

# Abnormal urinary bladder

**It is important to scan for:**

- 1- Variation of the bladder wall thickness and trabeculation.**
- 2- Asymmetry of the bladder.**
- 3- Cystic masses in or outside the bladder (ureterocele or diverticulum).**
- 4-Solid masses within the bladder or at the base of the bladder.**

# Generalized thickening of the bladder wall

## \* Causes:

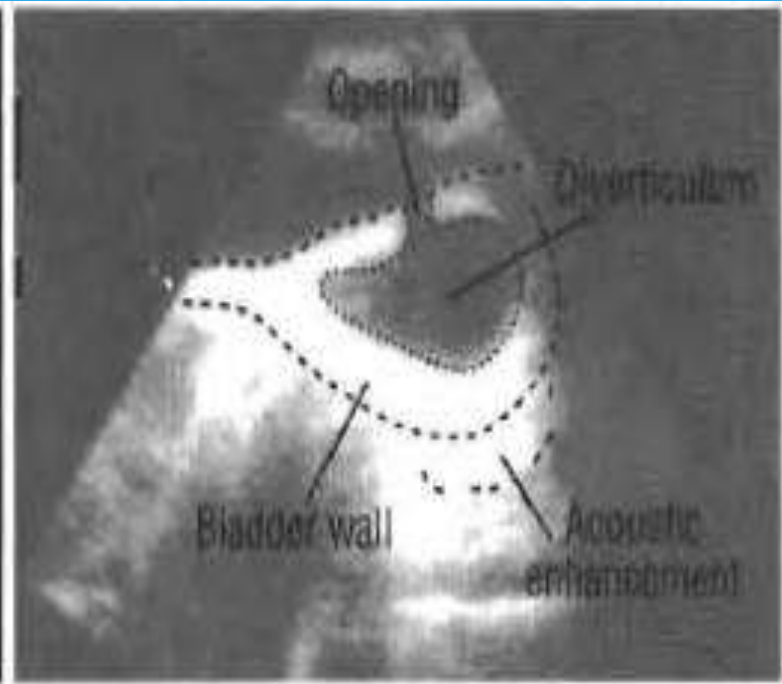
- \* **1-** prostatic hypertrophy . In this case we should exclude :
  - a- hydronephrosis by scanning the ureter and the kidneys.
  - b- associated diverticula (Only visible if over 1cm in diameter. It may collapse or increase in size after micturition. )



