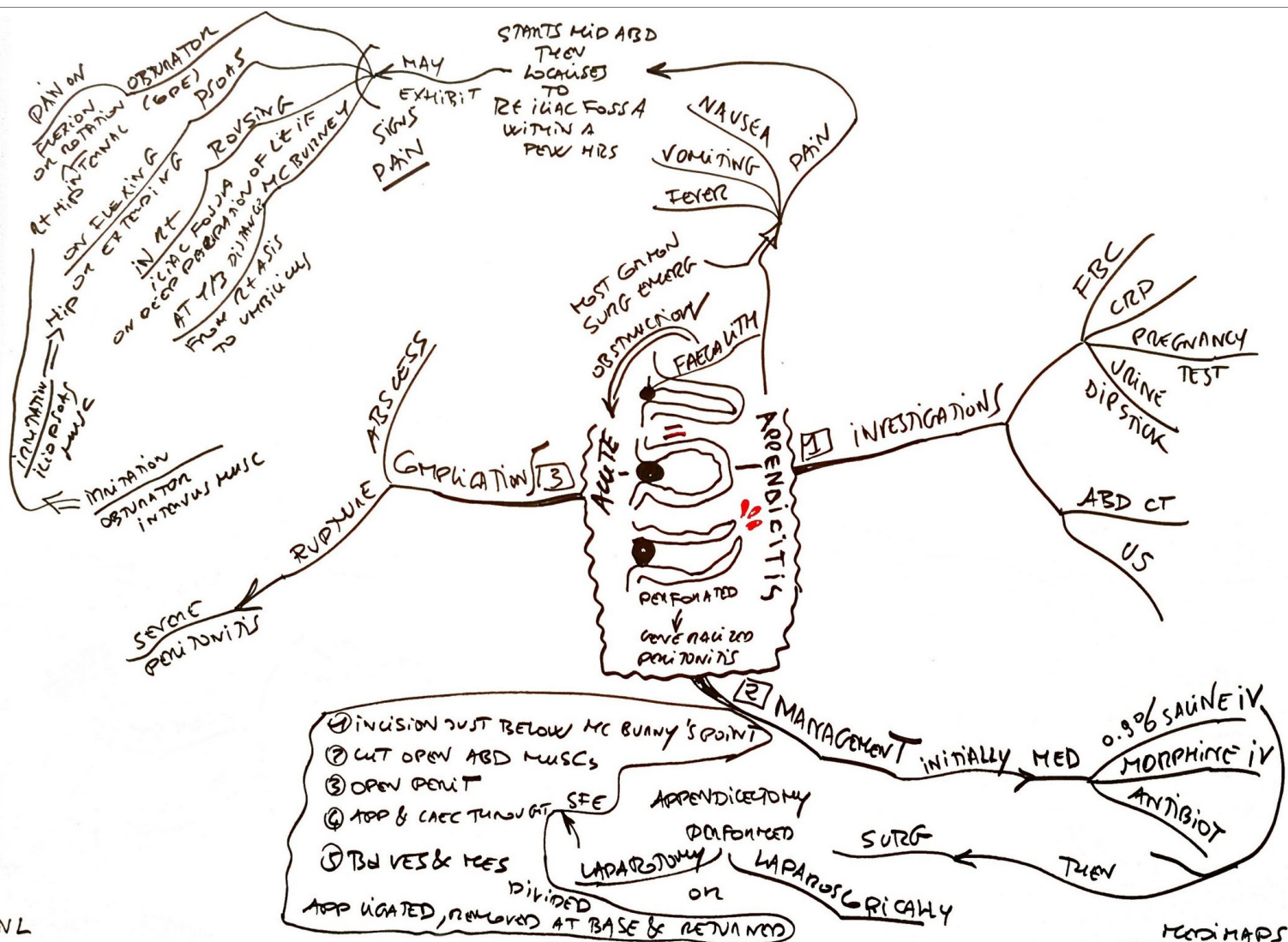
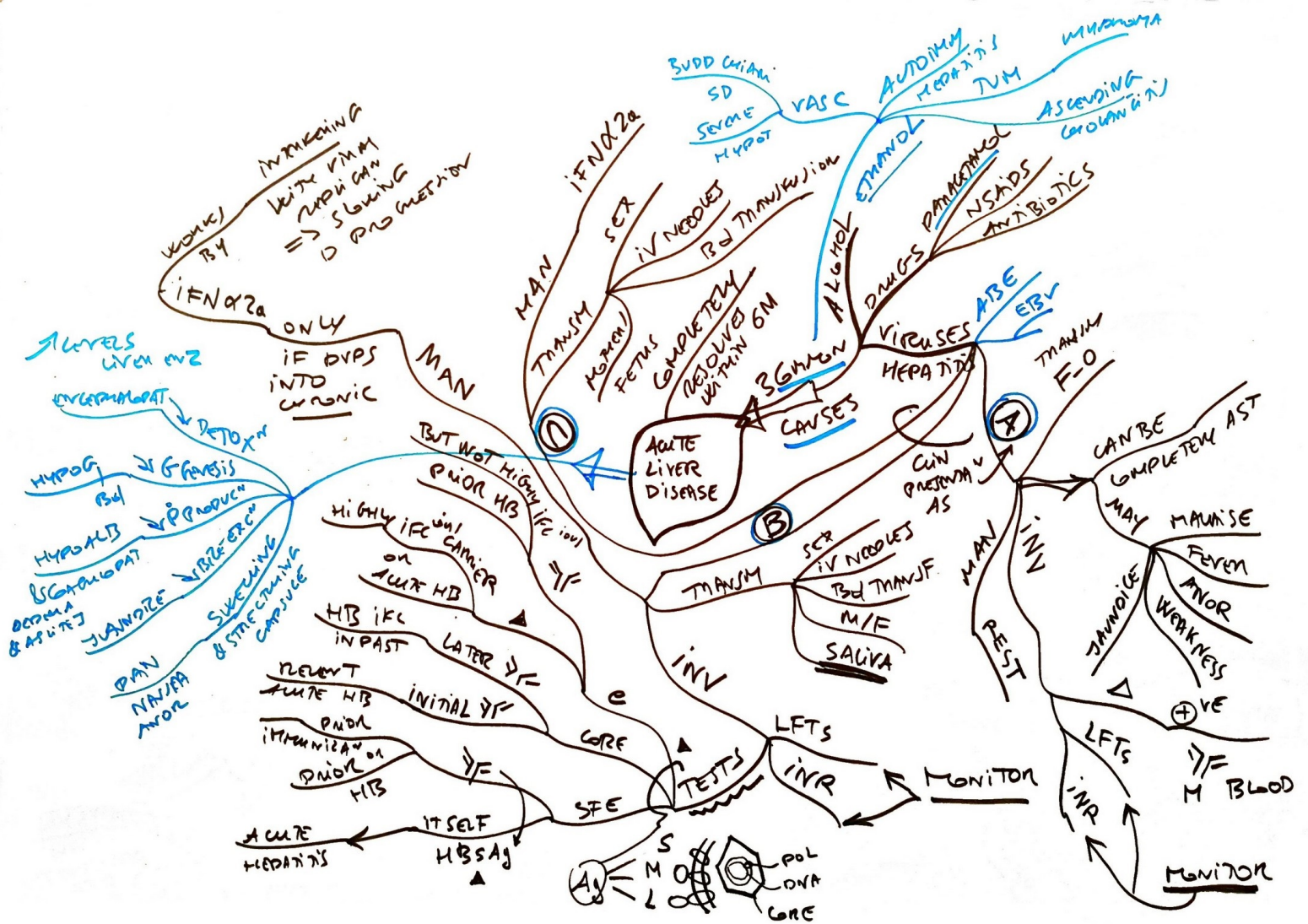
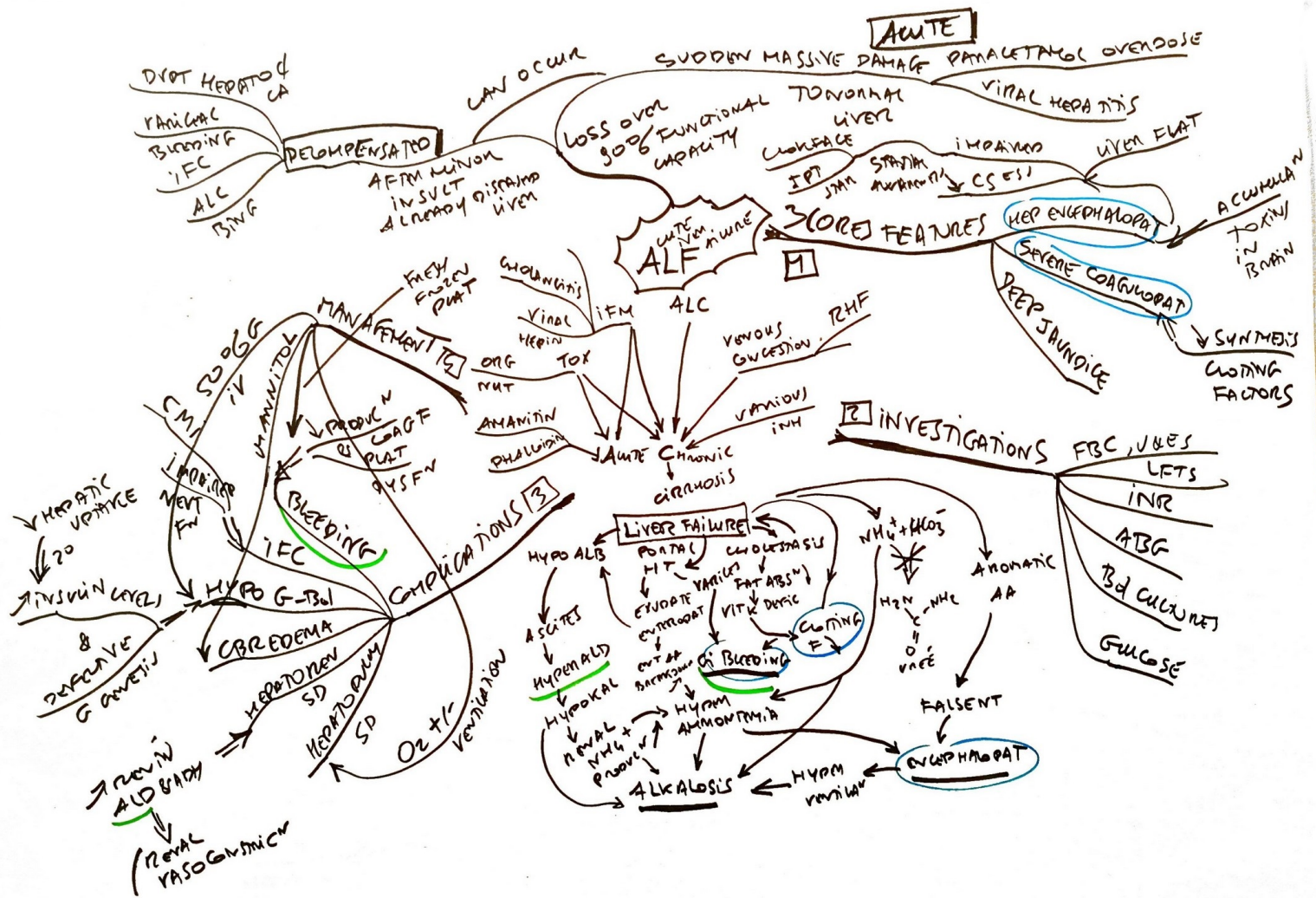


