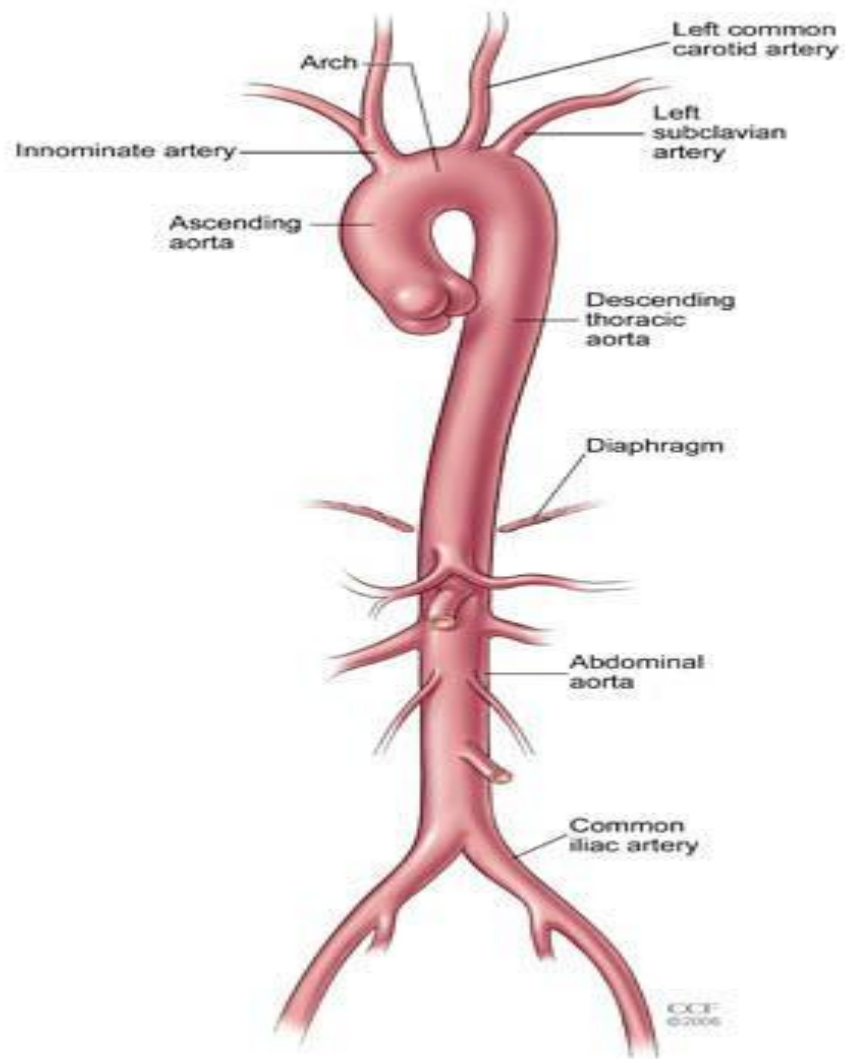
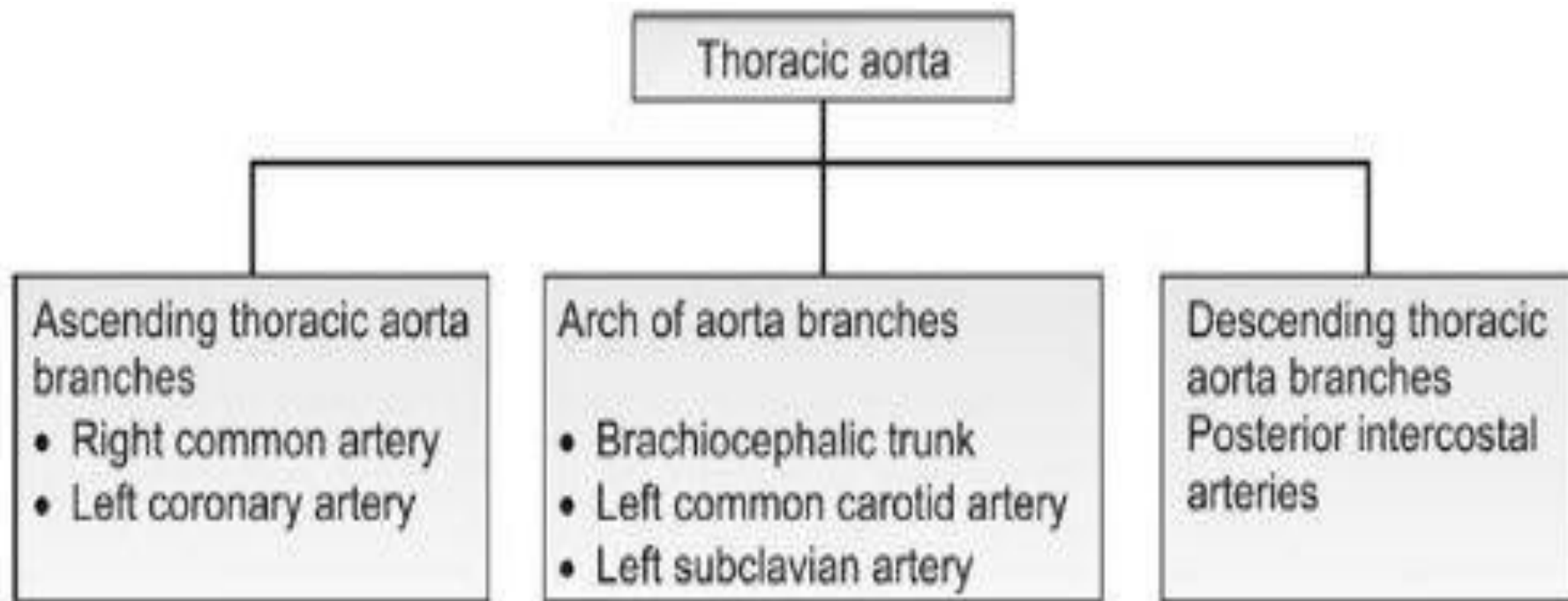


