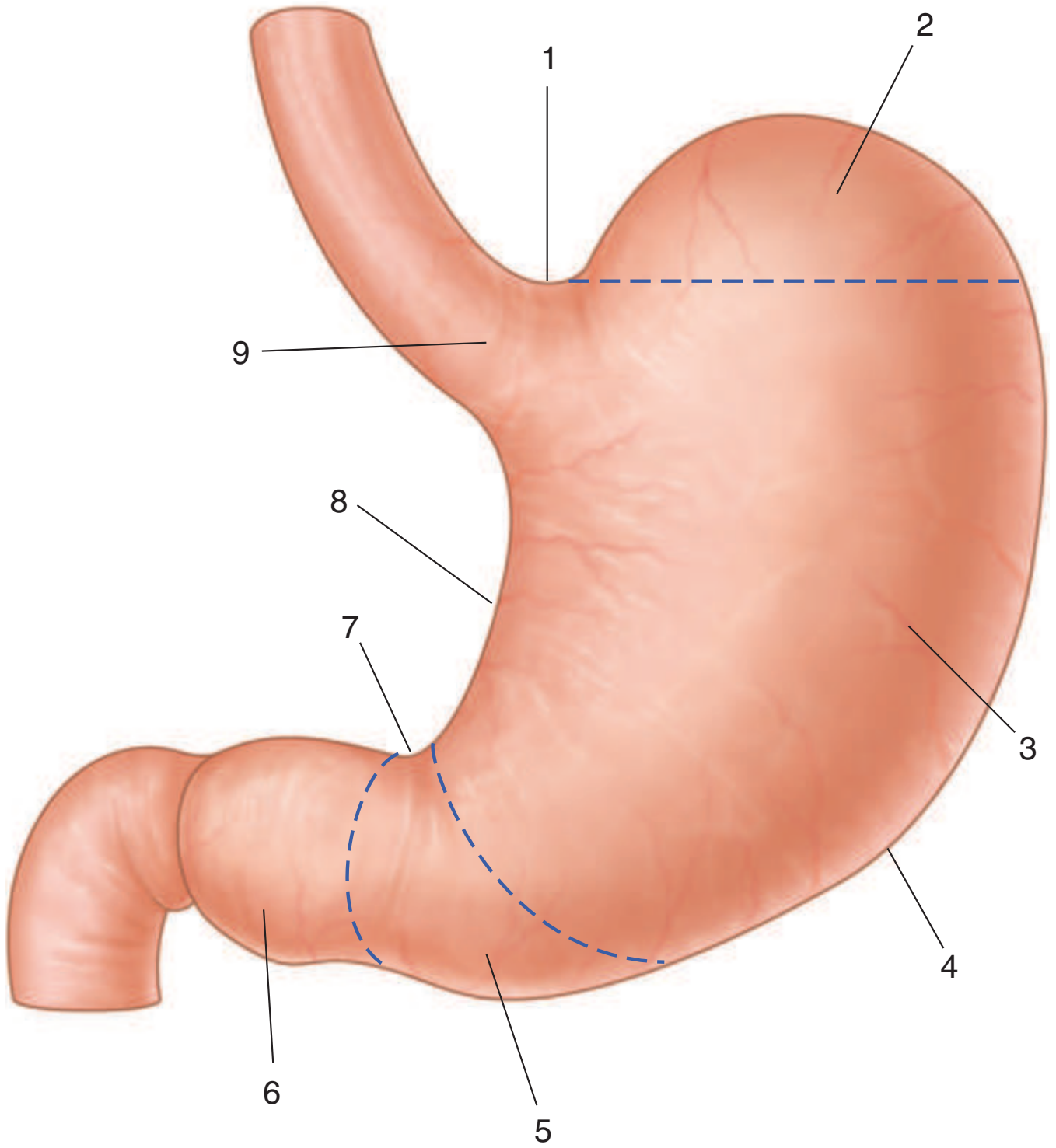




STOMACH

Identify the indicated parts of the stomach.





1. Cardiac notch
2. Fundus
3. Body
4. Greater curvature
5. Pyloric antrum
6. Pyloric canal
7. Angular incisure
8. Lesser curvature
9. Cardia

IN THE CLINIC:

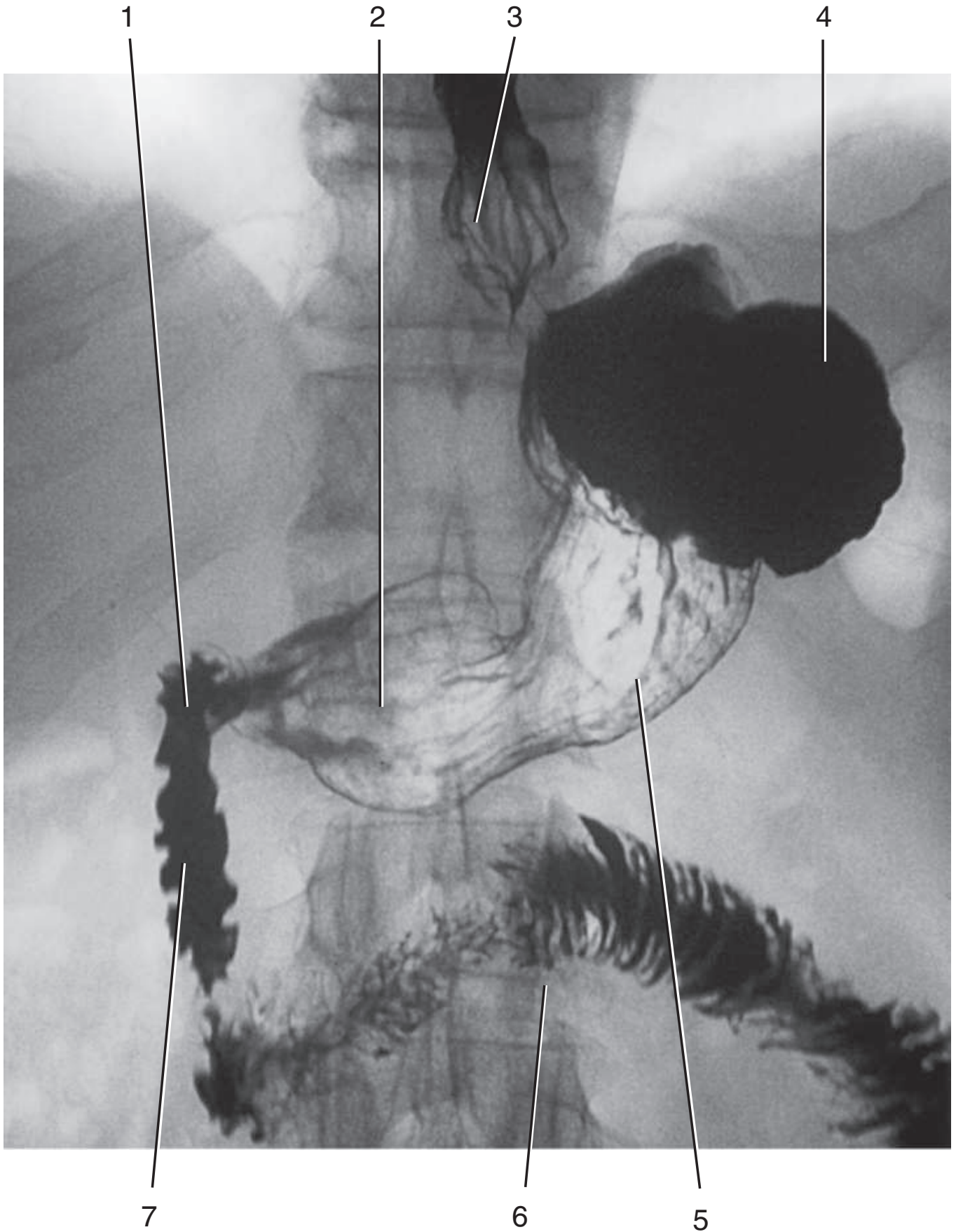
- **At the level of the gastroesophageal junction, there is a physiologic sphincter, which is demarcated by a transition from one epithelial type to another epithelial type. In some people the histologic junction does not lie at the physiologic gastroesophageal junction but is in the lower third of the esophagus. This may predispose to esophageal ulceration and is also associated with an increased risk of carcinoma.**

Figure from Gray's Anatomy for Students, 3rd edition, p. 311.



DOUBLE-CONTRAST RADIOGRAPH: STOMACH AND DUODENUM

Identify the indicated structures.