hydronephrosis

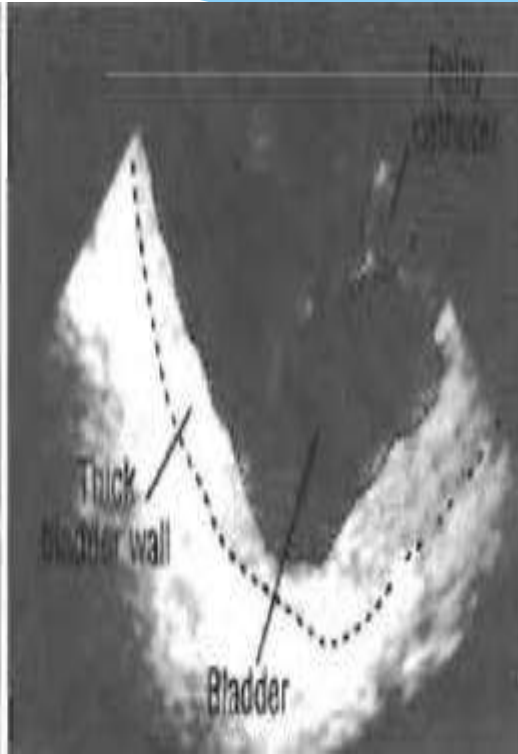


diverticula

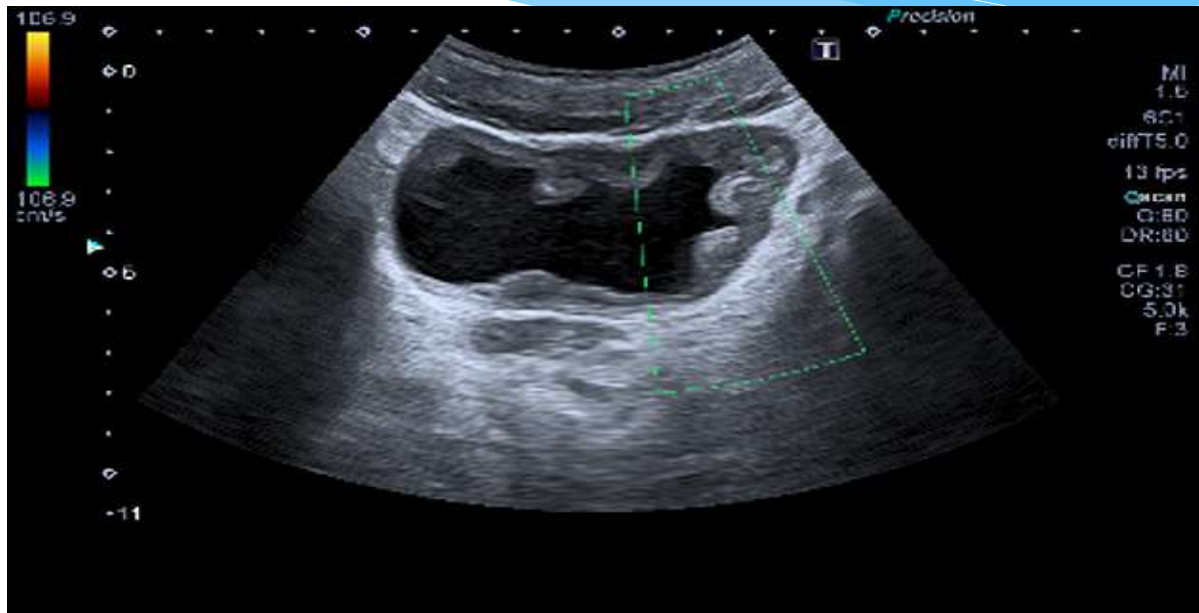


**Collapsed diverticula**

**2- Severe, chronic infection /cystitis.** The inner wall of the bladder **thickened and irregular** (Check the rest of the renal tract for dilatation).



- 3- Schistosomiasis.** The bladder wall thickened with increased echogenicity and calcification.
- 4- neurogenic bladder.**



schistosomiasis

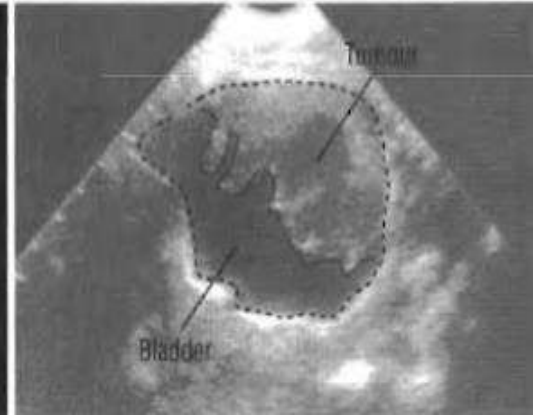
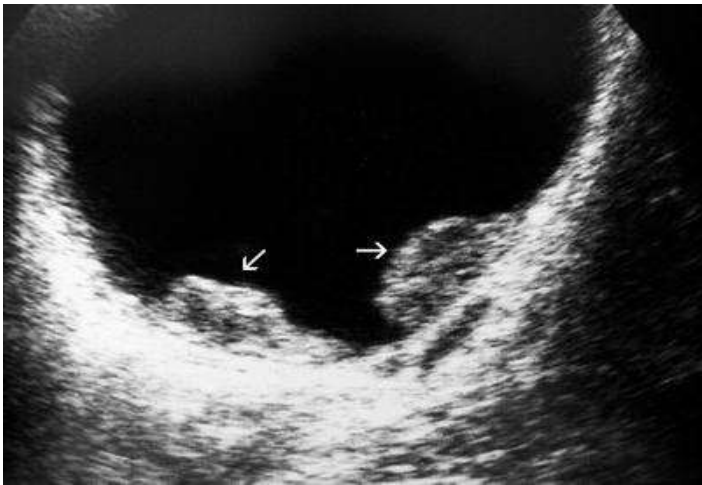
# localized thickening of the bladder wall

Localized thickening may be due to:

- 1- Bladder fold due to incomplete filling.
- 2- Tumor.
- 3- polyp.
- 4- Localized infection due to tuberculosis or to schistosomal plaques (granulomas).
- 5- Acute reaction to schistosomal infection in children
- 6- Hematoma following trauma