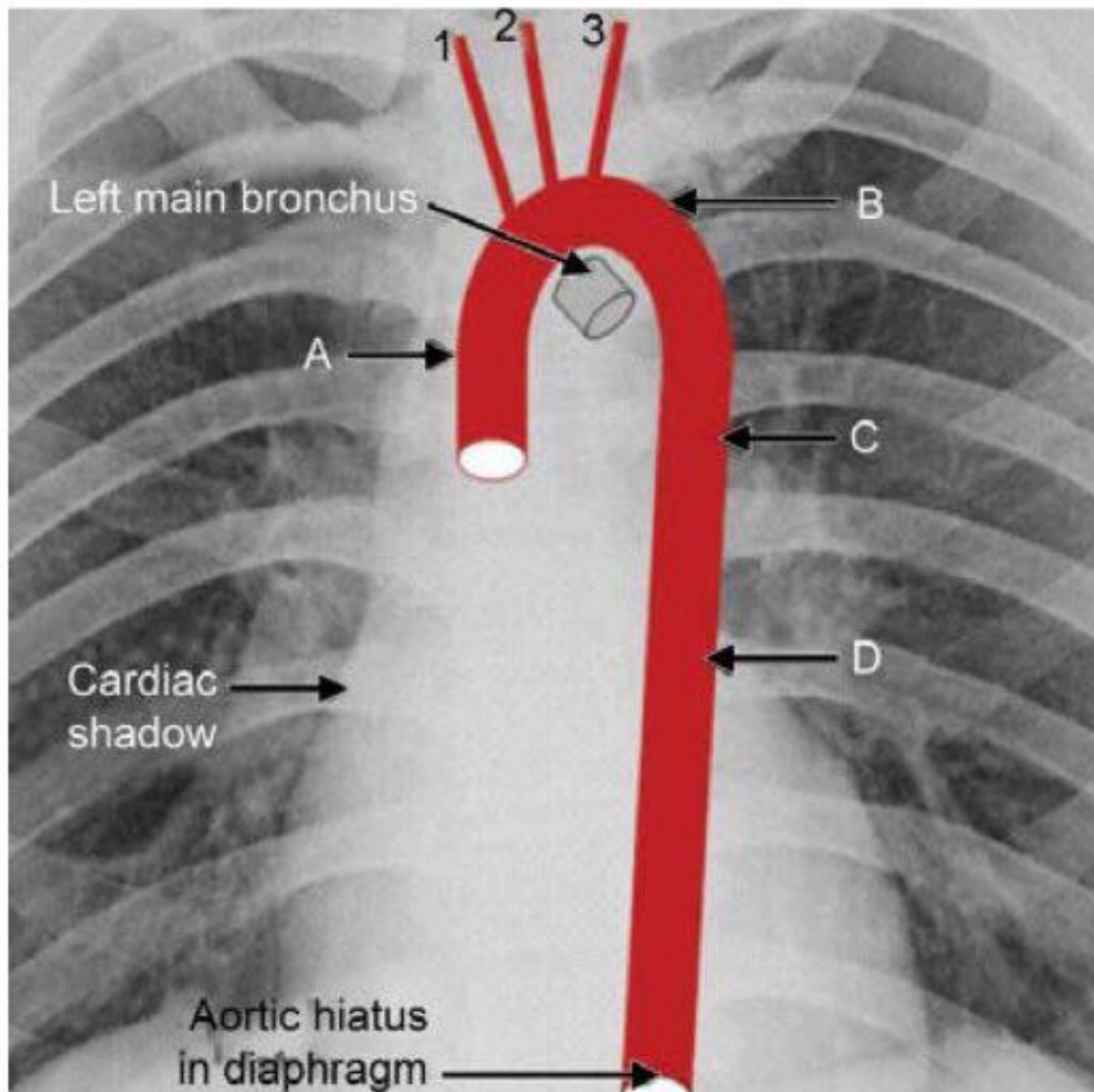
# Рентгенанатомия аорты и ее ветвей

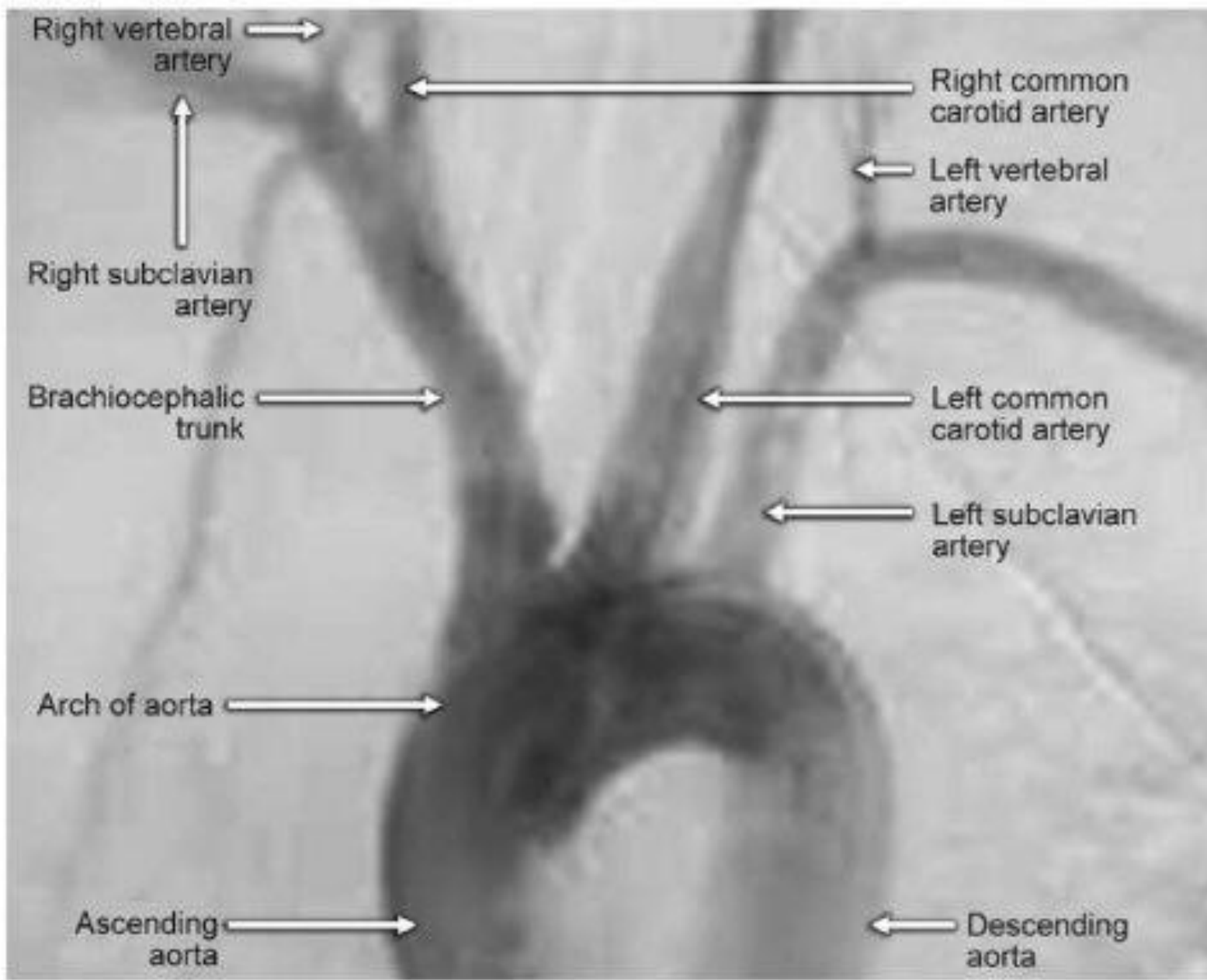


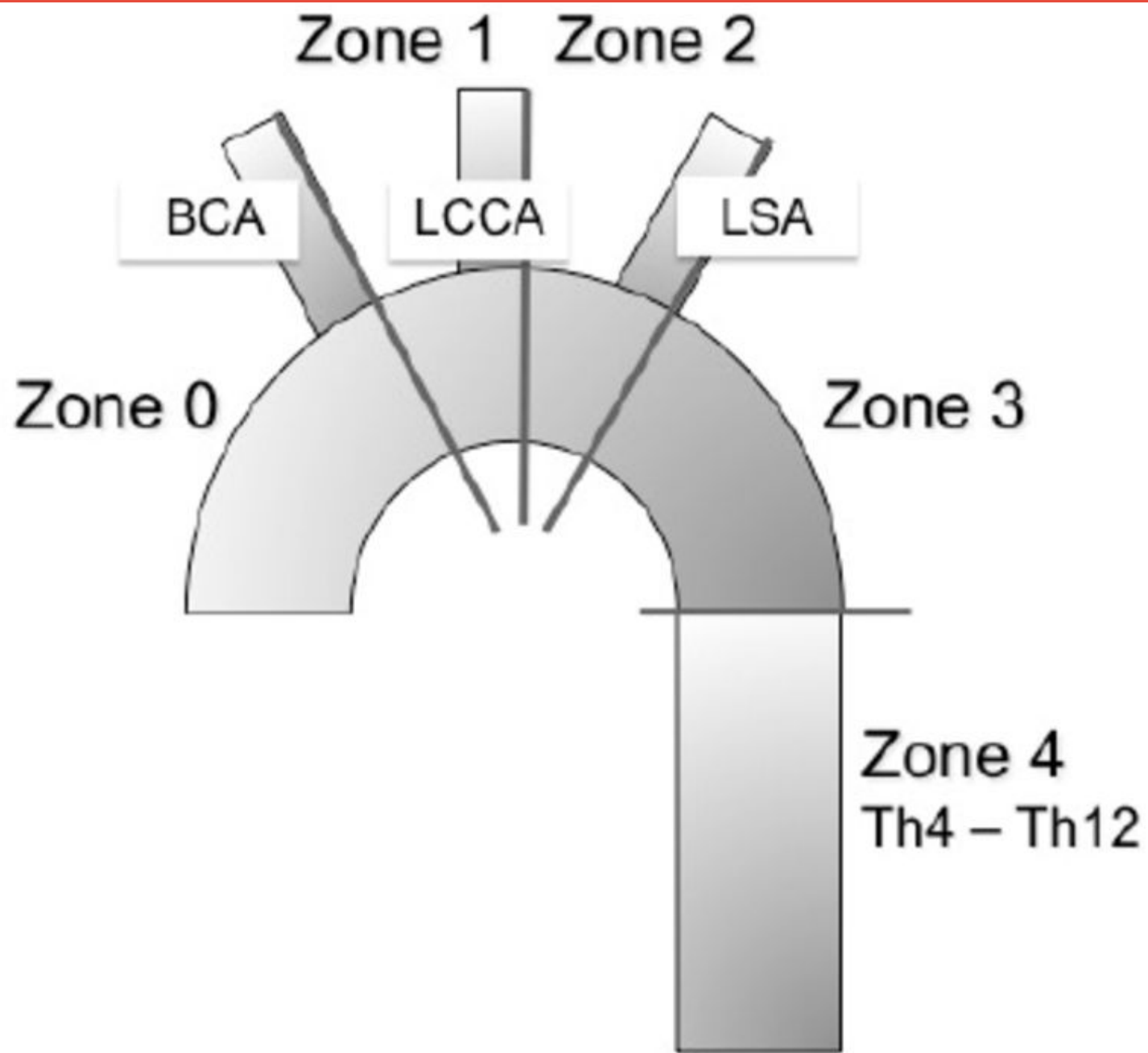
Исаев Динал, 6 курс  
Сеченовский университет

