

Dual Source CT



- Routine CT
- CTA Cases
 - Cardiac
 - Neuro
 - Thorax
 - Abdomen
 - Upper Limb
 - Lower Limb
- CT Colonoscopy
- Lung Perfusion

128 slice MDCT



- Routine CT
- CT Guided Procedures
 - Biopsy
 - Drainage
 - Radiofrequency Ablation
- Brain Perfusion
- CTA Cases

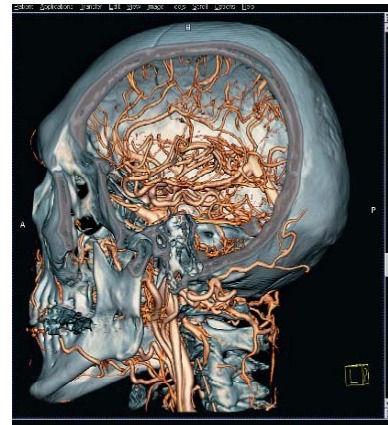
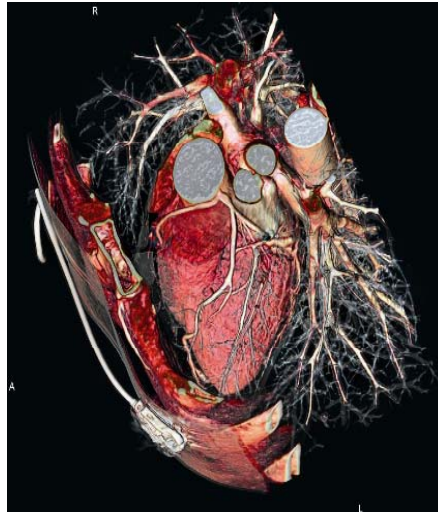
16 Slice MDCT