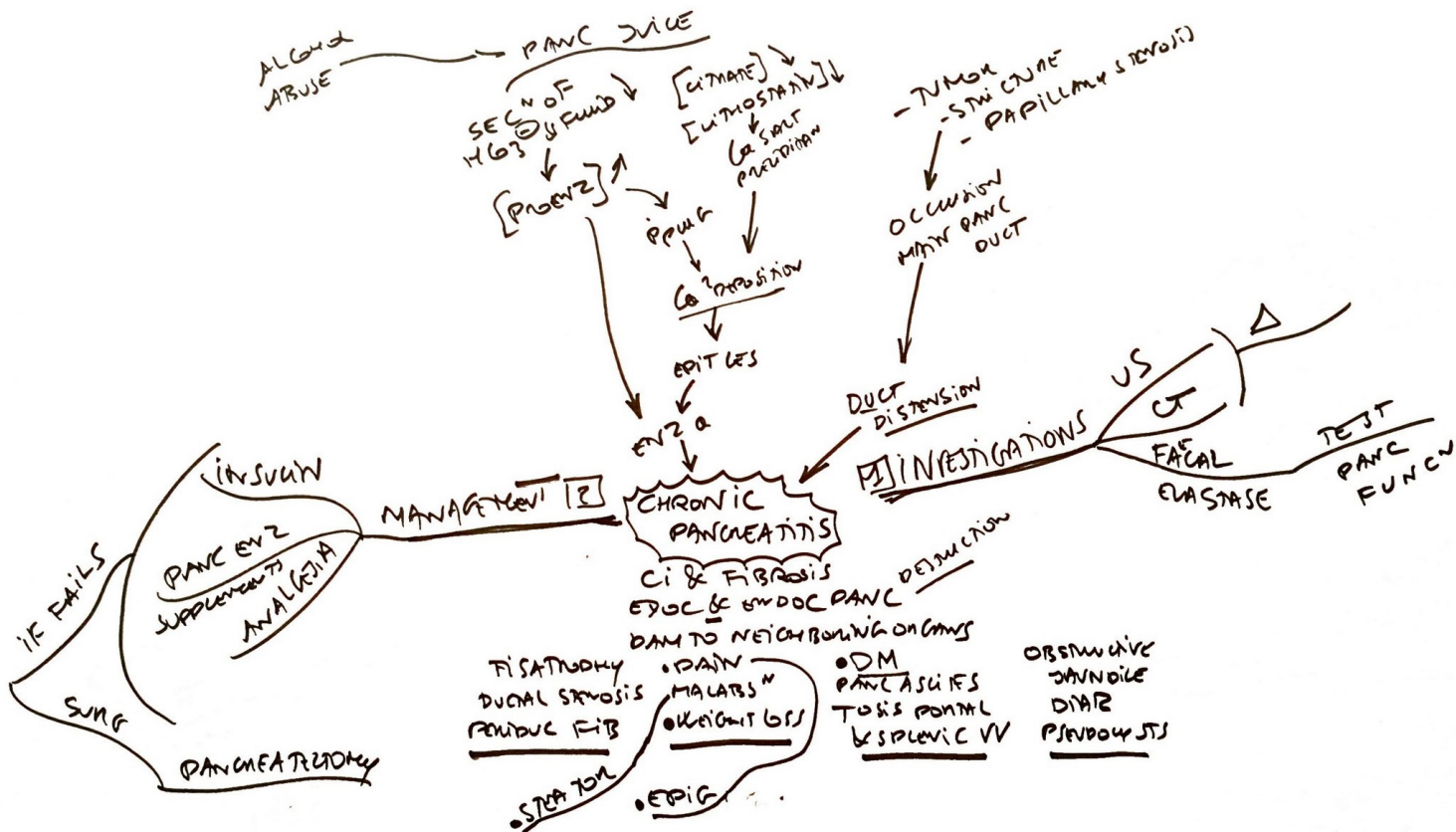


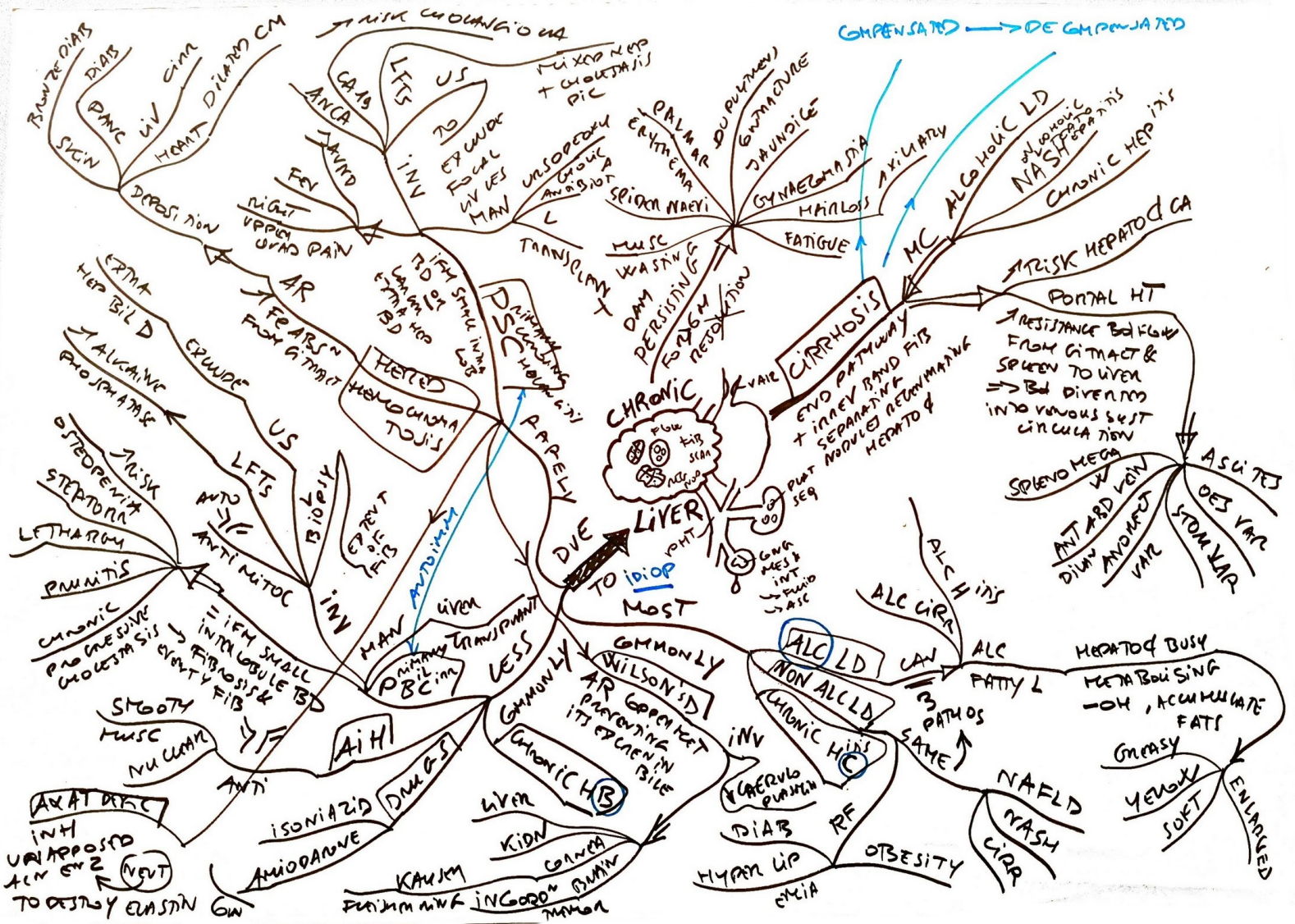
NL

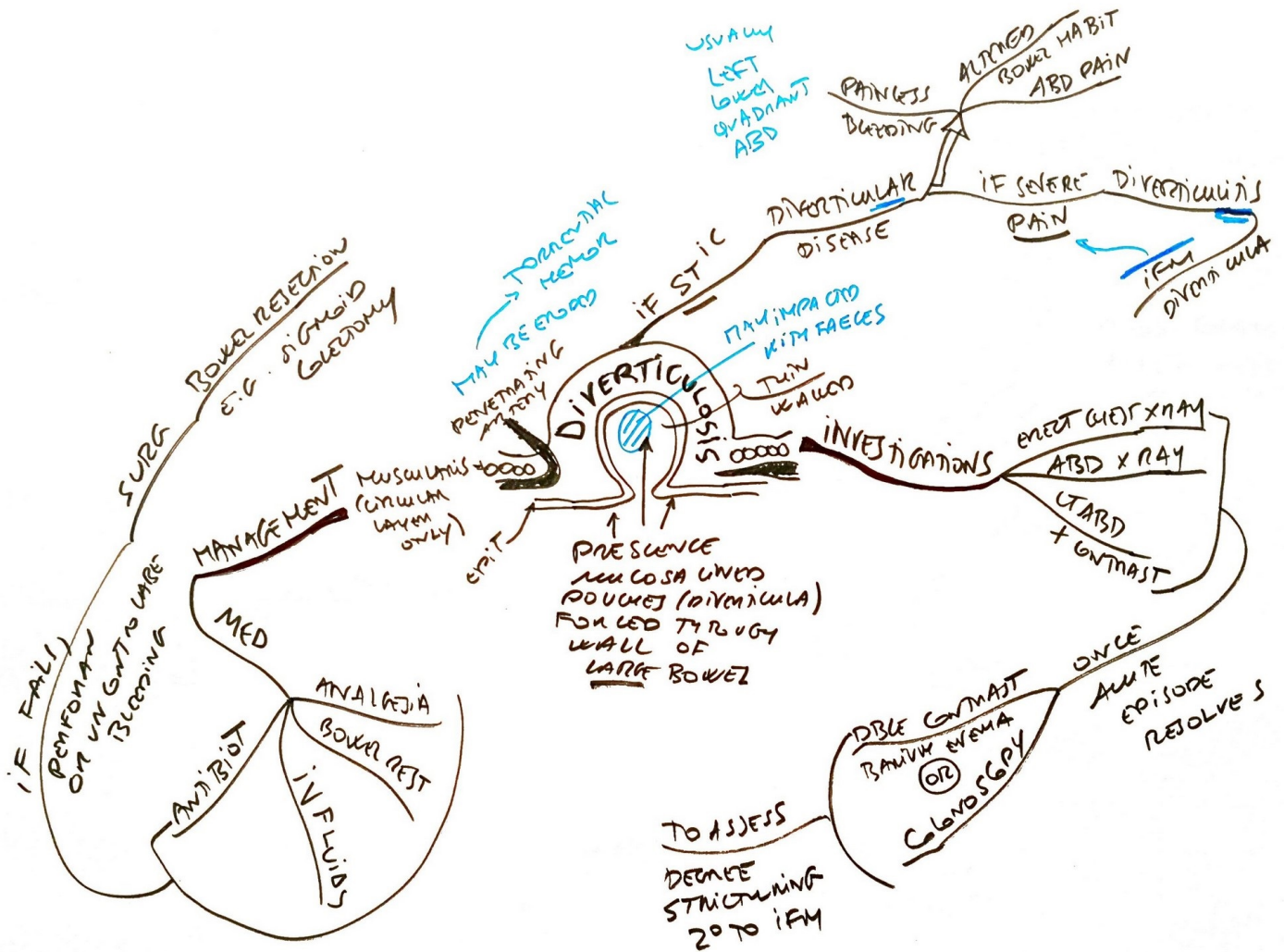
MCBURNAY'S

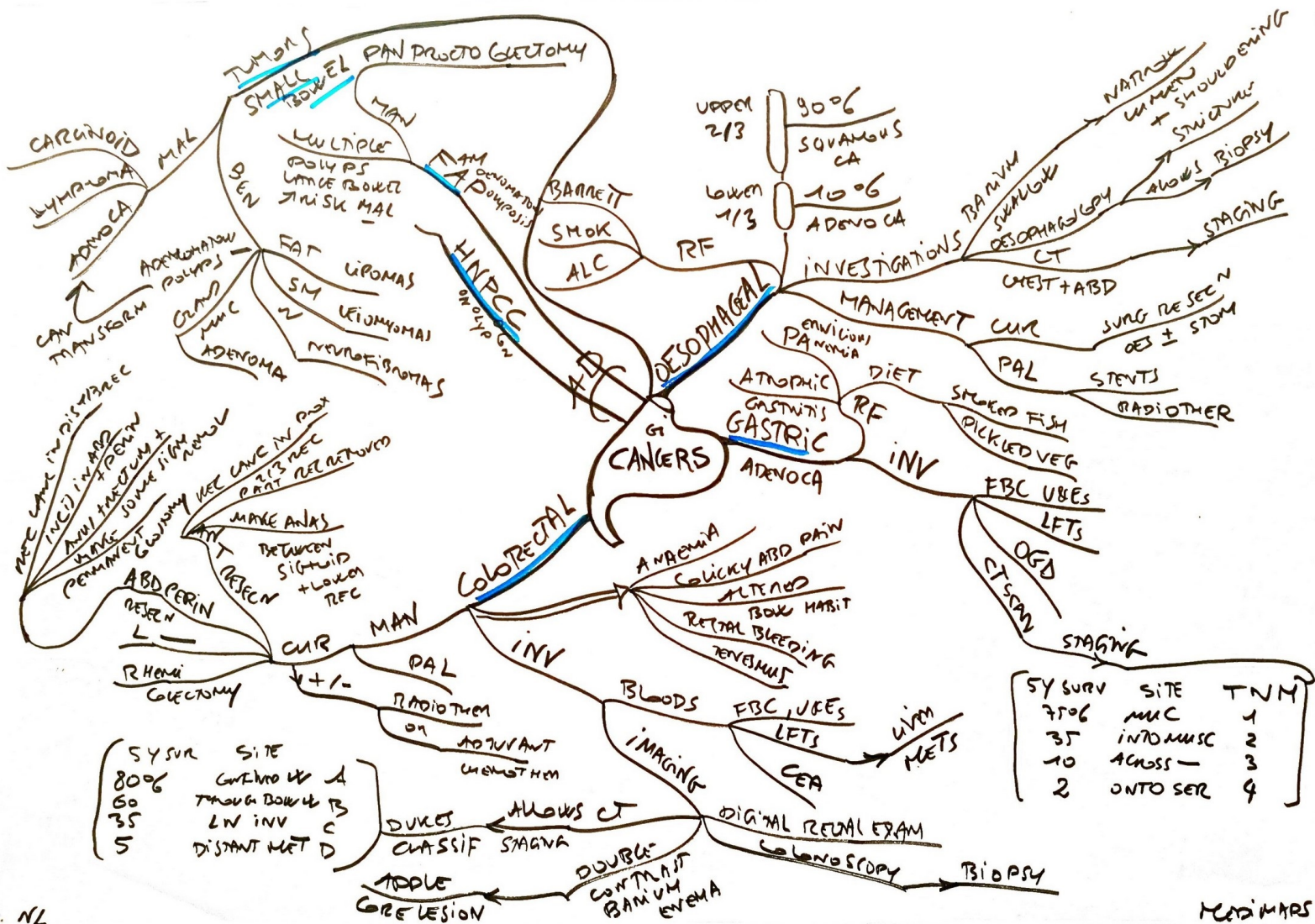




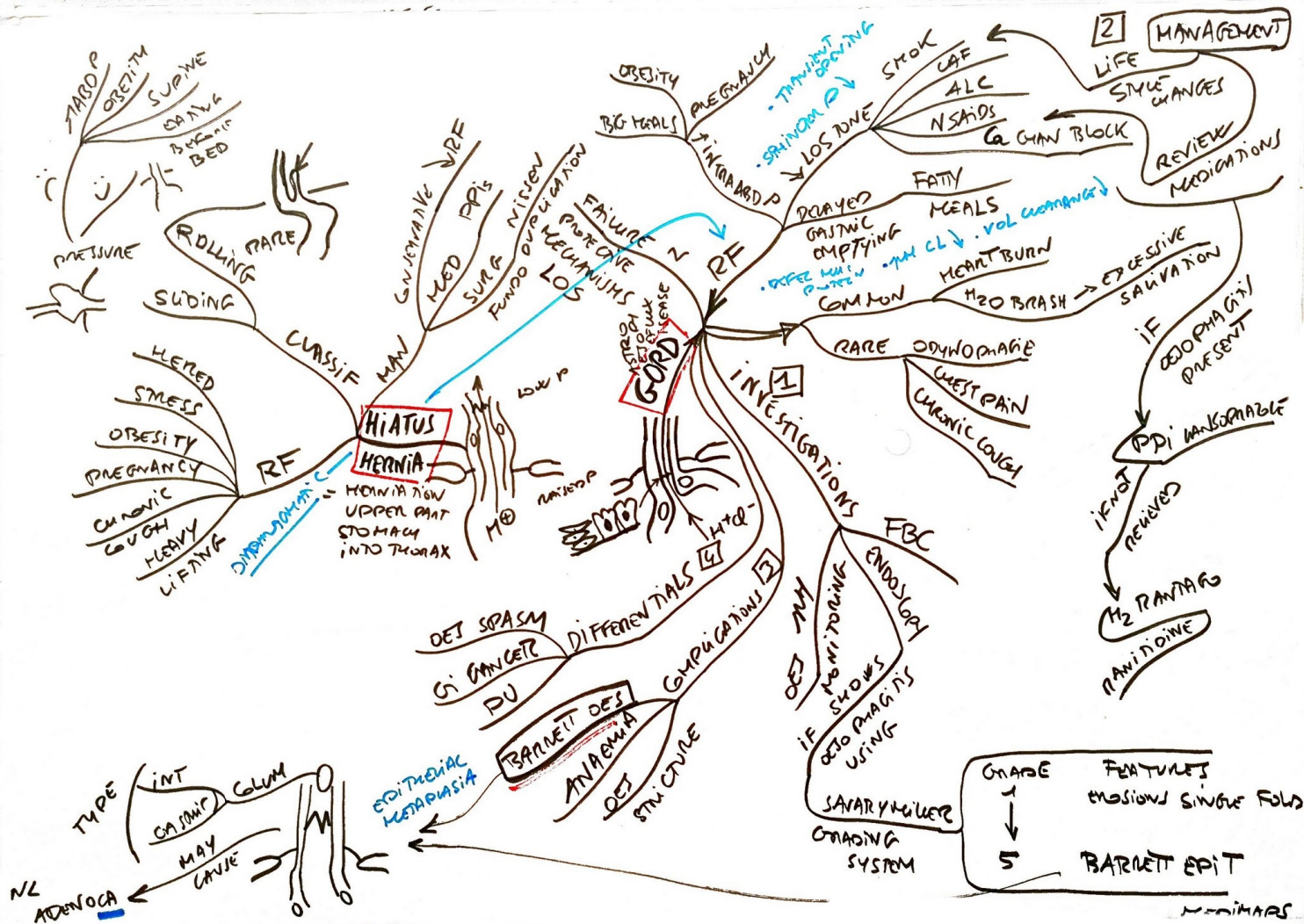


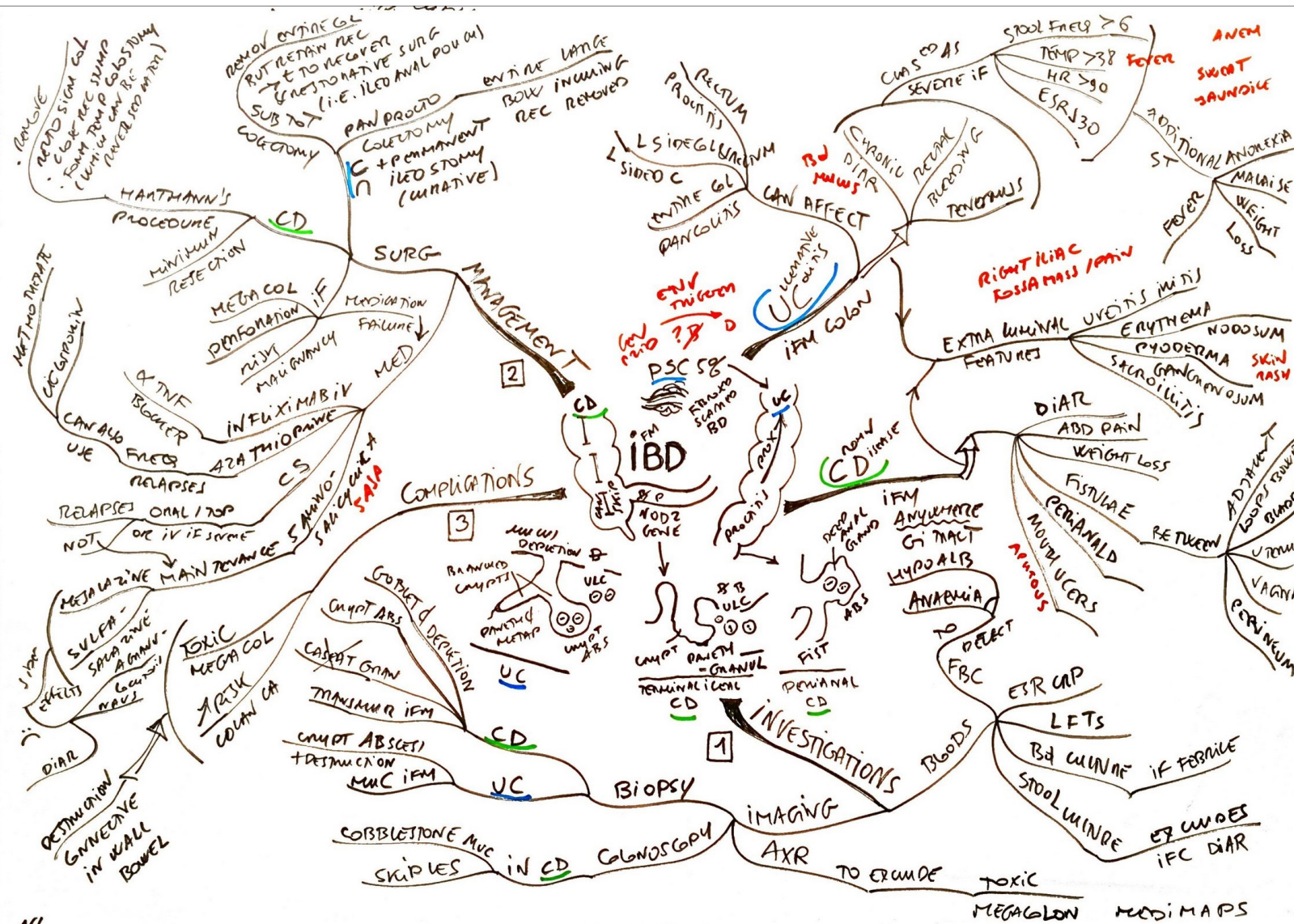


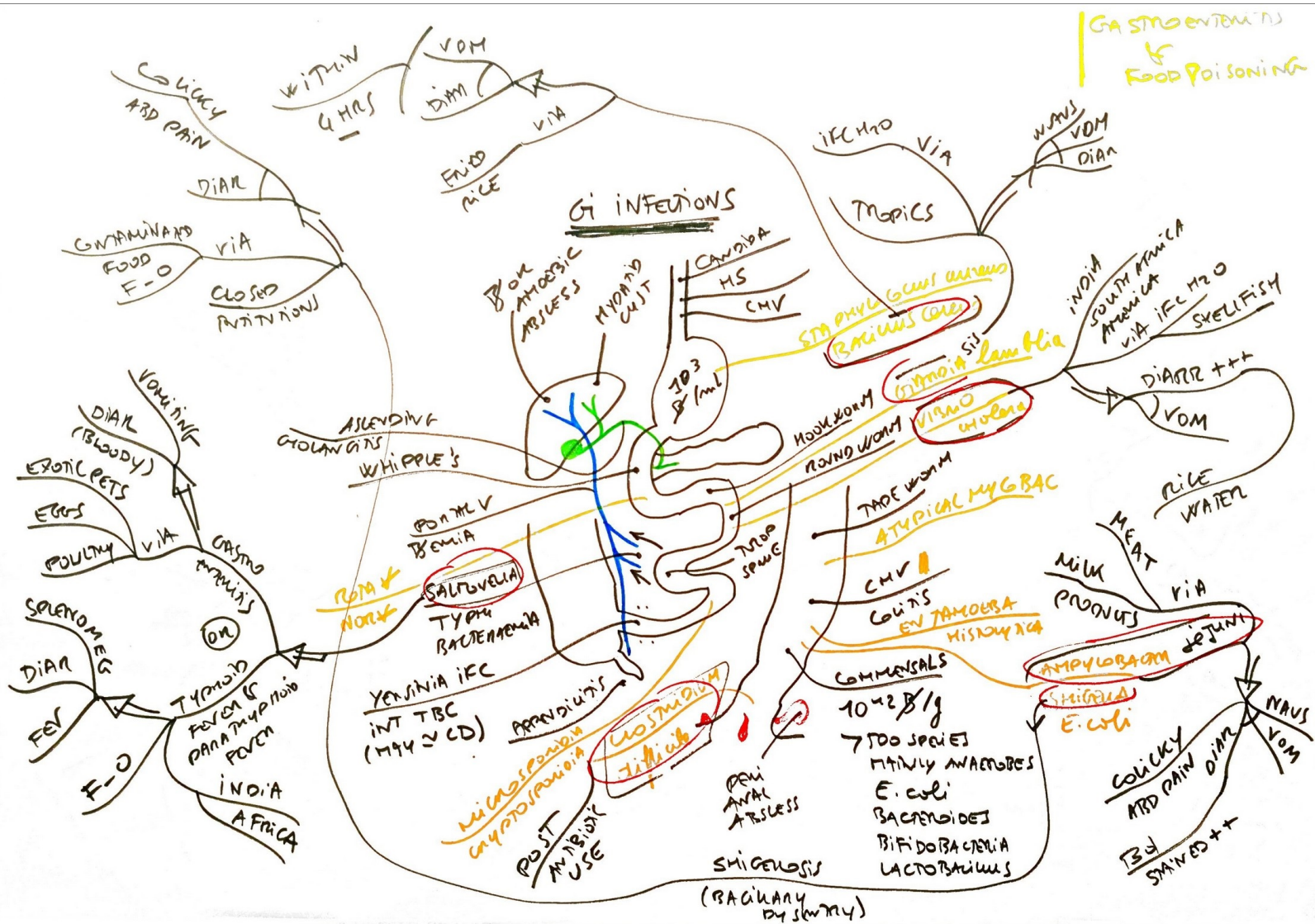


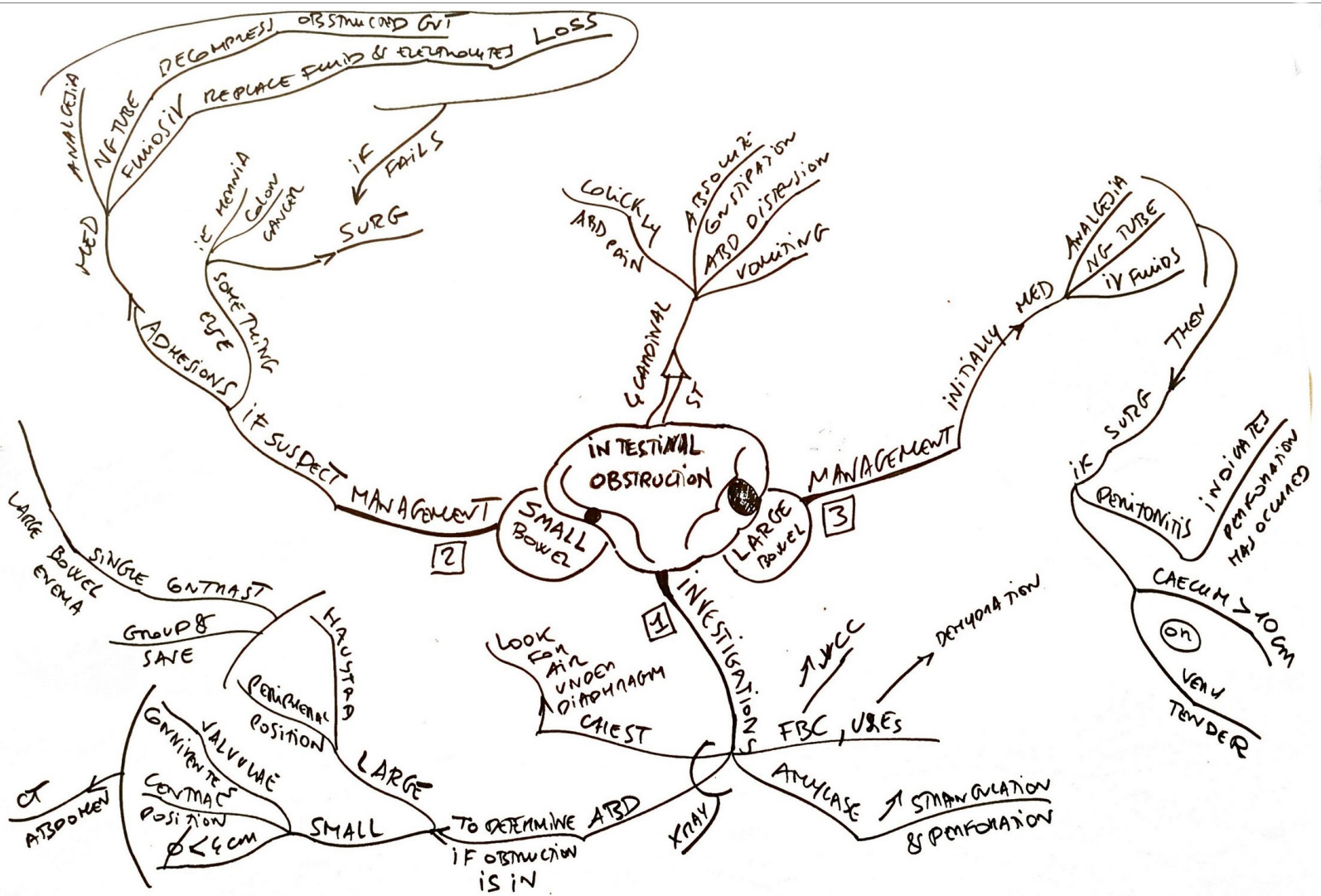


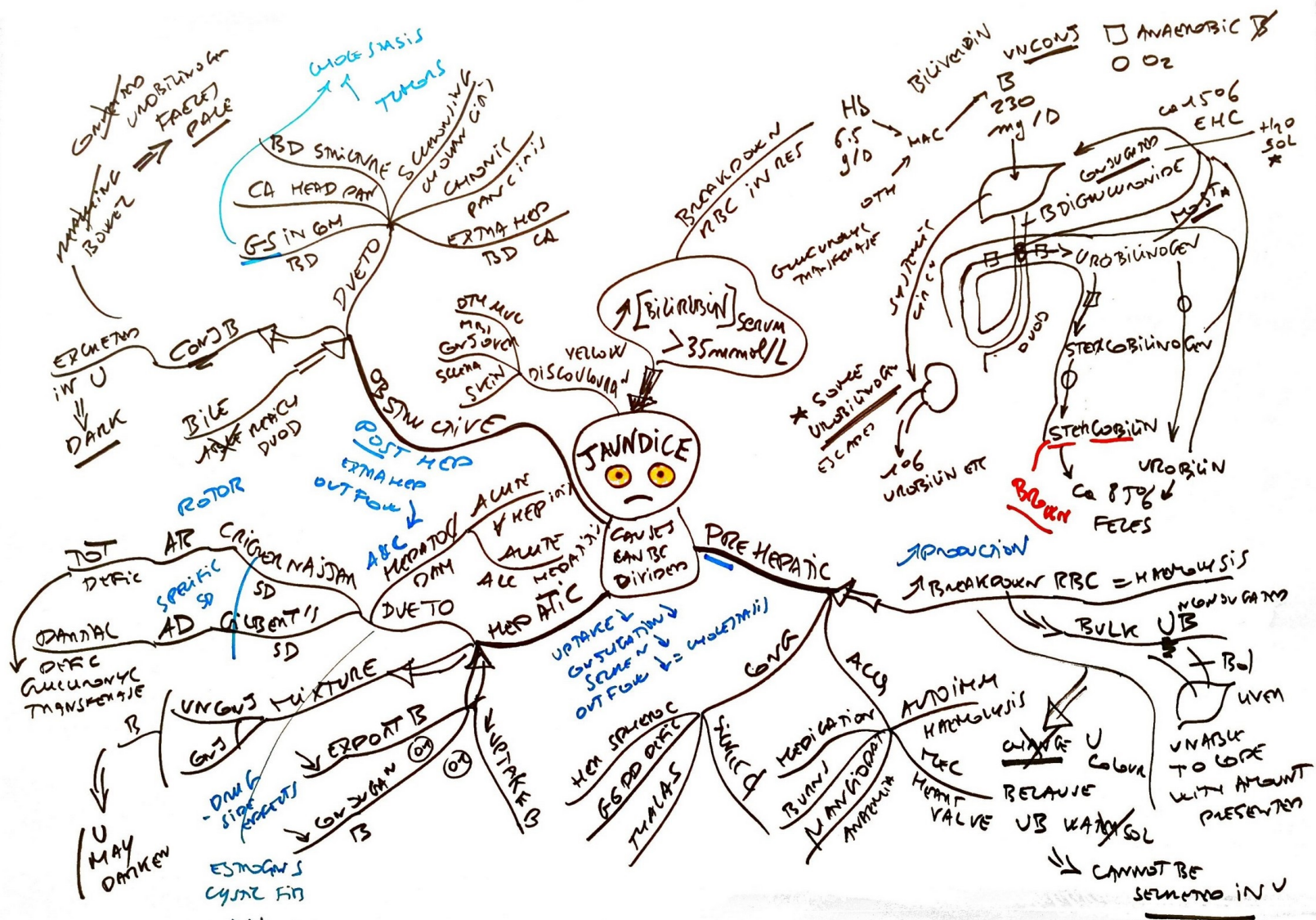
HEAD MARS

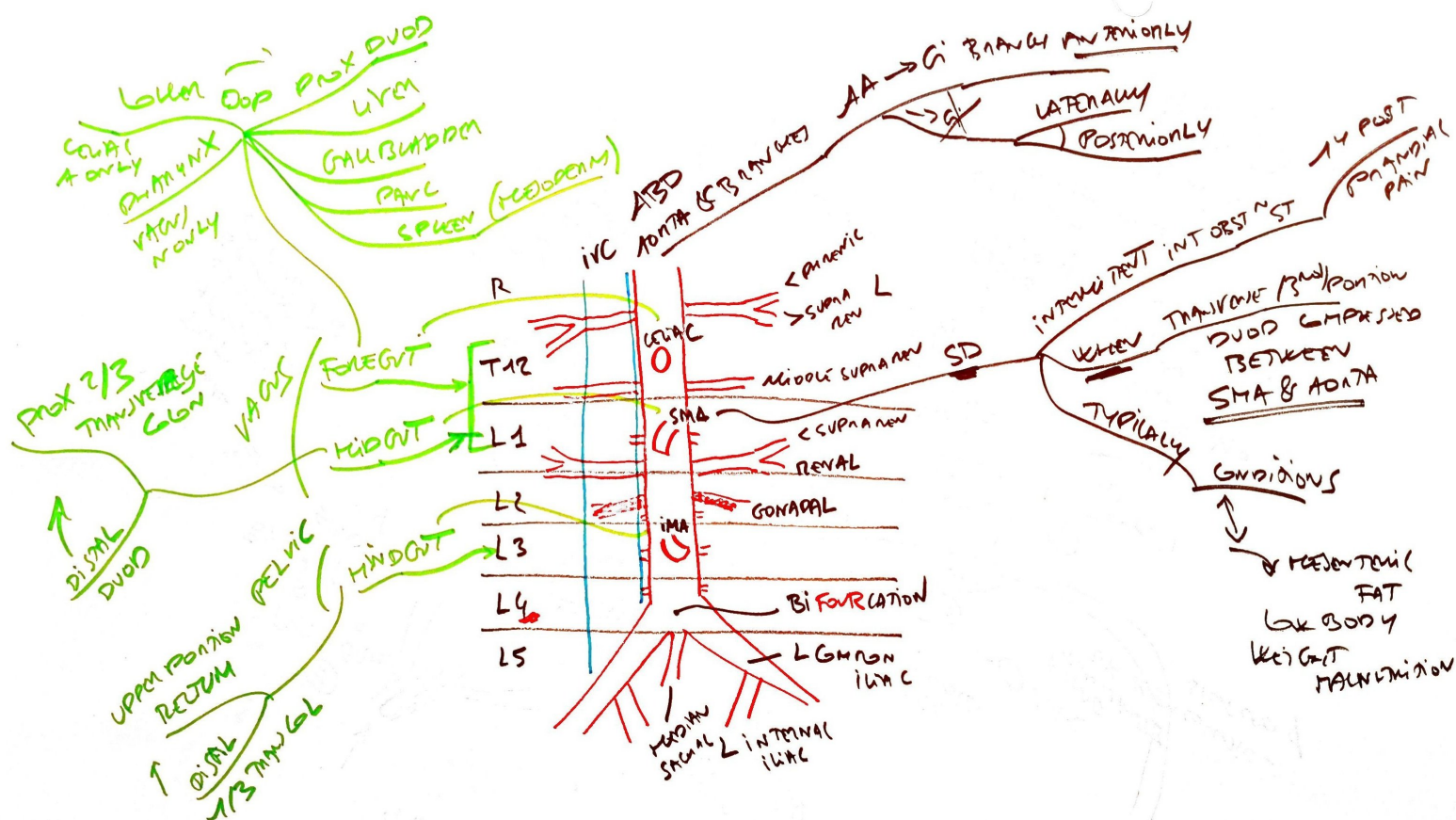