# • Рентгеноанатомия грудной части и дуги аорты.



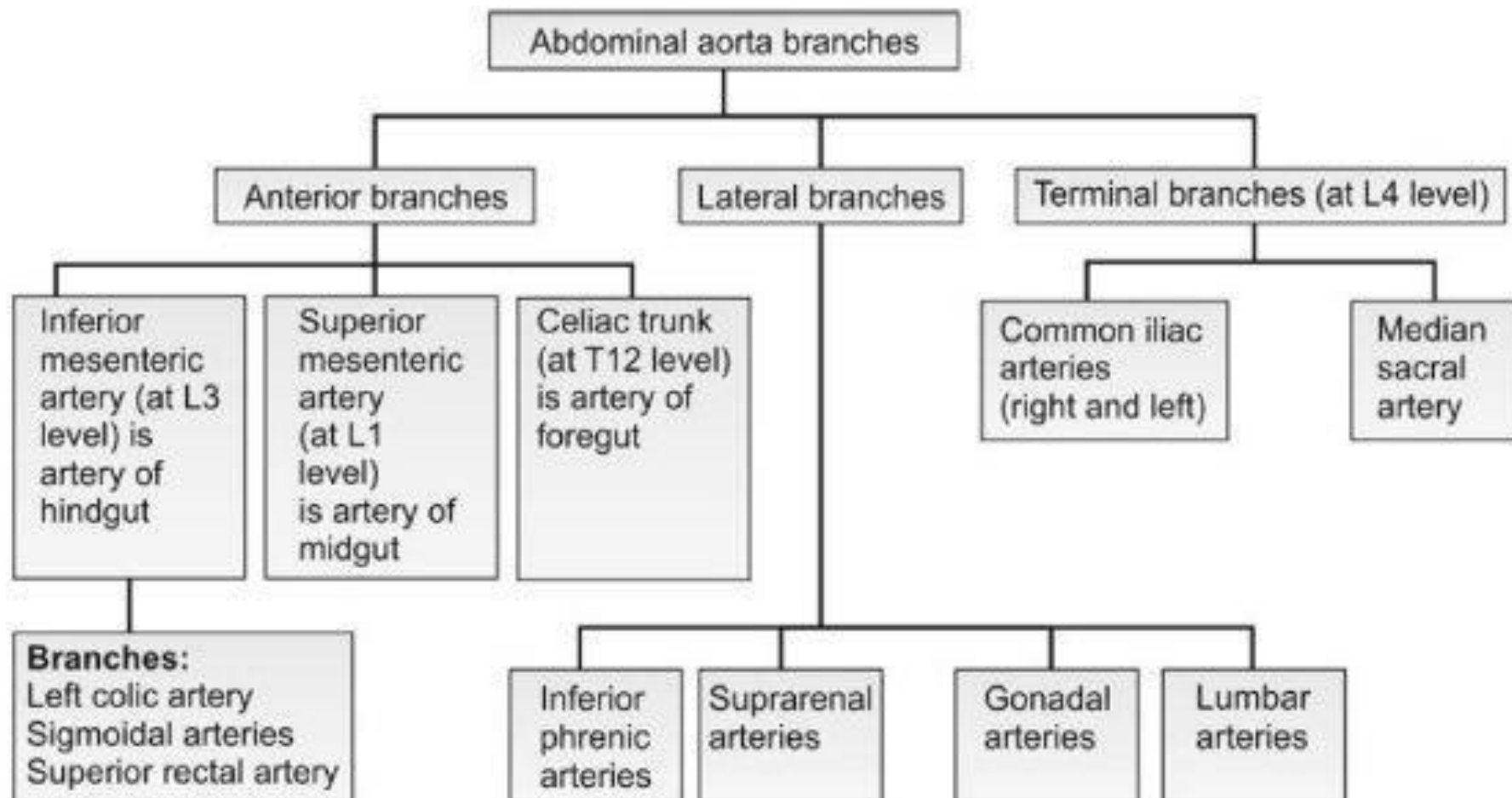


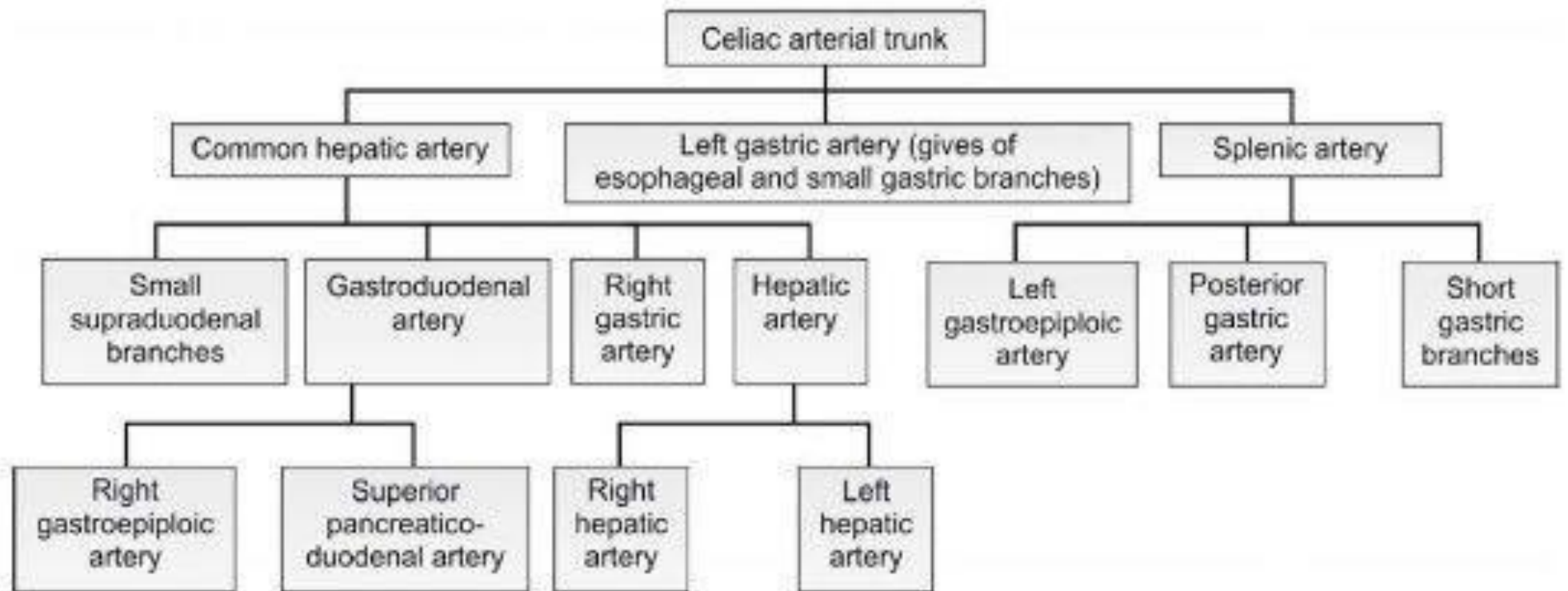






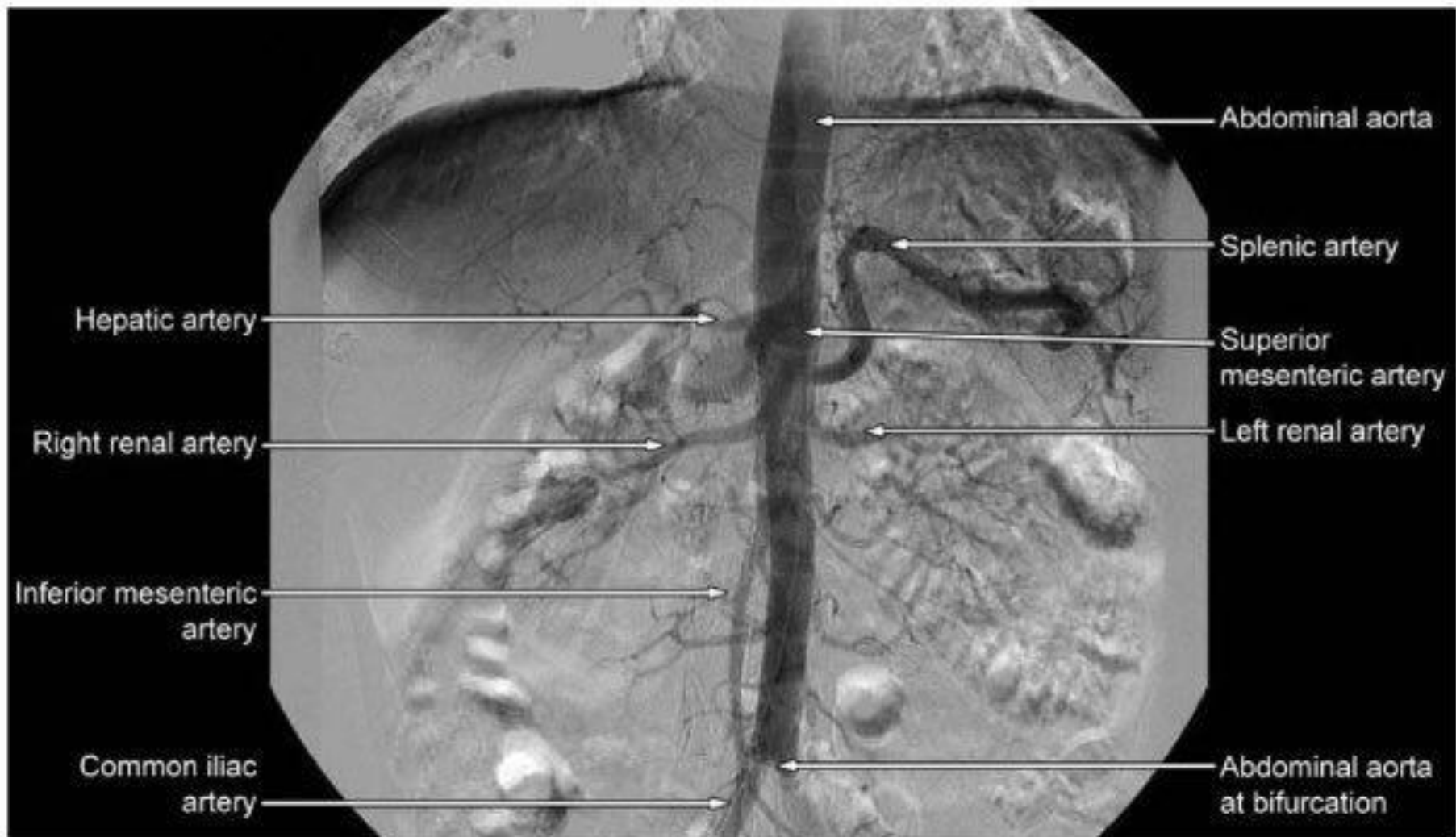
# Рентгенанатомия брюшной аорты и ее ветвей



