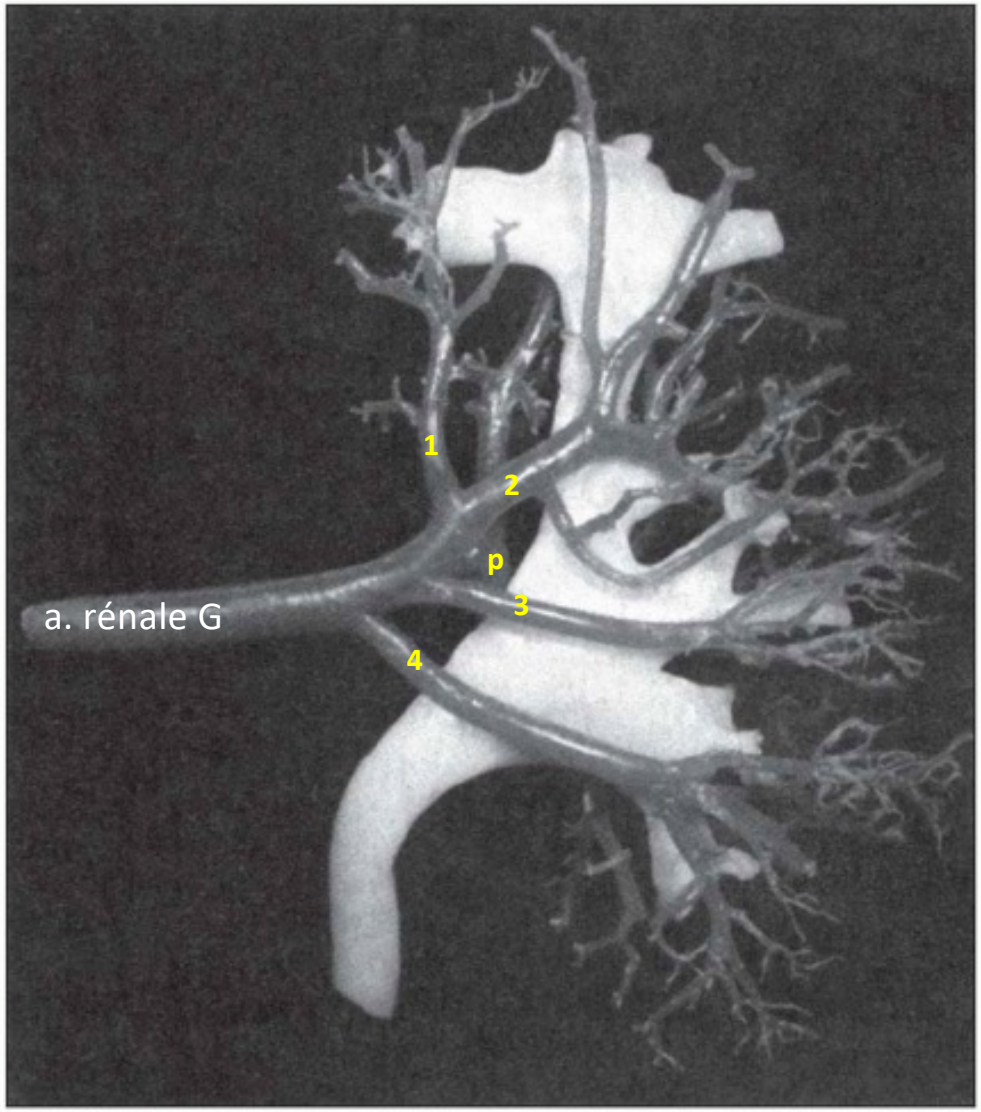
Vascularisation



Artères segmentaires

(moulage)

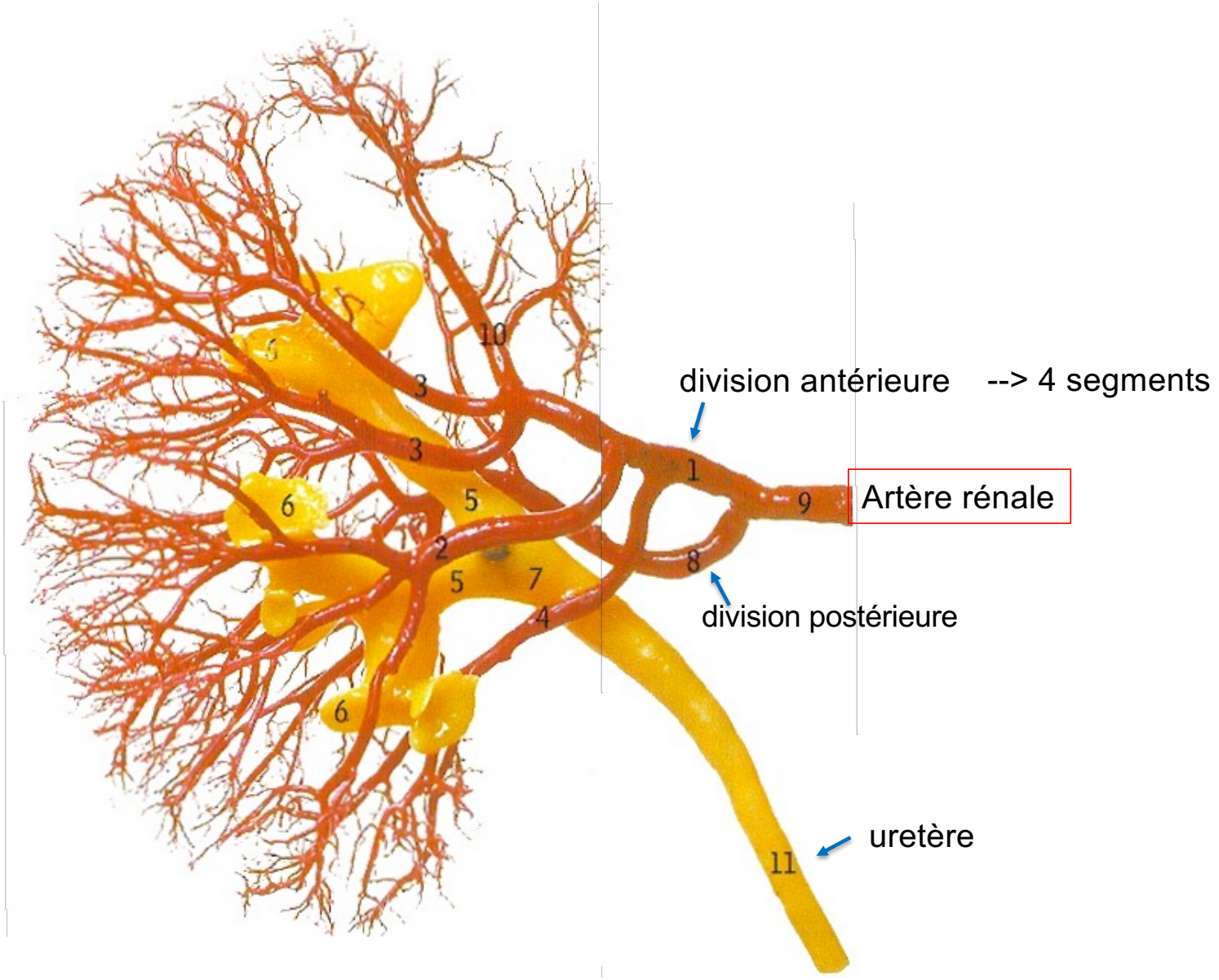
5 segments



Erosion cast

(moulage)

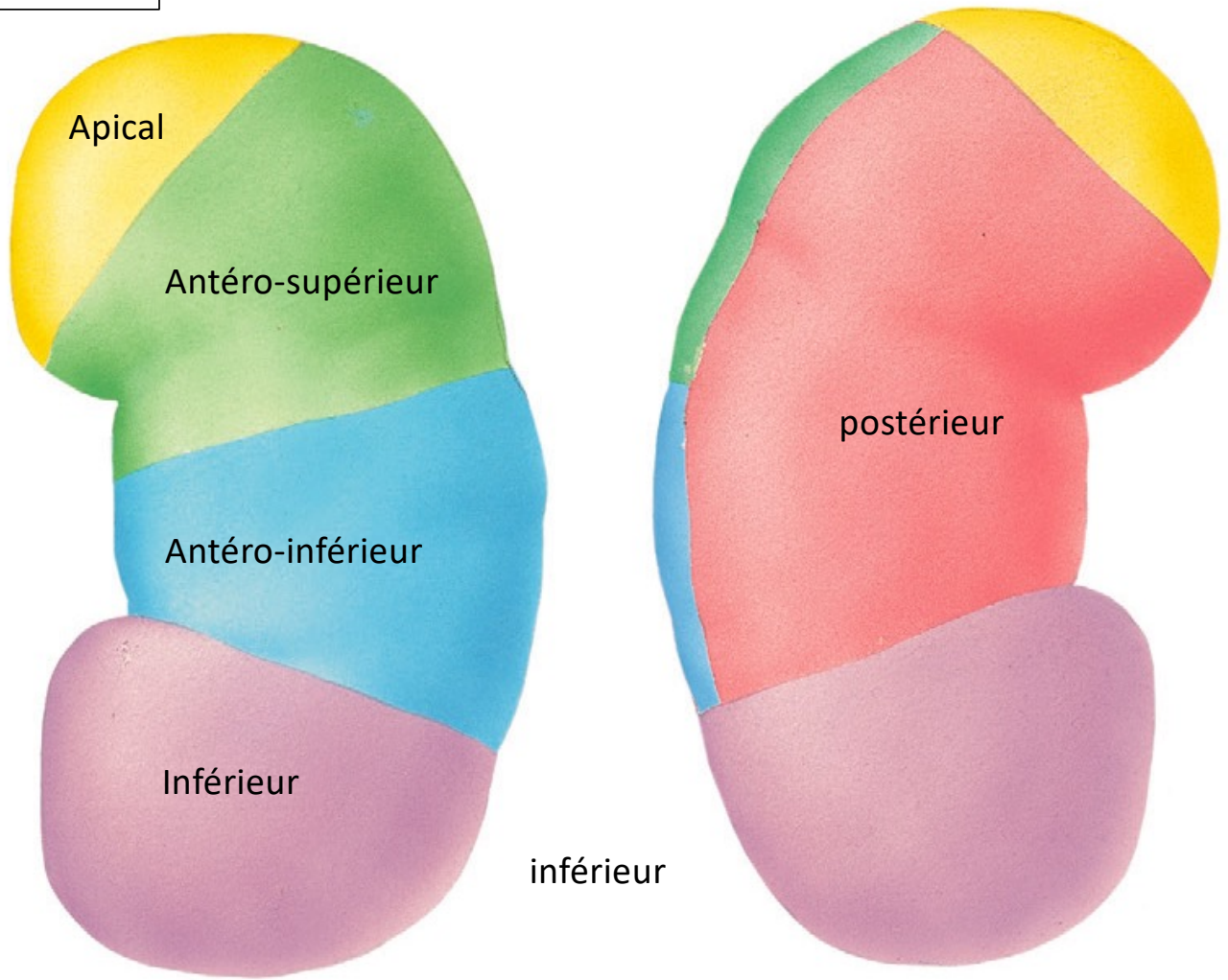
Irrigation artérielle
de type terminal :
infarctus du rein possible