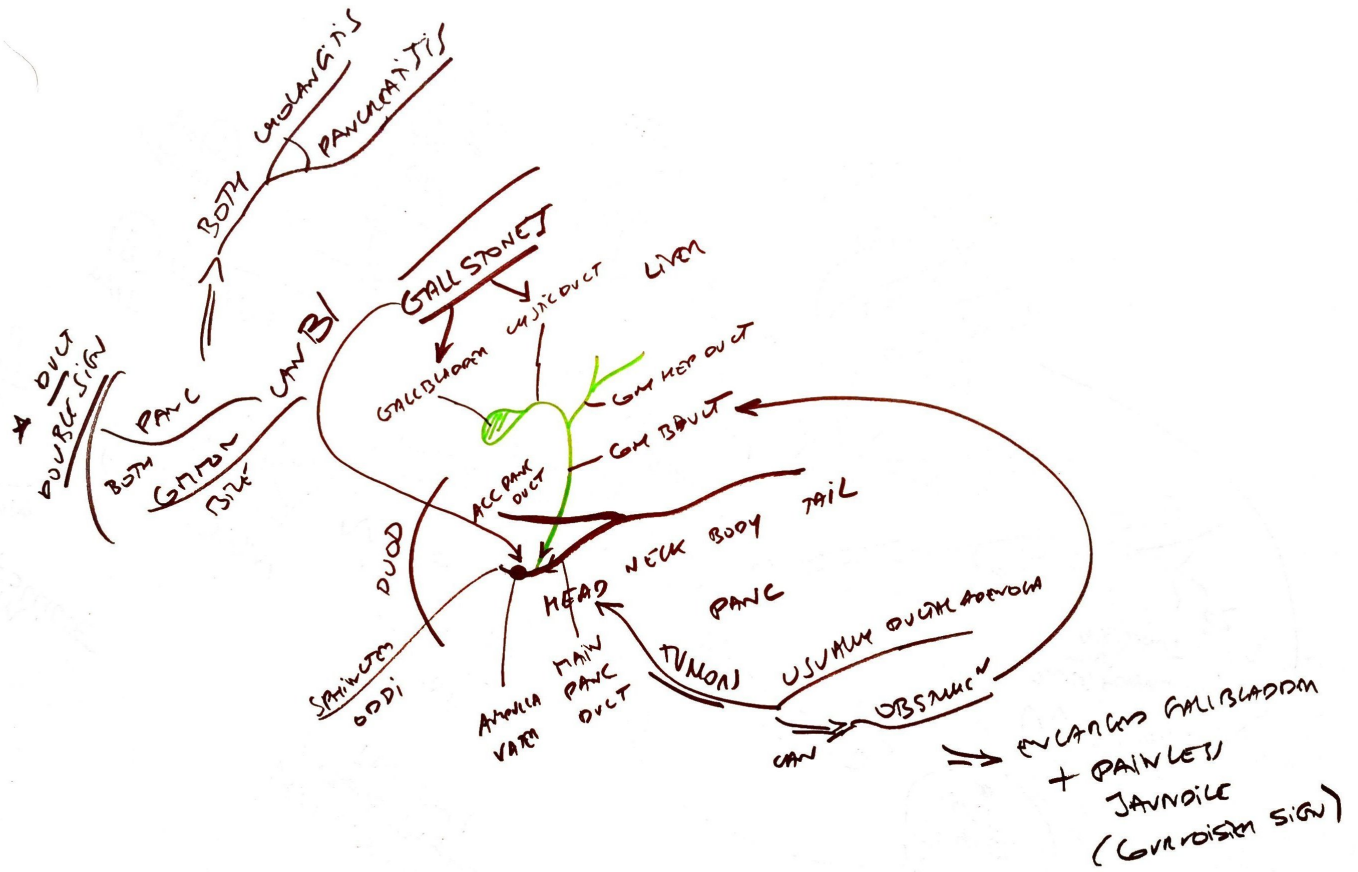


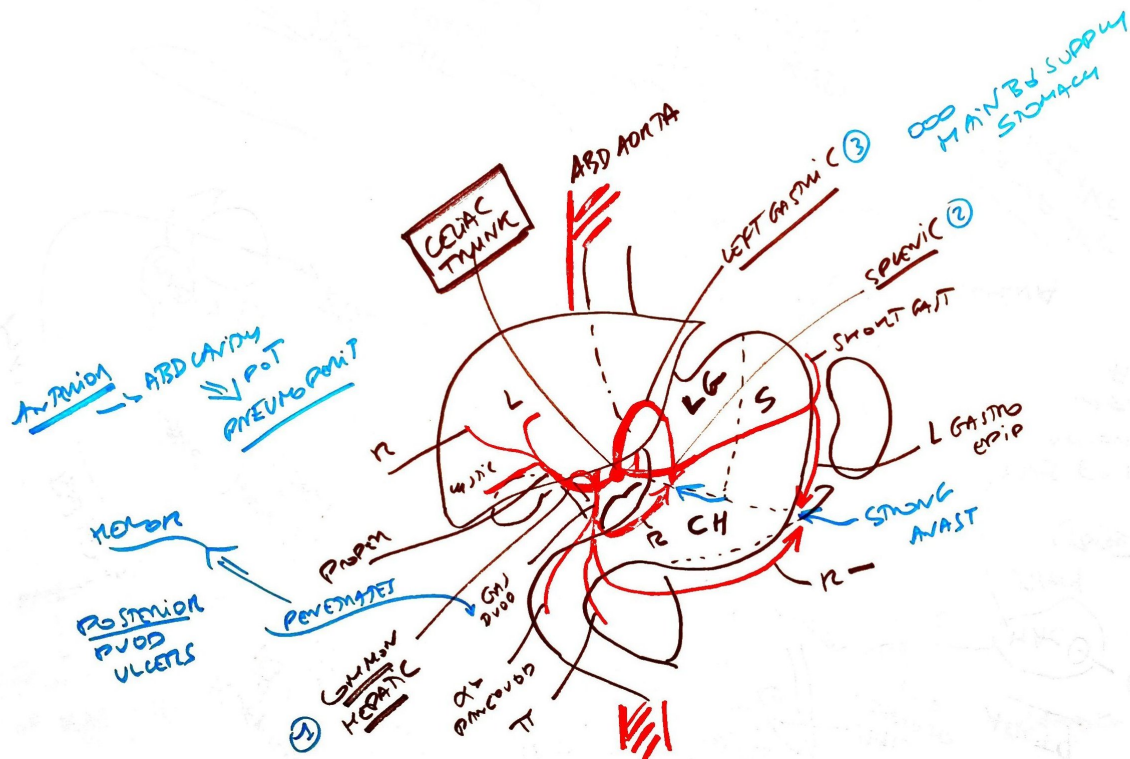






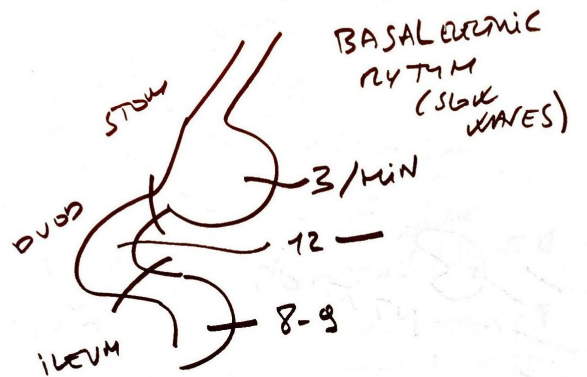
Biliary
STR

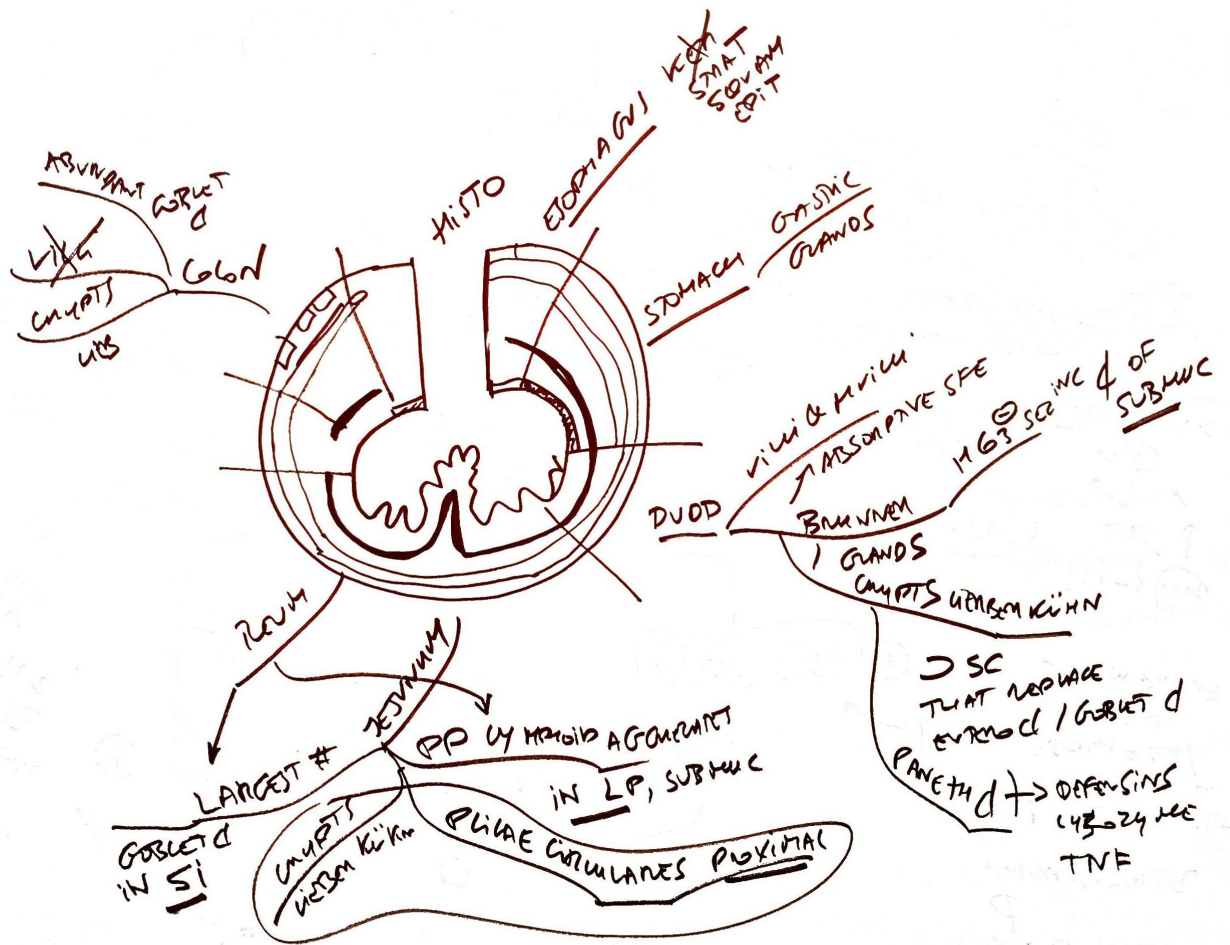


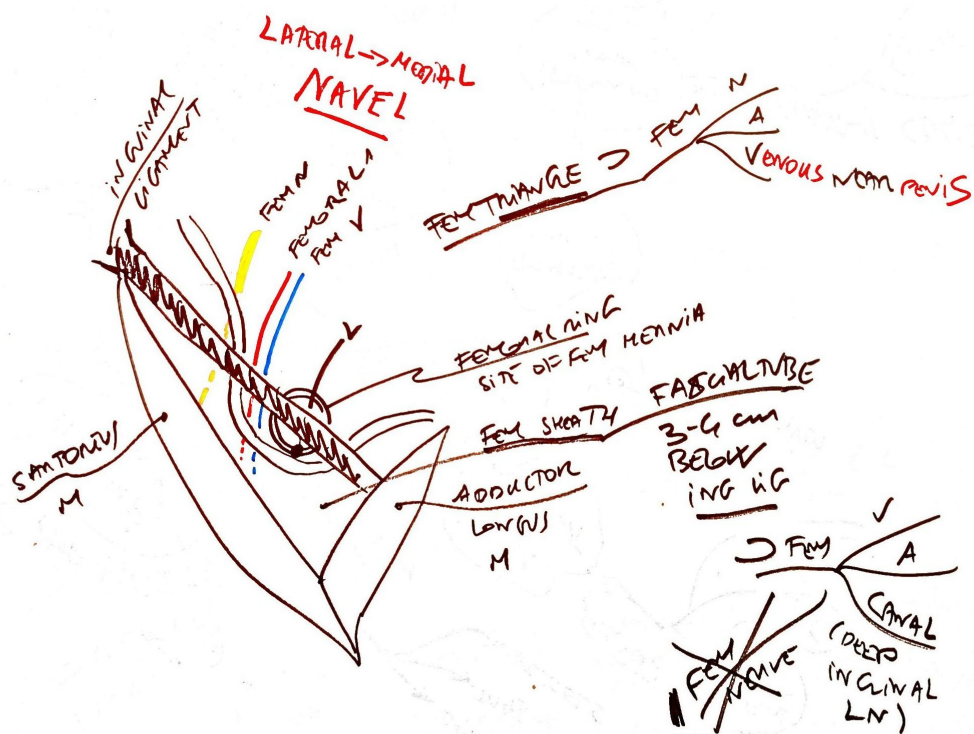


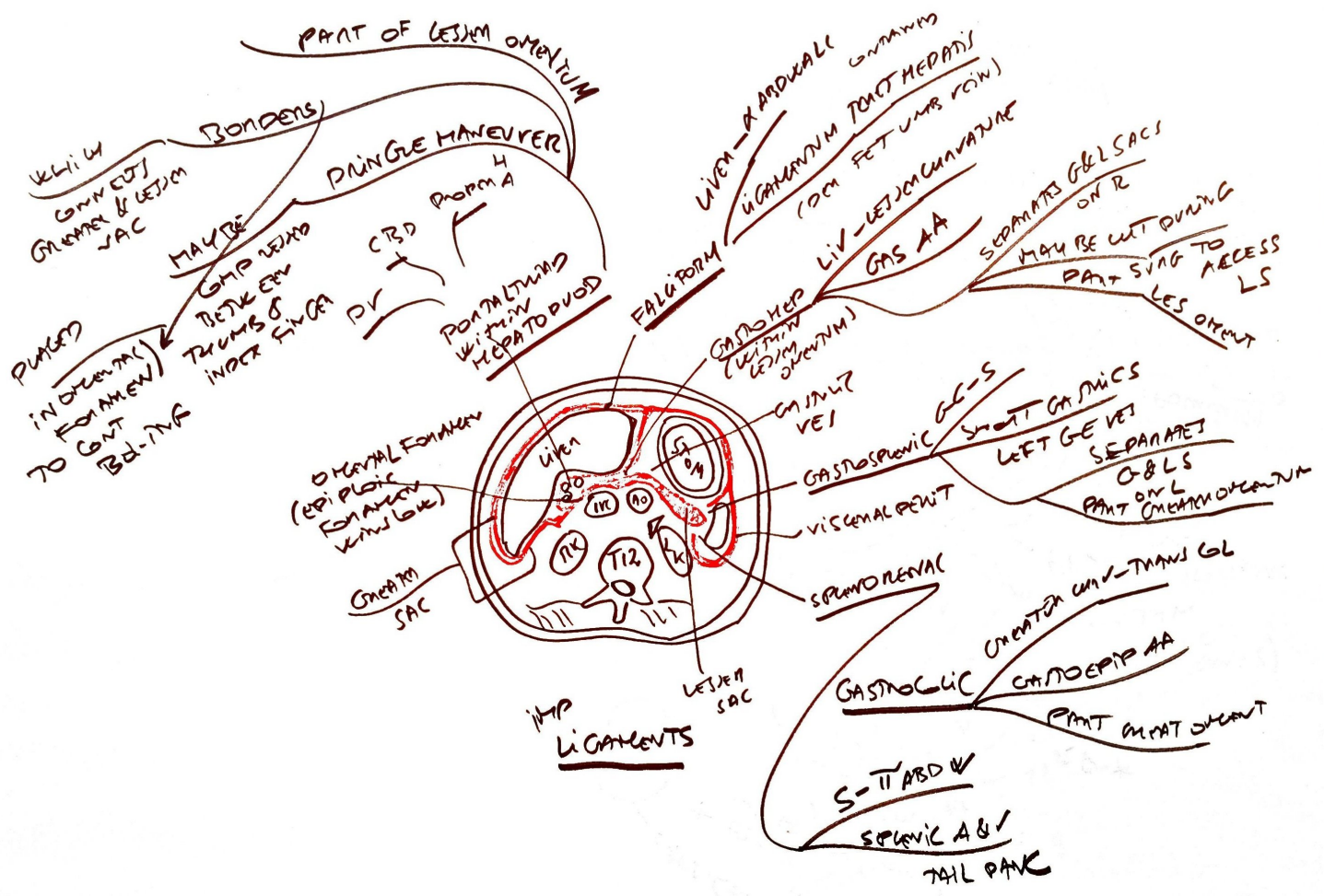


DIGESTIVE TRACT ANATOMY





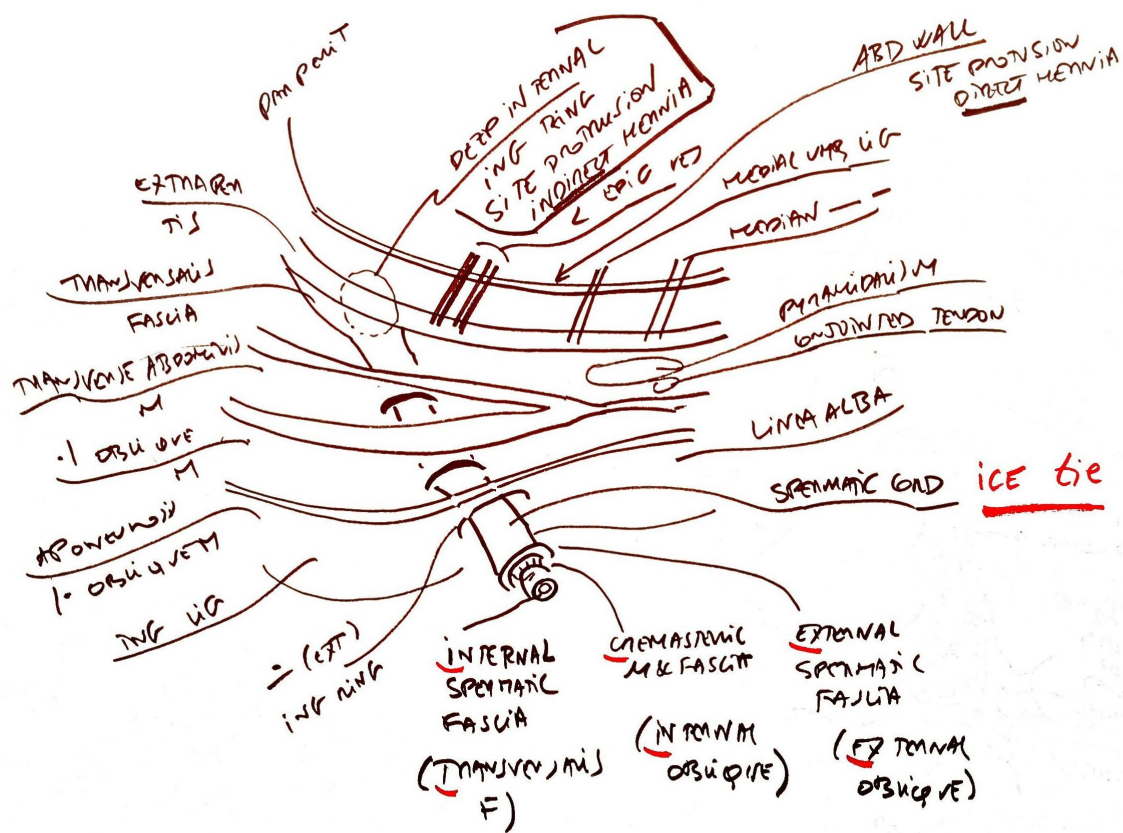




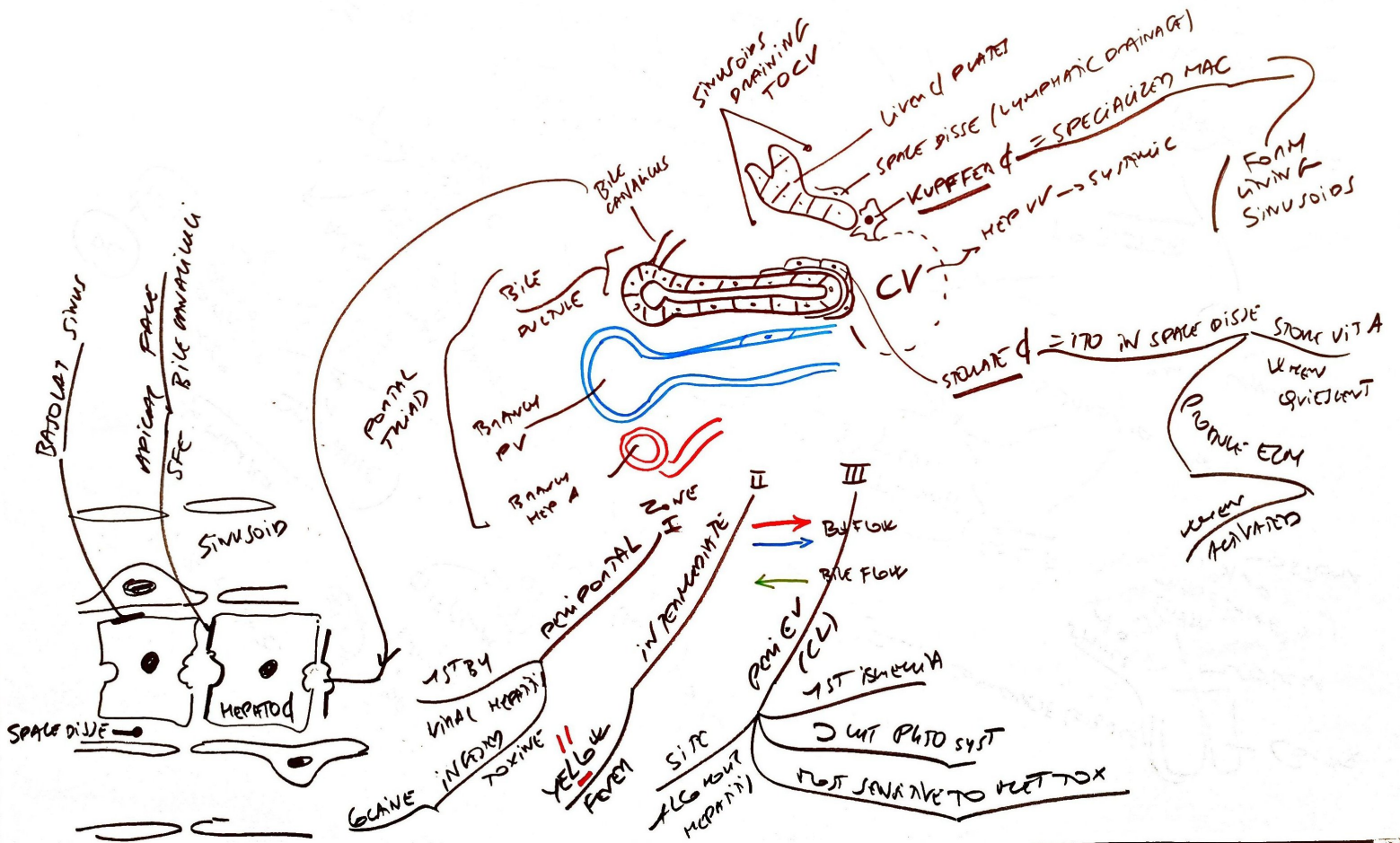
MEDIAL TO $\angle$ CRIB VET = DIRECT
LAT ————— INDIRECT