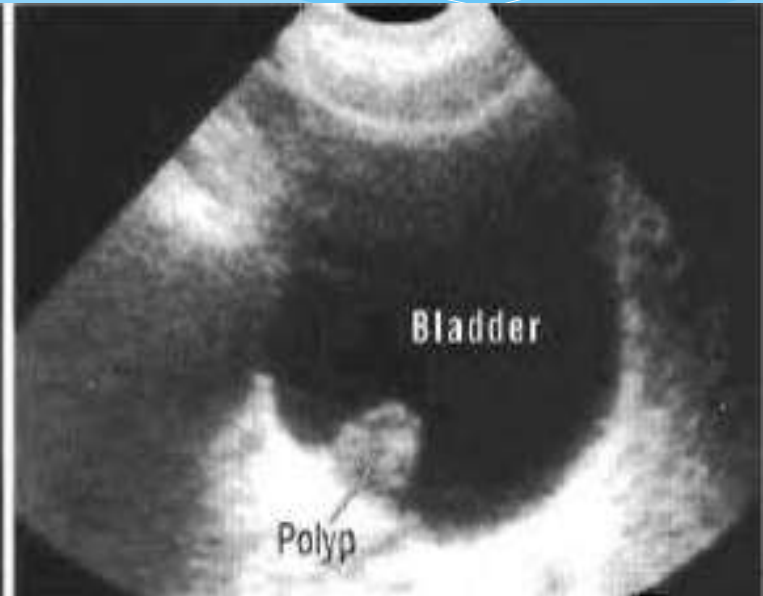
## **Most bladder neoplasms (tumor) are:**

- 1- solitary or multiple but located in one area.**
- 2- most are polypoid.**
- 3- Calcification in the tumor due to associated schistosomiasis.**



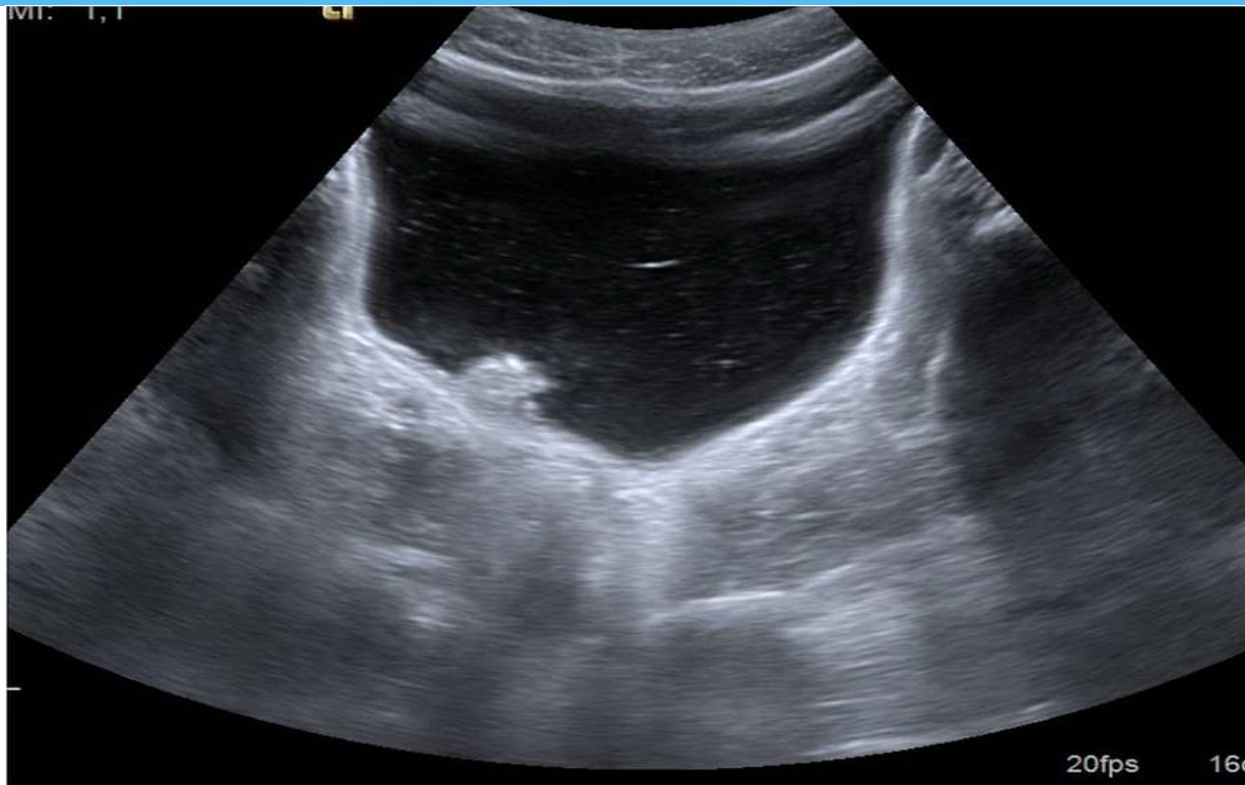
# Urinary bladder polyp

- \* Bladder polyps are often mobile on a stalk.