Segments vasculaires

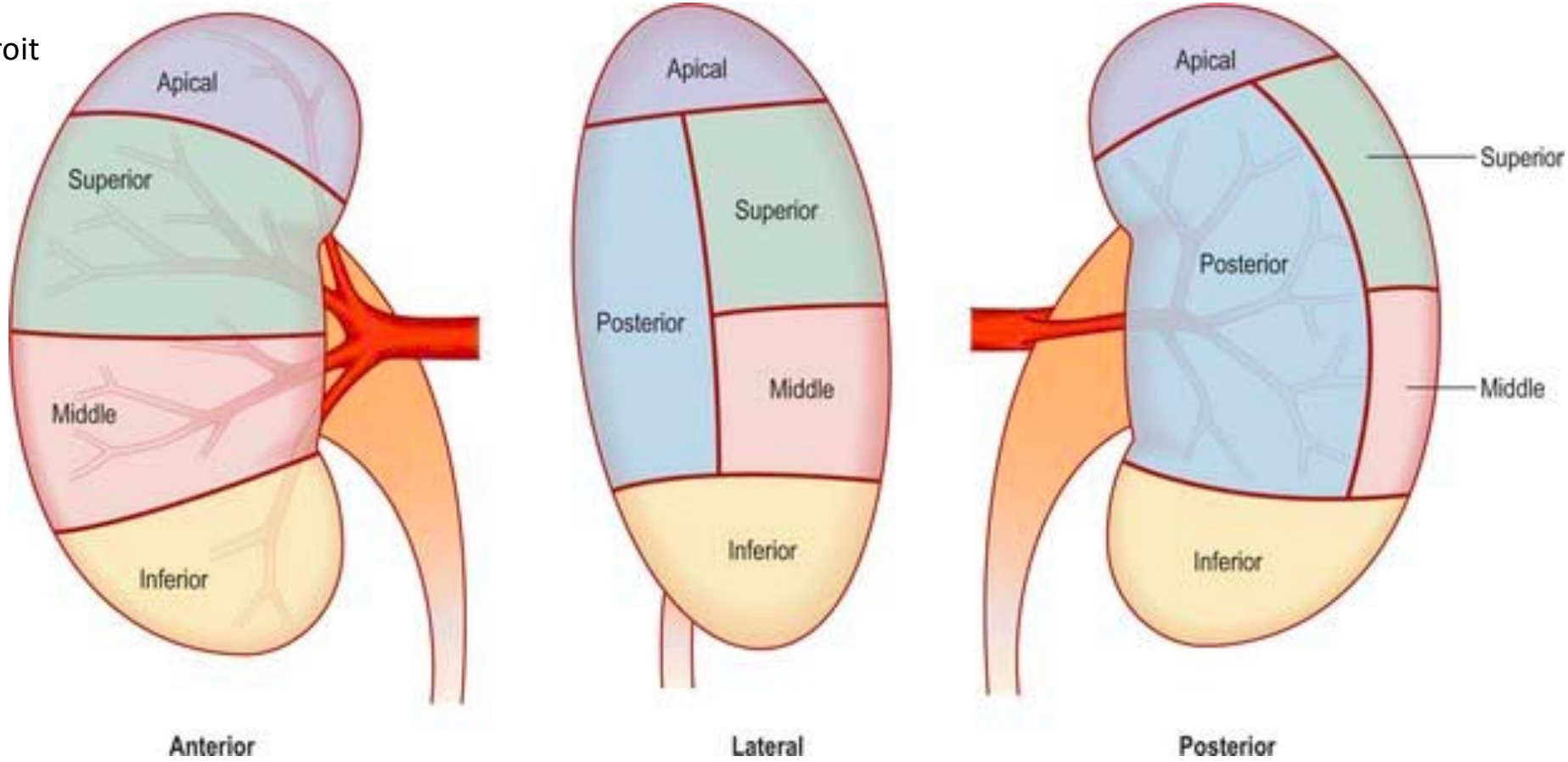
5 segments

Rein gauche



Segments vasculaires

Rein droit

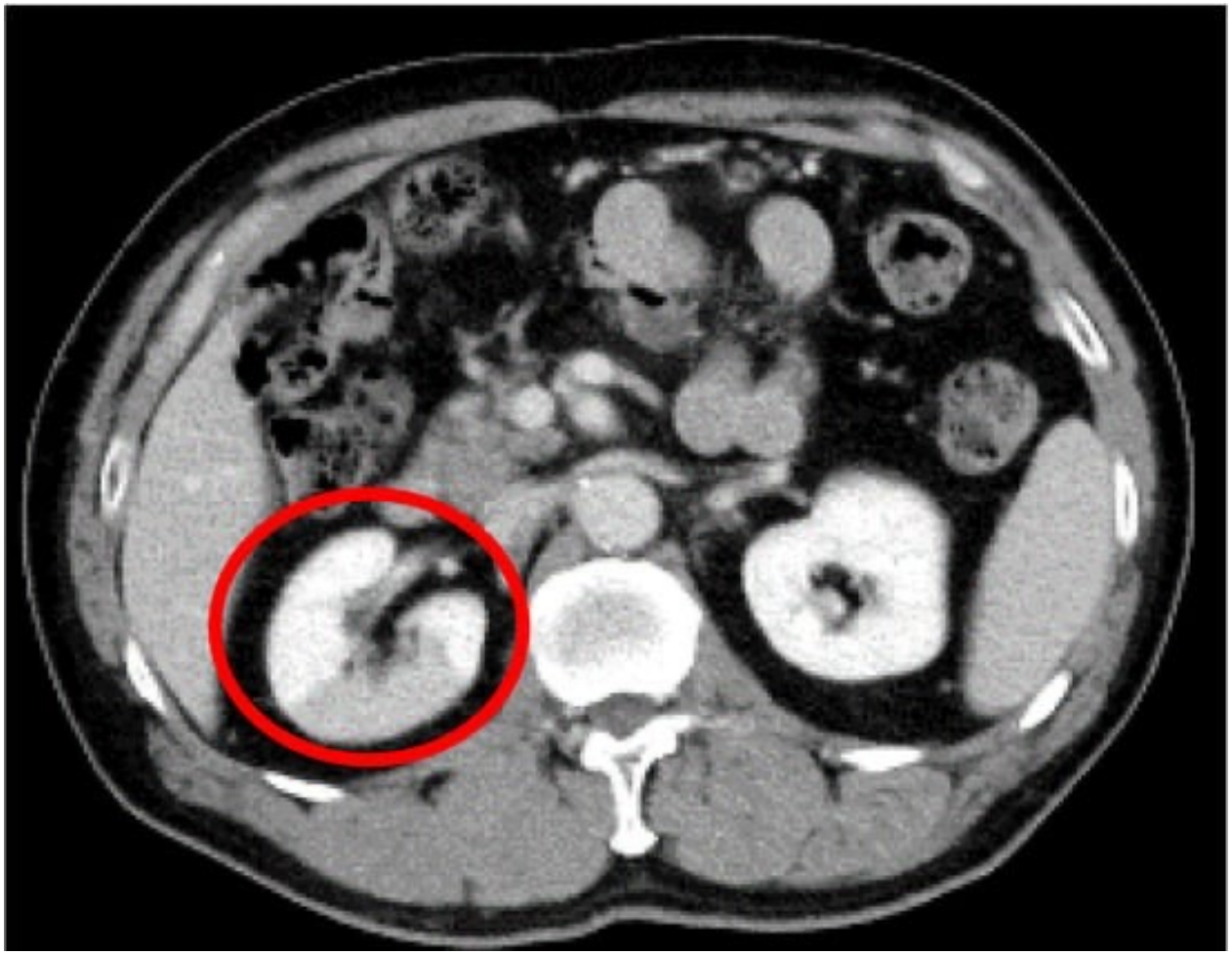