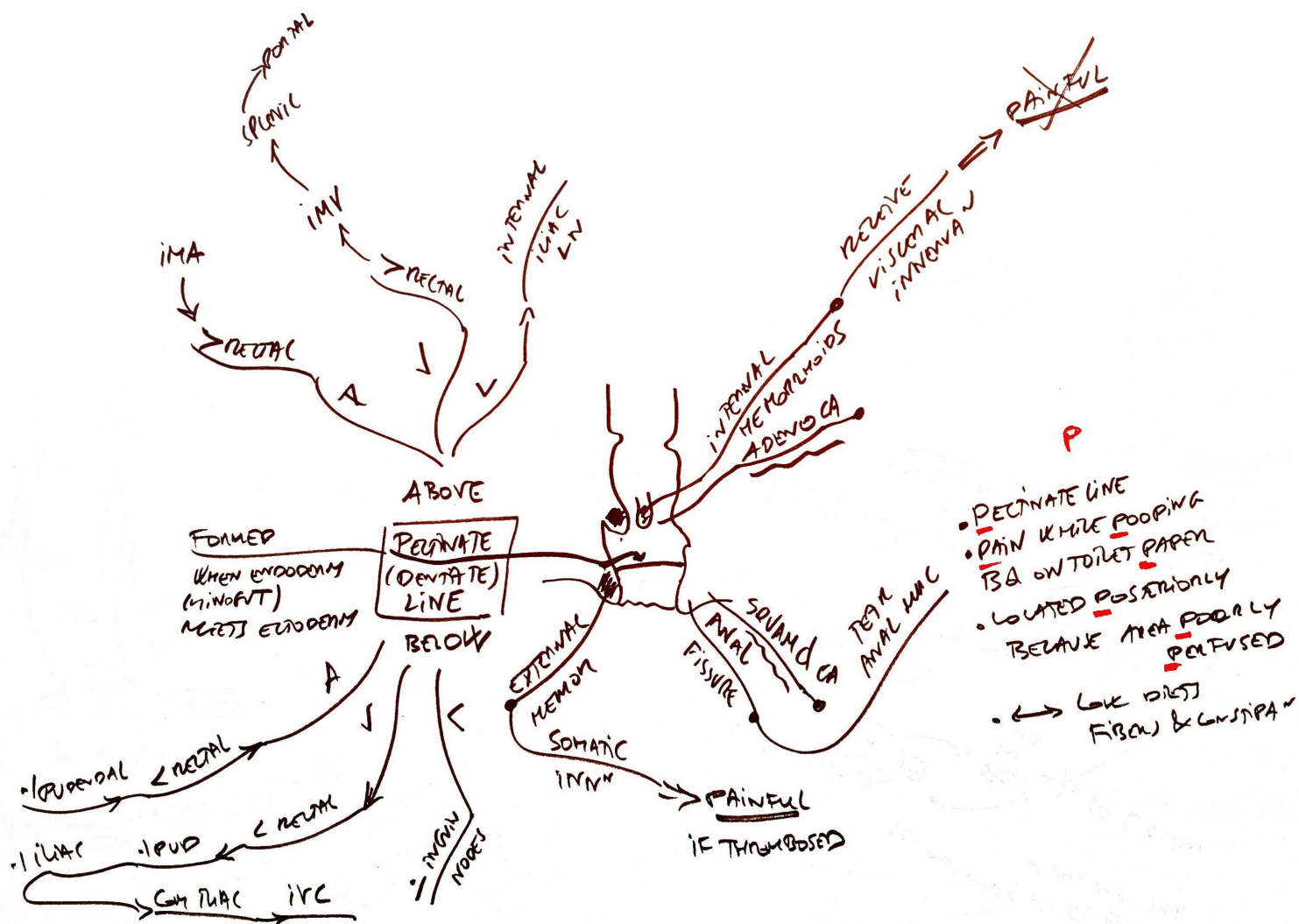


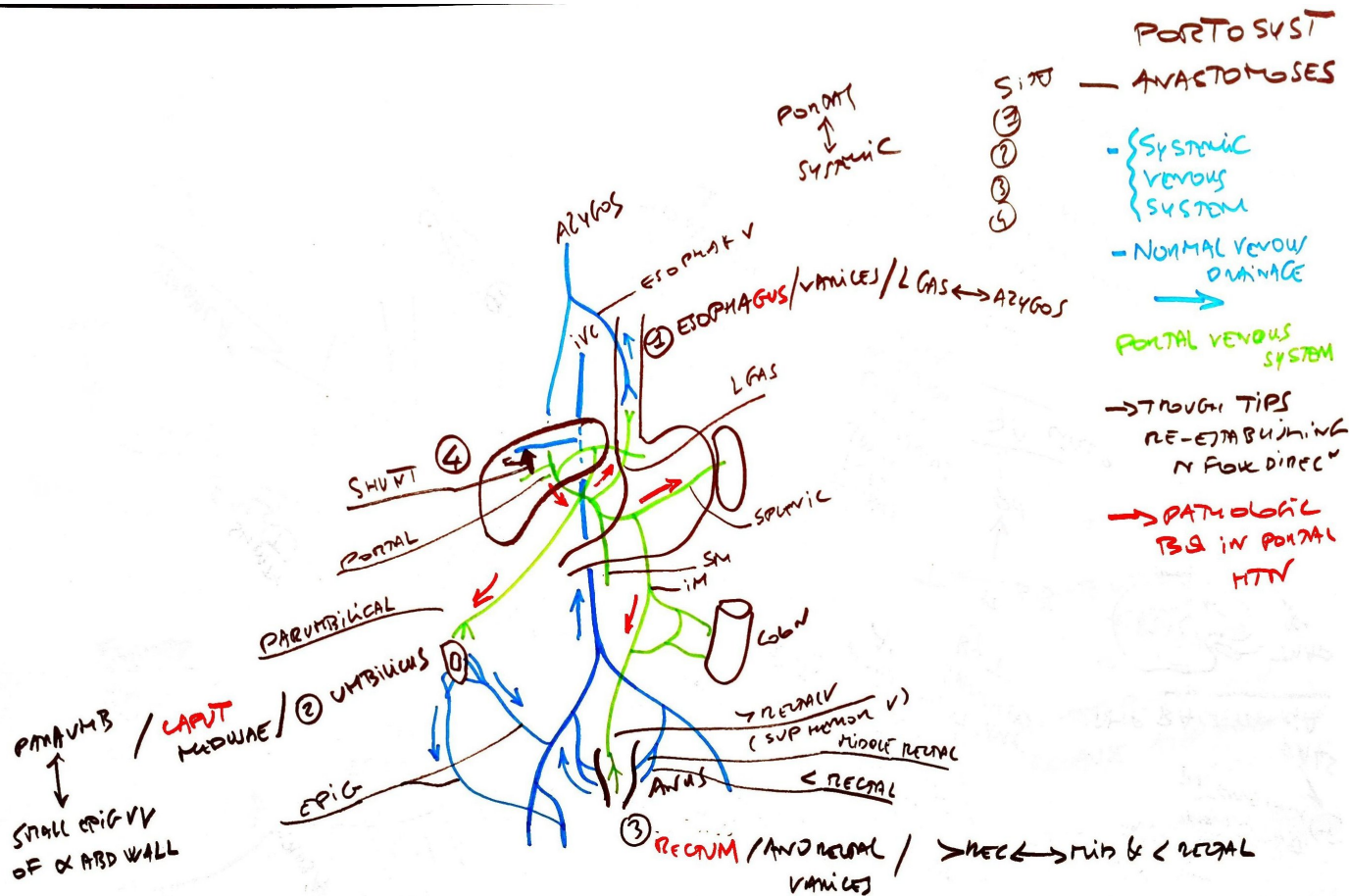
INGUINAL CANAL



LIVER TISSUE
ANOMALY TEXTURE







PORTO SYST ANASTOMOSES

③
②
①
④

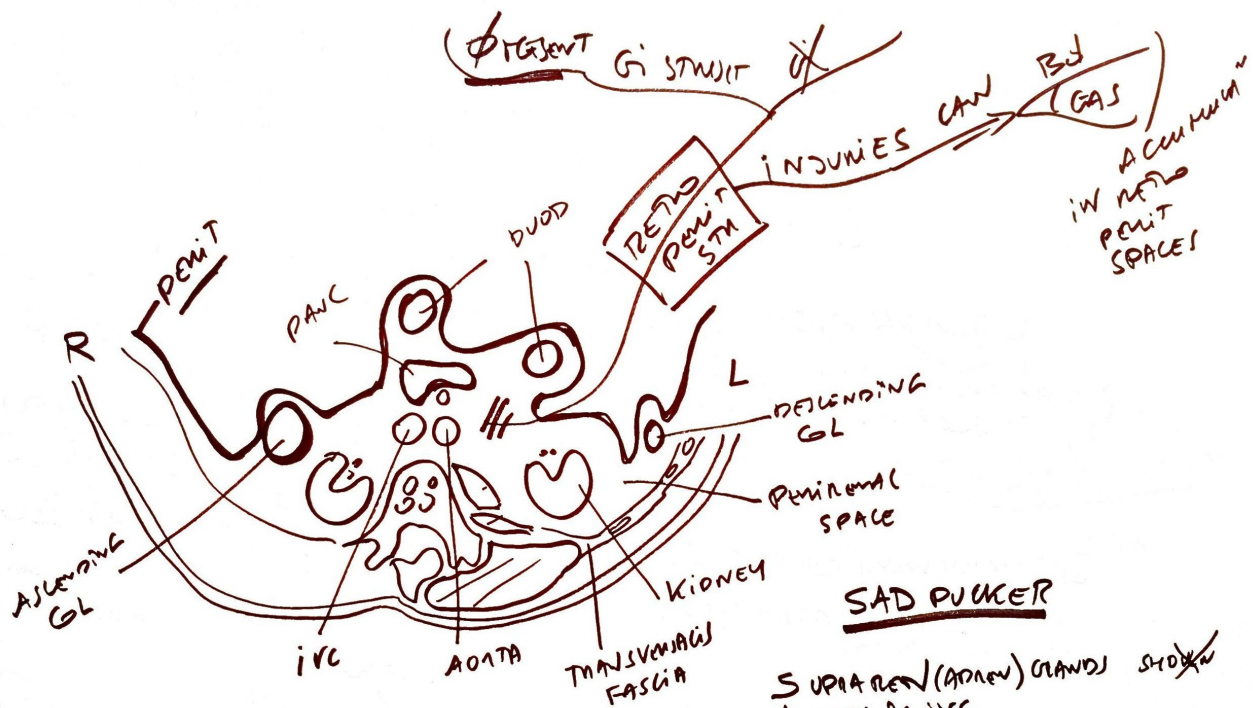
- SYSTEMIC VENOUS SYSTEM
- NORMAL VEIN DRAINAGE
- PORTAL VENOUS SYSTEM
- THROUGH TIPS RE-ESTABLISHING N FLOW DIRECTION
- PATHOLOGIC TBS IN PORTAL HTN

VARIKES OF GUT BUTT CAPUT CAN SEEN WITH PORTAL HTN

⑦ TIPS BETWEEN PORTAL V & HEP V → REVERSED

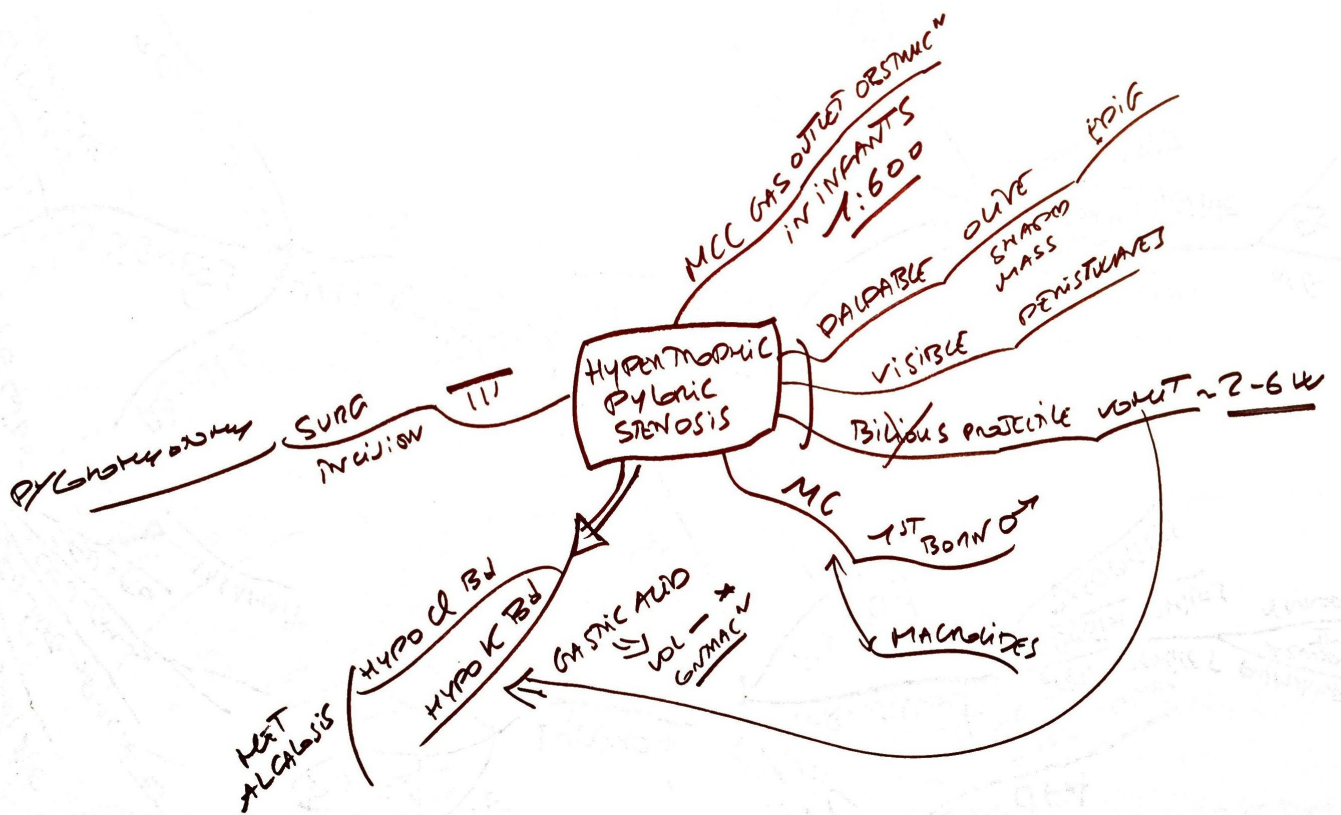
BY SHUNTING BD TO SYSTEMIC CIRC

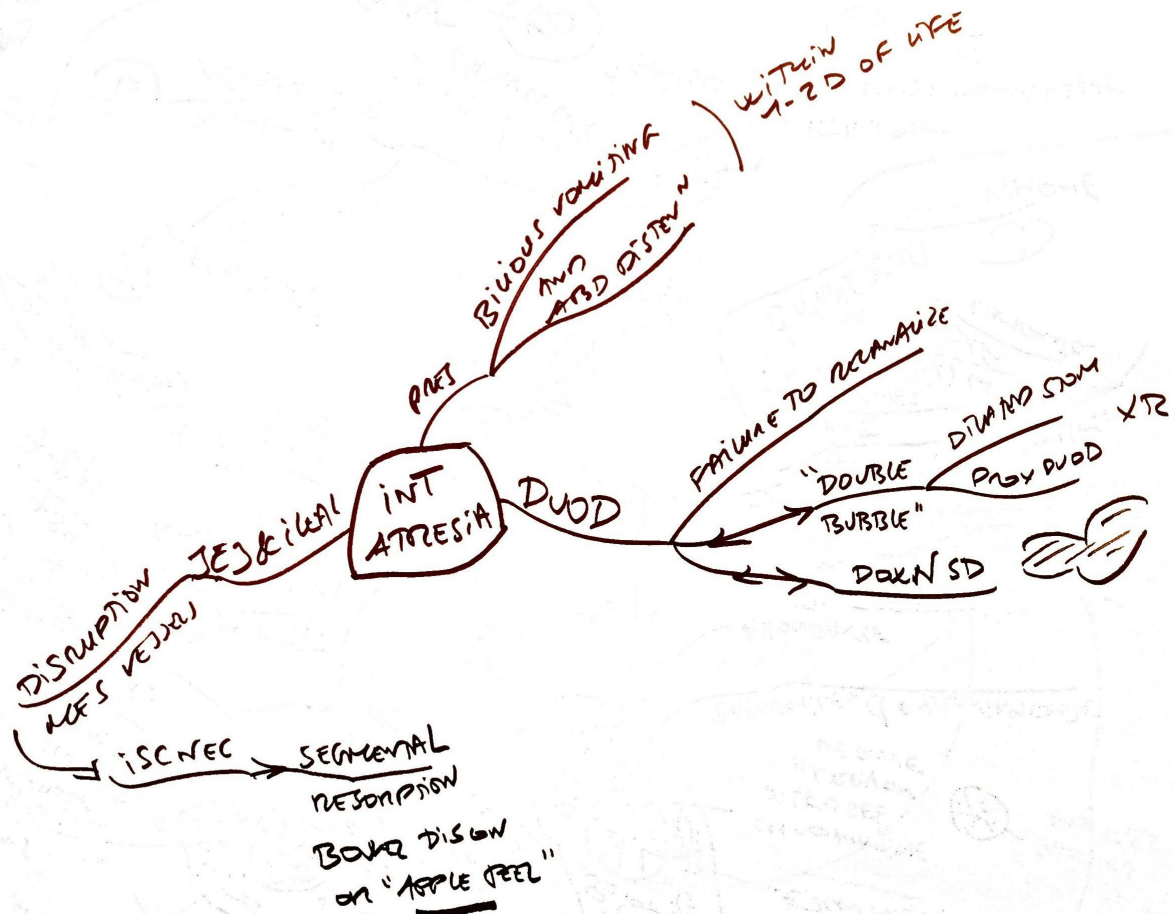
BY PASSING LIVER • CAN PRECIPITATE HEPATIC ENCEPHALOPAT



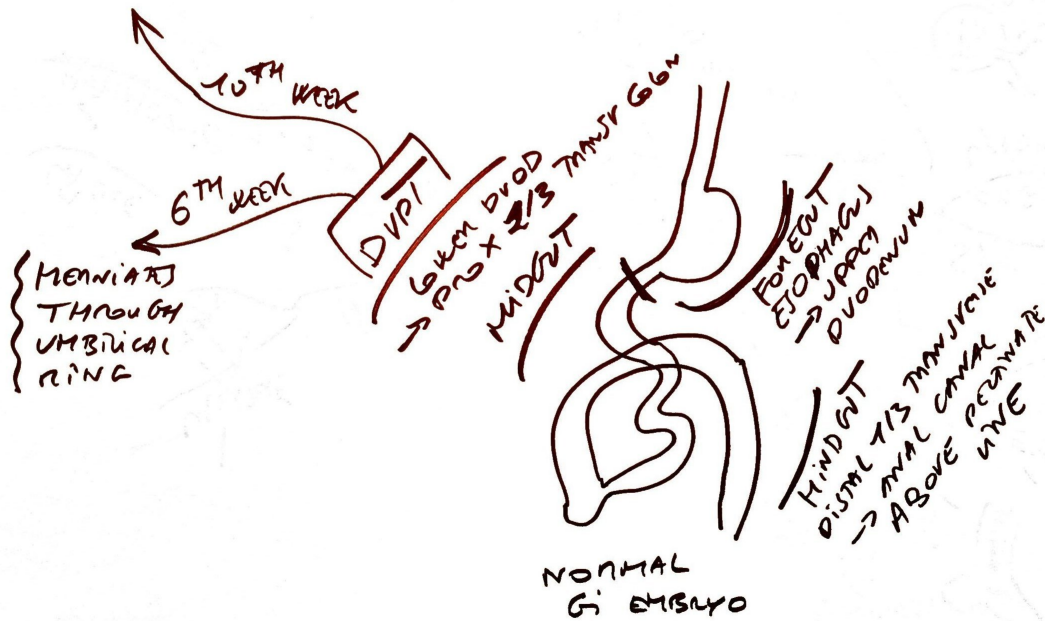
SAD PUCKER

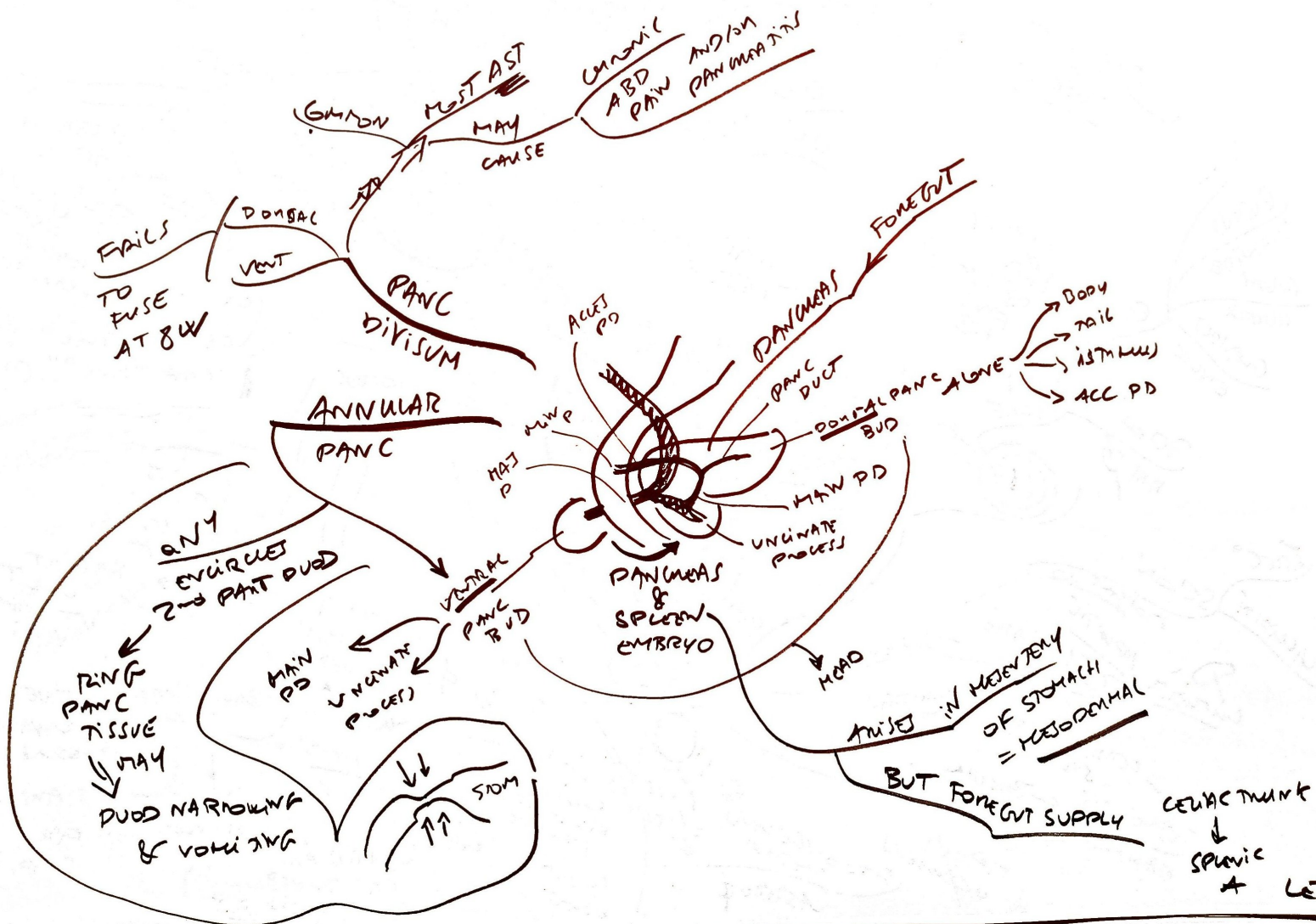
SUPRAREN (ADREN) GLANDS ~~SHOWN~~
 AORTA & IVC
 DUOD 2ND → 4TH PARTS
 PANC ED LEFT TAIL
 URETERS ~~SHOWN~~
 COLON (DESCENDING & ASCENDING)
 KIDNEYS
 ESOPHAGUS (THORACIC PORTION)
 REUM PARTIALLY ~~SHOWN~~