DOUBLE-CONTRAST RADIOGRAPH: STOMACH AND DUODENUM

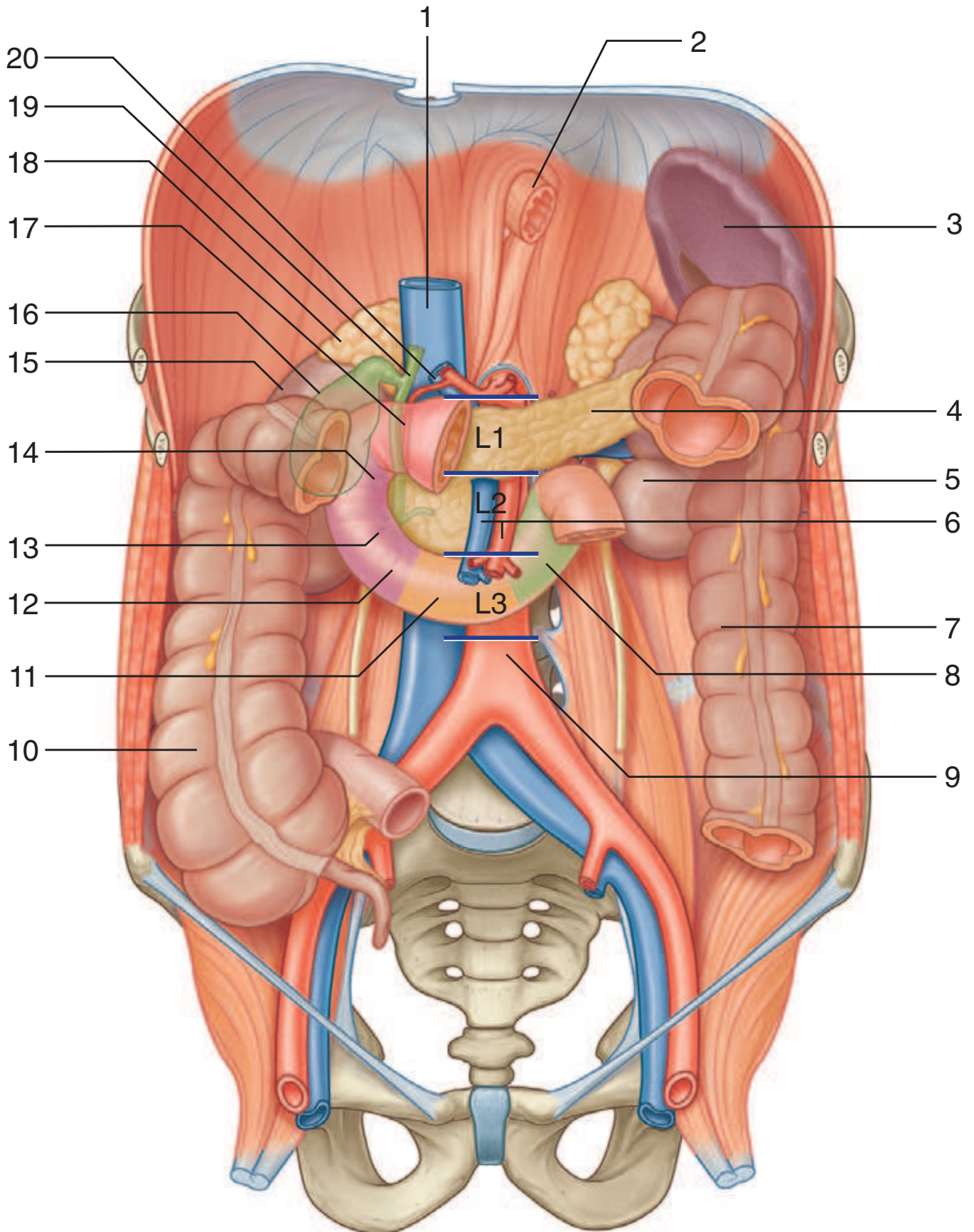


1. Superior part of duodenum
2. Pyloric antrum
3. Esophagus
4. Fundus of stomach
5. Body of stomach
6. Duodenal jejunal flexure
7. Descending part of duodenum

Figure from Gray's Basic Anatomy, p. 154.



Identify the indicated structures.



DUODENUM



1. Inferior vena cava
2. Esophagus
3. Spleen
4. Pancreas
5. Left kidney
6. Superior mesenteric vein and artery
7. Descending colon
8. Duodenum—ascending part
9. Abdominal aorta
10. Ascending colon
11. Duodenum—inferior part
12. Duodenum—descending part
13. Position of major duodenal papilla
14. Position of minor duodenal papilla
15. Right kidney
16. Gallbladder
17. Duodenum—superior part
18. Right suprarenal gland
19. Bile duct
20. Portal vein

IN THE CLINIC:

- **Duodenal ulcers tend to occur either anteriorly or posteriorly. Posterior duodenal ulcers erode either directly onto the gastroduodenal artery or, more commonly, onto the posterior superior pancreaticoduodenal artery. Anterior duodenal ulcers erode into the peritoneal cavity, causing peritonitis. This intense inflammatory reaction promotes adhesion of the greater omentum, which attempts to seal off the perforation.**

Figure from Gray's Anatomy for Students, 3rd edition, p. 312.



Identify the indicated structures.