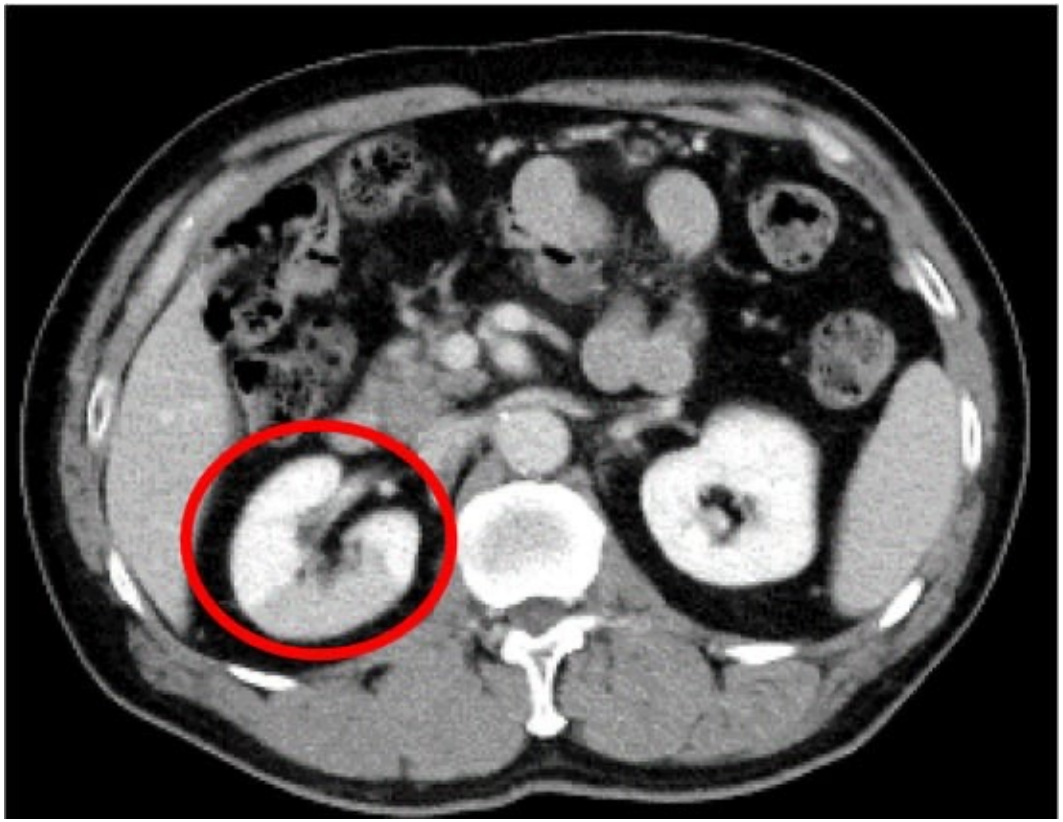
Infarctus rénal

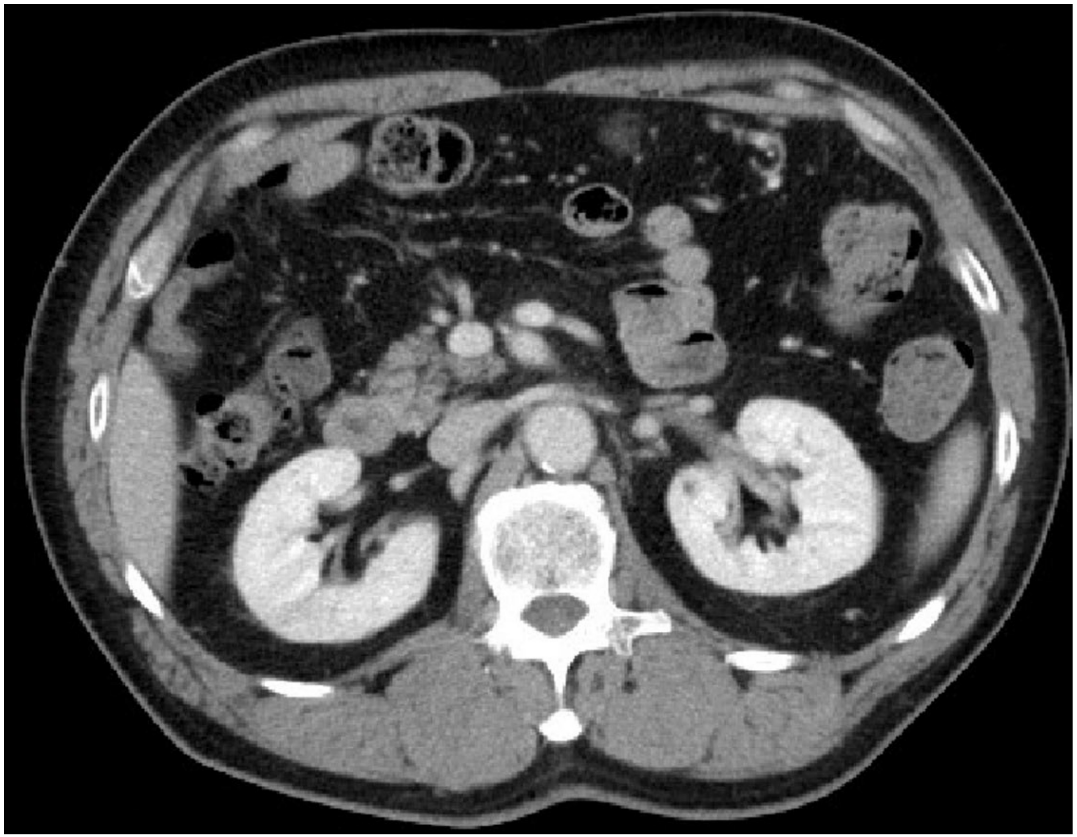
Le rein a une irrigation artérielle de type terminal : infactus possible

