

VOIDING CYSTOURETHROGRAM (VCUG)

TECHNIQUES:

_____ ml diluted water soluble contrast (Omnipaque 300 : _____ = 1:1) was injected via an infant feeding catheter inserted by clinician. Intermittent fluoroscopic screening into the urinary bladder during filling and voiding.

Number of filling cycle: _____

FINDINGS:

Comparison: Nil/ MCUG dated _____

Scout Film:

- Osseous abnormality (e.g. spine, pelvis): Present (please specify) / Not detected
- Other abnormality (e.g. opaque calculi): Present (please specify) / Not detected

Vesicoureteric Reflux (VUR):

No VUR is detected during the filling or voiding phase on either side.

VUR is detected on left/ right/ both side:

- Phase detected: Early filling, Late filing, Voiding (specify side)
- Earliest occurrence: Early filling/ Late filing /Voiding phase (specify side)
- Highest grading according to International Reflux Study: _____(specify side)
- Insertion of refluxing ureter: Normal/ Ectopic/ Indeterminate (specify side)

Bladder:

- Maximal volume of contrast instilled in bladder: about _____ml
- Residual contrast post-void: Not significant / Mild/ Moderate amount
- Bladder outline: Smooth/ Trabeculated
- Filling defect: Present (please specify)/ Not detected

Urethra:

- Abnormal dilatation or stricture: Present/ Absent

CONCLUSION:

- No VUR is detected during the early filling, late filling nor voiding phase on either side.
- Grade _____ VUR on the left/ right/ both side.

Designed by Dr. HM KWOK

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