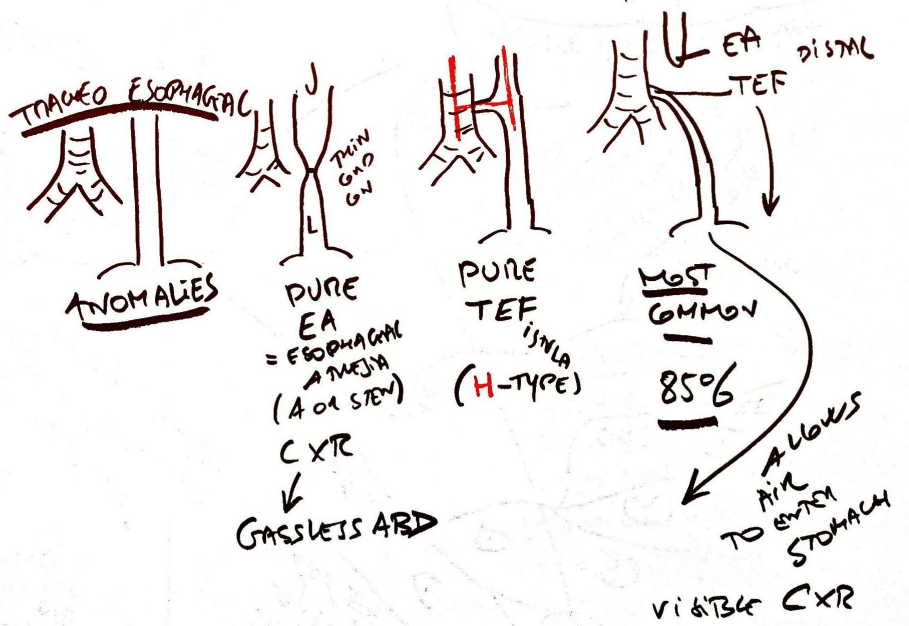
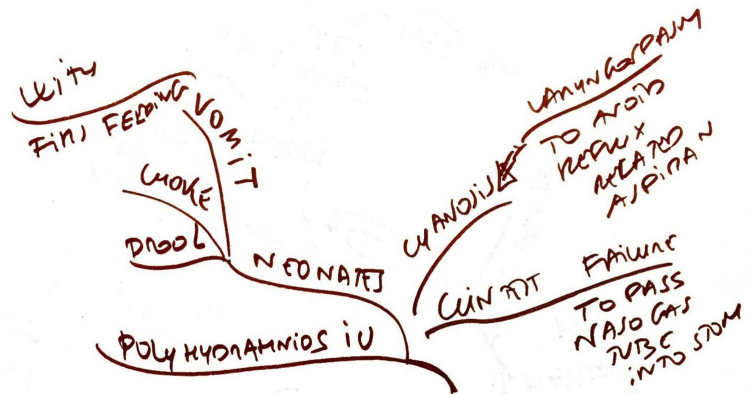