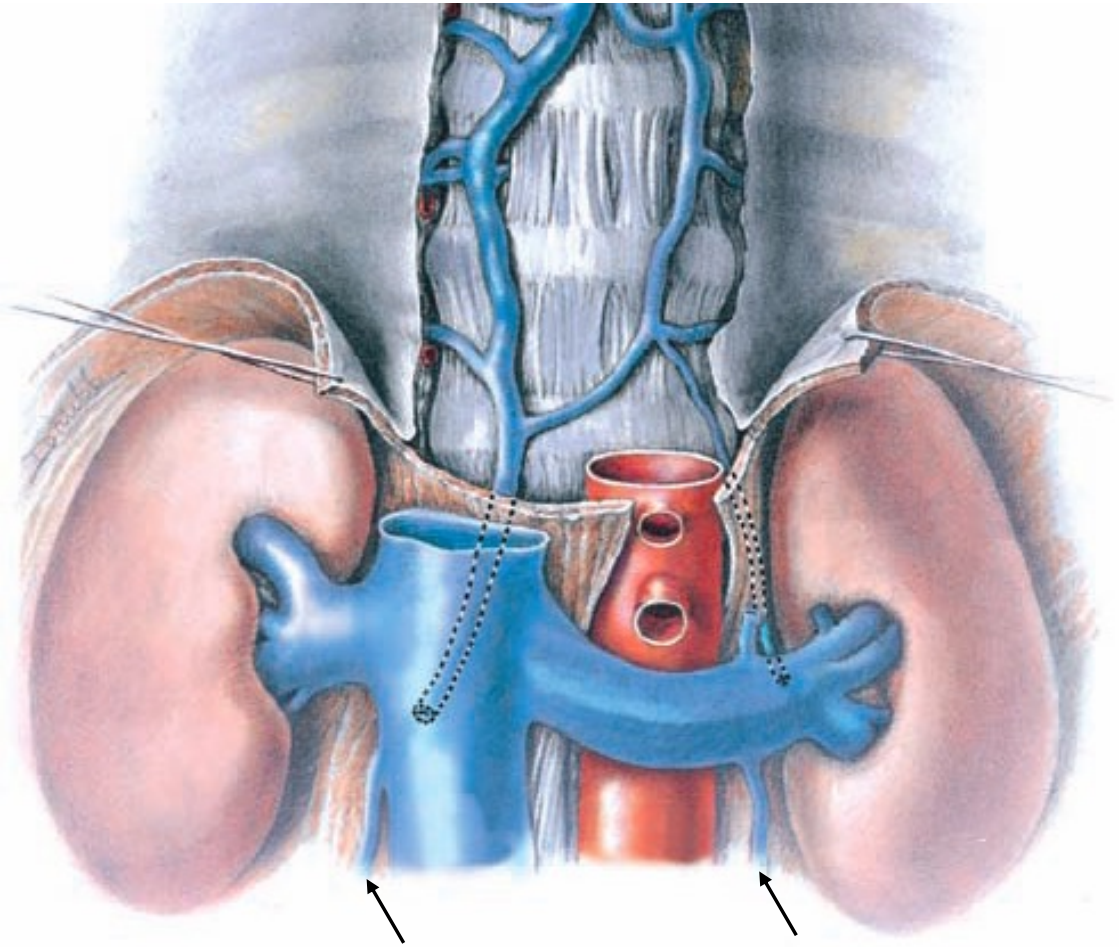
Rein gauche : infarctus

Infarctus rénal droit





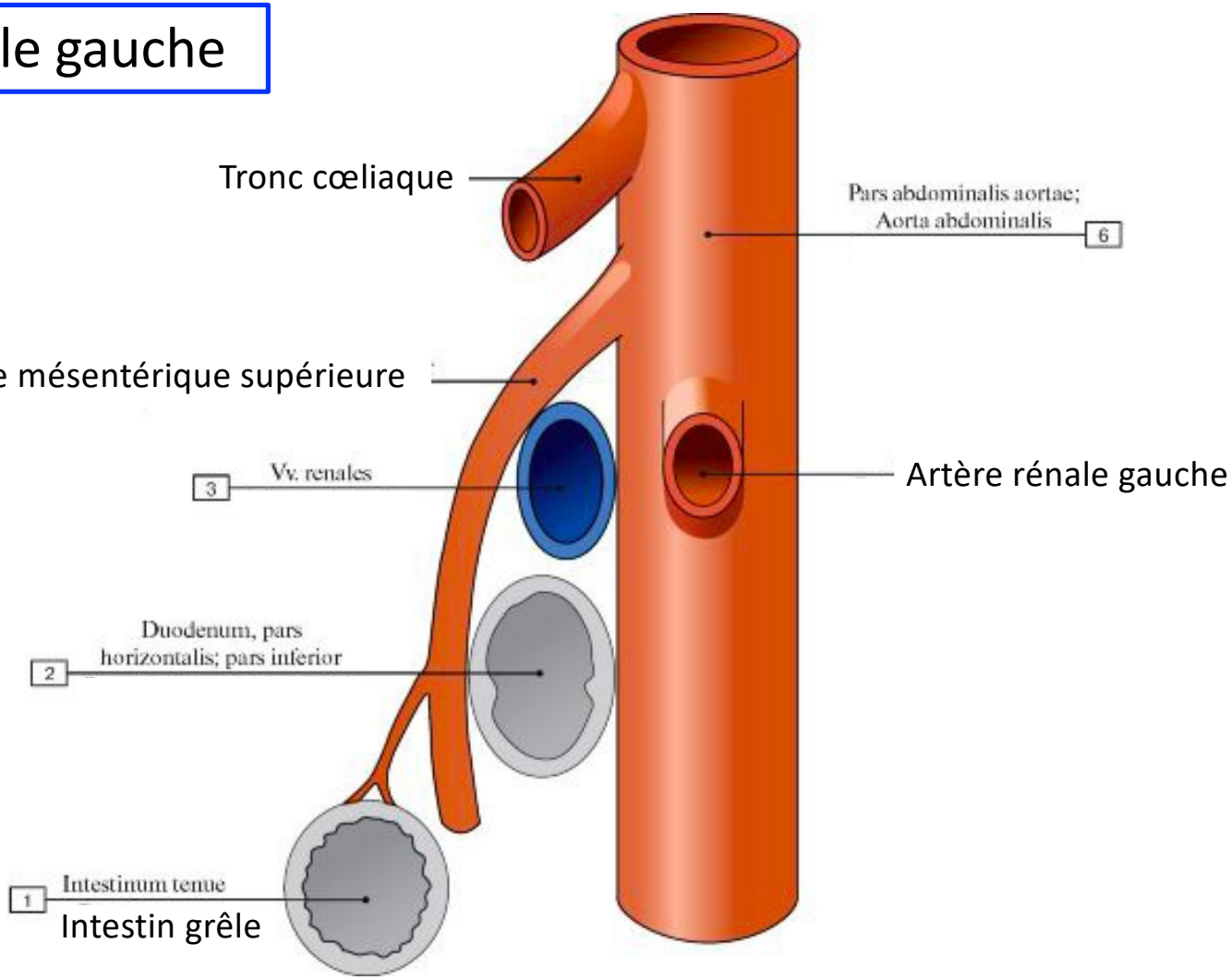




Veine testiculaire droite

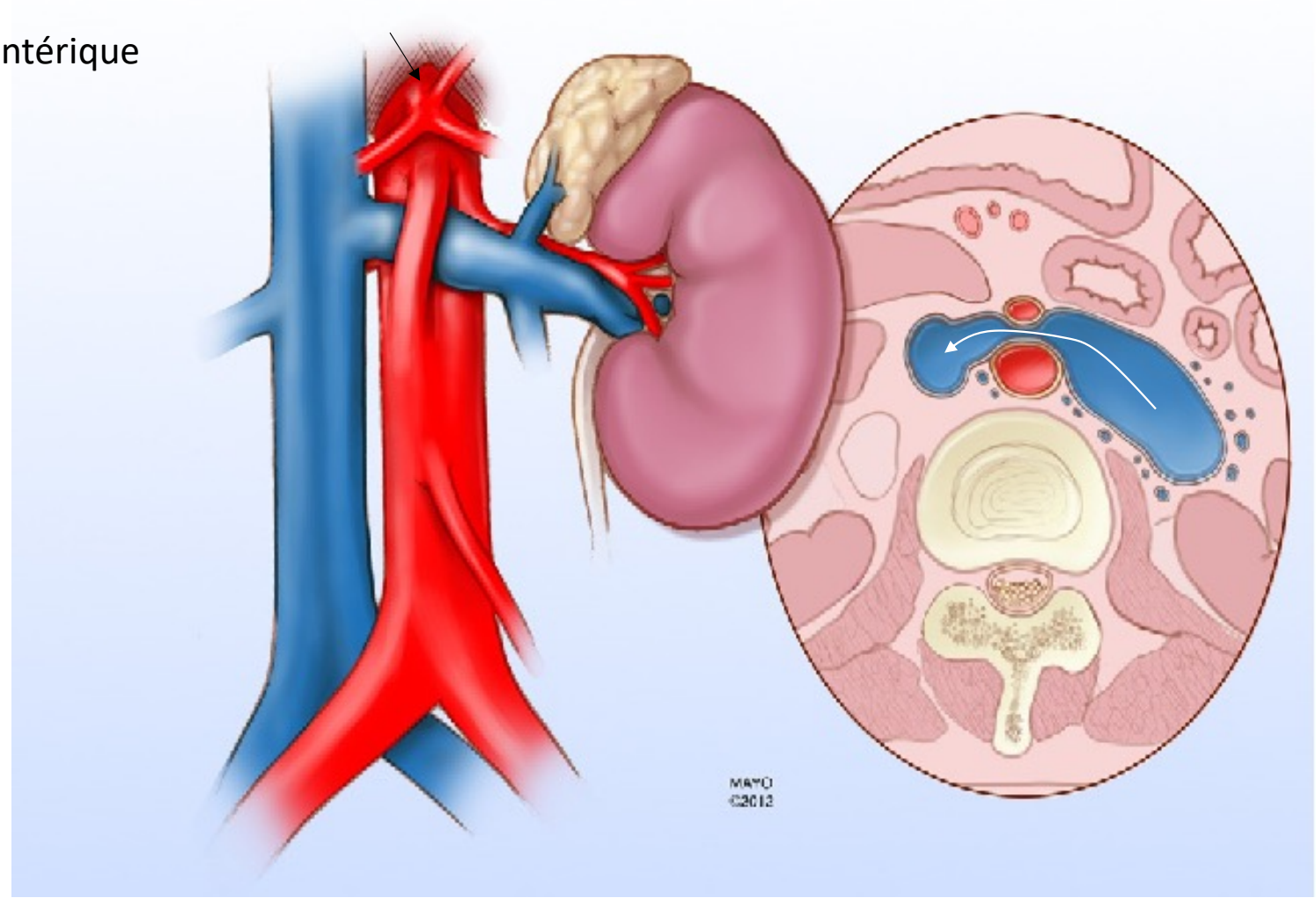
Veine testiculaire gauche

La veine rénale gauche



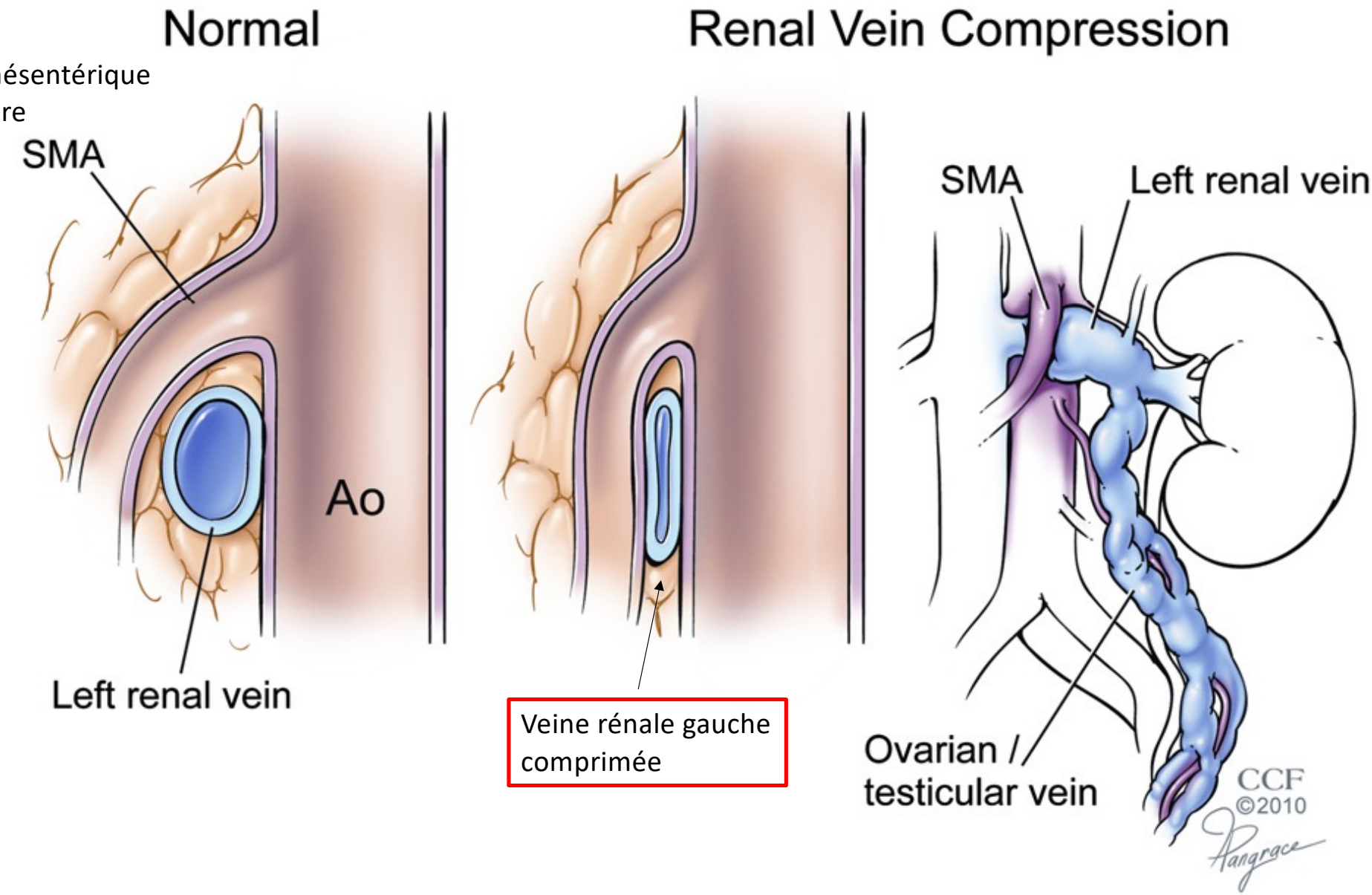
The nutcracker syndrome