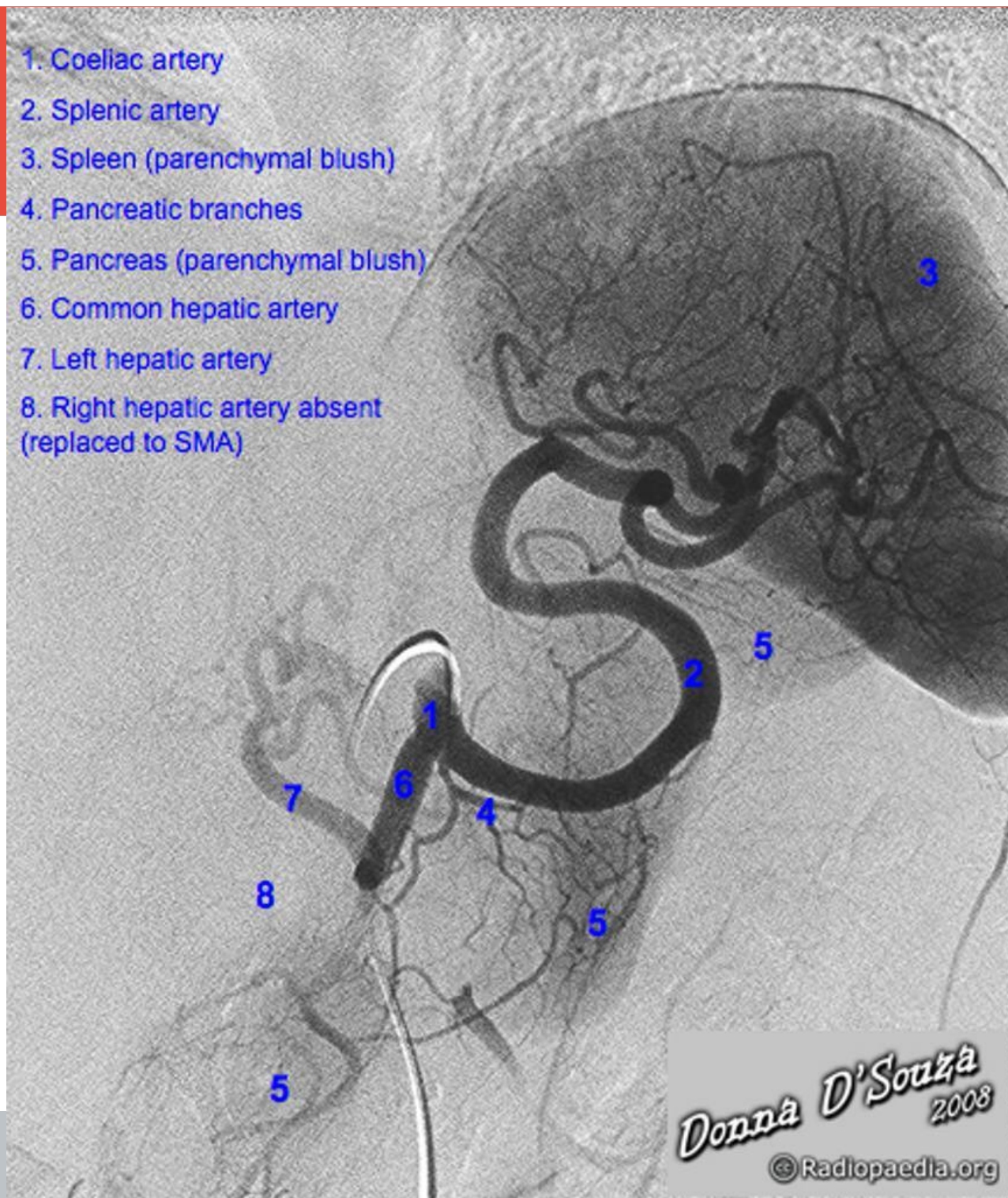




# ЧреВНЫЙ ствол

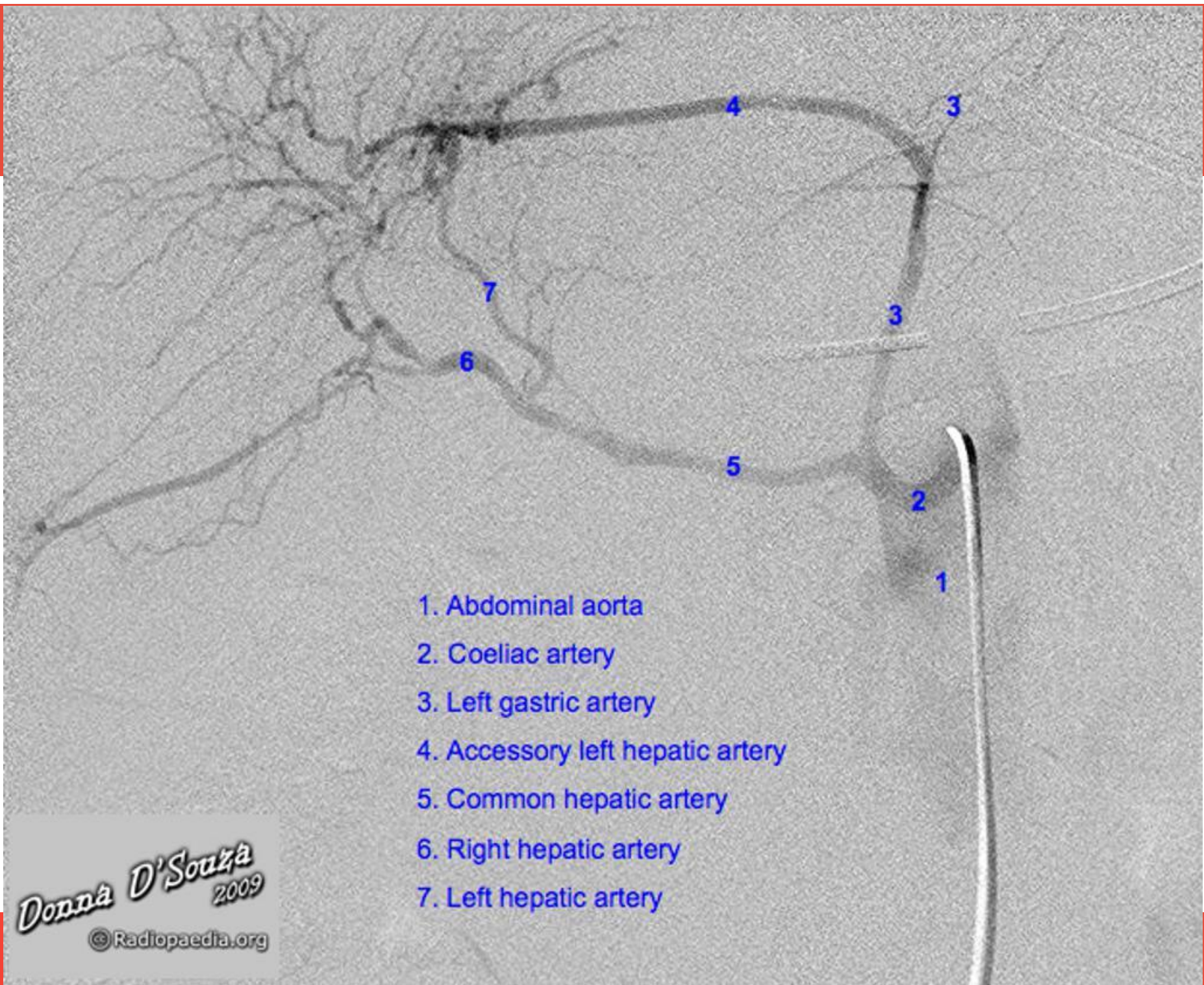


1. Coeliac artery
2. Splenic artery
3. Spleen (parenchymal blush)
4. Pancreatic branches
5. Pancreas (parenchymal blush)
6. Common hepatic artery
7. Left hepatic artery
8. Right hepatic artery absent (replaced to SMA)



*Donna D'Souza*  
2008  
© Radiopaedia.org





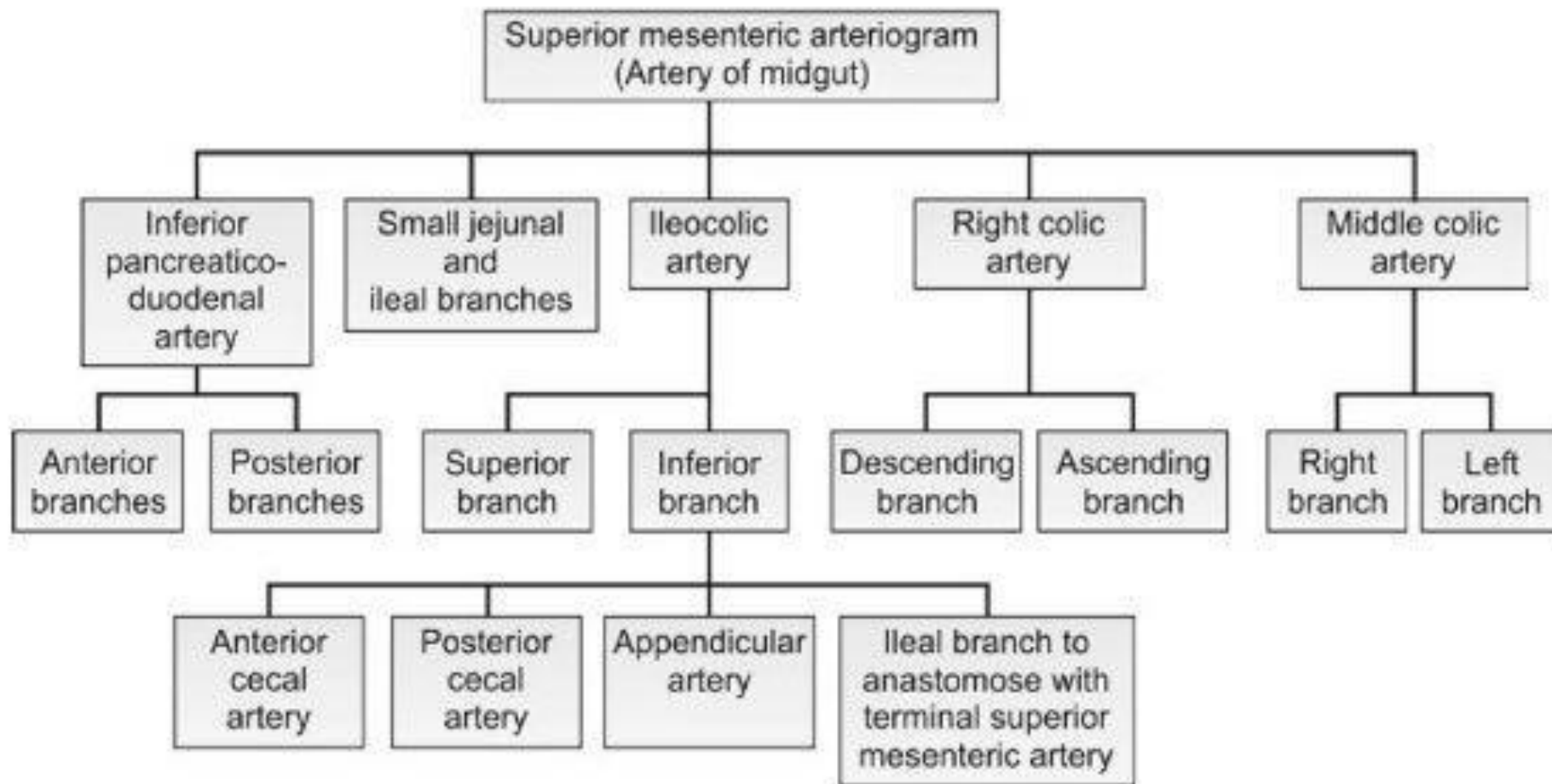
1. Abdominal aorta
2. Coeliac artery
3. Left gastric artery
4. Accessory left hepatic artery
5. Common hepatic artery
6. Right hepatic artery
7. Left hepatic artery