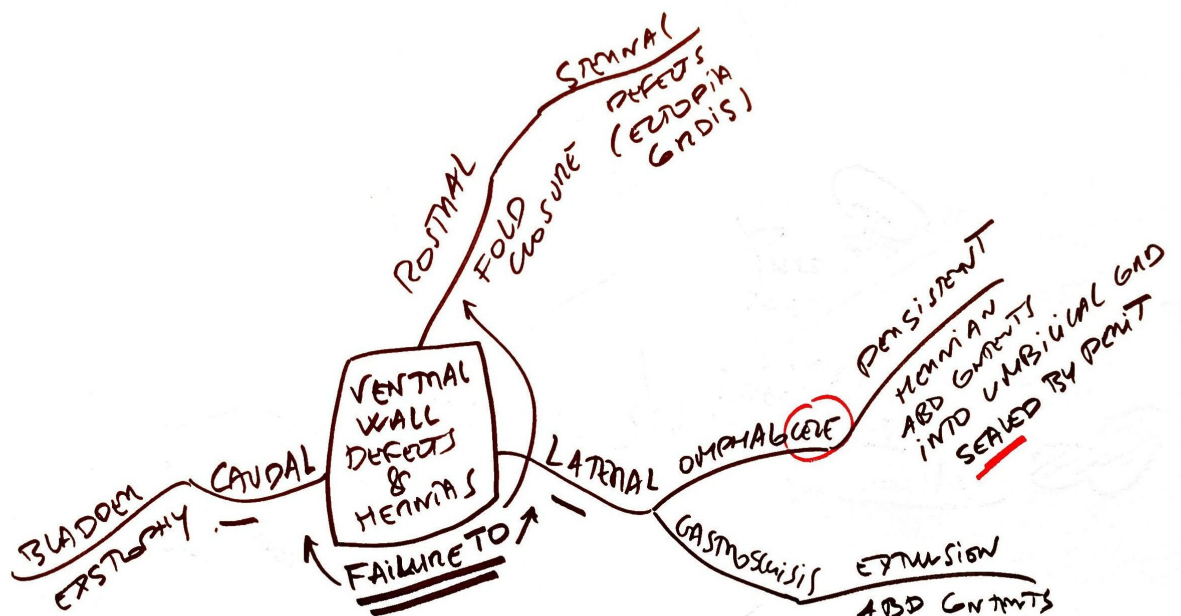


{ RETURNS TO ABD CAVITY
+ ROTATES AROUND SMA TOTAL 270° COUNTERCLOCKWISE



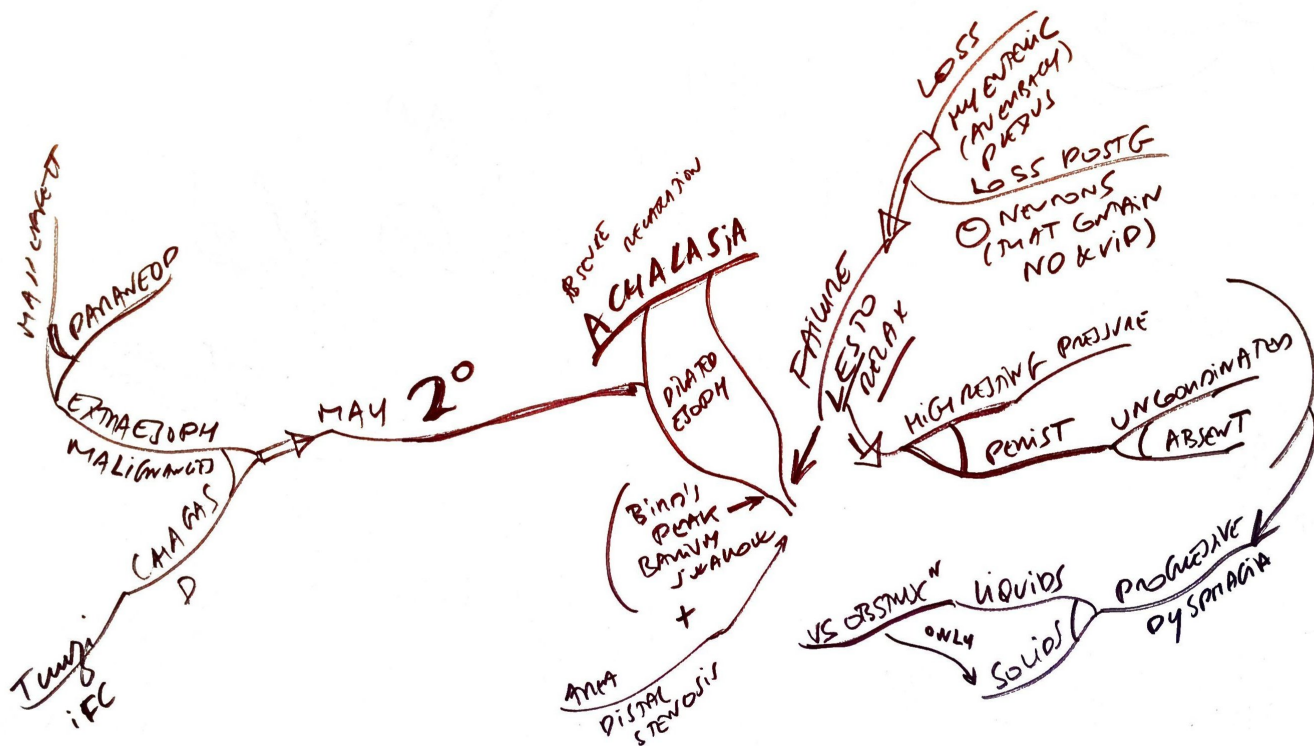


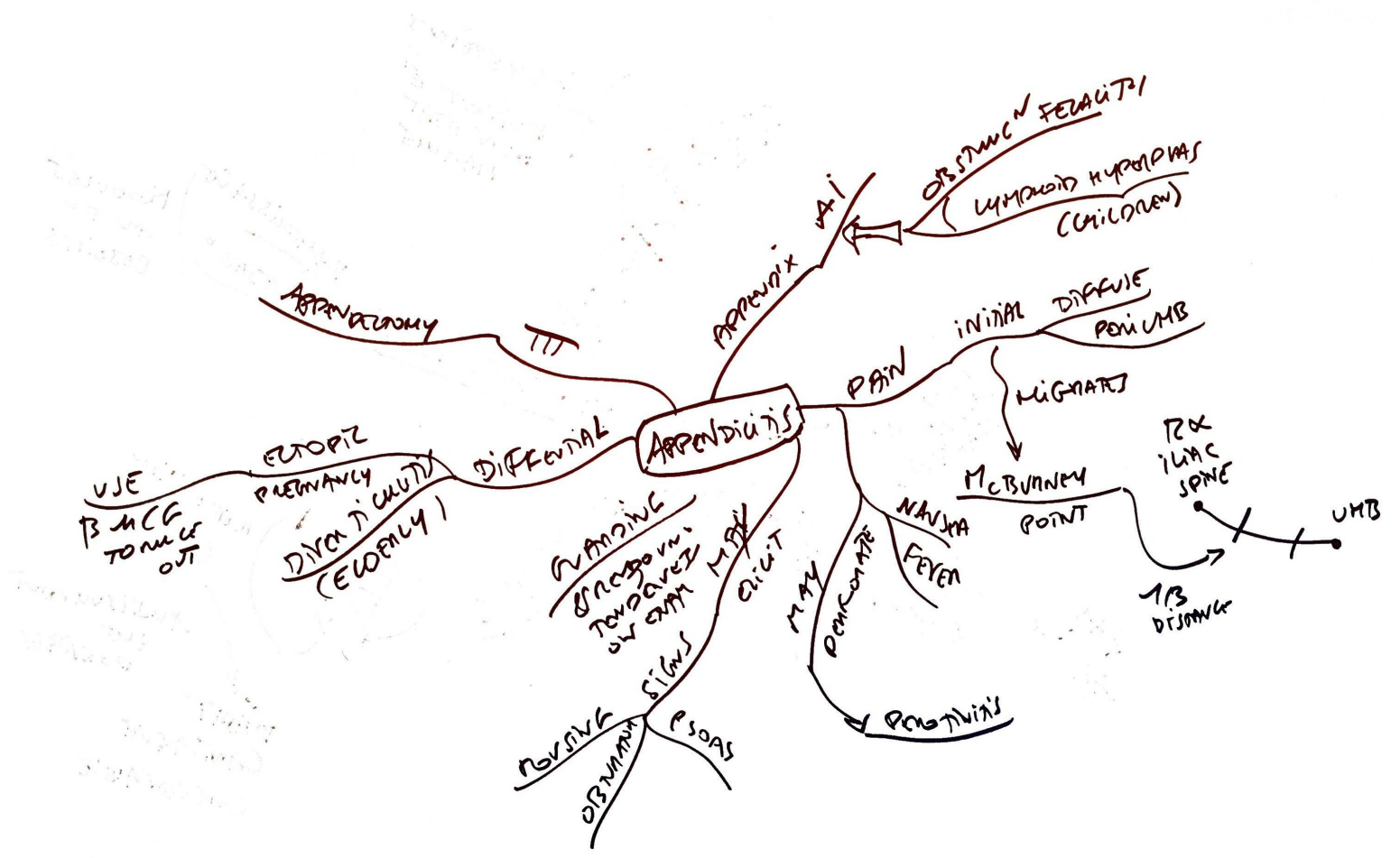


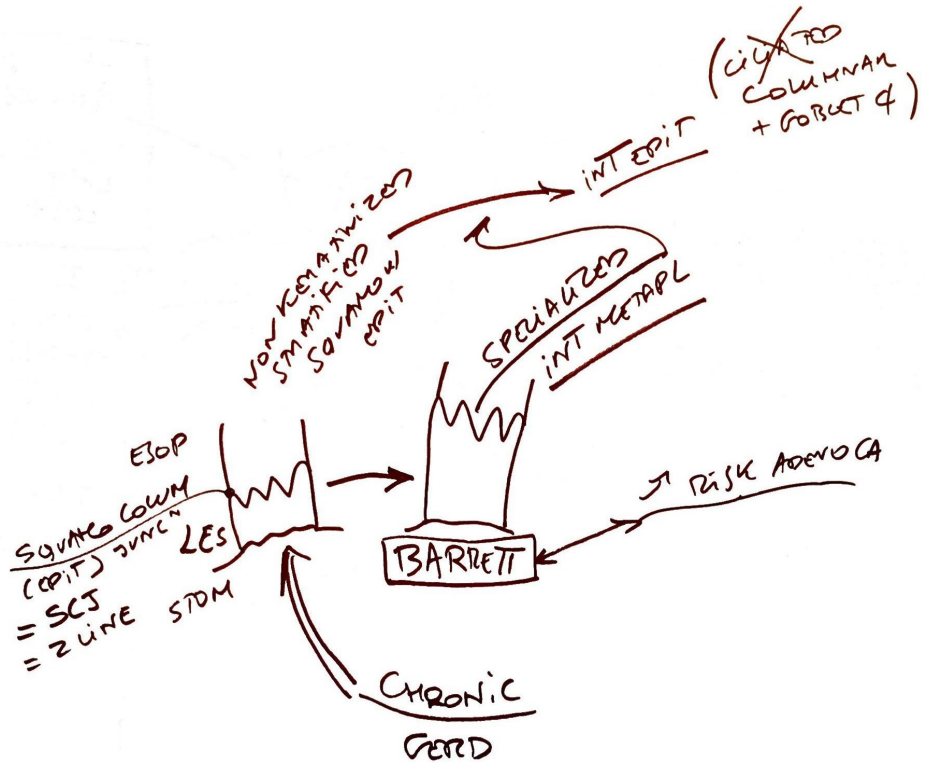


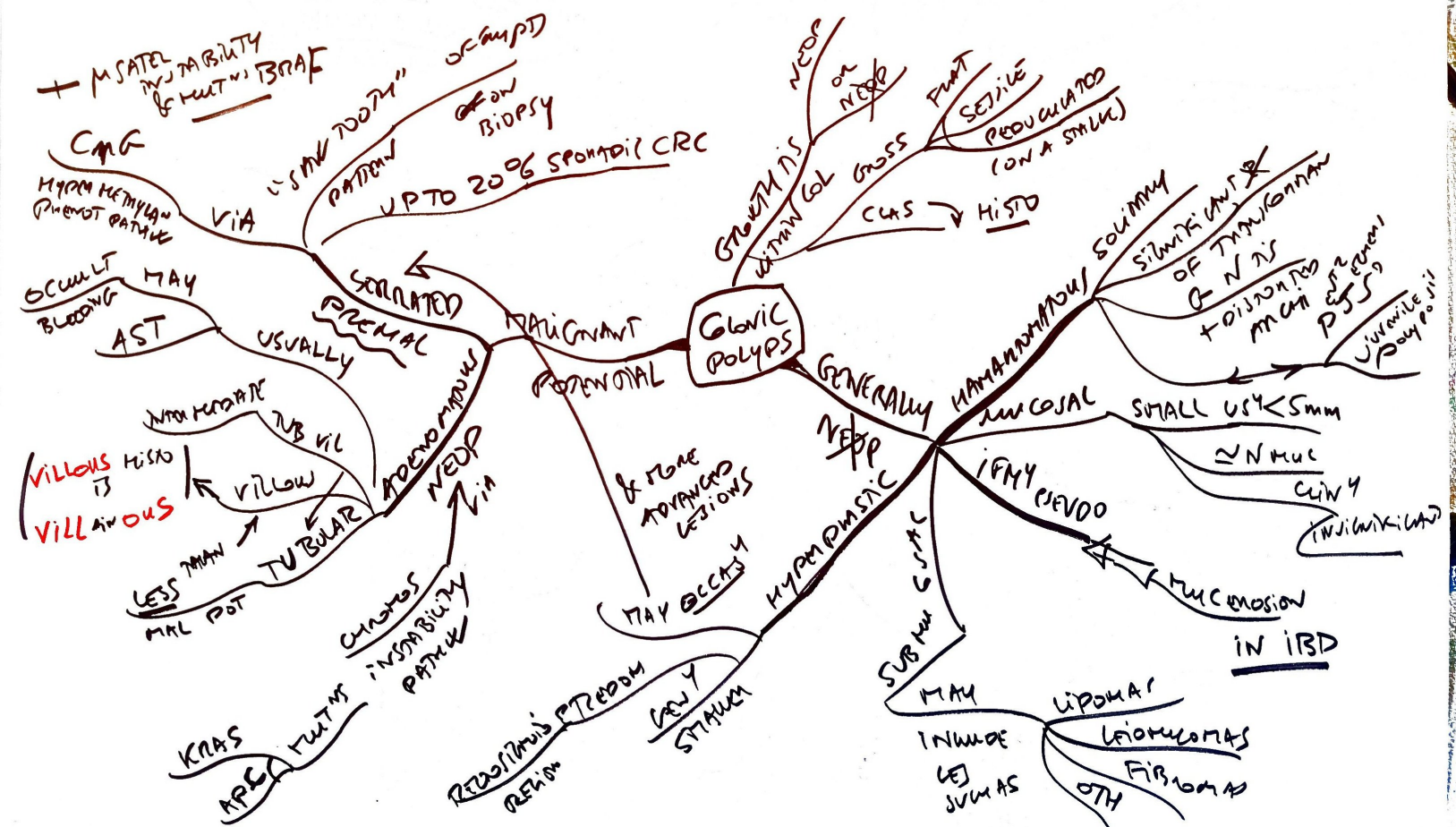
CONGEN
UMBIL
HERNIA
= INCOMPLETE
CLOSURE OF UMBILICAL
MAY CLOSE SPONT

EXTUSION
ABD CONTENTS
THROUGH
ABD FOLDS
(TYPICALLY
R OF UMBILICAL)
NOT COVERED
BY PENT
ON
IMMUN



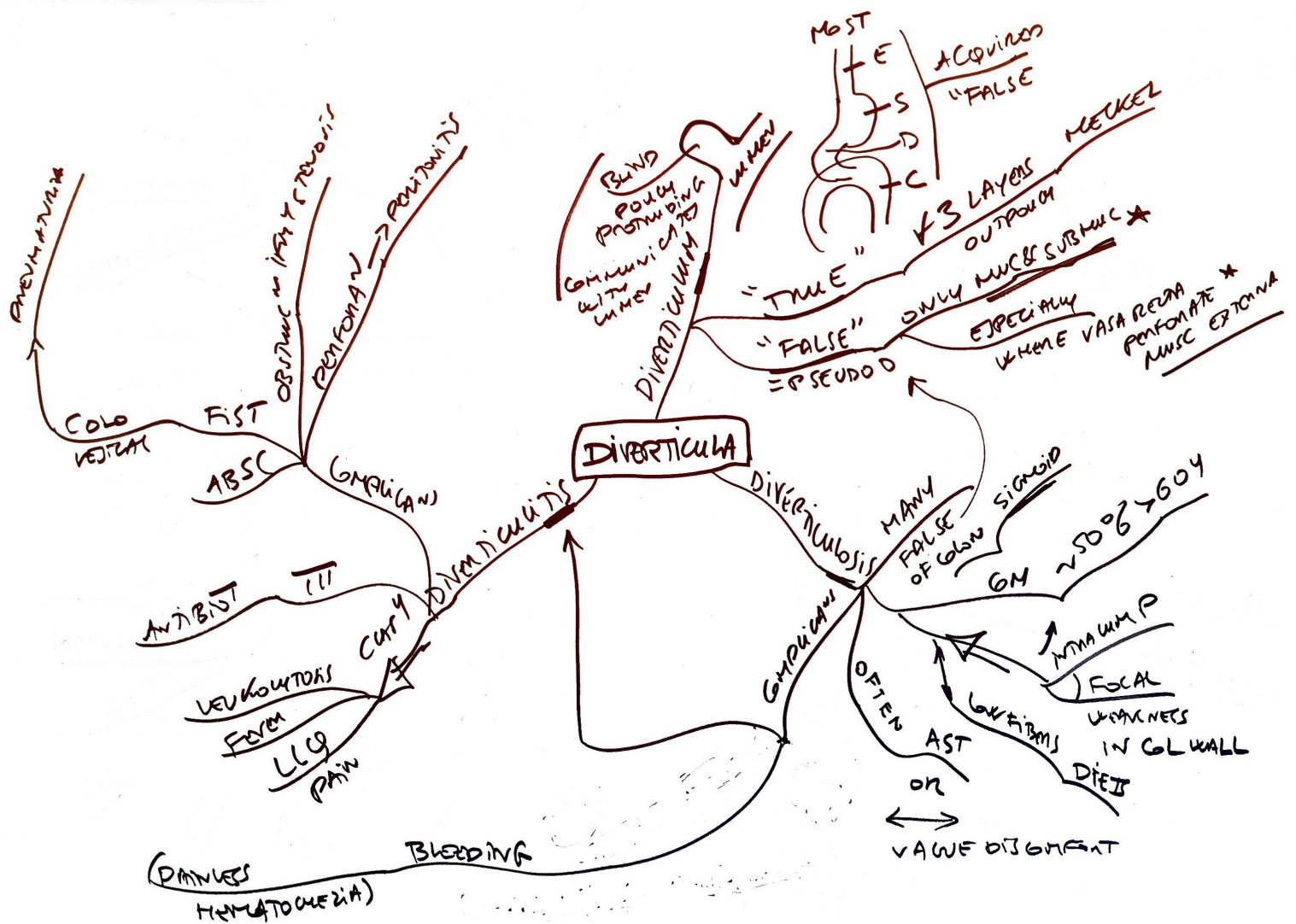




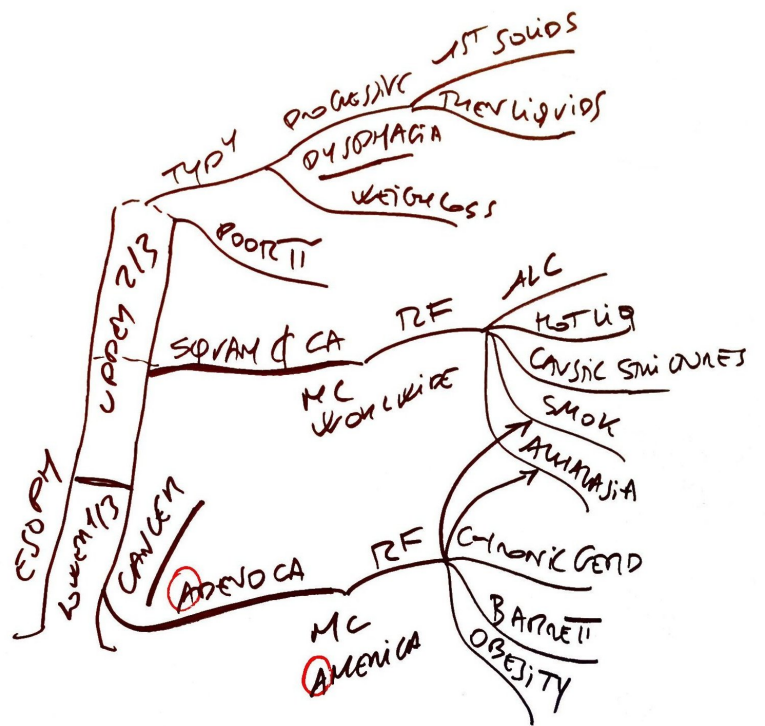


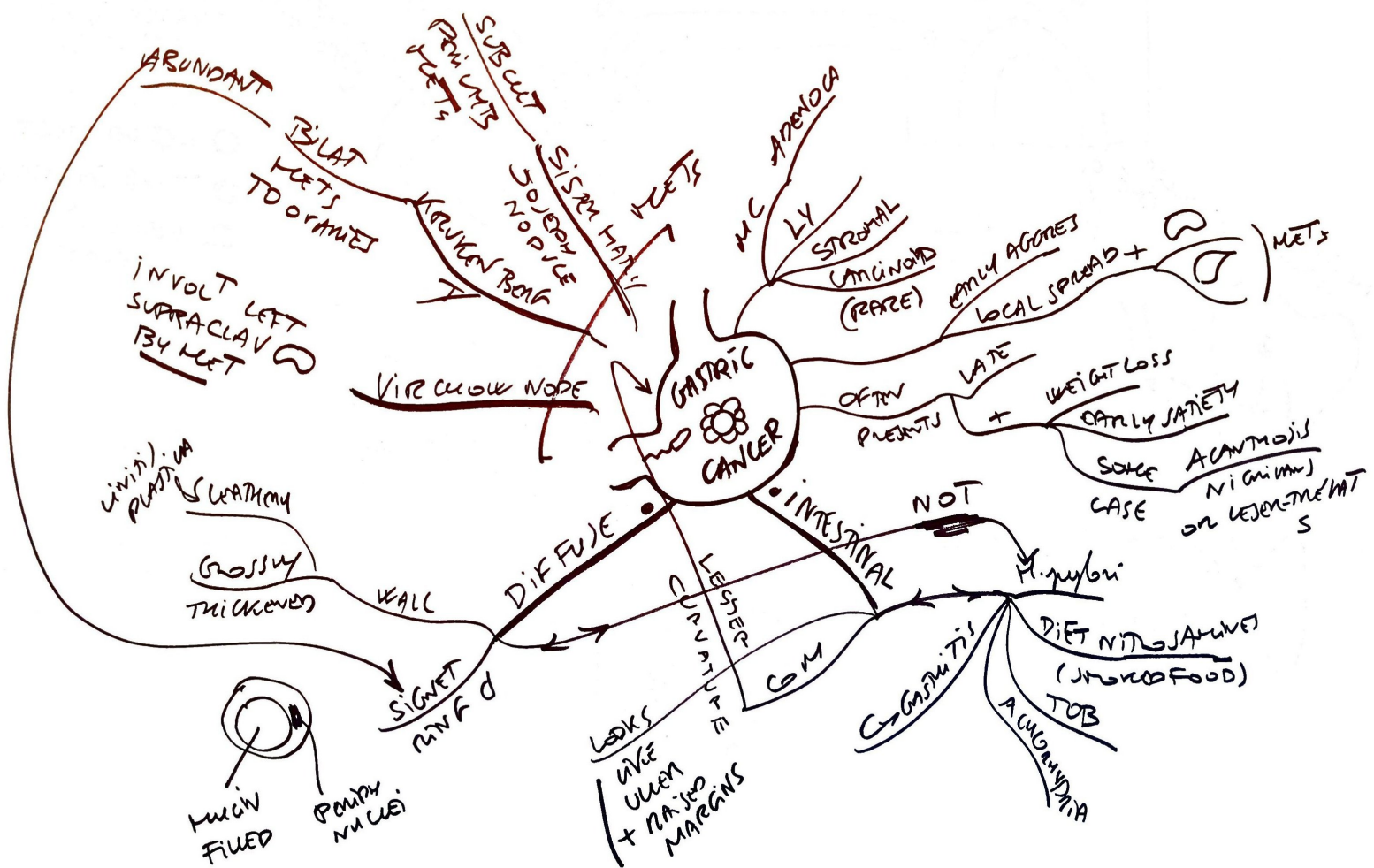
Chromosomal instability pathway ← fixing on events is AK-S3

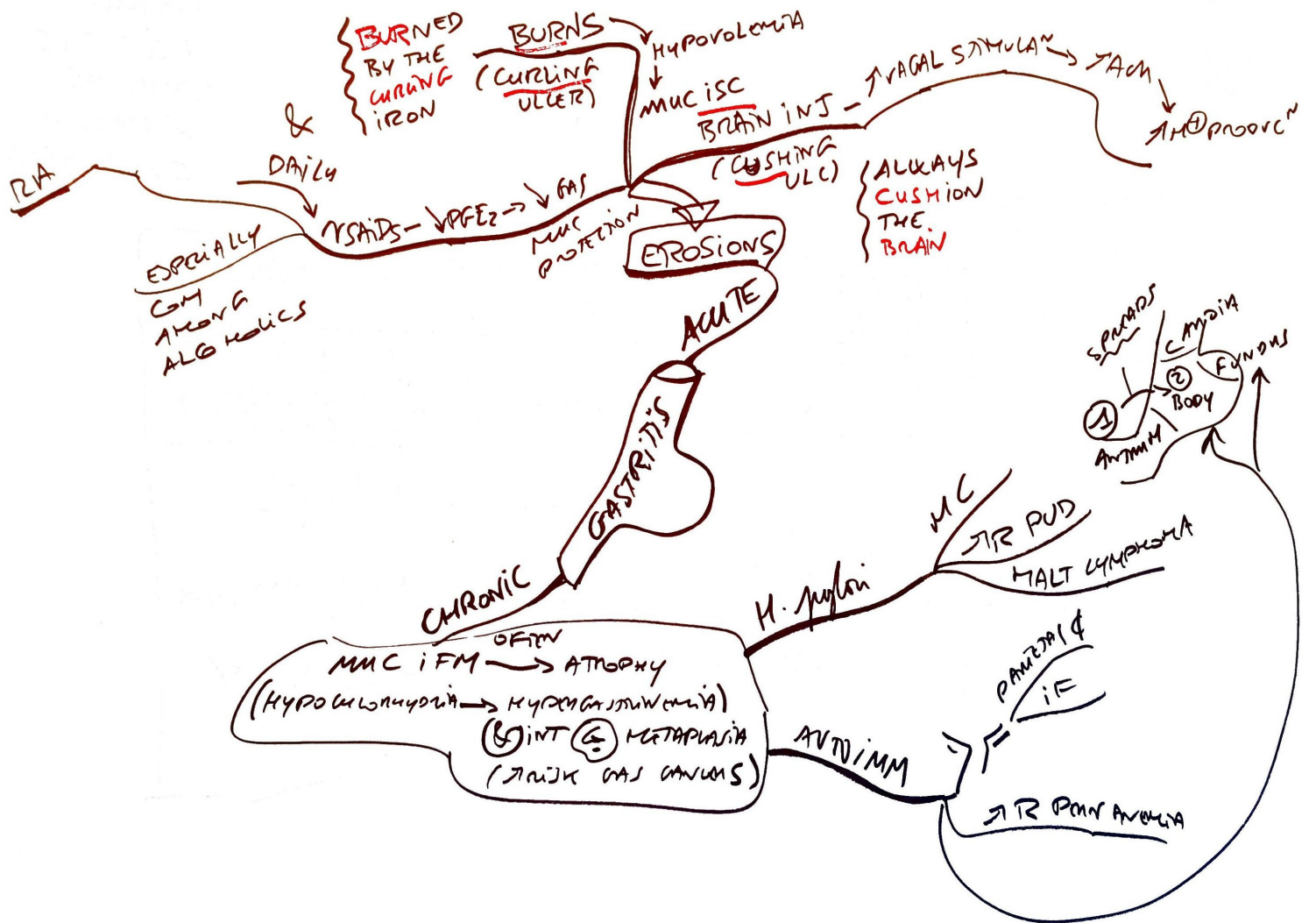


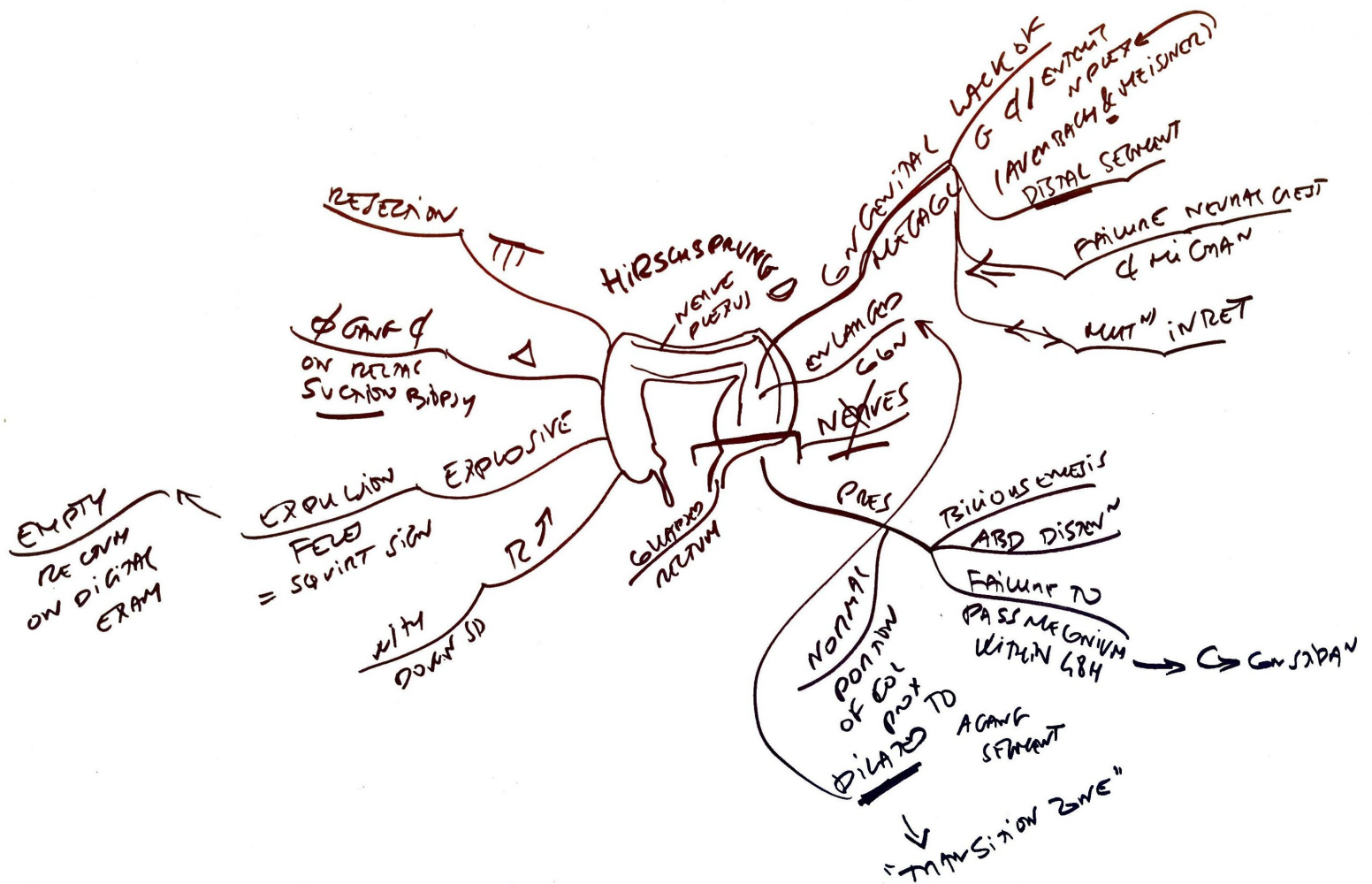












EXTRAMIN

- KIDNEY STONES (usually Ca oxalate)
- GALL STONES
- MAY BE ⊕ FOR ANTISACCHARIN MYELODYSPLASIA

CROHN D

ANY PORTION
USUALLY TERM ILEUM & COLON

ULCERATIVE COLITIS

- GEDGAMMICAL
- ONLY

EXTRAMIN

- 5 AMINOS PAPA METABOLISM
- 6 MUC INFILX COLITIS

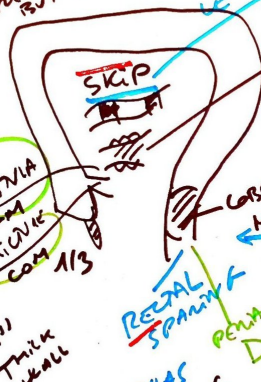
CS, AZAT, ANTI-CD4, CINCIN, INFLIXIMAB, ADA, ULM, LABS

FAT OMANY & AN OLD CRONE SLIPPING DOWN A GROUND ROAD ANDY PLOKE THE ULMAC (ALL SPANISH) PHILIPPI/ABS

2/3 ILEUM "MOSE PIPE" TI
1/3 ONLY COLON
MAINLY R
USUALLY SPANISH
RECYCLING
BUT 7506 ANUS

RASH (PROB PAPA EM)
EYE ILM
ORAL ULCN
COIS JVEINIS
INFLAMMATION

10 SURVIVG
CHOLANGITIS
PANCA
STRUCT UNUSUAL



"FAT WRAPPING"
MUCIN
GASTRITIS
SPH

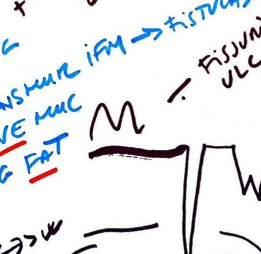


PROX. GRAFT
CONTINUOUS
ALWAYS RECTAL
PULVINANT GLI'S
TOX MEGAC
PERFORAN

- ULCER
- LANCE INT
- CONTINUOUS
- COLONECT CA
- CRYPT
- EXTENS PROX
- RED DIAR
- SUMMING

DIAR
MUC OR MAY
NOT
BLOODY
BAND
XRAY

- FISTULAS
- LIN ULC
- WALL THICKENING
- TRANSMUC IFM
- COBBLESTONE MUC
- WEDDING FAT



RECTAL SPANISH
PENITENT
MALABRY
MALNUTN
CRC
LITY PANGGIA

STRAIGHT
SIDED
CRYPTS
MUC MIXED
ABC I
CRYPTS
BRANCHED
ABUSSES

MUC & SUBMUC IFM ONLY
FRIABLE MUC ± ANOION
ULCNS
BOLK MUCUS
LOW MASTIC
WIDE SHALLOW
ULC

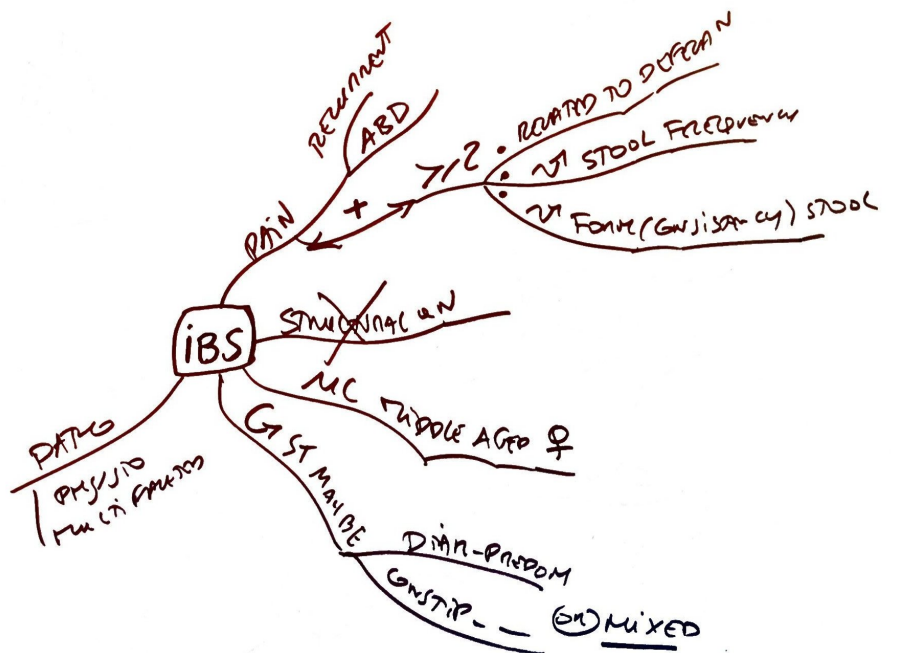
IFM WITNES
TO MUC
CRYPTS ABS & ULC
BOLING
TH2

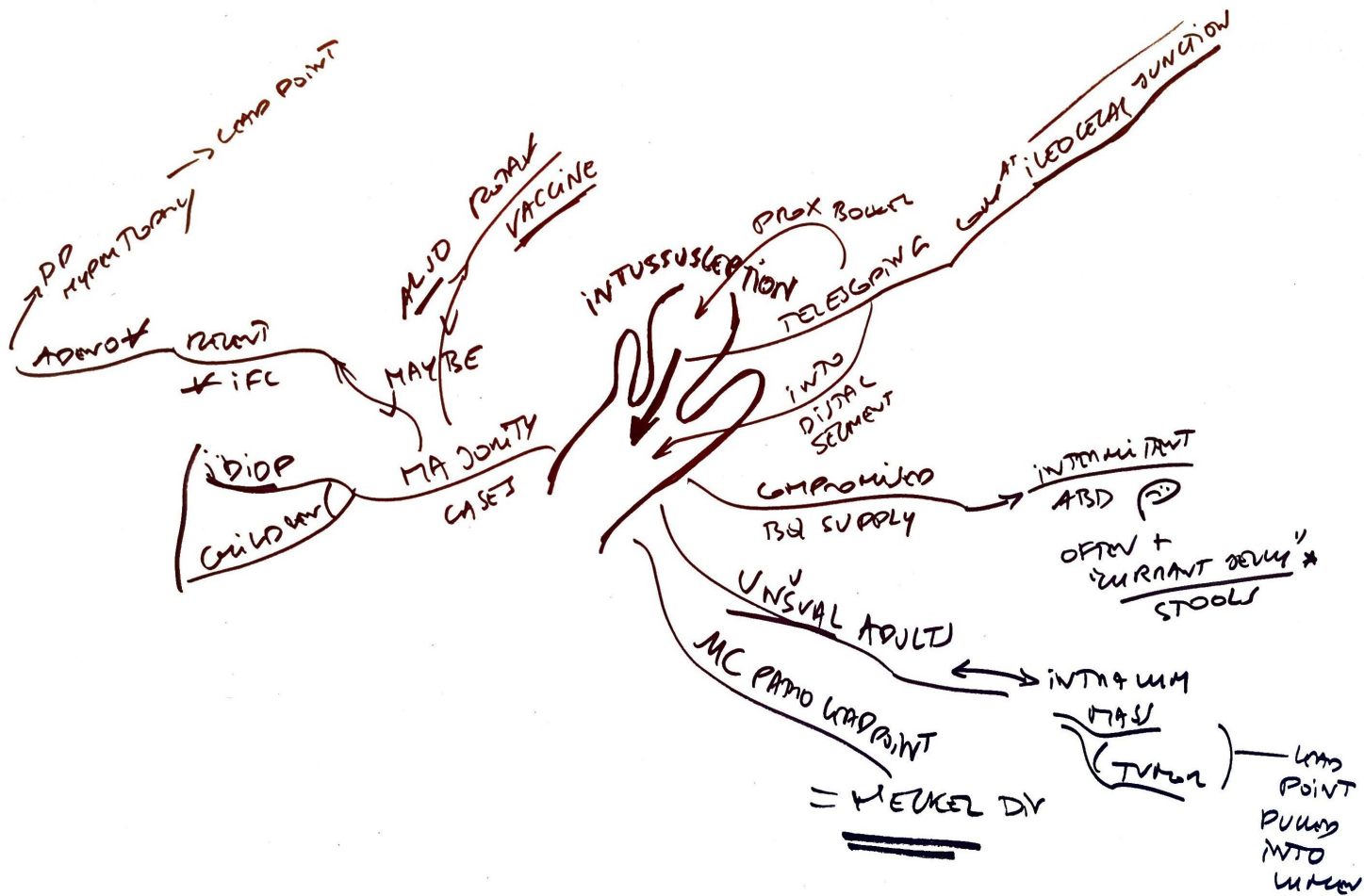
REED LIKE
L A GEM
ALONG MUC
"CROON"
"NO SALLY"