La pince mésentérique

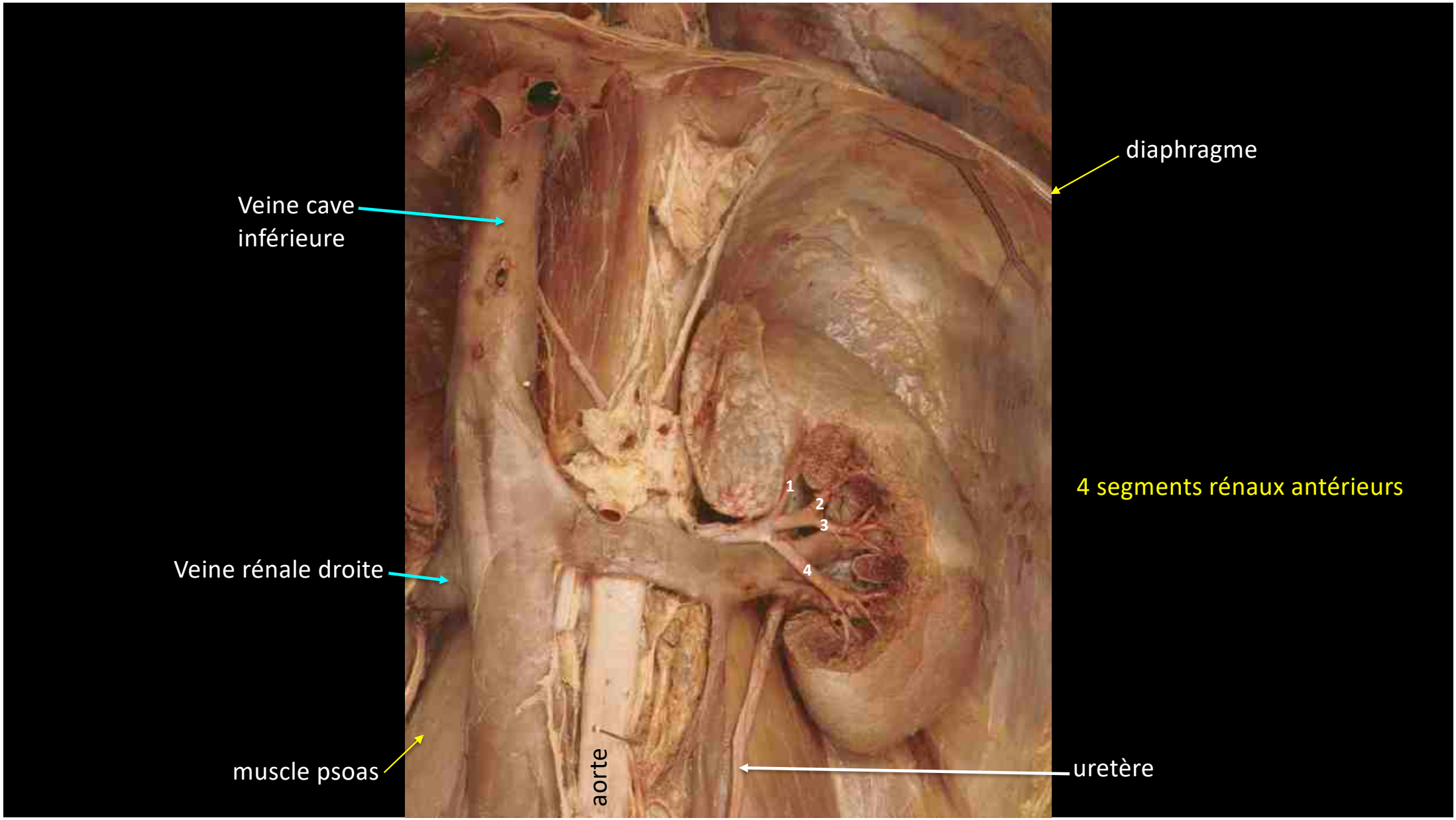


Veine rénale G comprimée

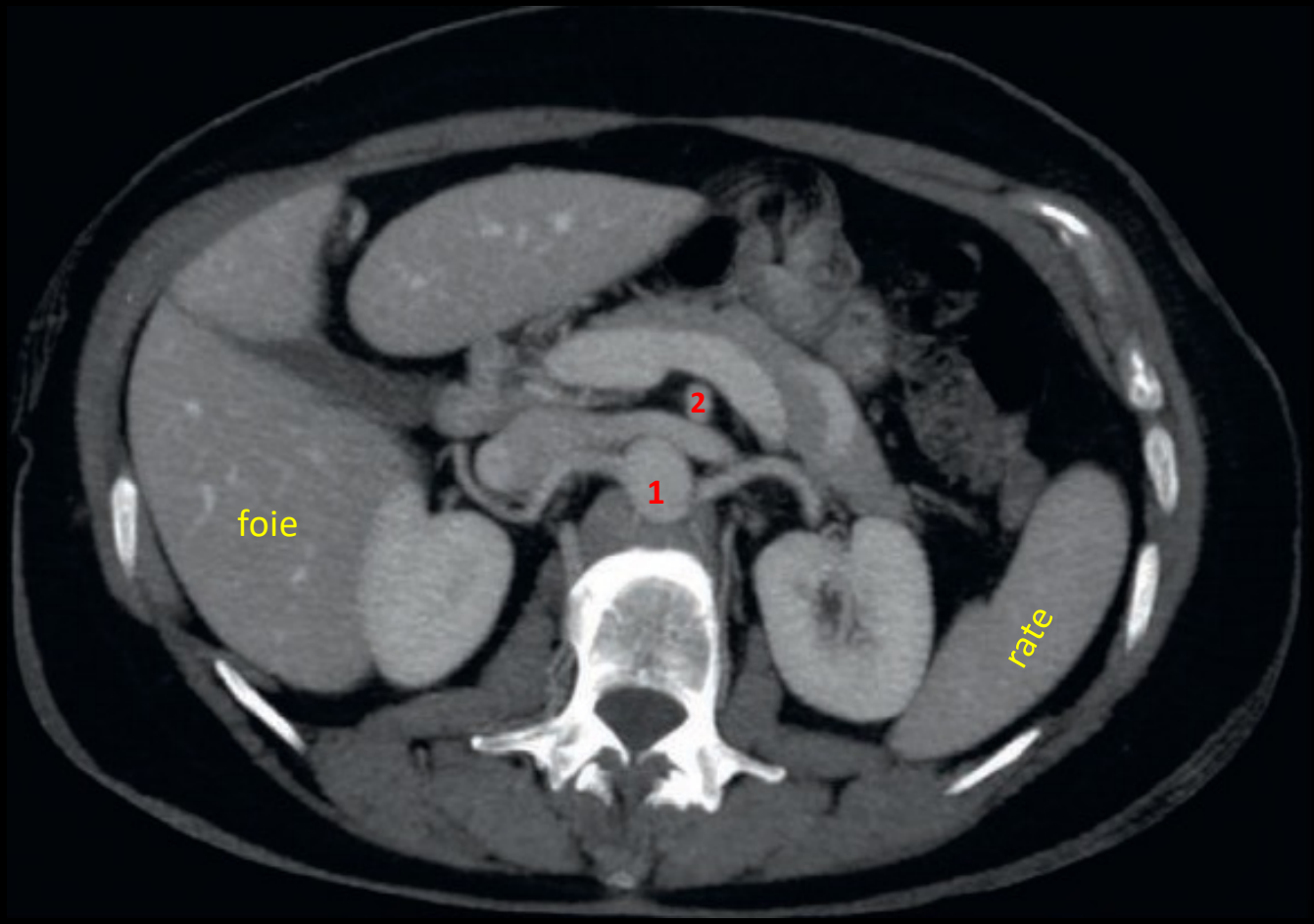
Artére mésentérique supérieure



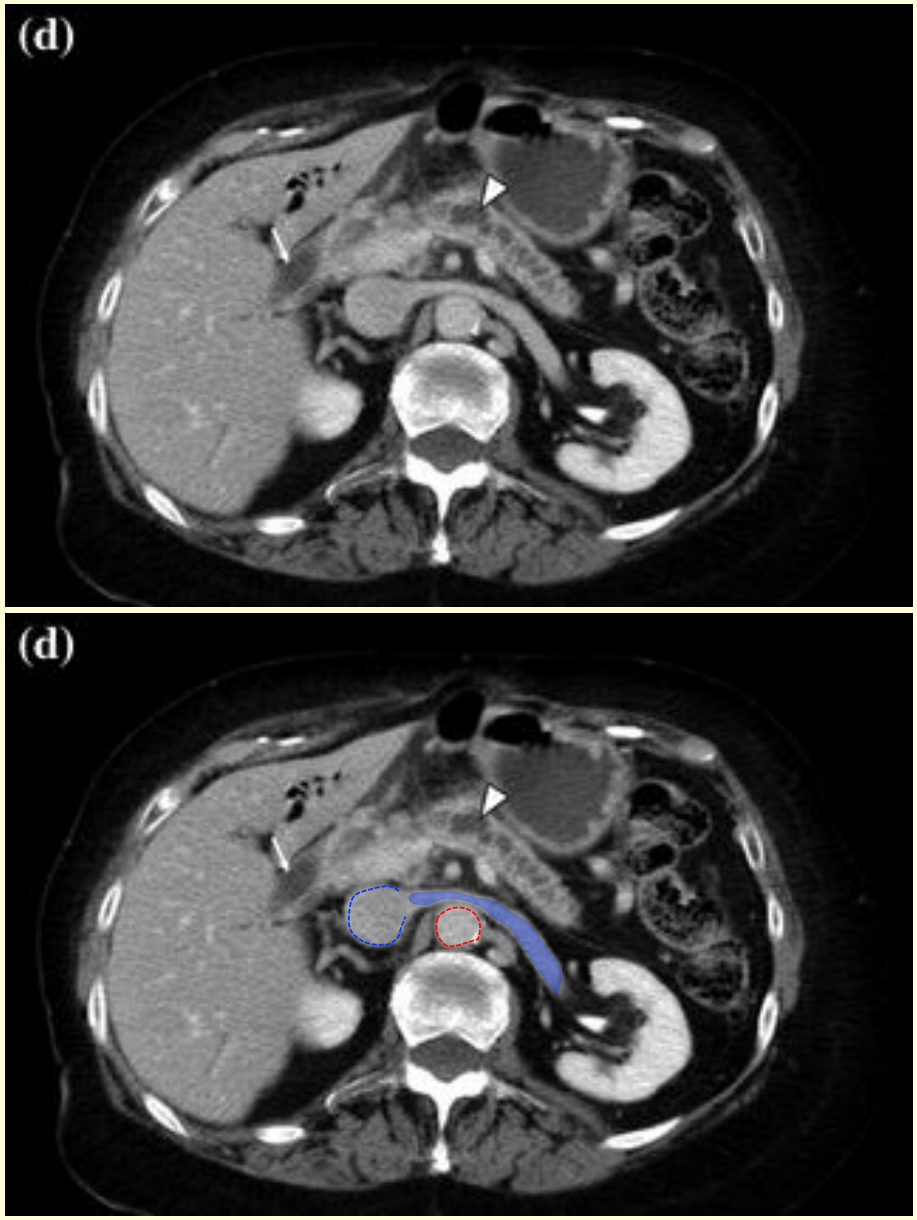
Veine rénale gauche comprimée


Veine cave inférieure
diaphragme
4 segments rénaux antérieurs
1
2
3
4
Veine rénale droite