RADIOGRAPH: JEJUNUM AND ILEUM

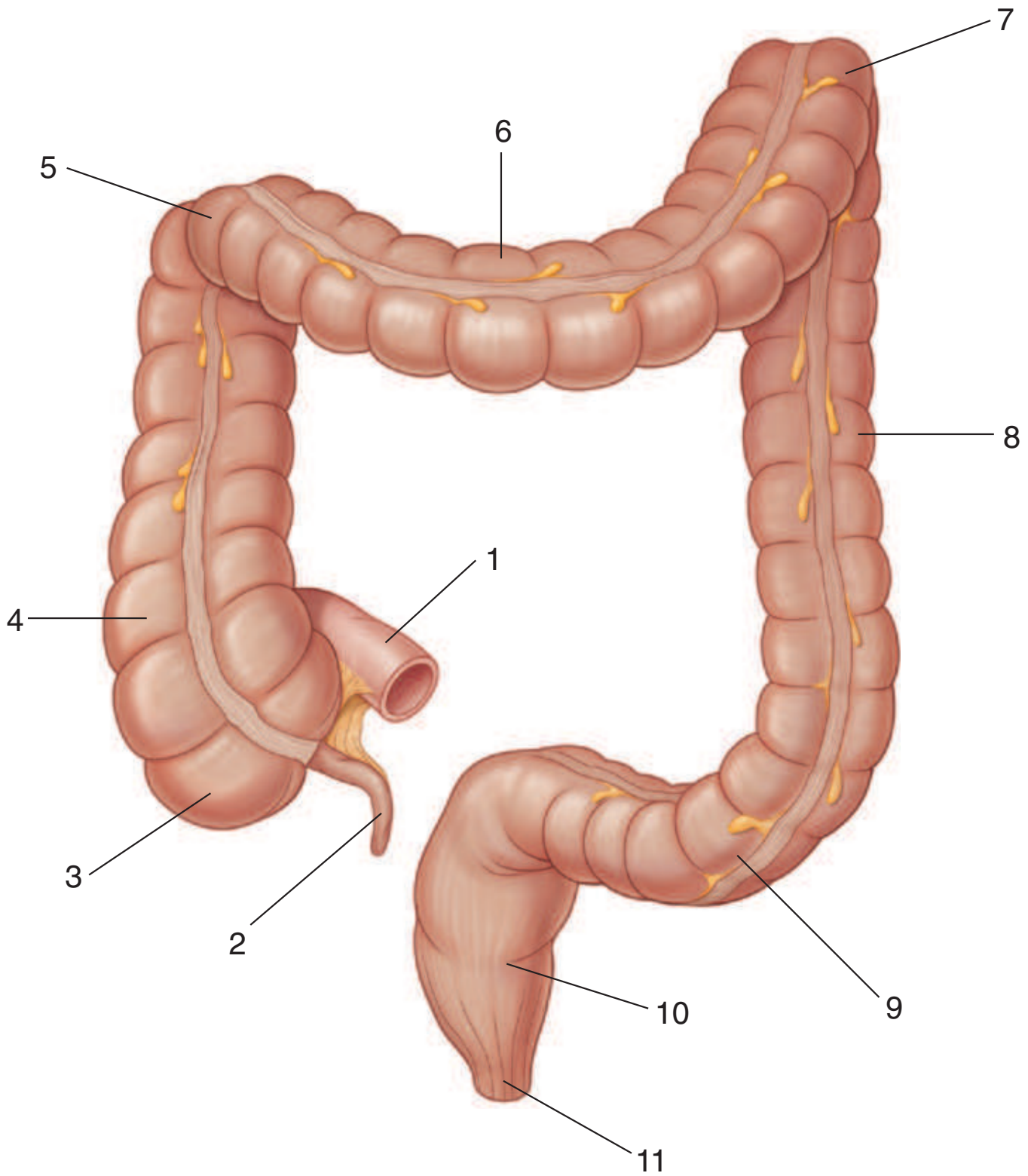


1. Jejunum
2. Stomach
3. Ileum

Figure from Gray's Basic Anatomy, p. 156.



Identify the indicated parts of the large intestine.



LARGE INTESTINE



1. Ileum
2. Appendix
3. Cecum
4. Ascending colon
5. Right colic flexure
6. Transverse colon
7. Left colic flexure
8. Descending colon
9. Sigmoid colon
10. Rectum
11. Anal canal

IN THE CLINIC:

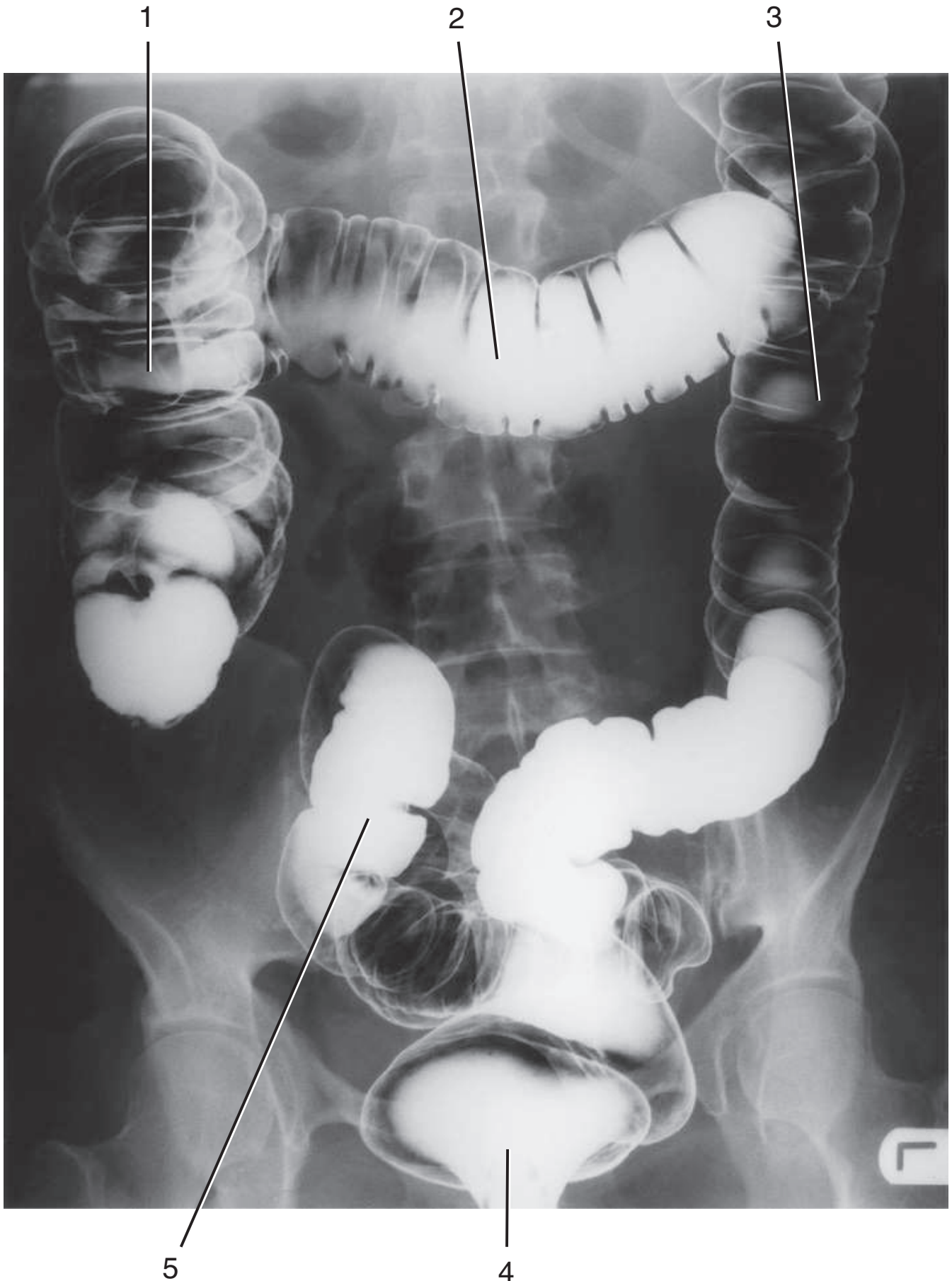
- **Unique characteristics of most of the large intestine are peritoneal-covered accumulations of fat, the omental appendices, the segregation of longitudinal muscle in its walls into three narrow bands, the taeniae coli, and sacculations (the haustra).**
- **Major vessels and lymphatics are on the medial or posteromedial sides of the ascending and descending colon. A relatively blood-free mobilization of the ascending and descending colon is possible by cutting the peritoneum along the lateral paracolic gutters.**

Figure from Gray's Anatomy for Students, 3rd edition, p. 319.



