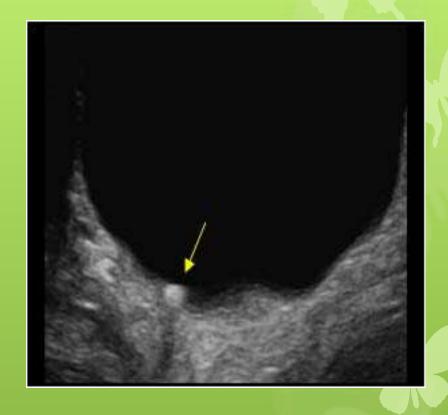
# Density within the bladder and small bladder

- 1- Density within the bladder (attached to the wall)
- a- polyp (A polyp on a long stalk may appear freely mobile)
- b- Adherent calculus, stone may become adherent to the bladder mucosa especially when there is infection.
- c- Ureterocele. A ureterocele presents as a cystic mass within the bladder, near a ureteric orifice, scan the kidneys and the ureters for hydronephrosis and hydroureter.





**Polyp** 

adherent stone



**Ureterocele** 

#### 2- density outside the urinary bladder wall

a- enlarged prostate in men . Located centrally at the base of the Bladder , when enlarged cause bulge of bladder base

b- enlarged uterus in female cause pressure effect on posterior bladder wall



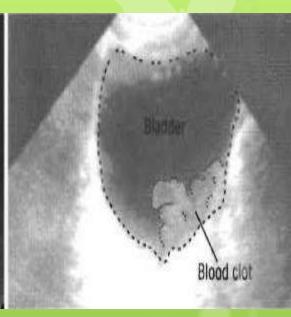


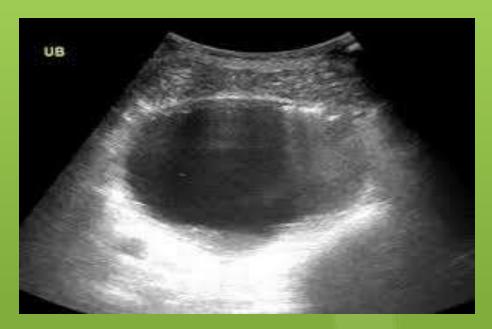
### Mobile density within the bladder

- 1- Calculus. Unless they are very large, most calculi move within the bladder.
- 2- Foreign body. Catheters must be recognized. Very rarely a foreign body is introduced into the bladder
- 3- blood clots.
- 4- Air, Introduced into the bladder either through a catheter or by infection or through a fistula, air appears as an echogenic, mobile, non-dependent (floating) area.











### Large (over distended) bladder

Always look at the ureters and check the kidneys for hydronephrosis. Ask the patient to empty the bladder and rescan to see if it is completely empty.

#### Causes:

- 1-Enlargement of the prostate.
- 2- Urethral stricture in the male.
- 3- Urethral calculus in the male.
- 4- Bruising of the urethra in the female ("honeymoon urethritis").
- 5- A neurogenic bladder from damage to the spinal cord.
- 6-Urethral valves or diaphragm in newborn infants.
- 6- Cystocele in some patients.

## **Small urinary bladder**

#### Causes:

- 1- Late schistosomiasis. There may be bright echoes due to calcification.
- 2- Recurrent cystitis.
- 3- The rare infiltrating neoplasm.
- 4- Radiotherapy or surgery for malignancy.