muscle psoas
aorte
uretère

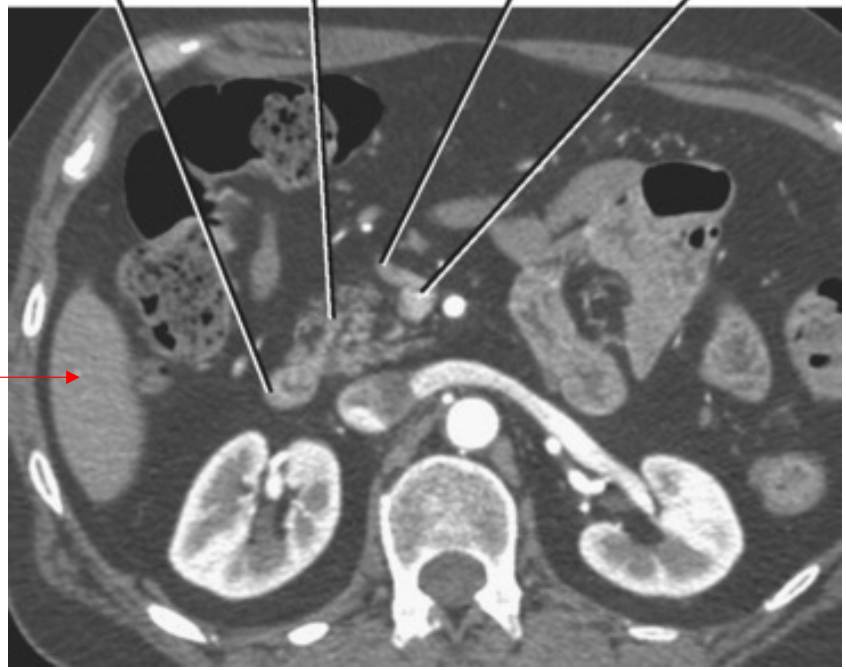
Les **artères rénales** sont des branches ***latérales*** de l'aorte abdominale.



2 = artère mésentérique supérieure



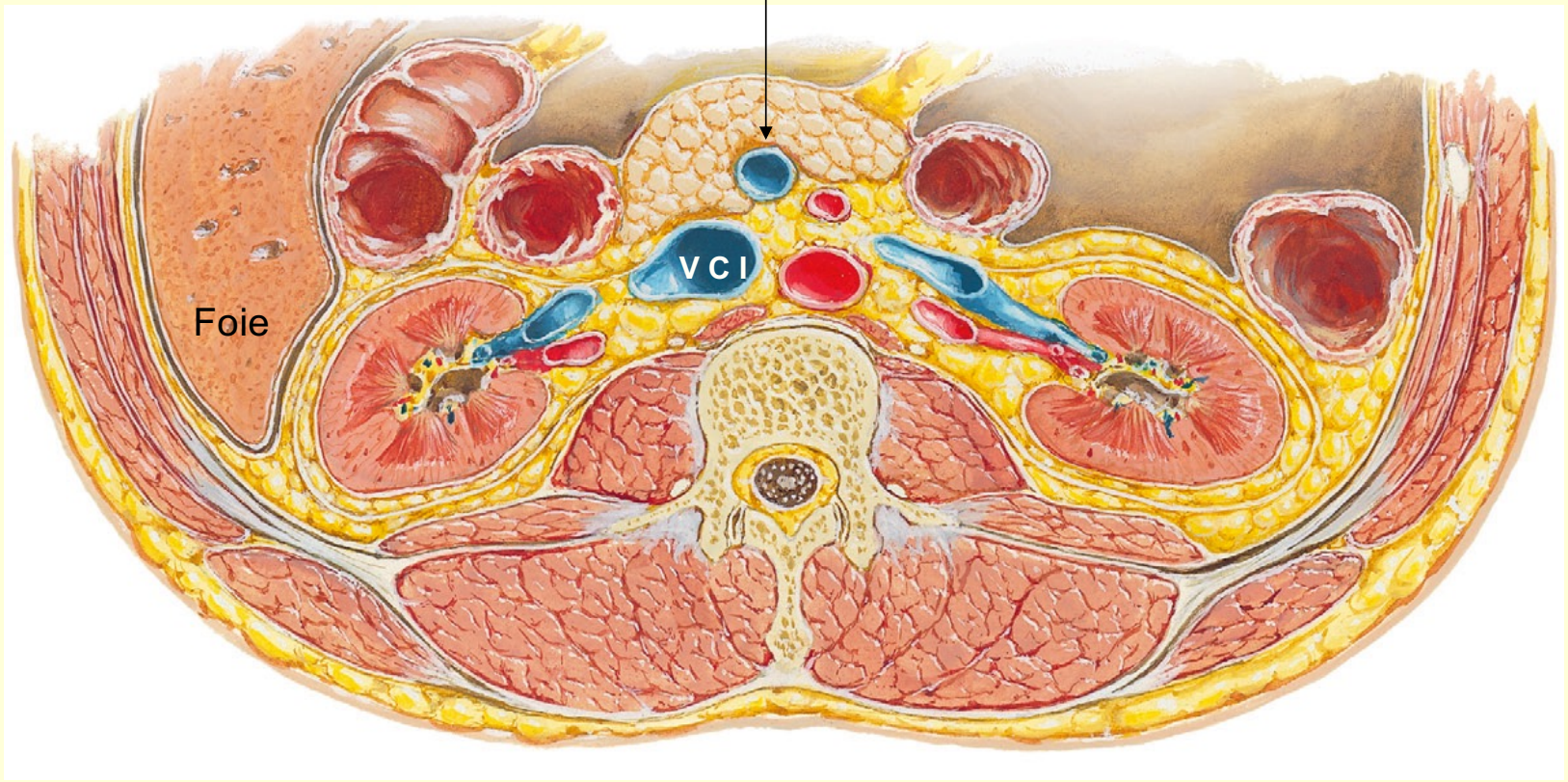
La **veine rénale gauche**
est bien visible
du hile rénal
à la veine cave inférieure