BARIUM RADIOGRAPH: LARGE INTESTINE

Identify the indicated structures.



BARIUM RADIOGRAPH: LARGE INTESTINE

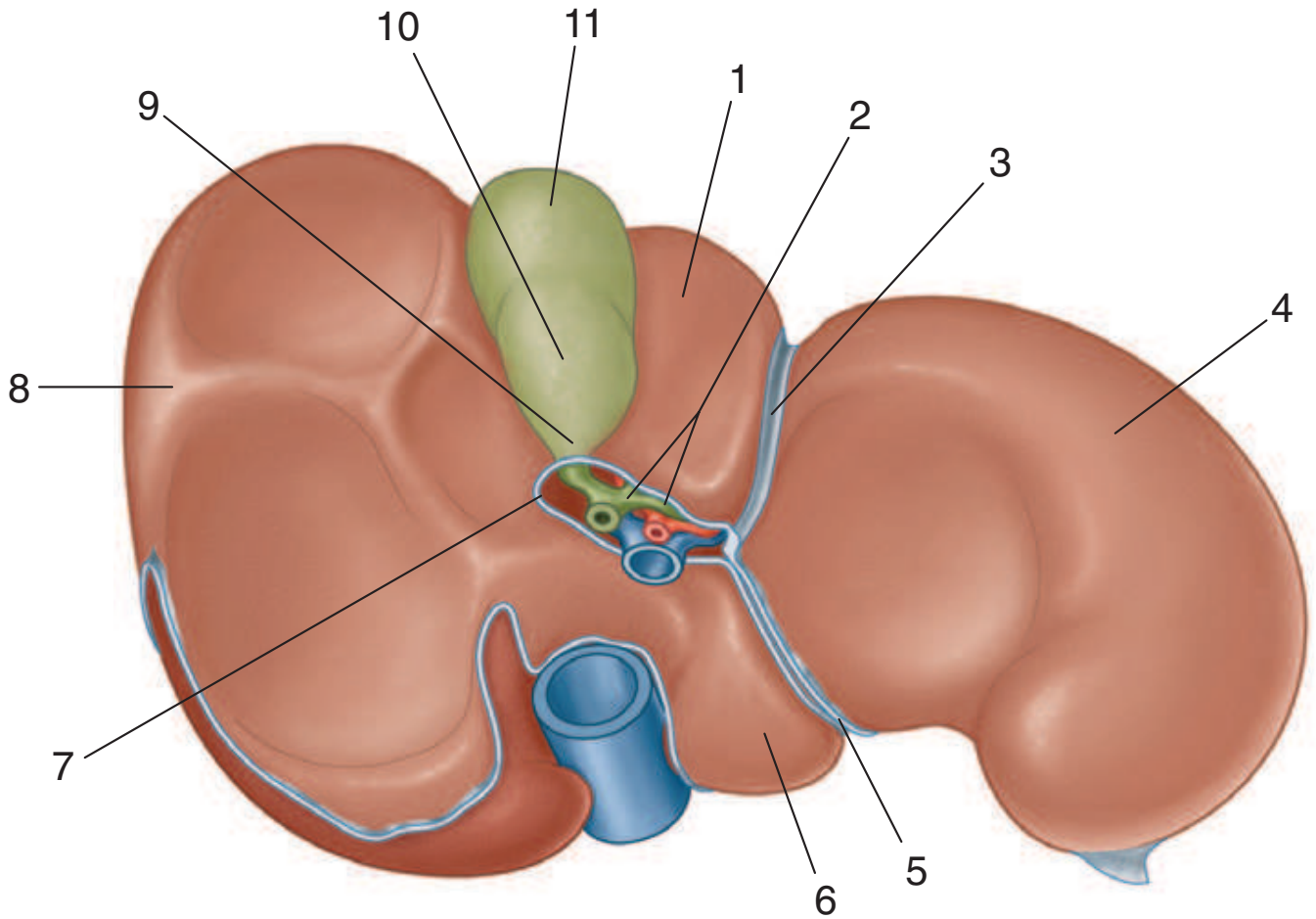


1. Ascending colon
2. Transverse colon
3. Descending colon
4. Rectum
5. Sigmoid colon

Figure from Gray's Basic Anatomy, p. 159.



Identify the indicated parts of the liver and gallbladder.