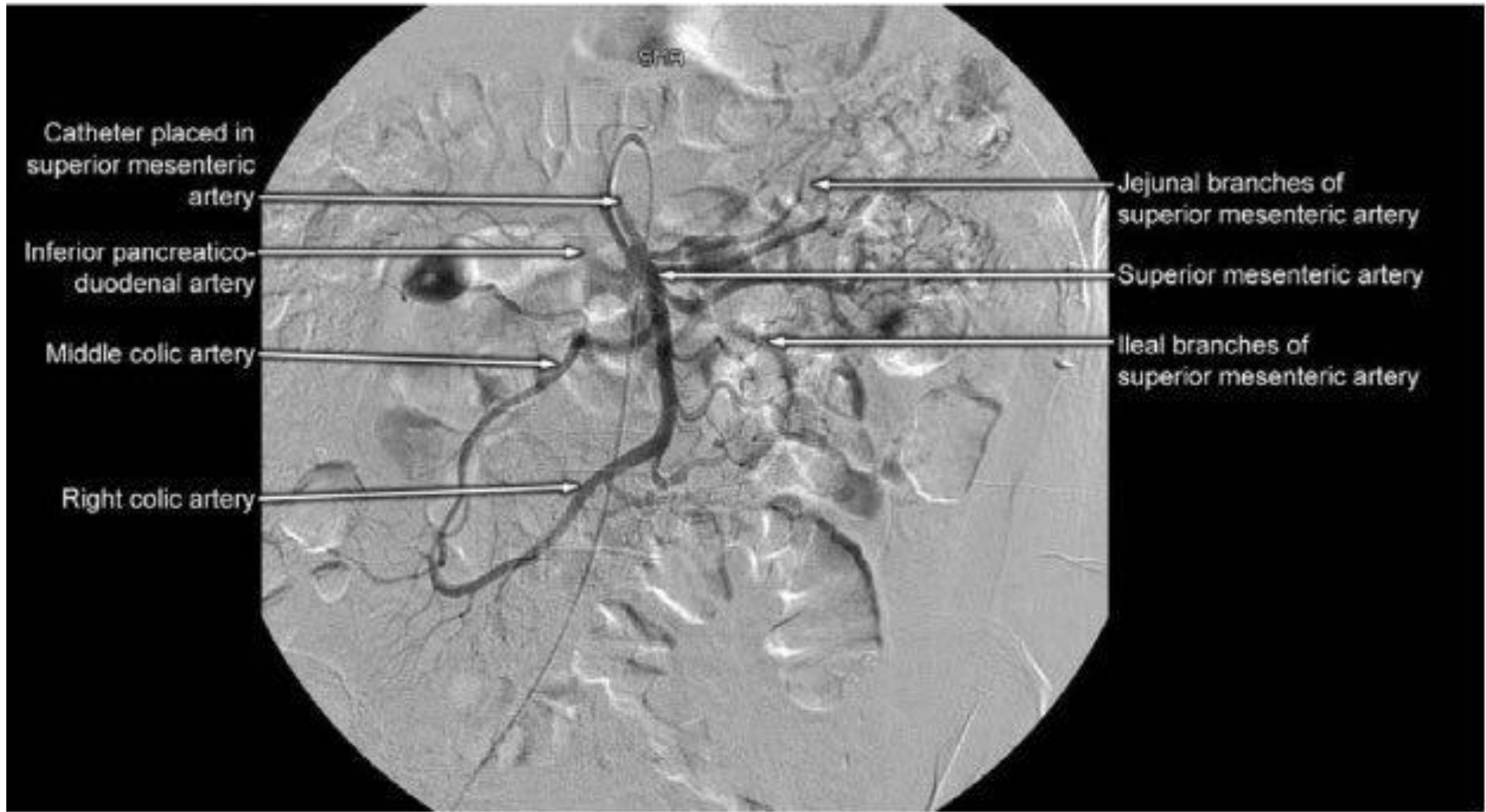
R

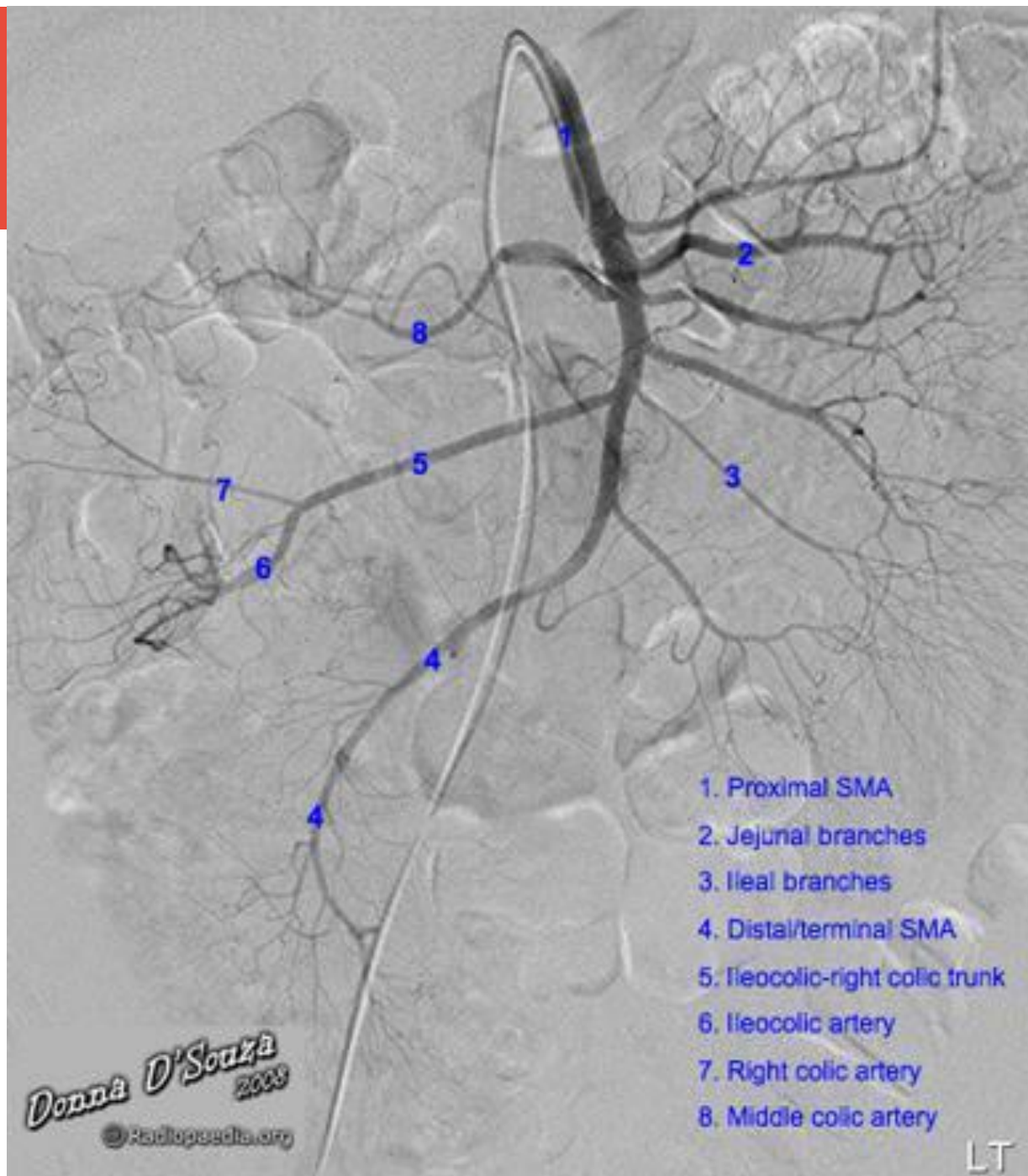
1. Common hepatic artery
2. Proper hepatic artery
3. Right hepatic artery
4. Left hepatic artery
5. Gastroduodenal artery
6. Superior pancreaticoduodenal branches
7. Right gastroepiploic artery