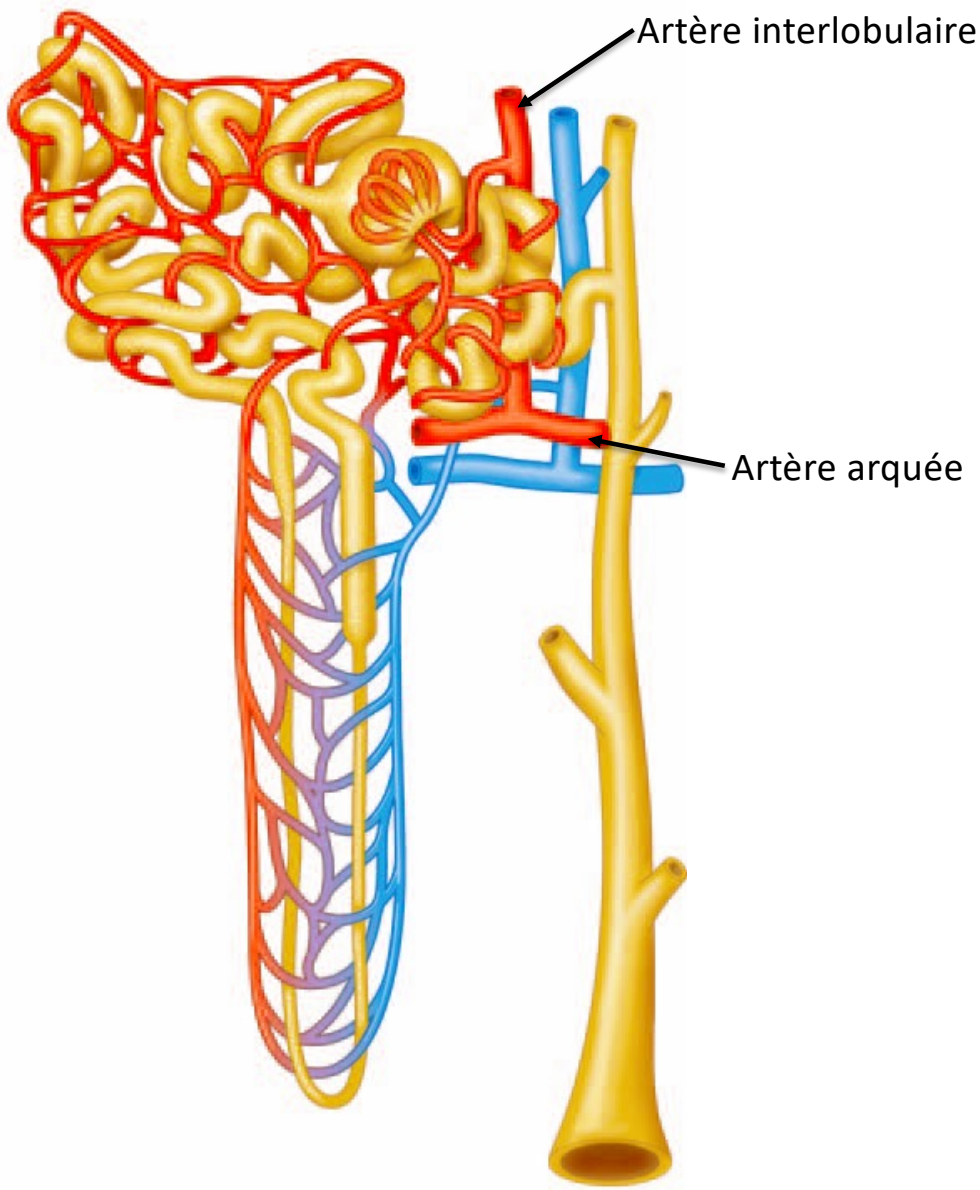
La **veine rénale gauche**
est bien visible
du hile rénal
à la veine cave inférieure

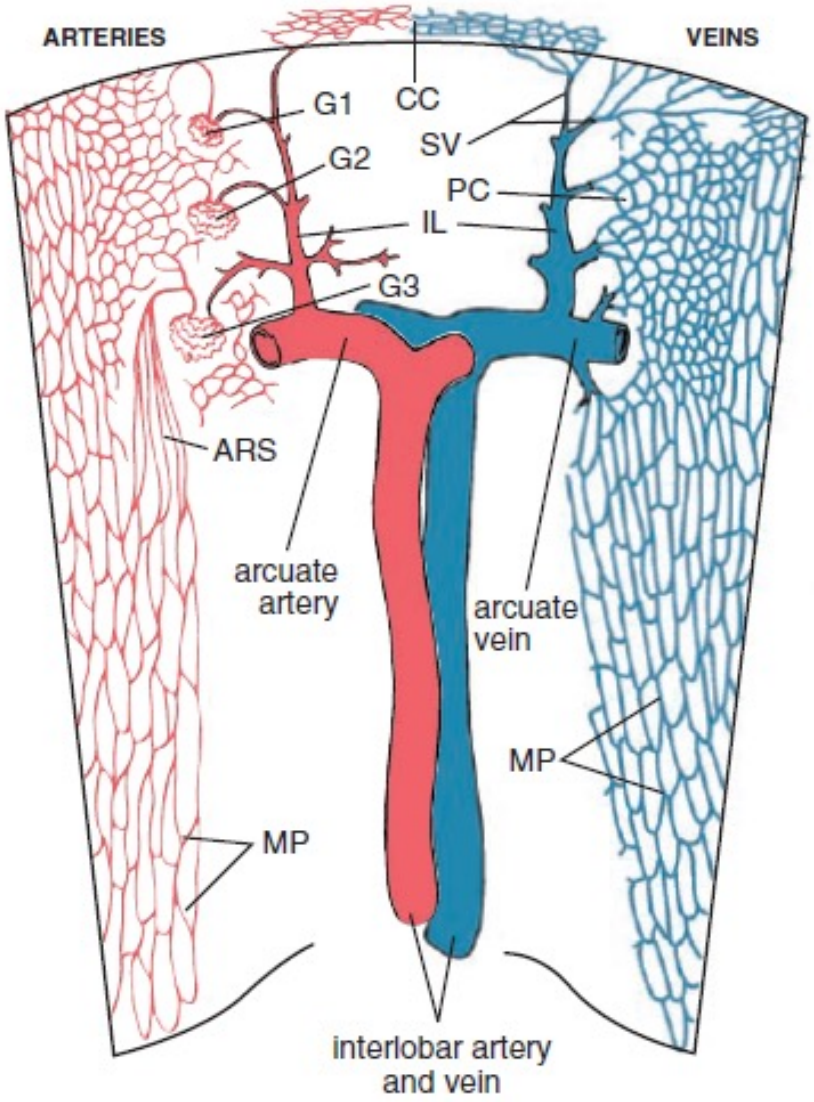
Figure 14-5 Enhanced axial computed tomographic image through the abdomen demonstrates the gastrocolic trunk.

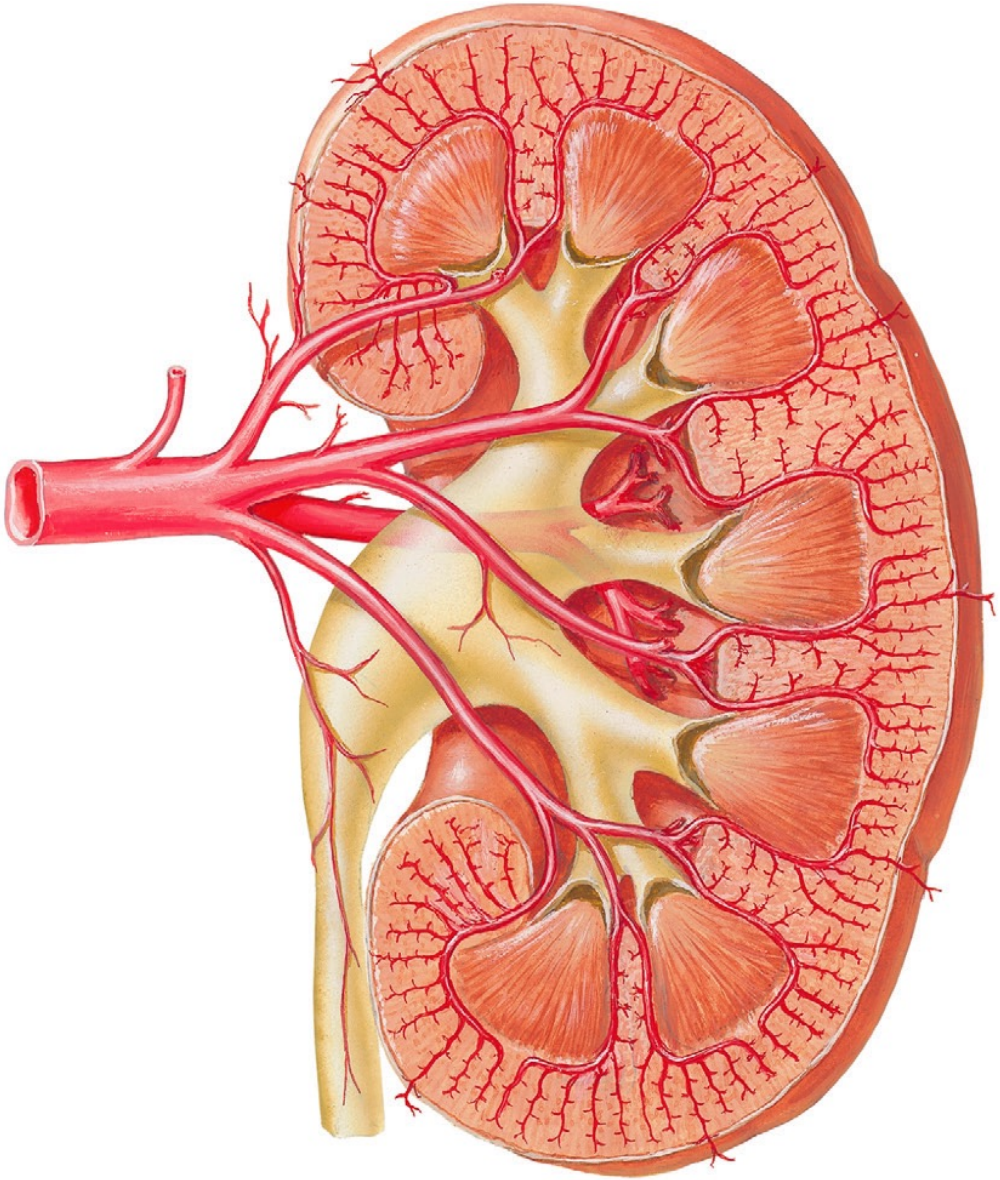
Veine mésentérique supérieure



Vascularisation du rein




ARTERIES
VEINS
G1
CC
SV
G2
PC
IL
G3
ARS
arcuate artery
arcuate vein
MP
MP
interlobar artery and vein