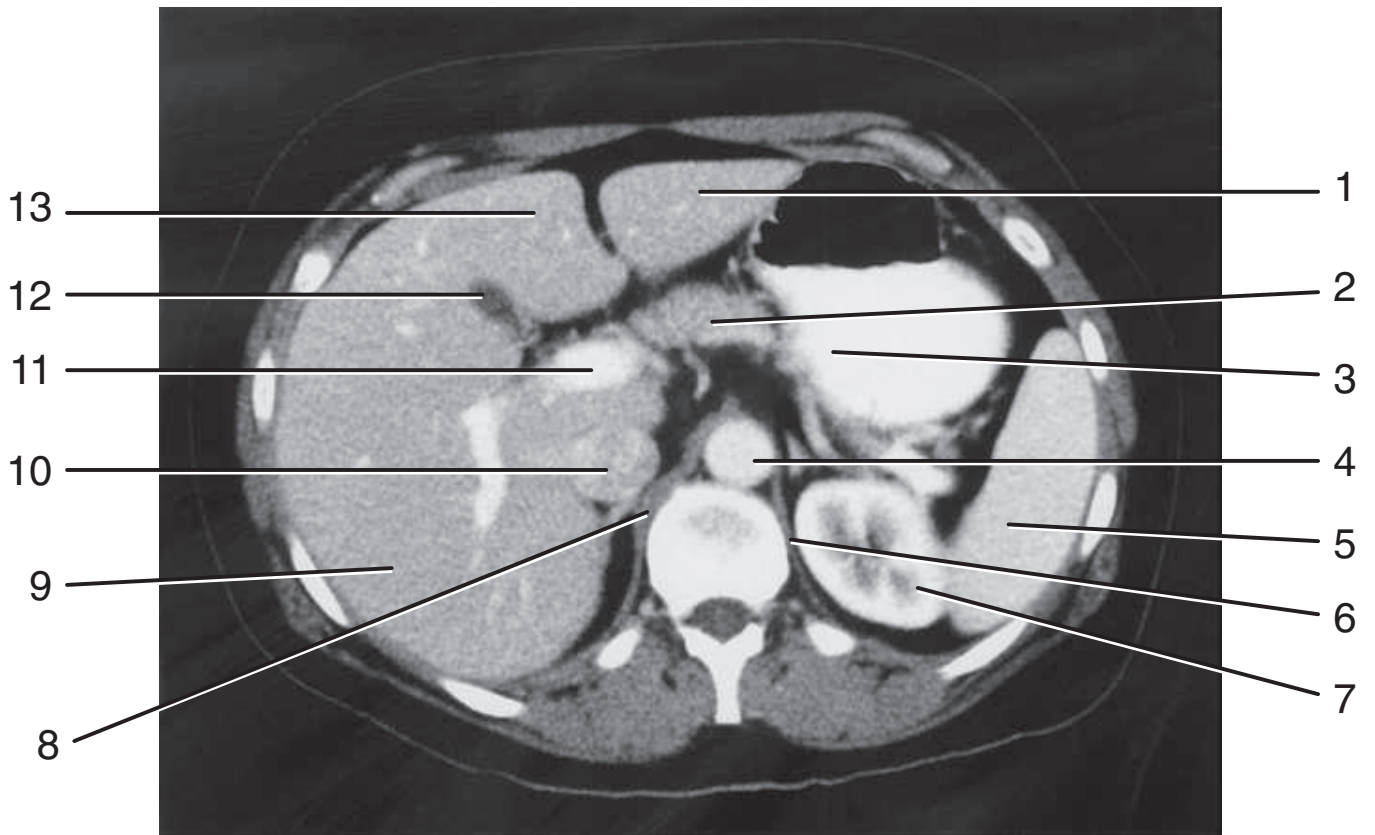
1. Quadrate lobe
2. Hepatic ducts
3. Fissure for ligamentum teres
4. Left lobe of liver
5. Fissure for ligamentum venosum
6. Caudate lobe
7. Porta hepatis
8. Right lobe of liver
9. Gallbladder—neck
10. Gallbladder—body
11. Gallbladder—fundus

IN THE CLINIC:

- The porta hepatis serves as the point of entry into the liver for the hepatic arteries and the portal vein and the exit point for the hepatic ducts.



Identify the indicated structures.