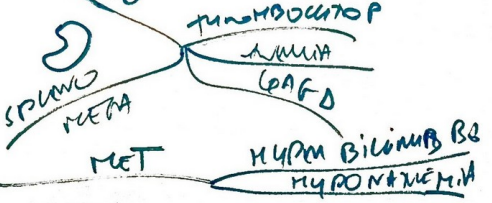
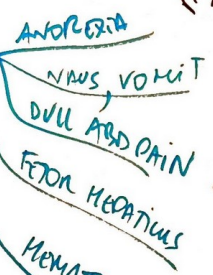
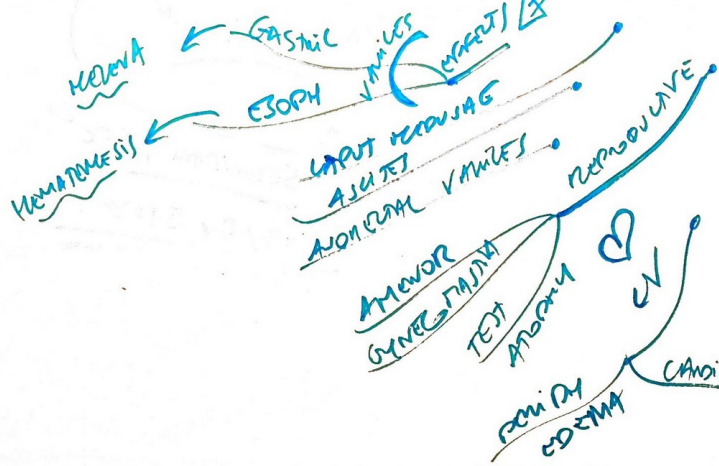
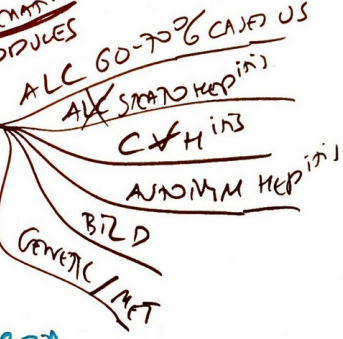
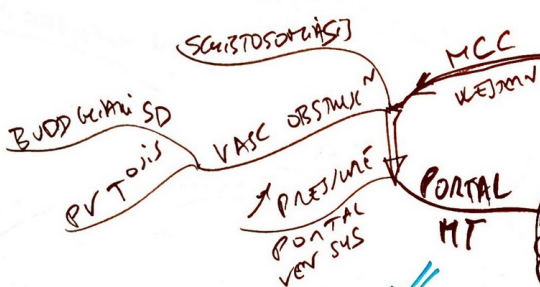
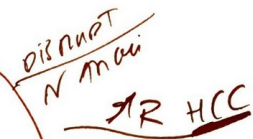
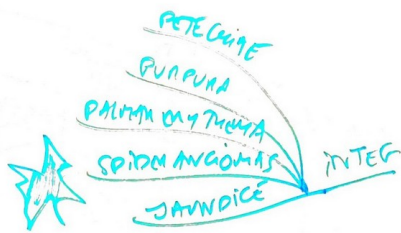
SOME
ENHANCE