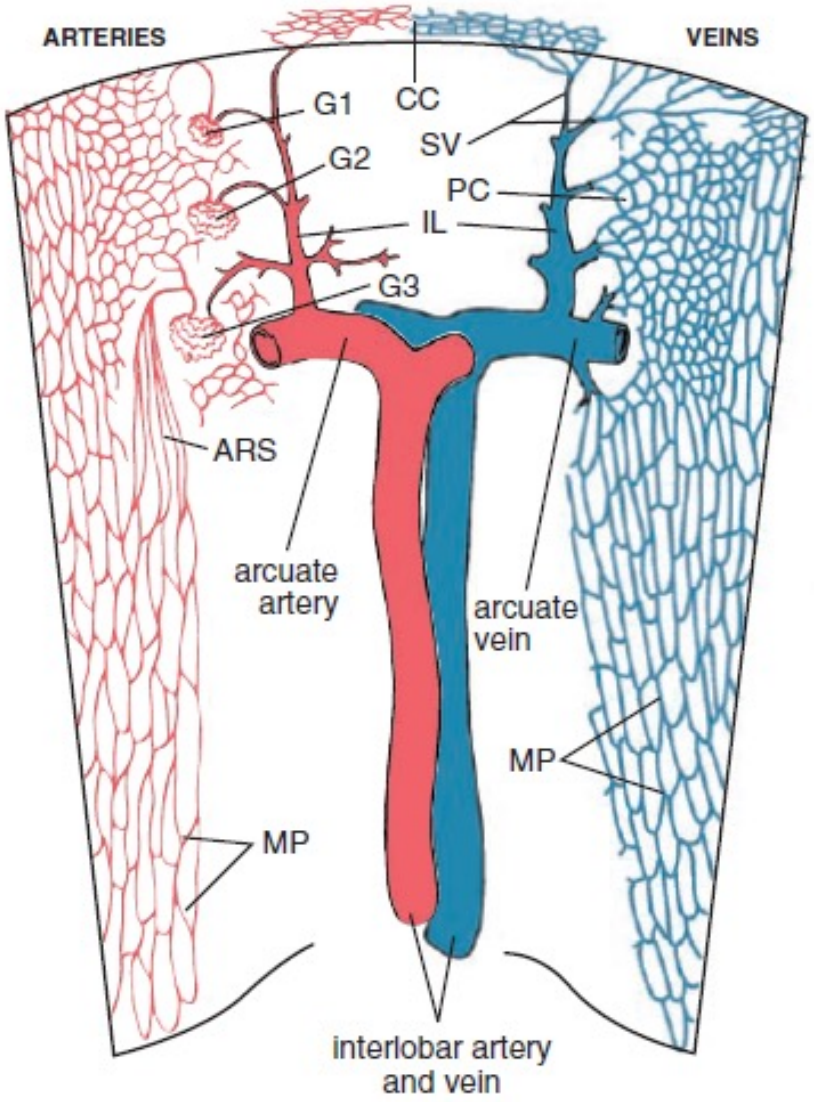
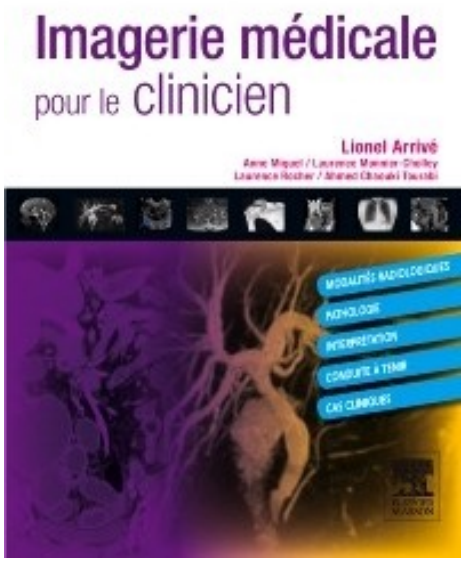
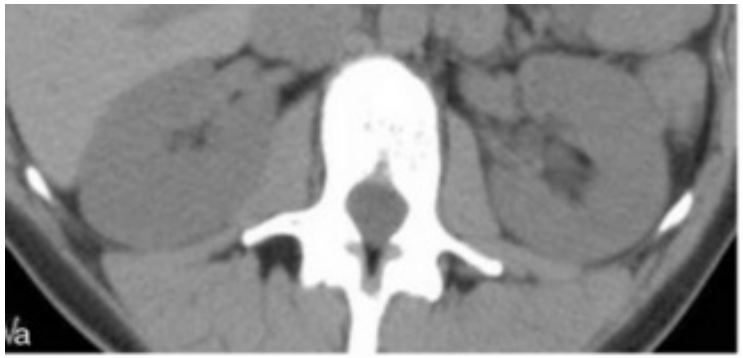
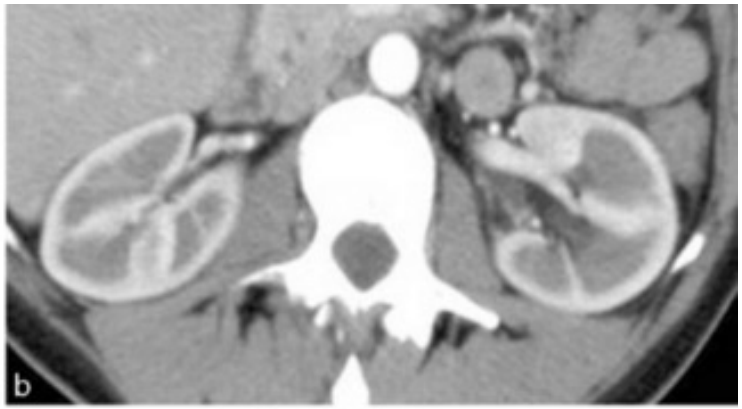


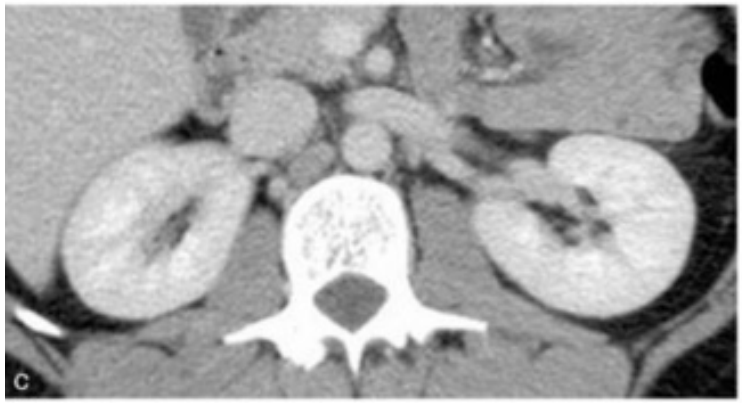
FIGURE 20.24 • Schematic diagram of the renal blood supply. The renal artery gives rise to interlobar arteries that branch into arcuate arteries at the border between the medulla and cortex. Interlobular arteries (*IL*) branch from the arcuate arteries and travel toward the renal capsule, giving off afferent arterioles to the glomeruli (*G*). Glomeruli in the outer part of the cortex (*G1, G2*) send efferent arterioles to the peritubular capillaries (*PC*) that surround the tubules in the cortex; glomeruli near the medulla (*G3*), the juxtamedullary glomeruli, send efferent arterioles almost entirely into the medullary plexus (*MP*) of capillaries via the arteriolae rectae spuriae (*ARS*). Blood returns from the capillaries via veins that enter the arcuate veins. Stellate veins (*SV*) near the capsule drain both the capsular (*CC*) and the peritubular capillaries.

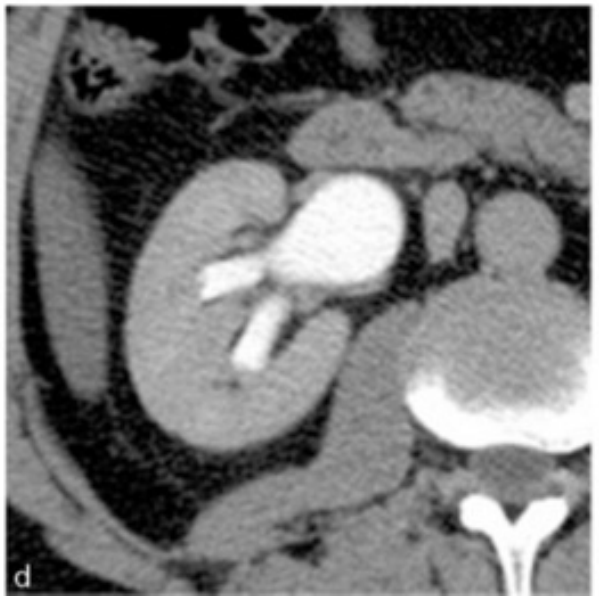
TDM multiphasique et ses reconstructions.











(a) Sans injection intraveineuse. Le parenchyme est homogène, sans différenciation entre la corticale et la médullaire.
(b) Phase corticale (artérielle, corticomédullaire, précoce, **35 s** après le début de l'injection). C'est le cortex qui est rehaussé de façon intense.
(c) Phase néphrographique (tubulaire, parenchymateuse, environ **90 s** après le début de l'injection). Le rein présente un rehaussement homogène, il y a un équilibre entre celui du cortex et de la médullaire.
(d) Phase excrétoire (tardive, **5-10 min** après le début de l'injection). Le produit s'est concentré dans les cavités pyélocalicielles.