*Donna D'Souza*  
2008  
© Radiopaedia.org

# Верхняя брыжеечная артерия





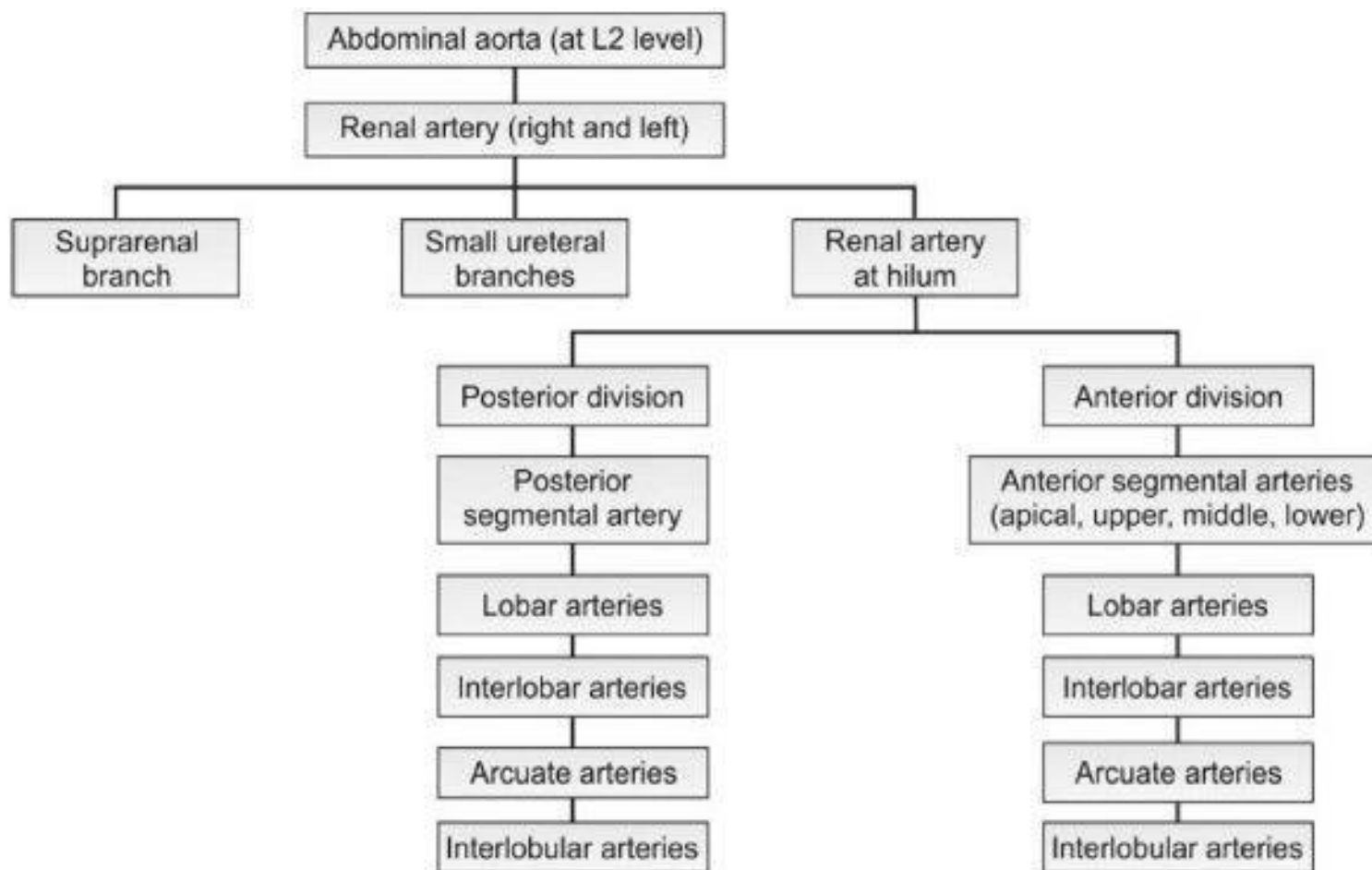


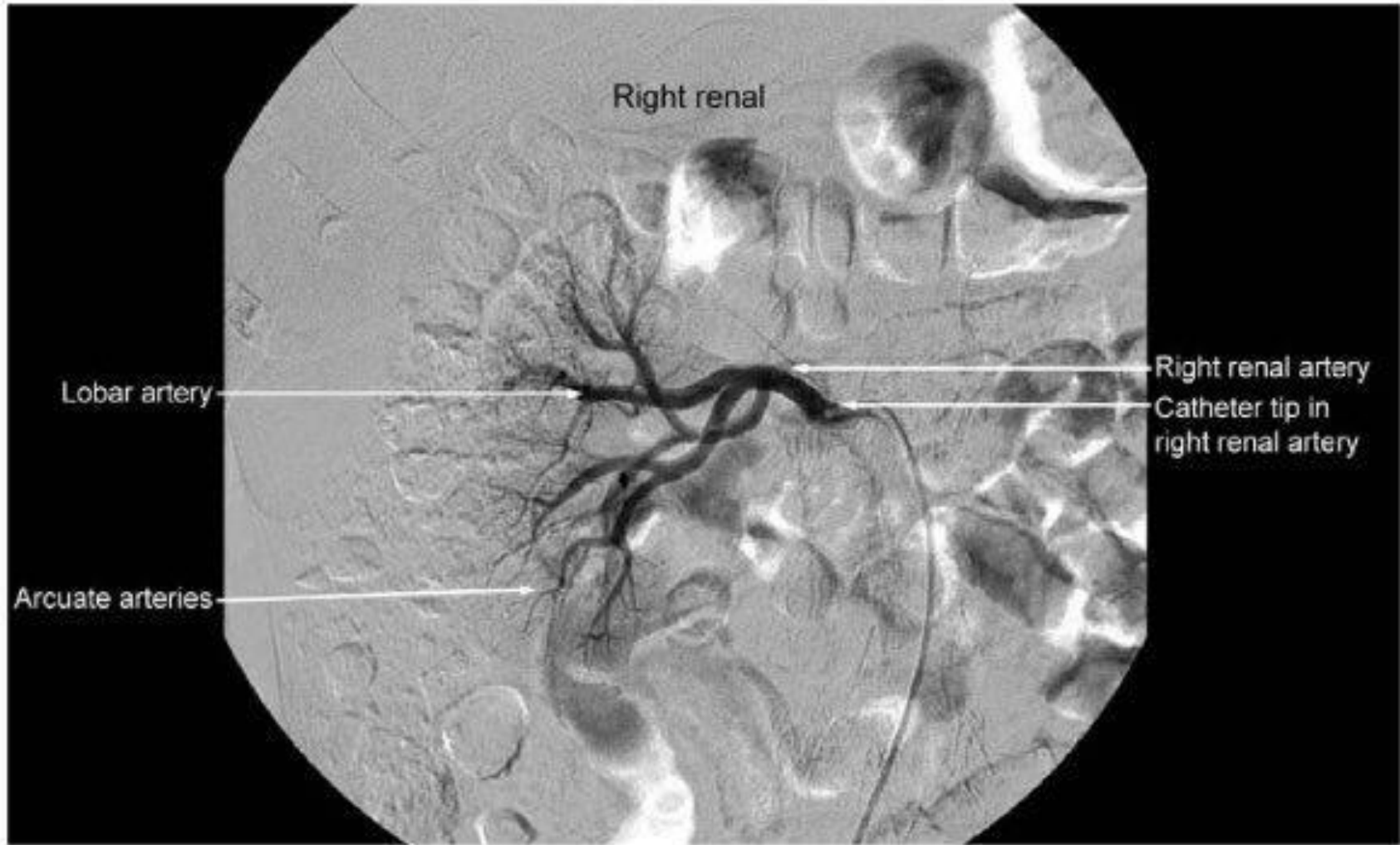
Donna D'Souza  
2008  
© Radiopaedia.org