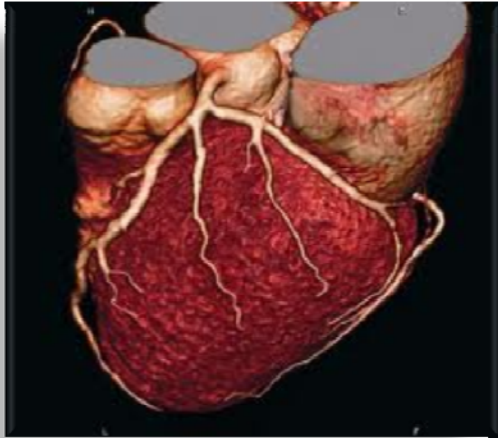
EMERGENCY CT CASES

- Routine CT
- CTA Cases
 - Thorax
 - Abdomen
 - Upper Limb
 - Lower Limb

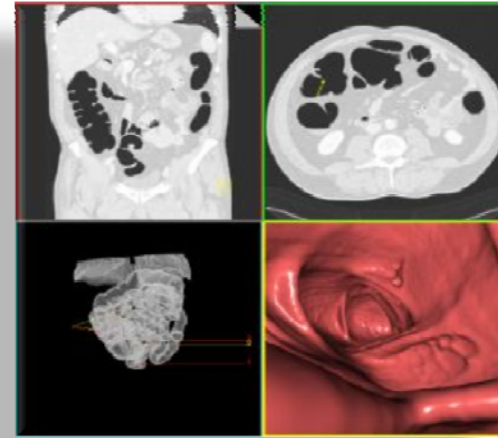
Reconstructed images



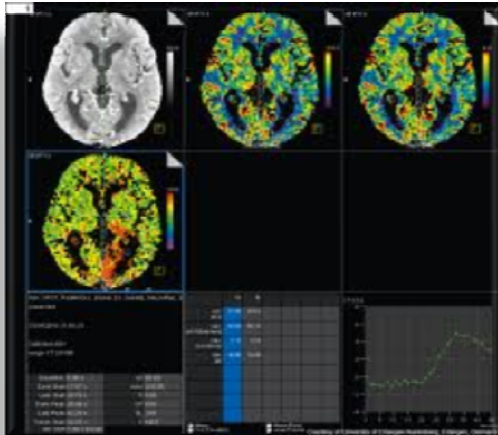
Special examinations



**CT CORONARY
ANGIOGRAPHY**



CT COLONOSCOPY

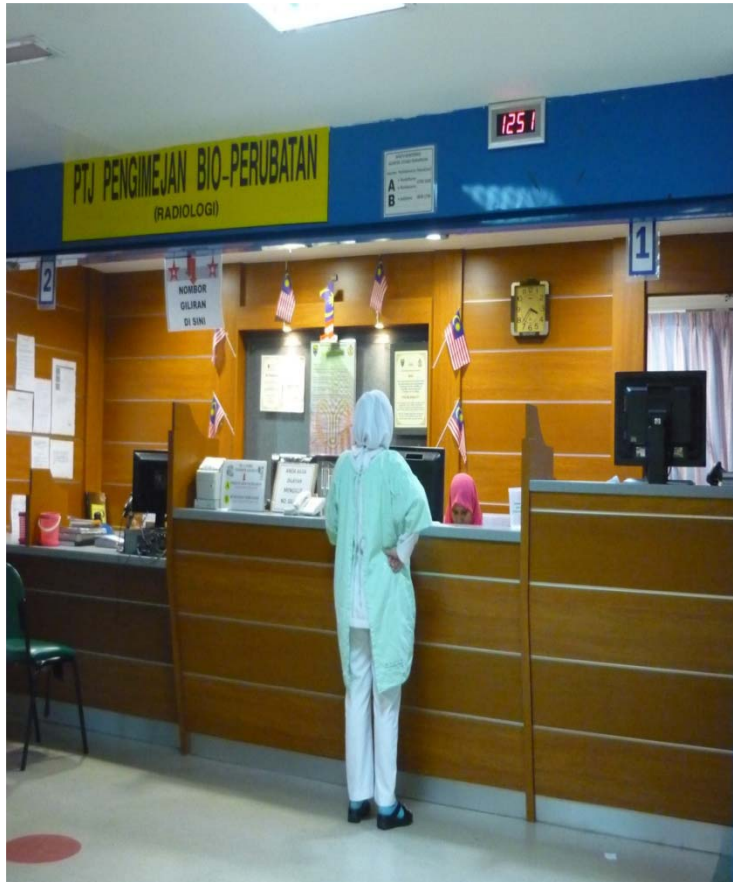


NEURO VPCT



CT GUIDED BIOPSY

REGISTRATION AT THE RADIOLOGY COUNTER



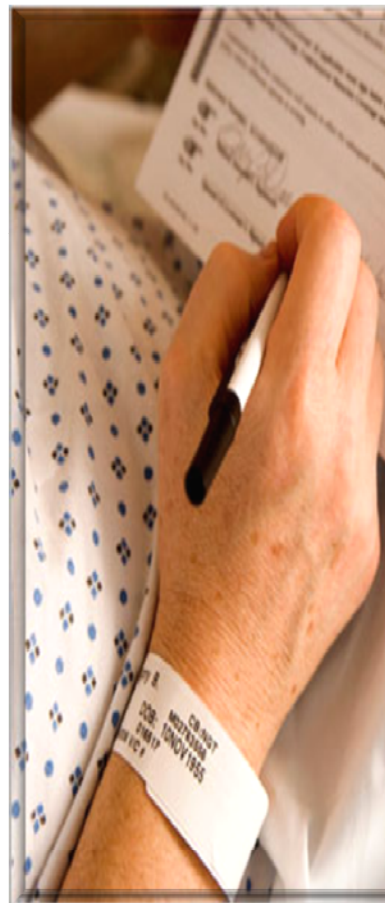
PATIENT WAITING FOR PREPARATION



PATIENT INTERVIEWED BY DOCTOR



CONSENT FORM SIGNED BY PATIENT



CONSENT BY PATIENT FOR CONTRAST MEDIA		PUSAT PERUBATAN UNIV. MALAYA, K.L.
I, Identity Card No.		
(Name of Patient)		
of (Address)		
hereby consent to have the radiological investigation performed with contrast media.		
I have read carefully the appendix which explains the possible risk of contrast media and /or it has been explained to me by Dr.		
(Name of Attending Doctor)		
through the interpretation of in *language/ dialect.		
(Name of Interpreter)		
Date :	Signature or Thumbprint:	(Patient)
IN THE PRESENCE OF		
Name	Signature	
Identity Card No.	(Witness for Signature of Patient)	
Designation.....		
I confirm that I have explained to the patient the effect and risk of the contrast media. In my opinion he/she understood the explanation.		
Date:	Signature:	(Attending Doctor)
(P.T.O. - Appendix)		

CONSENT BY PATIENT	Name	DR-MUS-080-ED1
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BRANULA SET BY DOCTOR