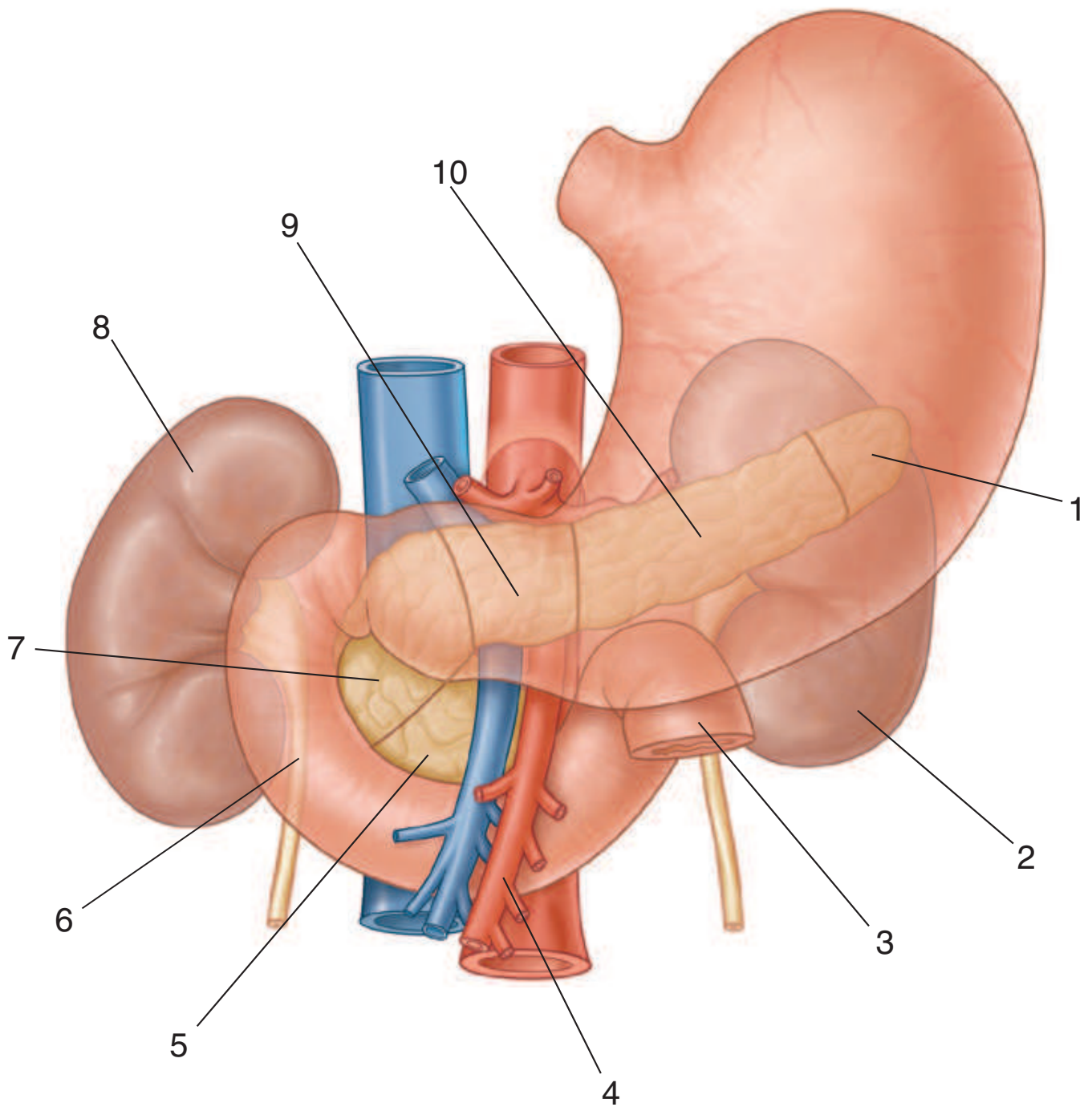


1. Left lobe of liver
2. Neck of pancreas
3. Stomach
4. Aorta
5. Spleen
6. Left crus
7. Left kidney
8. Right crus
9. Right lobe of liver
10. Inferior vena cava
11. Portal vein
12. Gallbladder
13. Quadrate lobe

Figure from Gray's Basic Anatomy, p. 166.



Identify the indicated structures.





1. Pancreas—tail
2. Left kidney
3. Jejunum
4. Superior mesenteric artery
5. Uncinate process
6. Duodenum
7. Pancreas—head
8. Right kidney
9. Pancreas—neck
10. Pancreas—body

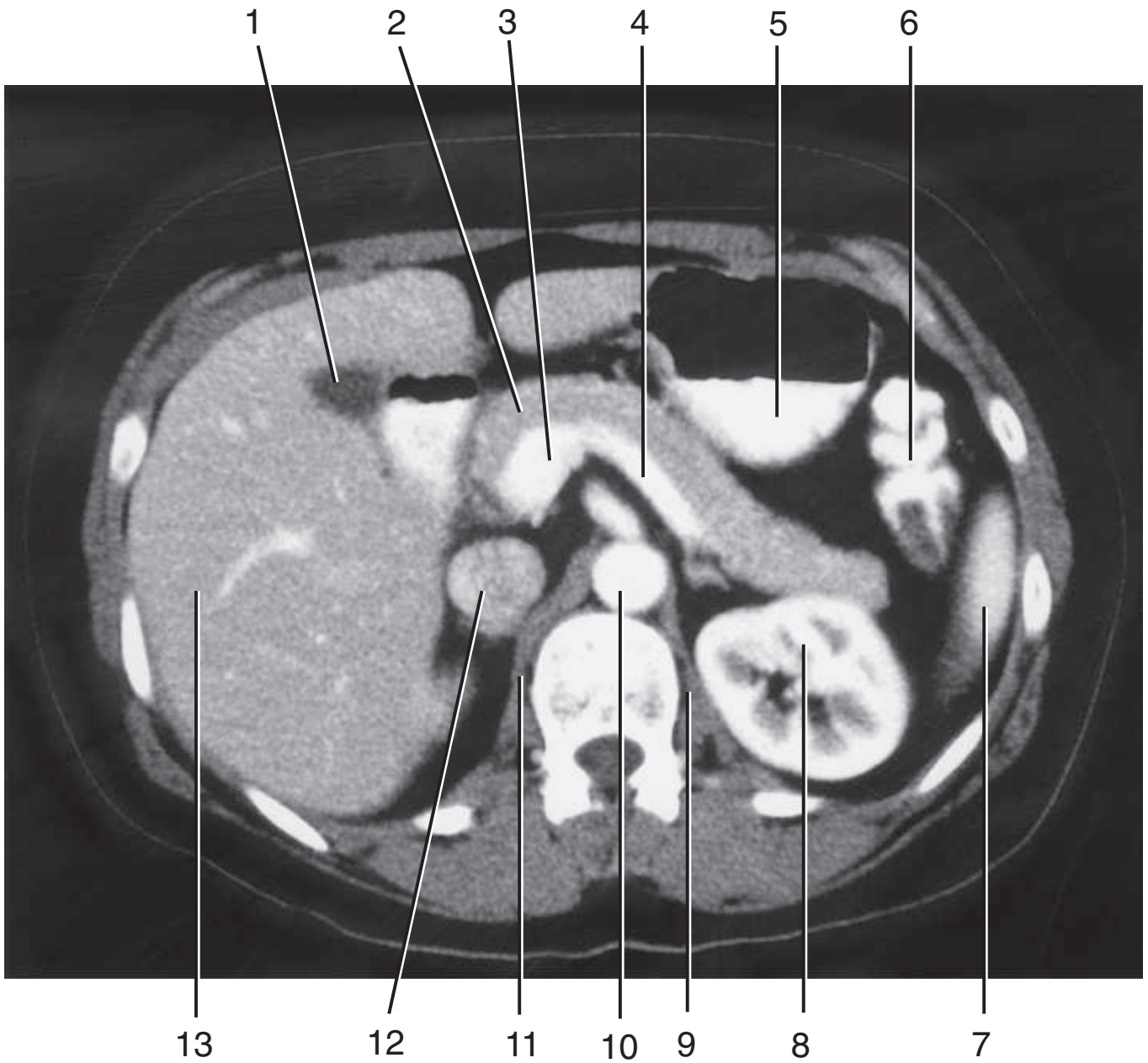
IN THE CLINIC:

- **The pancreas develops from ventral and dorsal diverticula from the foregut. The dorsal bud forms most of the head, neck, and body of the pancreas. If the ventral bud splits, the two segments may encircle and constrict the duodenum. This is referred to as an annular pancreas.**

Figure from Gray's Anatomy for Students, 3rd edition, p. 333.