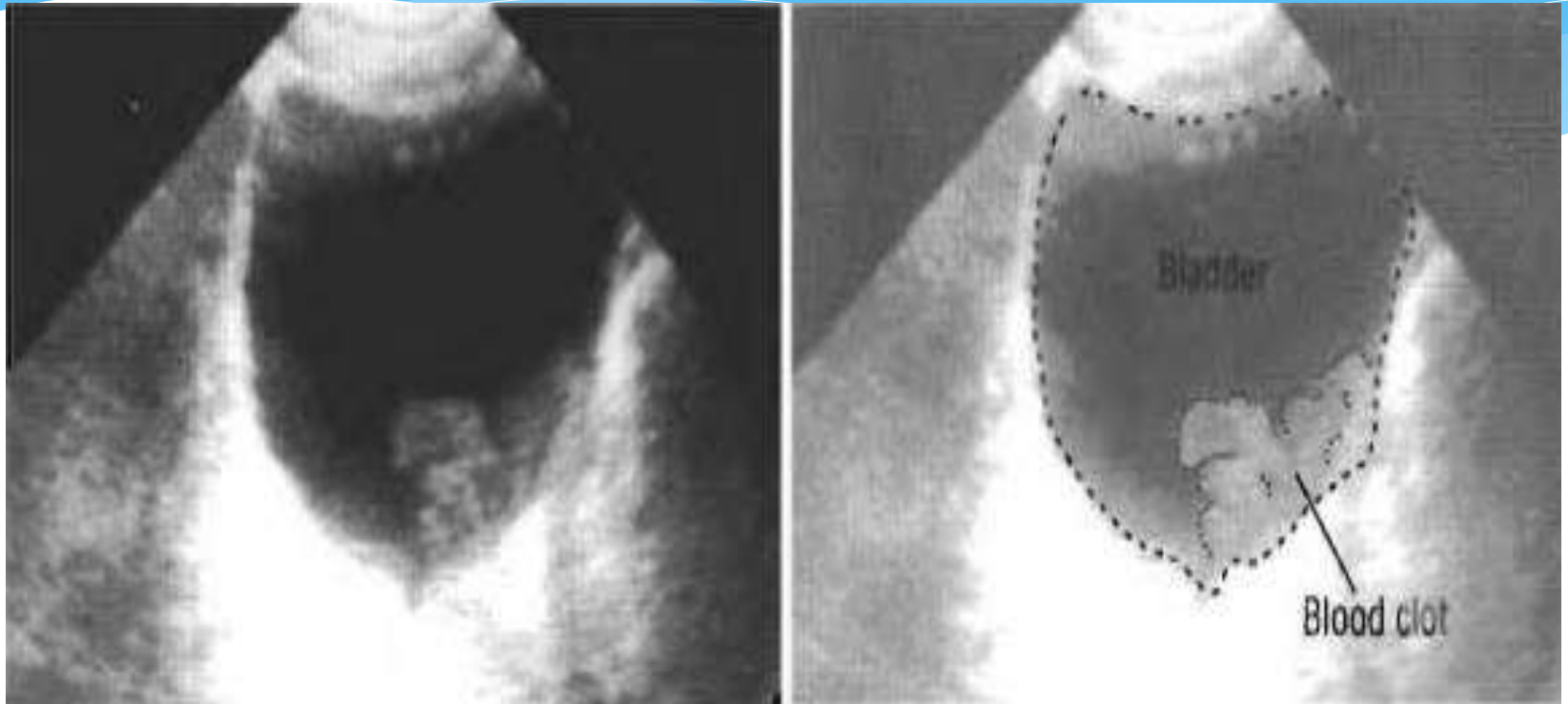




## Localized infection due to tuberculosis or to schistosomal plaques (granulomas)



# Hematoma following trauma.





**Thank you**