

## The Automatic Diagnosis of Renogram by Minicomputer System

K. NAITO

*Department of Internal Medicine, The Second Division, Osaka Medical College.*

K. YAMAZAKI, H. KURISHIMA, Y. TEZUKA, K. KANNA, K. FUZIOKA,  
Y. OGAWA, T. NAKAOKI, A. TANAKA, H. AKAGI

*Department of Radiology, Osaka Medical College, Takatuki-shi.*

1) The method to store the data of renogram into the computer system which was connected on line with usual renogram counters, and to display them on the CRT was studied.

Those curves were same as usual renogram curves, and it was shown that this system was useful in ordinary examination.

2) The method to store the data obtained from scintiscamera by simultaneous administration of two nuclides (ex.  $^{99m}\text{Tc}$ -DTPA and  $^{131}\text{I}$ -Hippuran or  $^{197}\text{Hg}$ -Neohydrin and  $^{131}\text{I}$ -Hippuran paired) into the computer system was examined.

Those data were recorded on to the magnetic

tape and were displayed on the CRT.

R.O.I. (region of interest) renogram, where were on cortex area and pelvis area, had investigated in those series and we can indicate the following results:

$^{99m}\text{Tc}$ -DTPA are taken in Kidneys more quickly but excreted more slowly than  $^{131}\text{I}$ -Hippuran and  $^{197}\text{Hg}$ -Neohydrin were taken in more slowly than  $^{131}\text{I}$ -Hippuran and there is little excretion of  $^{197}\text{Hg}$ -Neohydrin for one hour.

The other hand  $^{131}\text{I}$ -Hippuran have been excreted almost completely at than time.

## RI Data Processing System for Nuclear Medicine (Report 13) A Stochastic Model of Regional Renograms

K. KIMURA, T. NISHIMURA

*Radiology and Nuclear Medicine, Medical School Osaka University*

T. FURUKAWA, A. KITABATAKE, S. TAKASUGI, M. HORI, H. TAKEDA and H. ABE  
*1st Department of Internal Medicine, Medical School Osaka University*

F. KAJIYA and H. INADA

*Faculty of Engineering, Osaka University*

In order to interpret objectively the intrarenal  $^{131}\text{I}$ -hippuran dynamics, a mathematical

model was made with respect to 'regional renograms' obtained from the series of scinti-

llation camera images. The following approach was employed for data acquisition: Renal distribution of  $^{197}\text{Hg}$ -chlormerodrin was stored in digital matrix form on magnetic tapes and  $^{131}\text{I}$ -hippuran camera renogram was then performed and stored as a series of 120 10-sec frames. Using Hg-scintigram, each kidney was divided into 4 layers parallel and 3 columns perpendicular to its longitudinal axis, yielding 12 compartments per kidney. The  $4 \times 3$  grids were superimposed on each 120 frames of the hippuran figures for delineation and digitization. Thus 12 time-series 'regional renograms' were obtained.

For the data processing, transitional coefficients among total inflow, outflow compartments and intra-renal 4 compartments which 3 columns were summed up in each layer, were estimated with an application of least square method.

Results and discussion:

The subjects were 16 kidneys including 9 normals.

The reliability in transitional coefficients

due to truncation of the observation time was investigated using RI curves of normal subjects. Mean values and standard deviations of transitional coefficients from inflow compartments to intra-renal 4 compartments were calculated for the period of 1 to 5 minutes, respectively. The results indicated little difference in the effect of truncation.

The matrices of transitional coefficients were calculated for each kidney. Examined with F test, RI concentration curves simulated with the corresponding coefficients matrices were in good agreement with observed curves.

The matrices of transitional coefficients were further applied for the analysis of intra-renal RI kinetics for providing clinical uses. Time courses of inflow and outflow in the interested compartment of normal, hydronephrotic, and systic kidney were calculated.

The findings with this stochastic simulation analysis seem to indicate that the approach can yield objective and clinically useful information concerning the dynamics involved in the serial scintigrams.

### **Low Filtration Fraction in Primary Aldosteronism and Blood Pressure Dependent Filtration Fraction in Essential Hypertension Measured by Digital Simulation of RI-Renograms and Concomitant Urinary Excretion Rate**

A. HIRAKAWA, A. HARA, M. MATSUNAGA, K. OGINO, M. SAITO  
S. MOTOHARA, T. SAKURAI

*The Third Medical Clinic, Kyoto University Hospital*

Methods: RPF were calculated in patients with cardiac or hypertensive diseases by digital simulation analysis of  $^{131}\text{I}$ -Hippuran renograms with measurement of concomitant 25 minutes excretion rate, and GFR from  $^{131}\text{I}$ -Na Iothalamate renograms on the following day.

Results: In ten normal subjects with non-renal diseases such as duodenal ulcer, neurocirculatory asthenia, their RPF's were  $565 \pm 66$  ml/min (mean  $\pm$  standard deviation), their GFR's were  $117 \pm 16$  ml/min, the range of which were pretty wide, and their FF's were,