ORAL / RECTAL CONTRAST GIVEN ACCORDING TO THE EXAMINATION



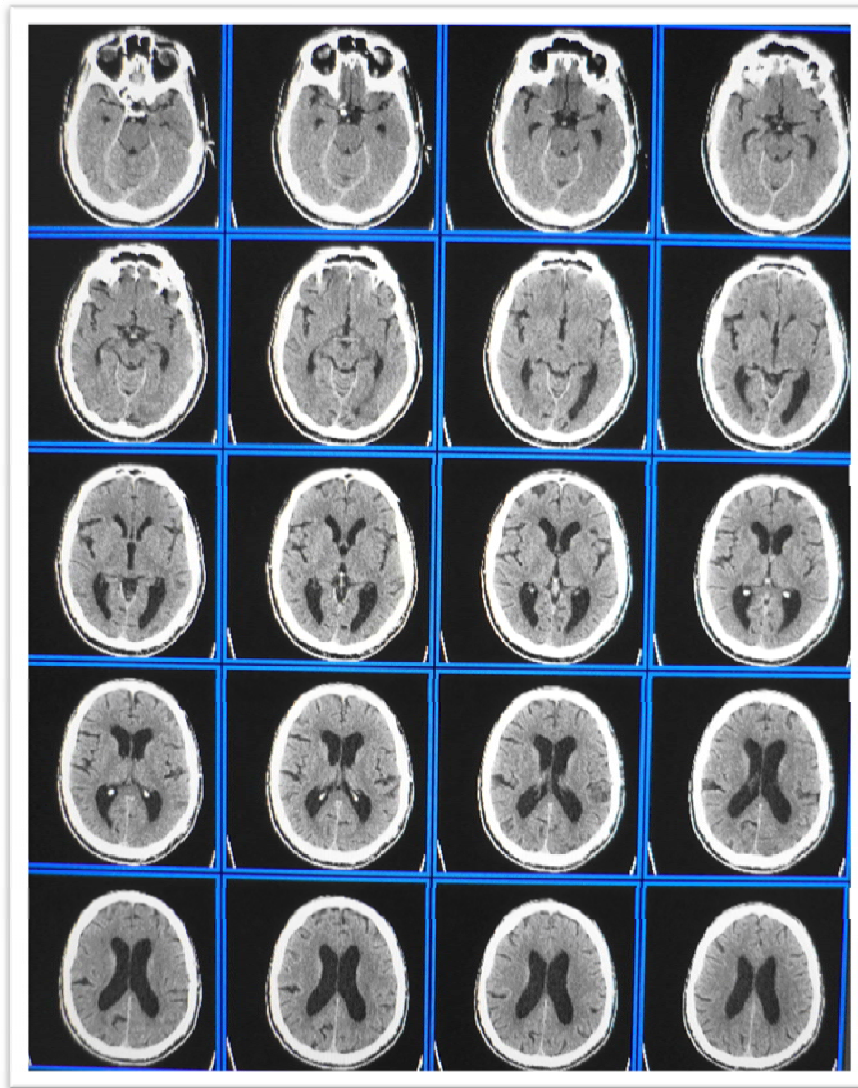
PATIENT POSITIONED ACCORDING TO THE EXAMINATION



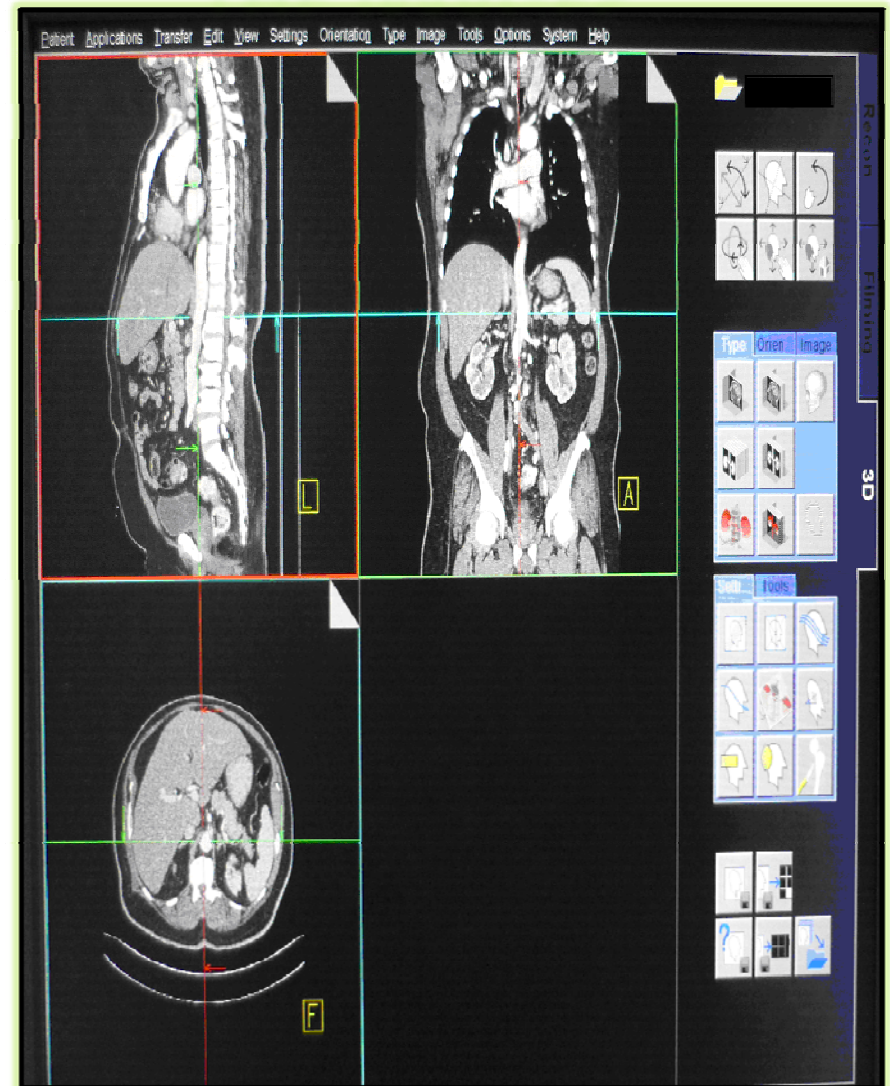
PATIENT BEING SCANNED



ACQUIRED IMAGES



RECONSTRUCTION OF THE IMAGES



EXAMINATION COMPLETED