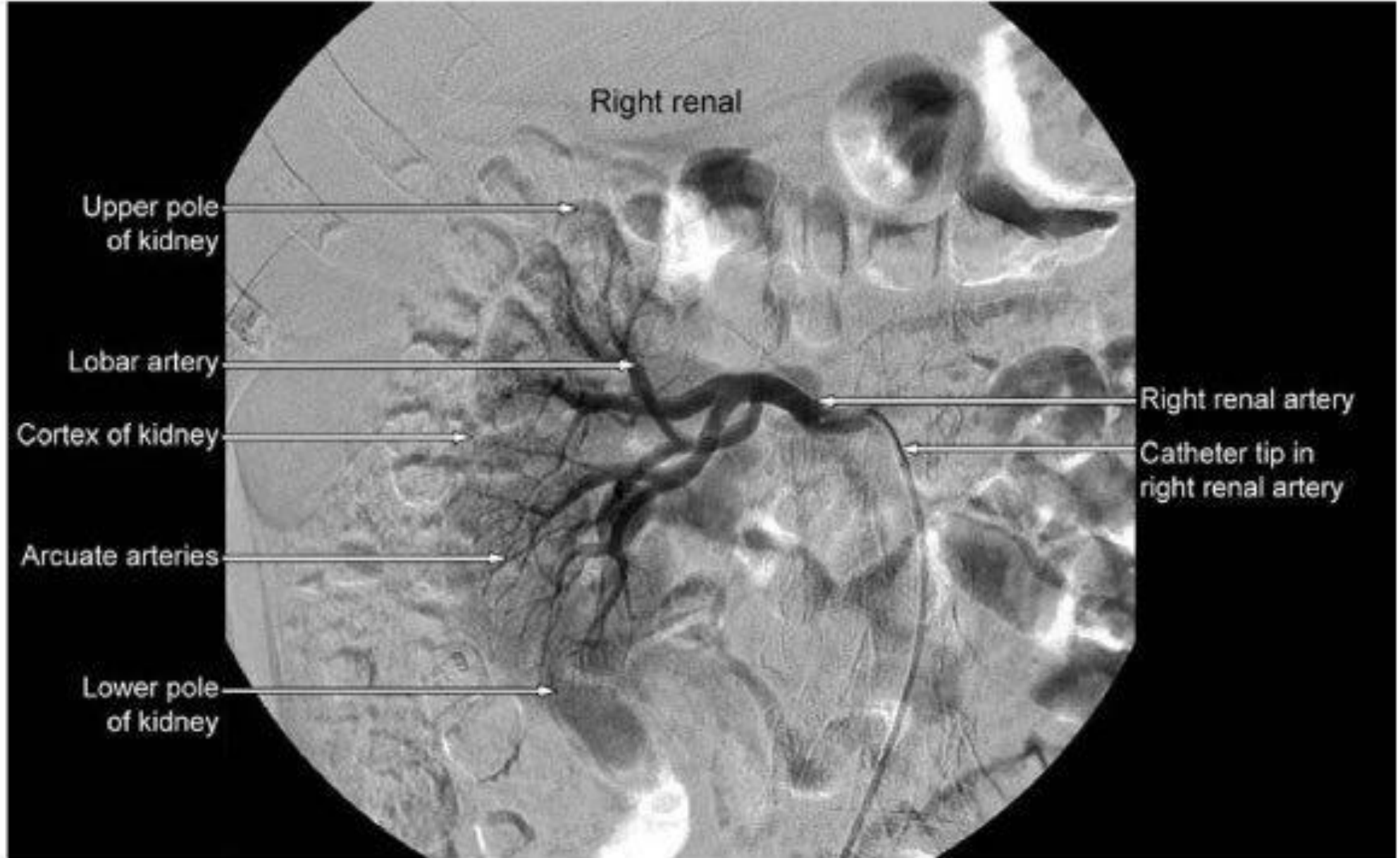
LT

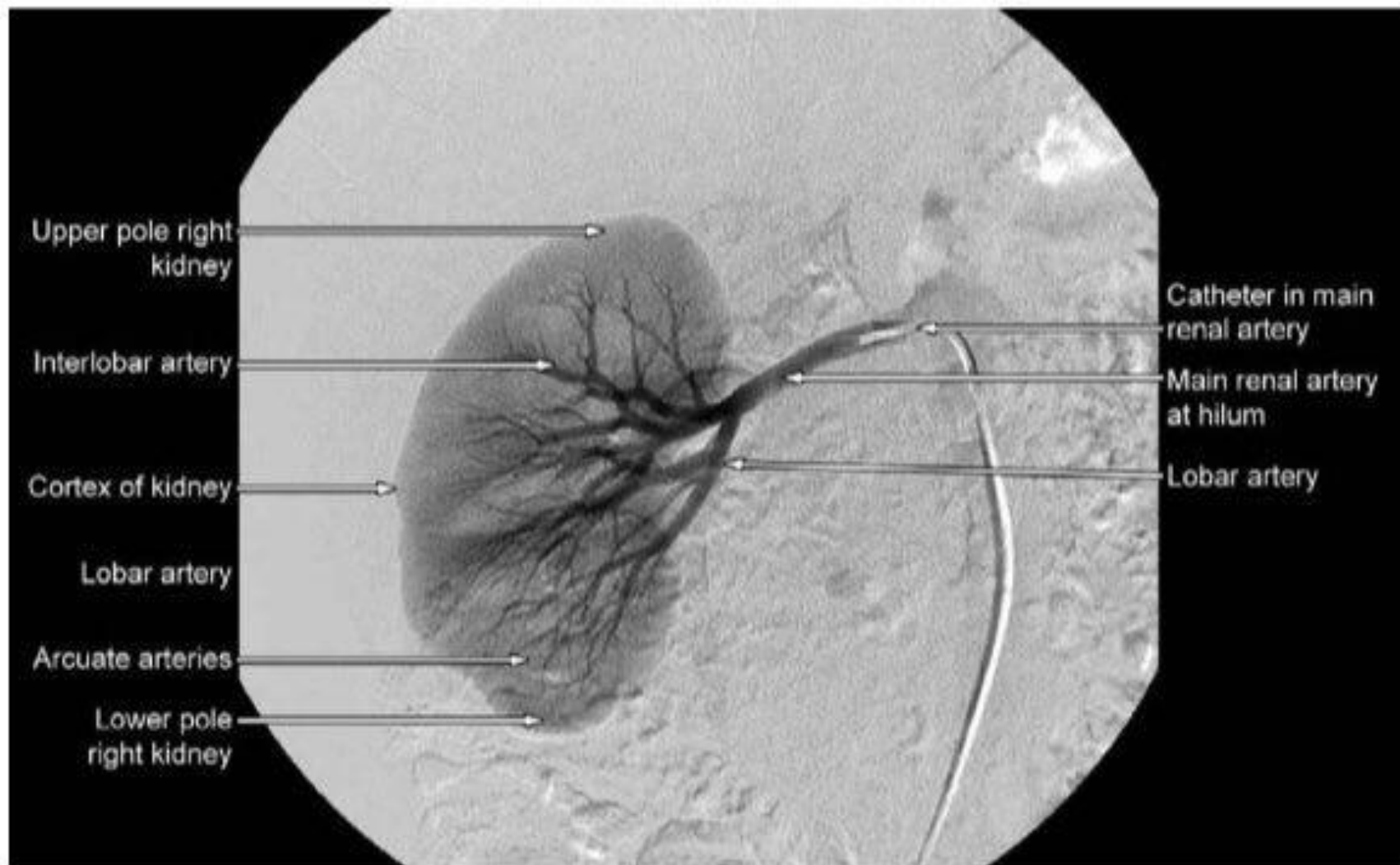


# Почечная артерия









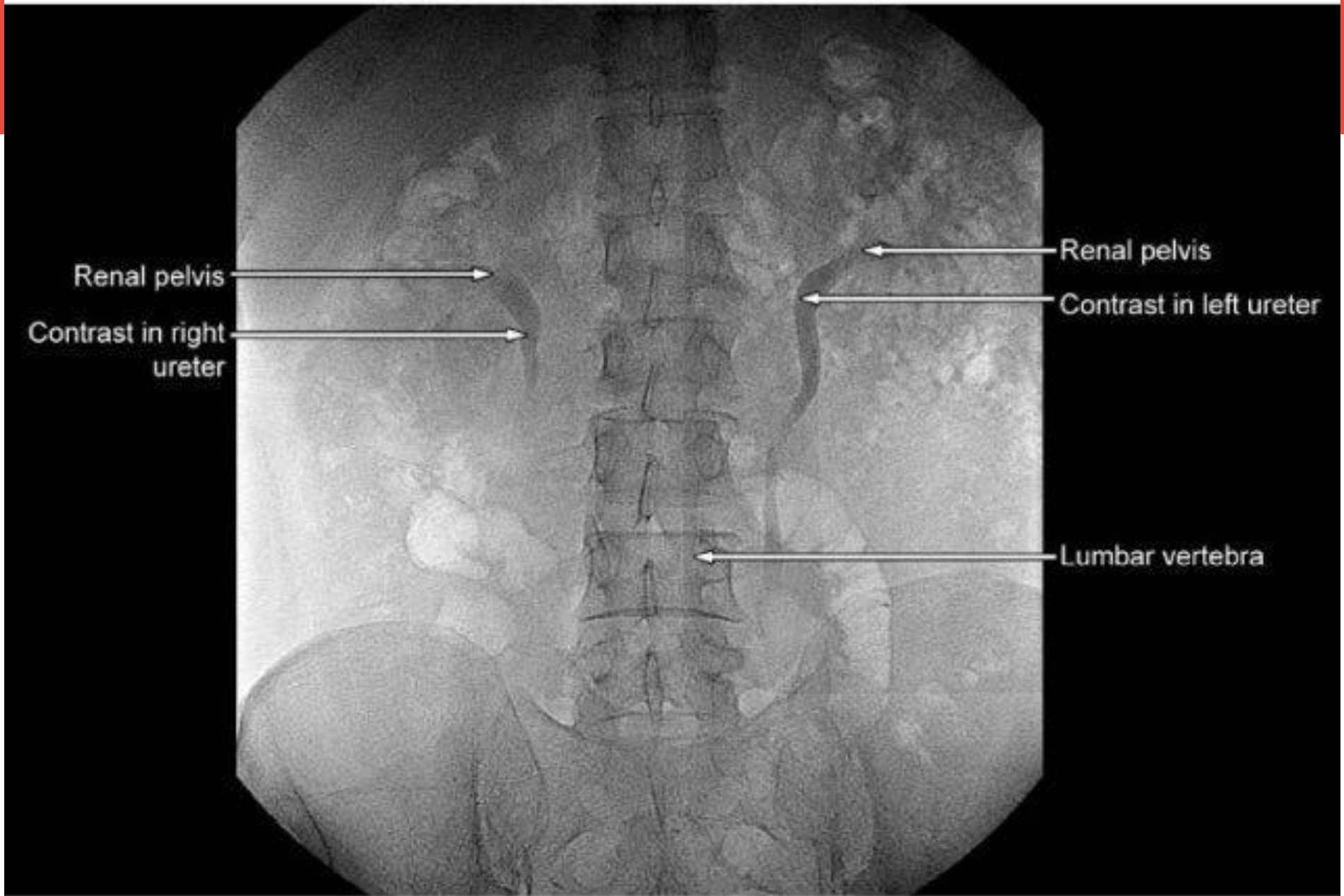


FIGURE 10-10 Anteroposterior (AP) KUB radiograph showing contrast in the renal pelvis and ureters.