Identify the indicated structures.



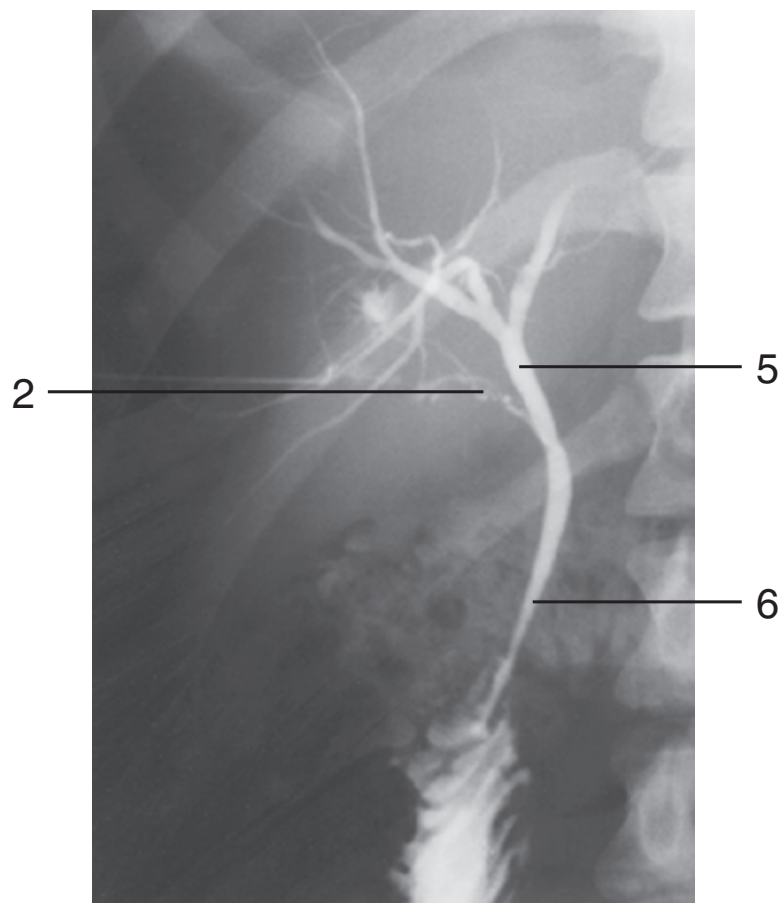
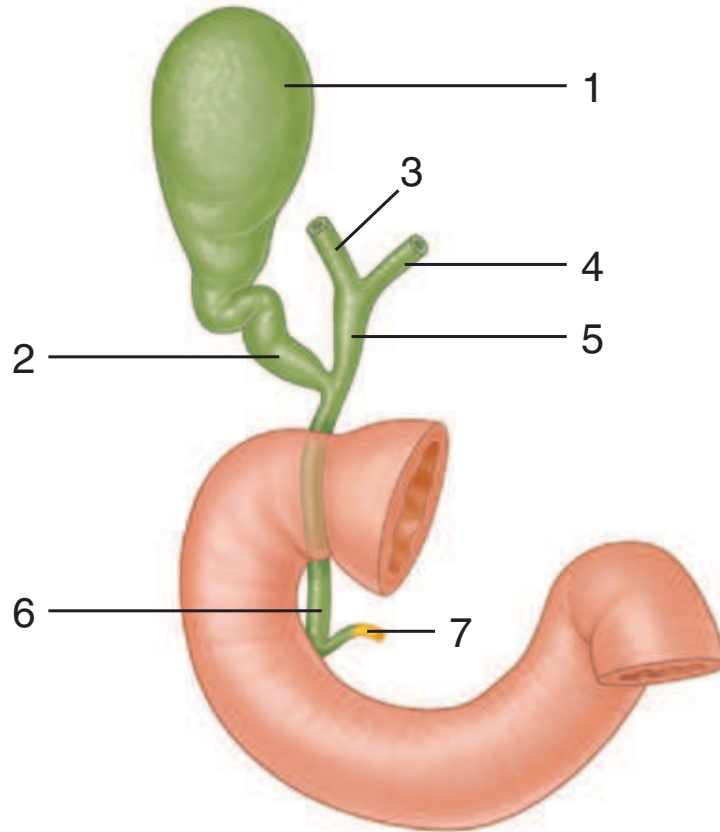


1. Gallbladder
2. Pancreas
3. Portal vein
4. Splenic vein
5. Stomach
6. Left colonic flexure
7. Spleen
8. Left kidney
9. Left crus
10. Aorta
11. Right crus
12. Inferior vena cava
13. Right lobe of liver

Figure from Gray's Basic Anatomy, p. 169.



Identify the indicated parts of the bile drainage system.





1. Gallbladder
2. Cystic duct
3. Right hepatic duct
4. Left hepatic duct
5. Common hepatic duct
6. Bile duct
7. Main pancreatic duct

IN THE CLINIC:

- **Occasionally, small gallstones pass into the bile duct and are trapped in the region of the sphincter of the ampulla, which obstructs the flow of bile into the duodenum. This produces jaundice. Gallstones may also lodge in the neck of the gallbladder. This prevents the gallbladder from emptying normally, and contractions of the gallbladder wall may produce severe pain.**

Figure from Gray's Anatomy for Students, 3rd edition, p. 337.