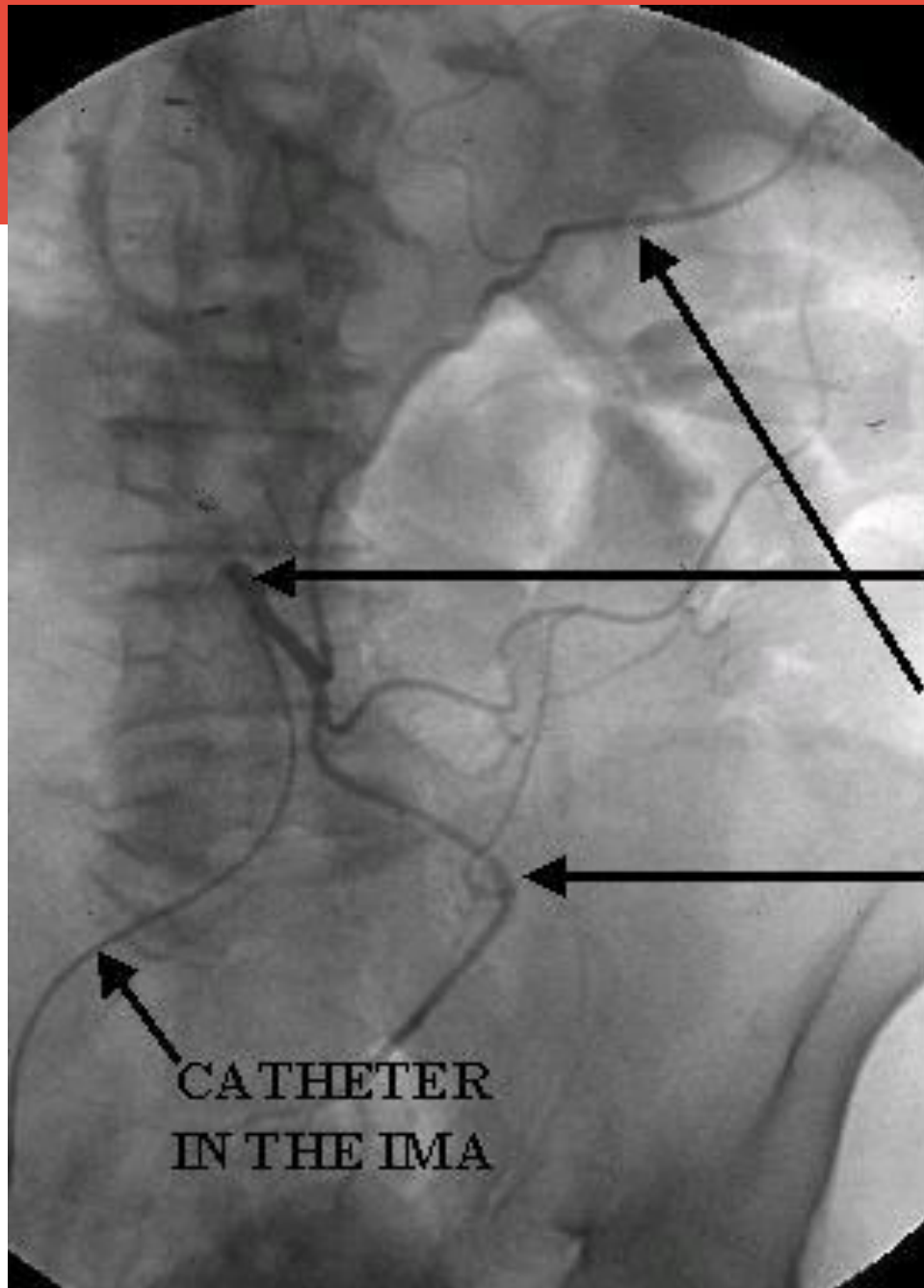
**INFERIOR  
MESENTERIC  
ARTERIOGRAM**

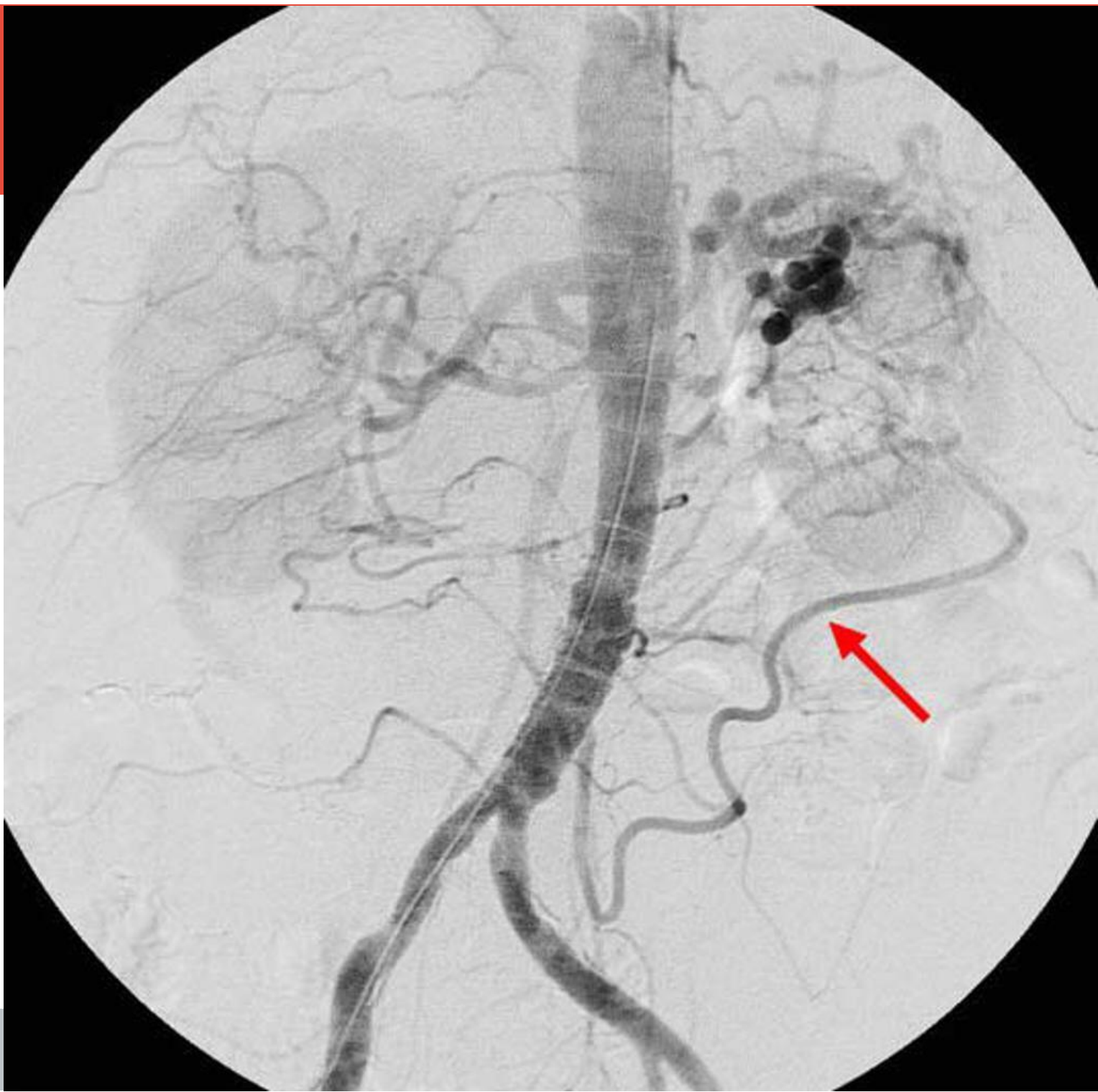
**IMA**

**LEFT COLIC  
ARTERY**

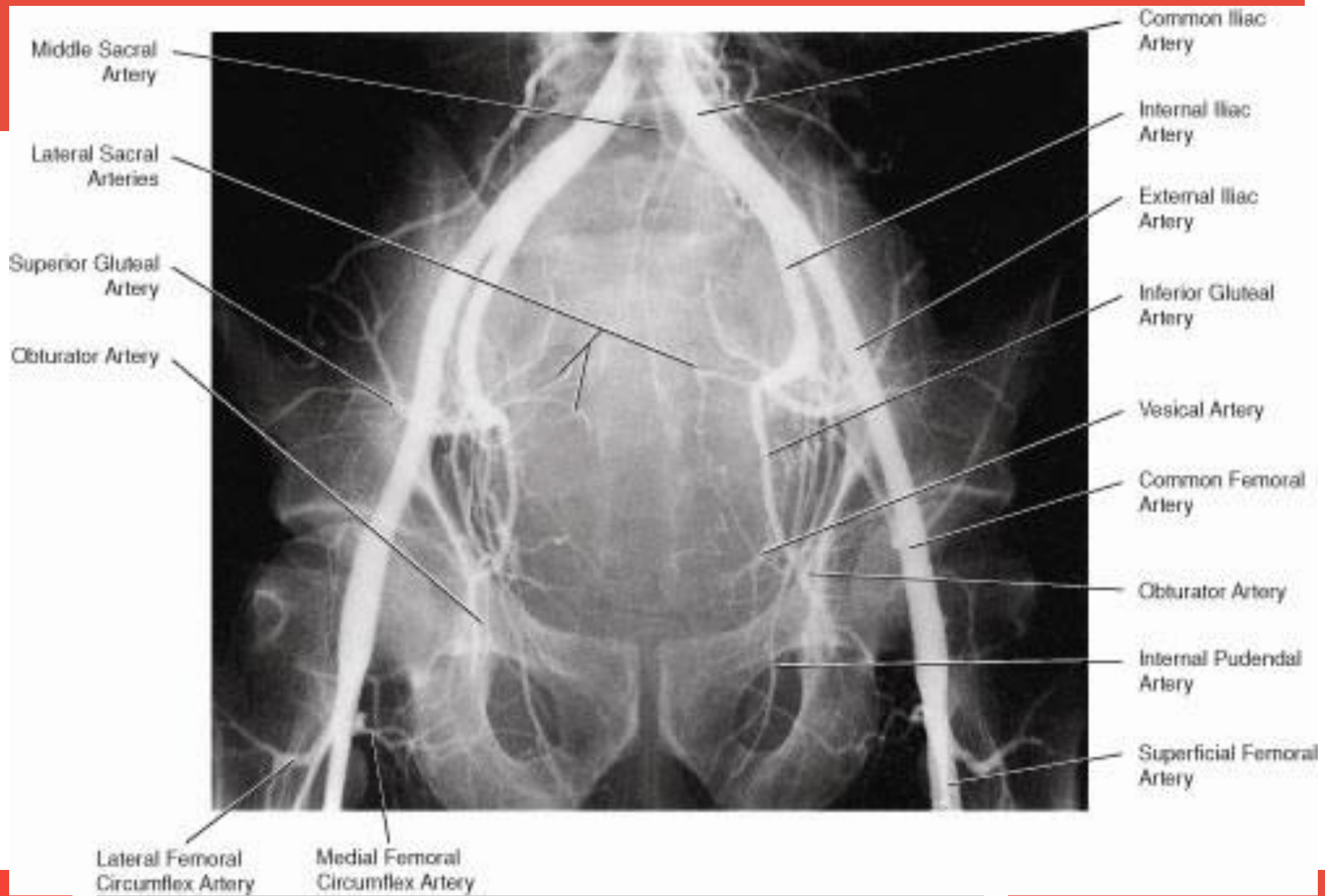
**SUPERIOR RECTAL  
ARTERY**

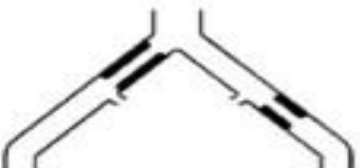
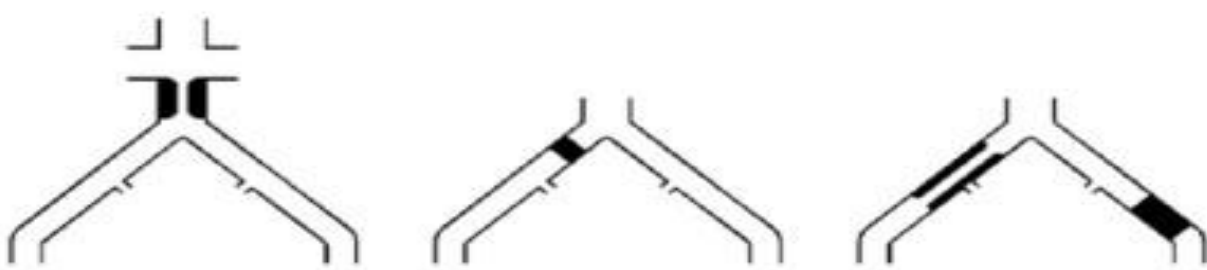
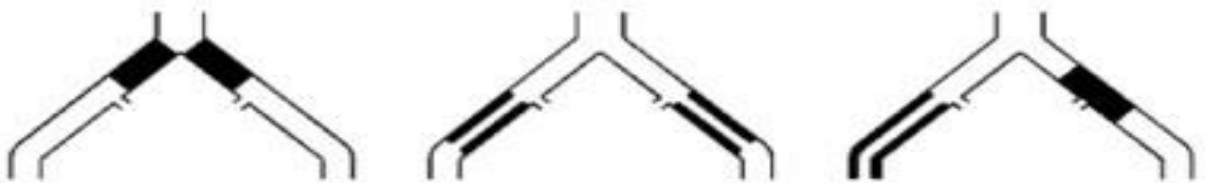
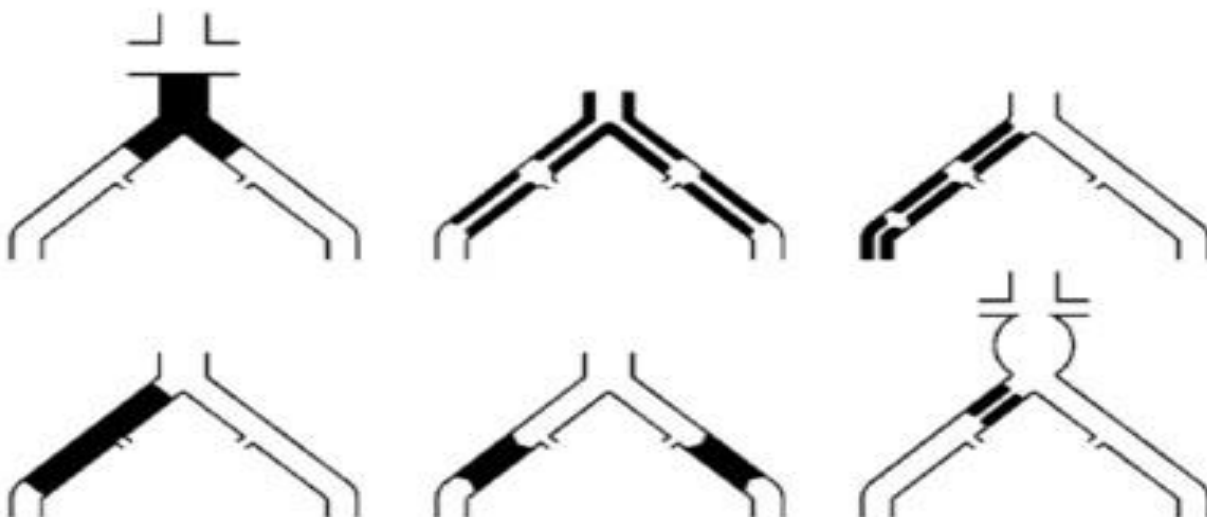
**CATHETER  
IN THE IMA**









<p><b>TASC A lesions</b></p> <ul style="list-style-type: none"> <li>• Unilateral or bilateral CIA stenoses</li> <li>• Unilateral or bilateral single short (<math>\leq 3</math> cm) EIA stenosis</li> </ul>			
<p><b>TASC B lesions</b></p> <ul style="list-style-type: none"> <li>• Short (<math>\leq 3</math> cm) stenosis of the infrarenal aorta</li> <li>• Unilateral CIA occlusion</li> <li>• Single or multiple stenosis totaling 3 to 10 cm involving the EIA not extending into the CFA</li> <li>• Unilateral EIA occlusion not involving the origins of the internal iliac or CFA</li> </ul>			
<p><b>TASC C lesions</b></p> <ul style="list-style-type: none"> <li>• Bilateral CIA occlusions</li> <li>• Bilateral EIA stenoses 3 to 10 cm long not extending into the CFA</li> <li>• Unilateral EIA stenosis extending into the CFA</li> <li>• Unilateral EIA occlusion involving the origins of the internal iliac and/or CFA</li> <li>• Heavily calcified unilateral EIA occlusion with or without involvement of the origins of the internal iliac and/or CFA</li> </ul>			
<p><b>TASC D lesions</b></p> <ul style="list-style-type: none"> <li>• Infrarenal aortoiliac occlusion</li> <li>• Diffuse disease involving the aorta and both iliac arteries</li> <li>• Diffuse multiple stenoses involving the unilateral CIA, EIA, and CFA</li> <li>• Unilateral occlusions of both CIA and EIA</li> <li>• Bilateral EIA occlusions</li> <li>• Iliac stenoses in patients with AAA not amenable to endograft placement</li> </ul>			



**Спасибо  
за  
внимание  
!**