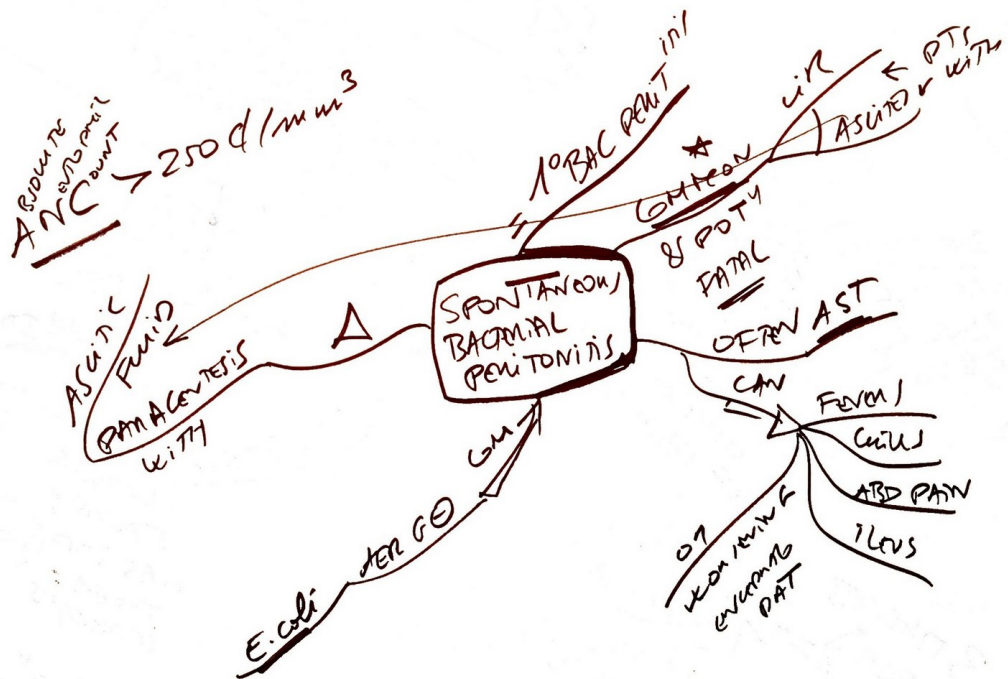
TH1 TRO
TH2
GROW
OF LN
+ BOWA

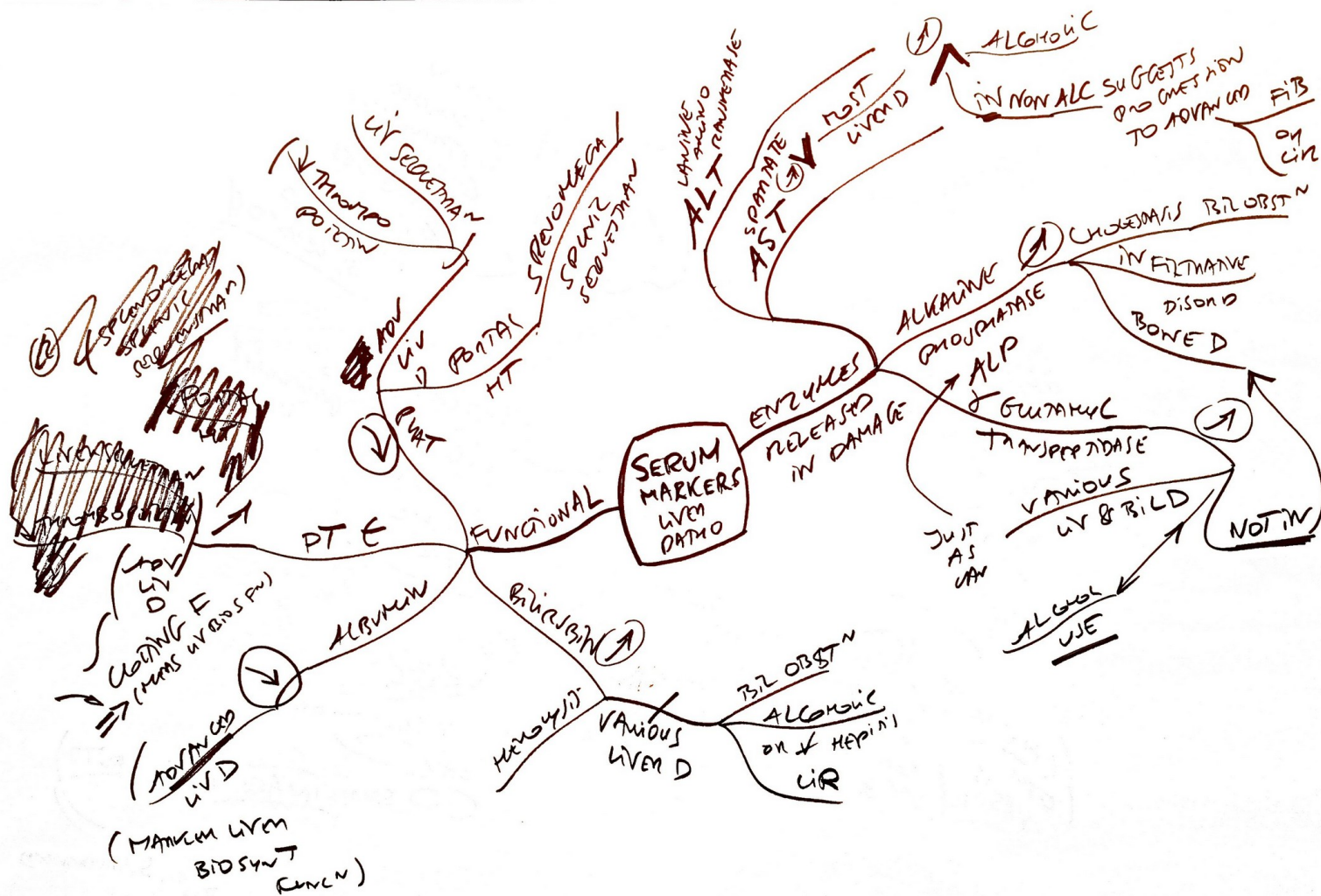
BLOODY
DIAR

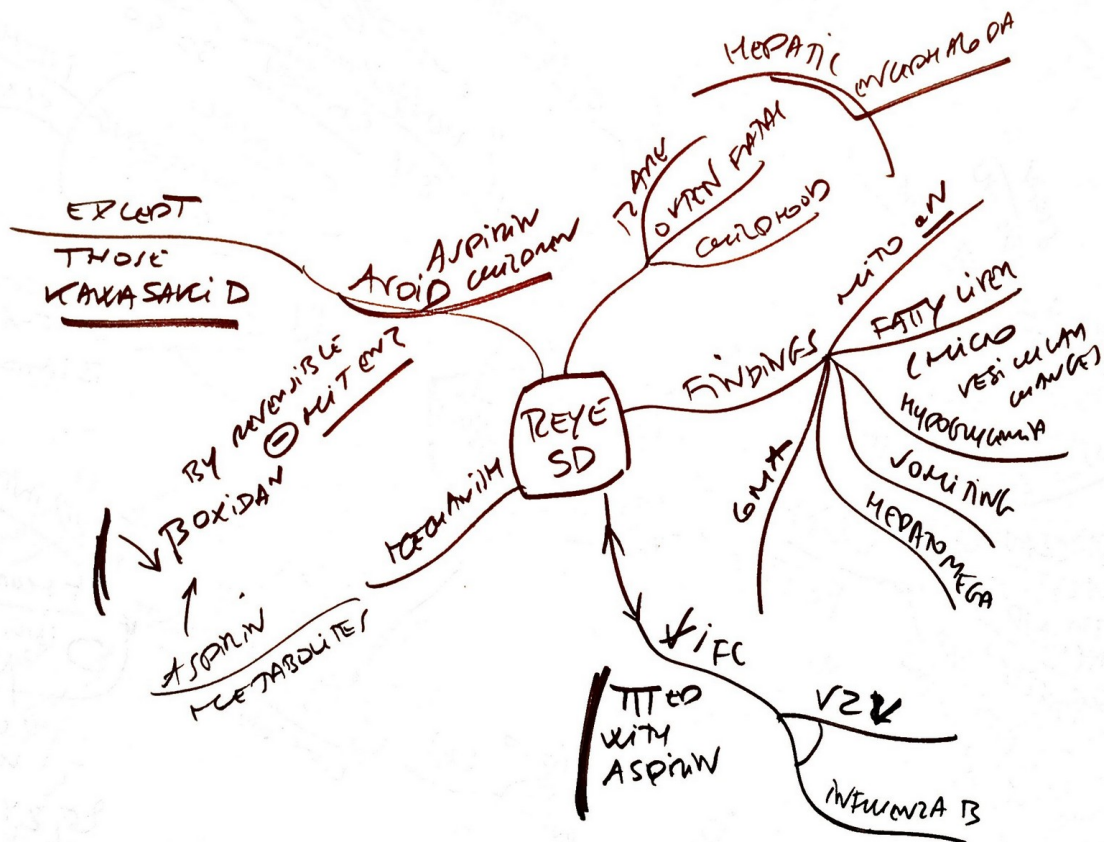


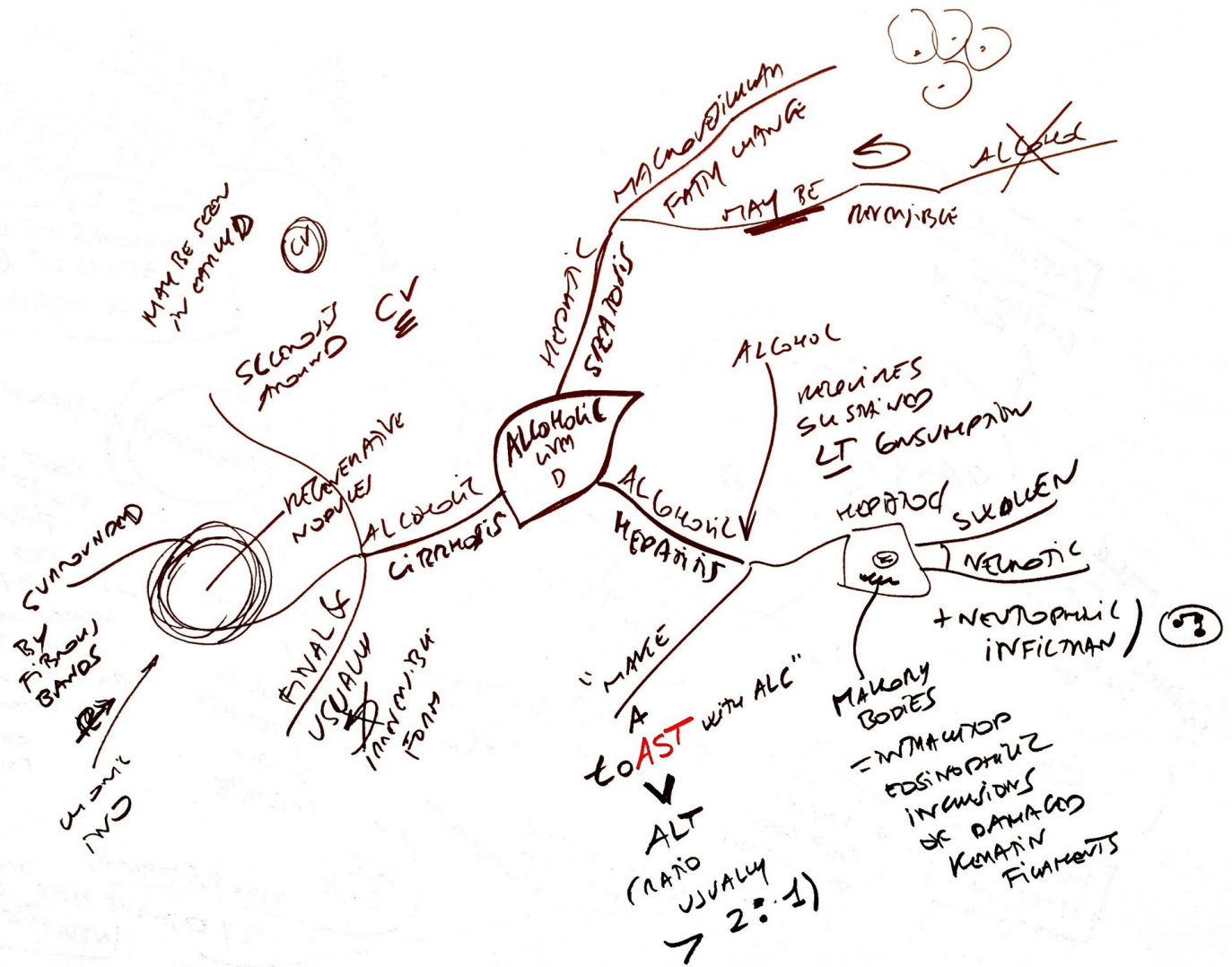


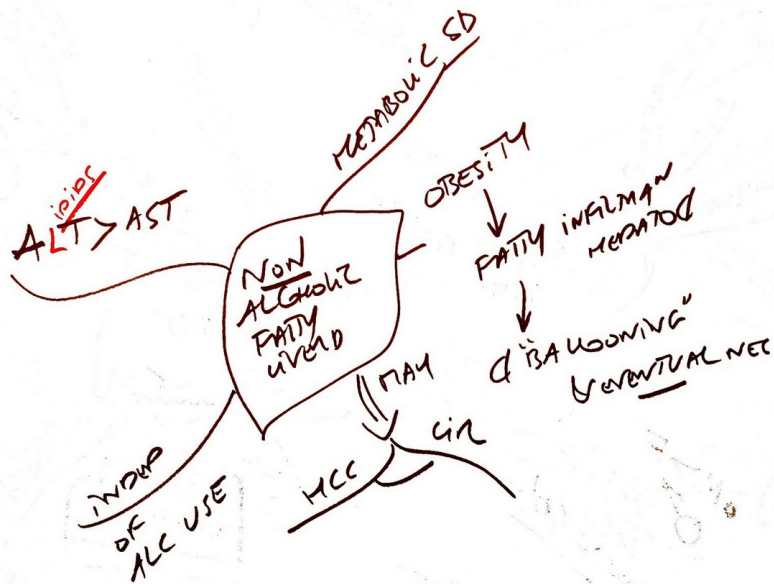


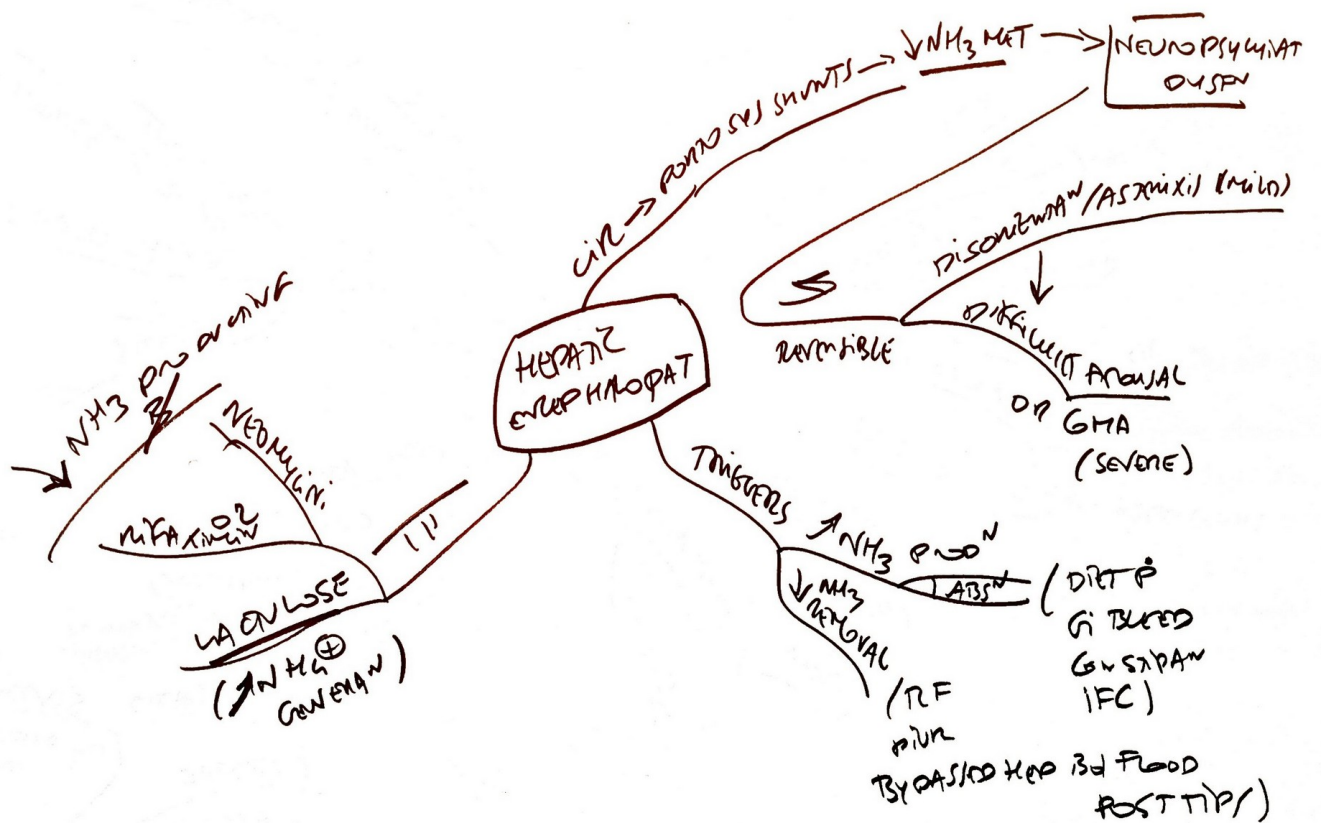


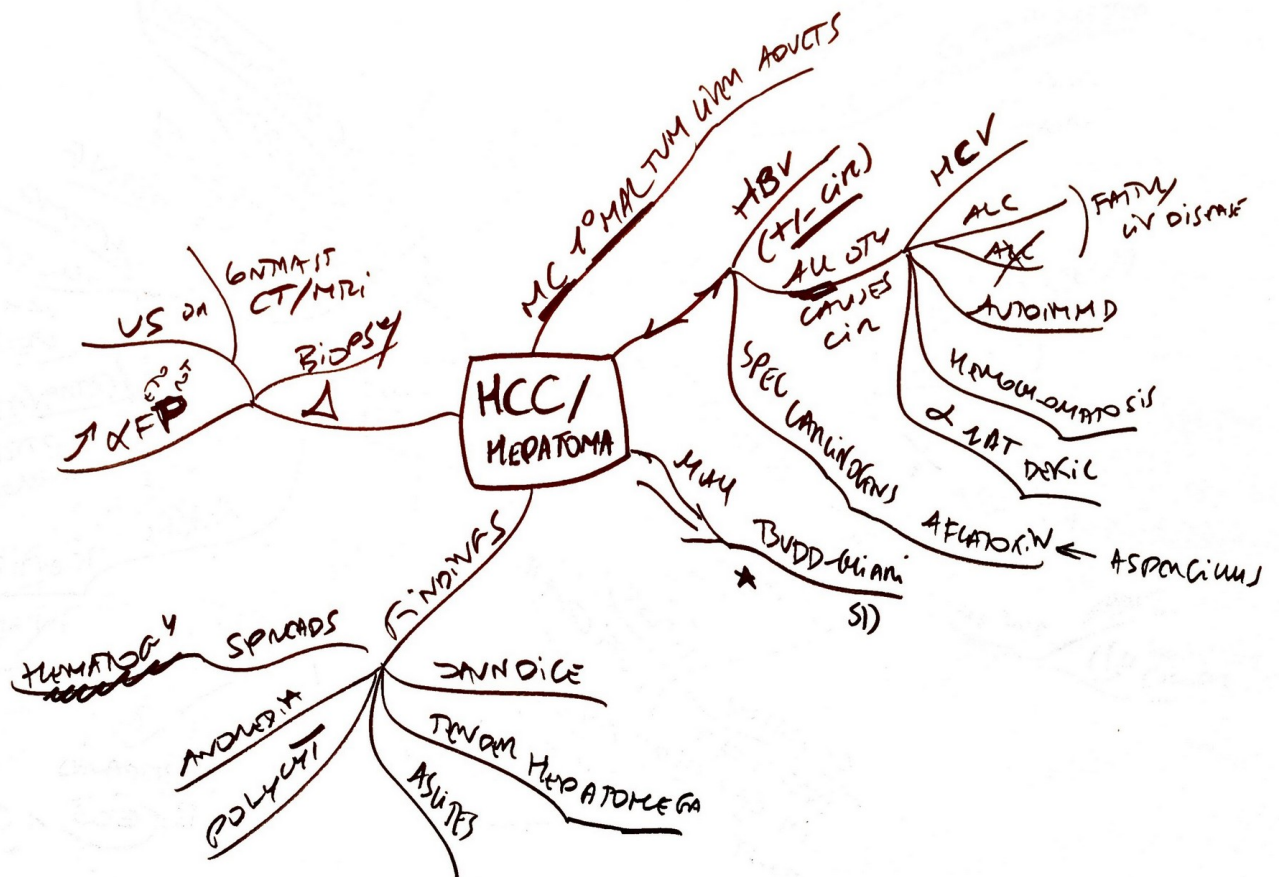


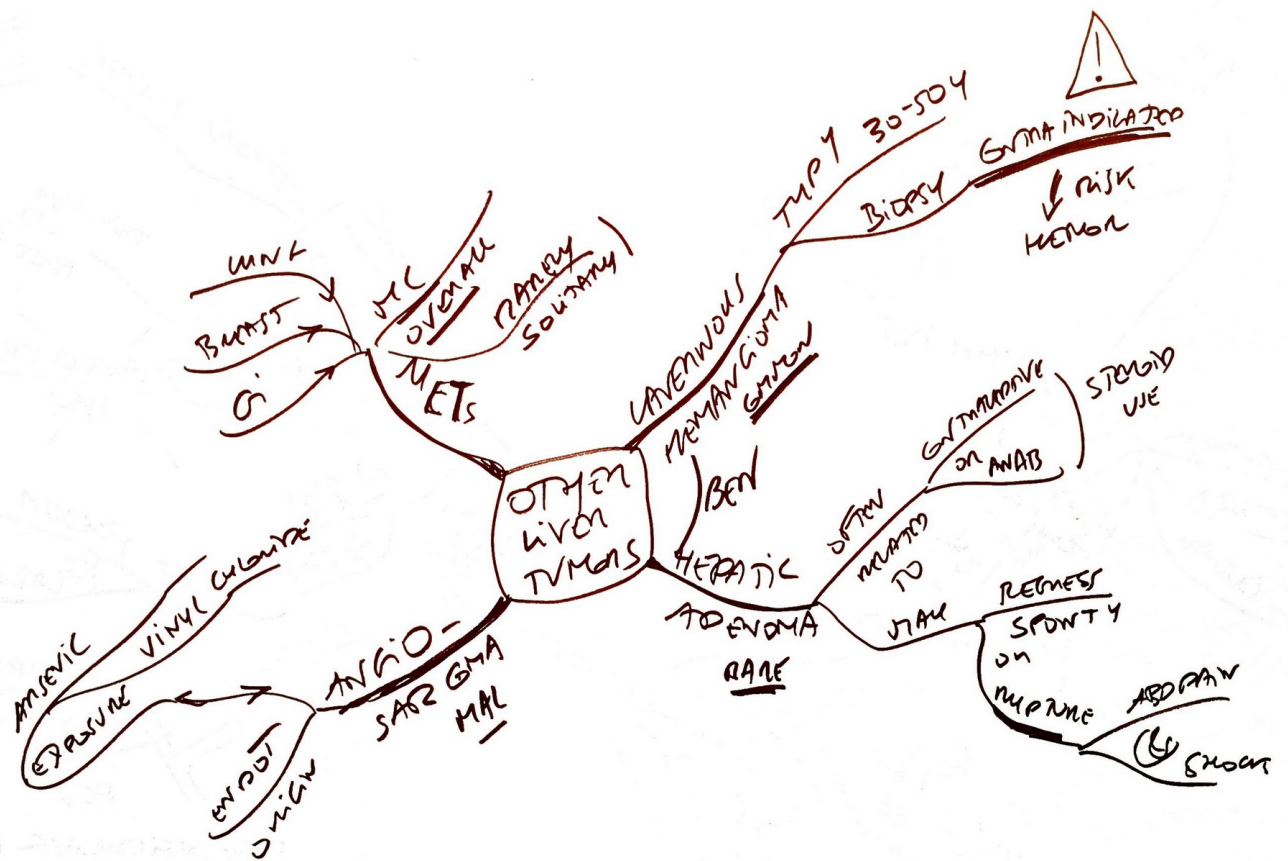


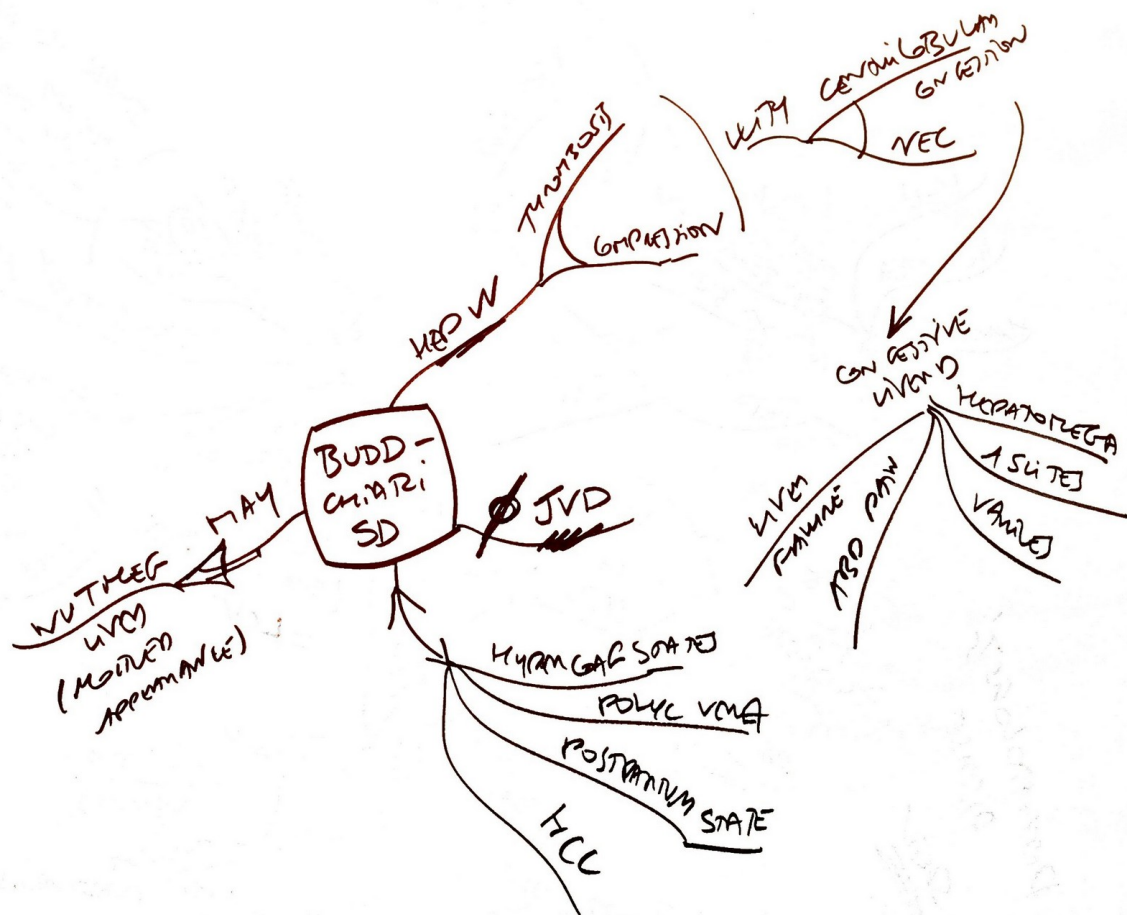


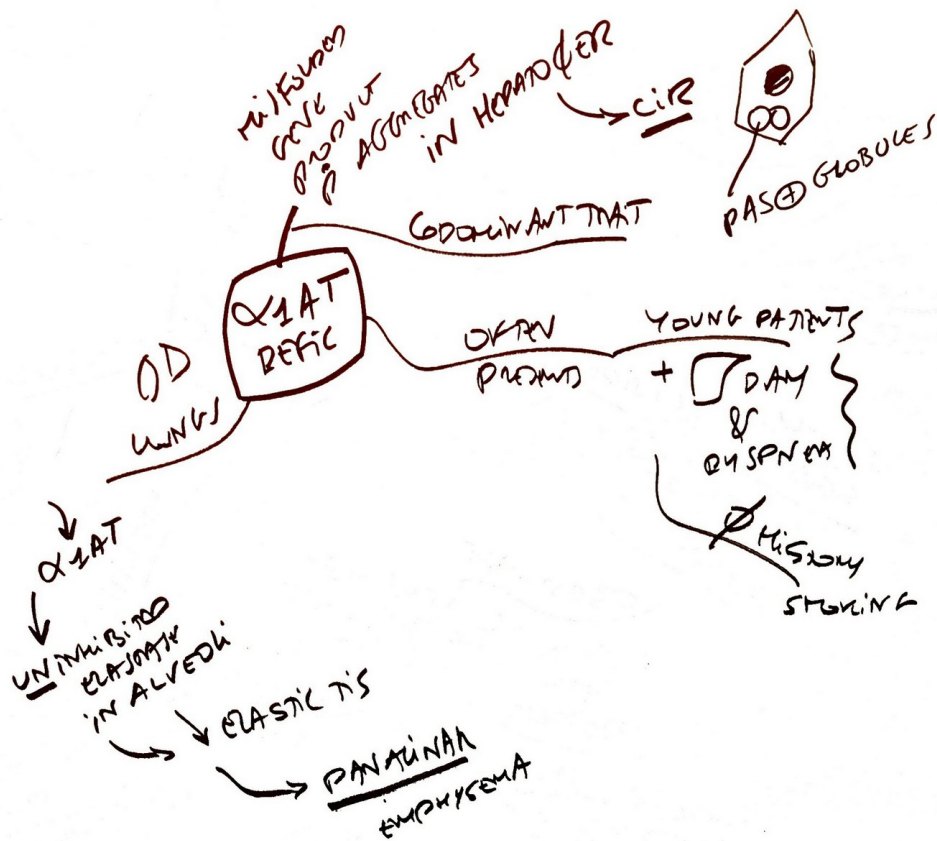


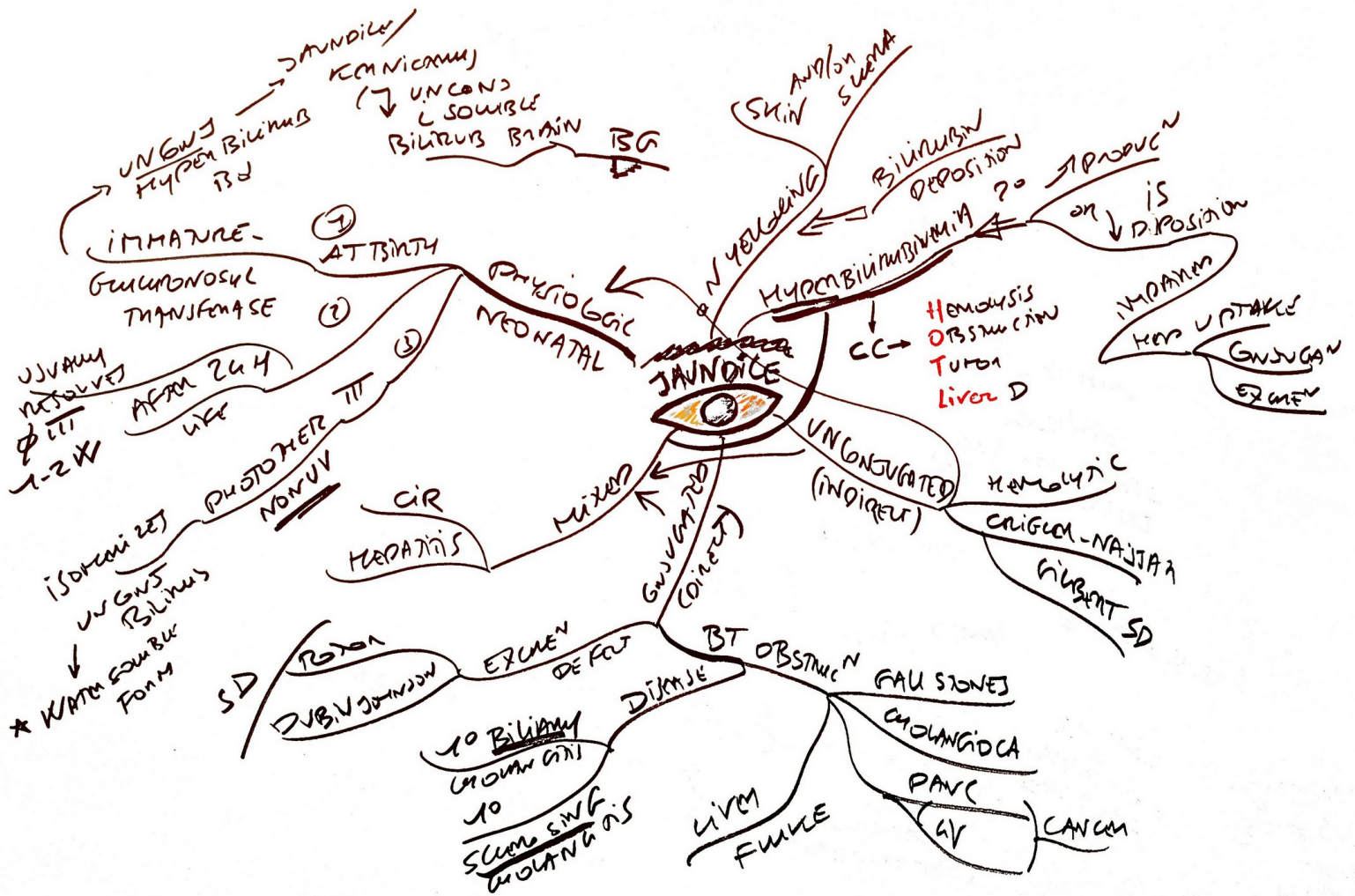


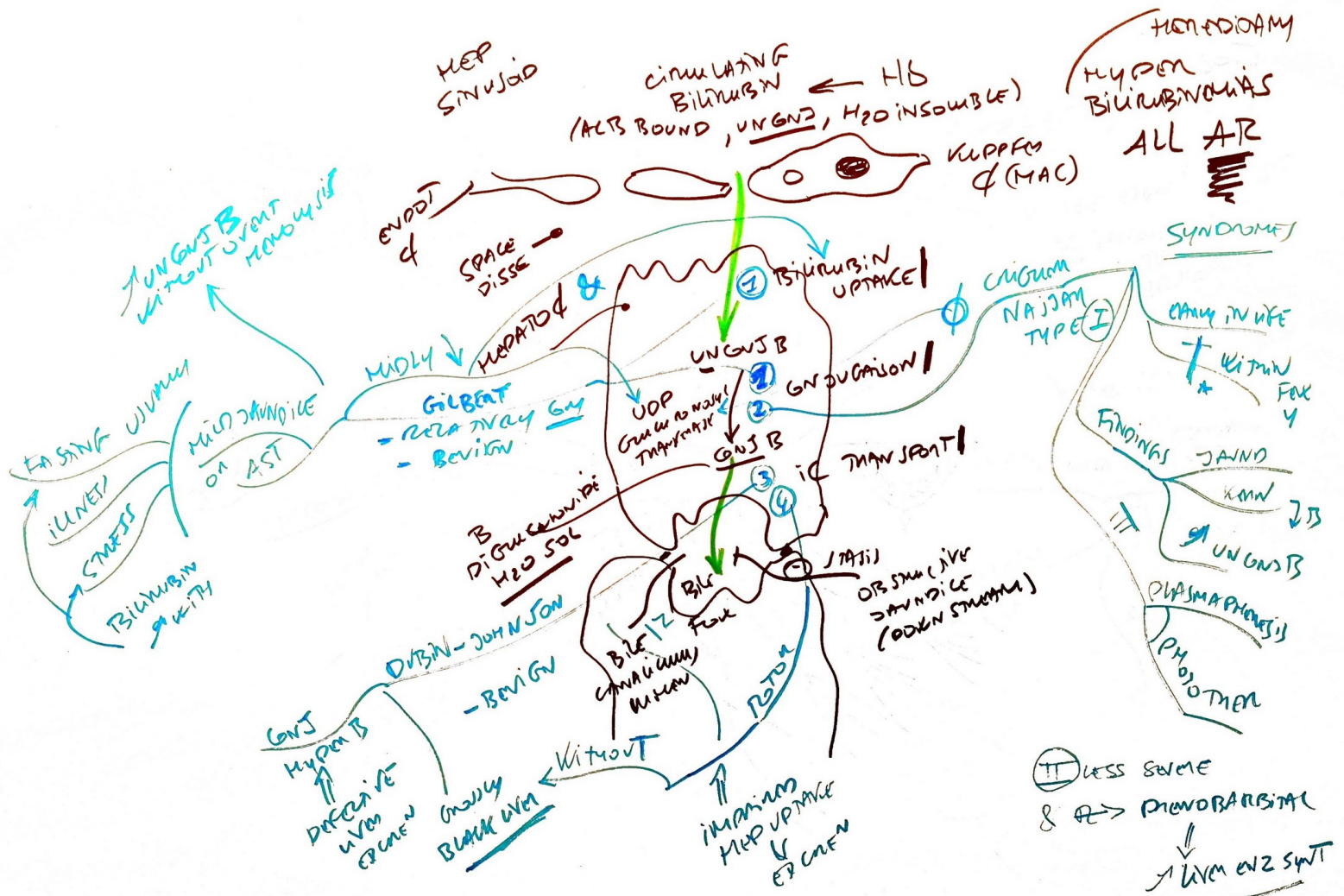


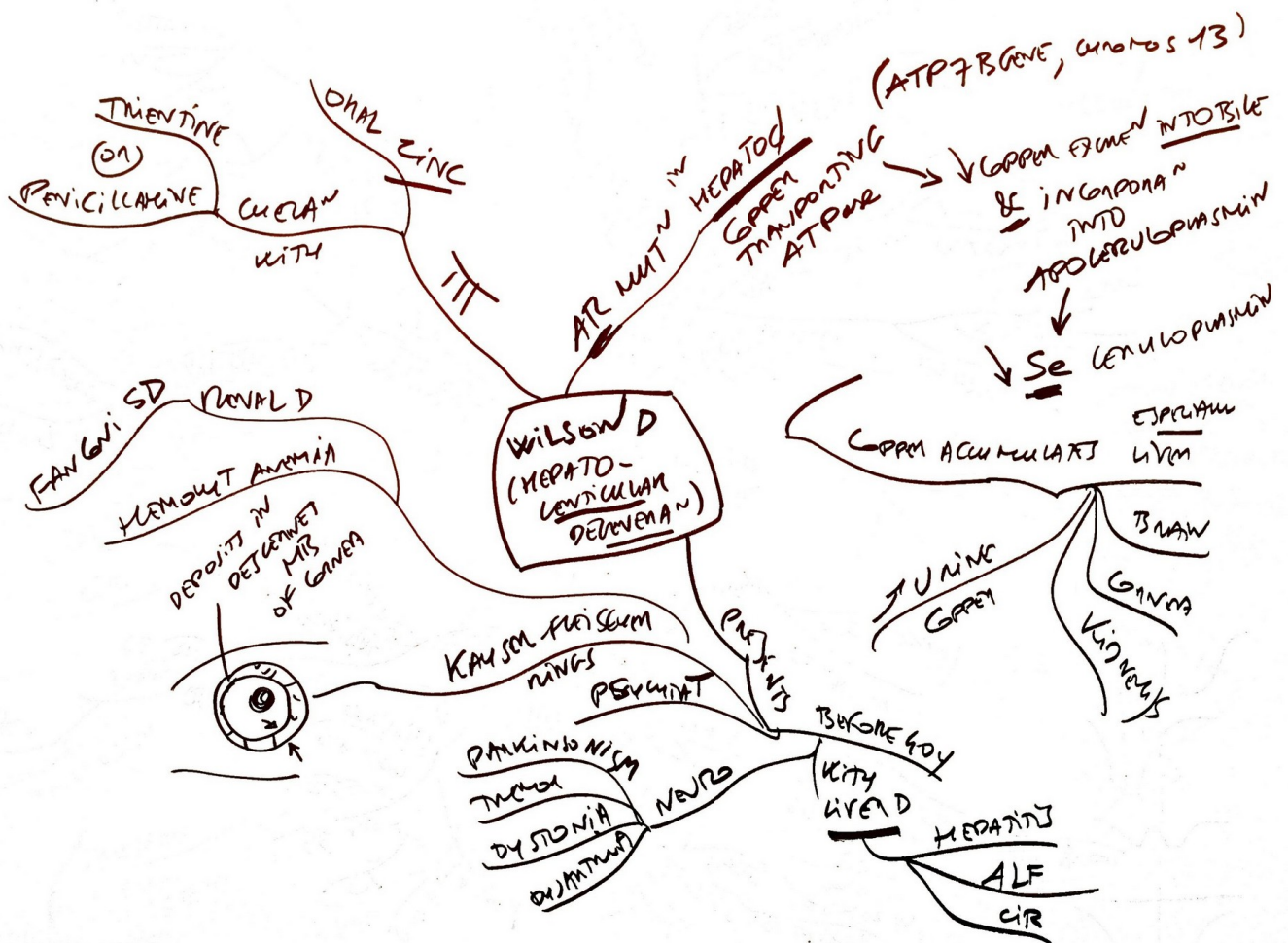




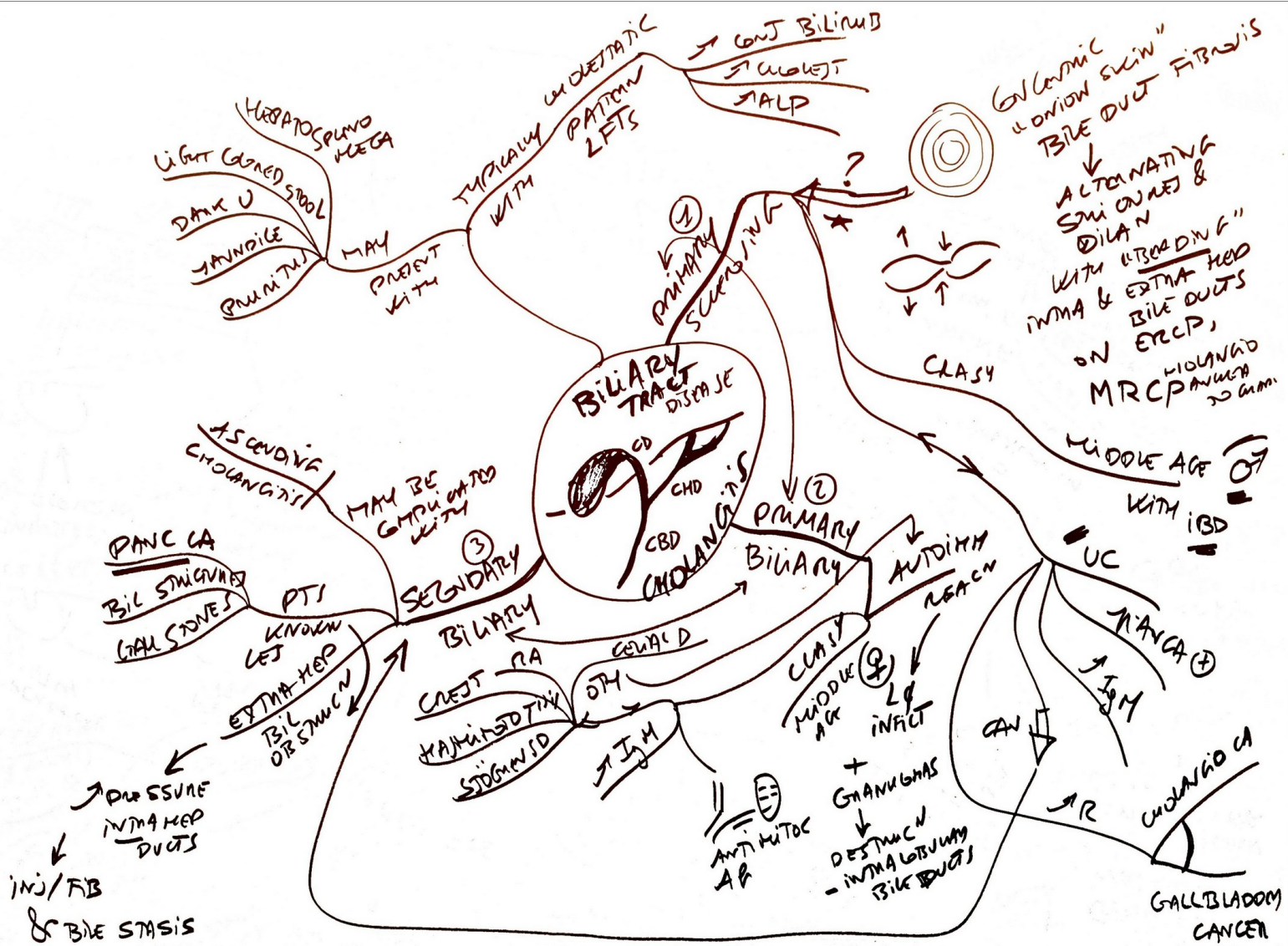


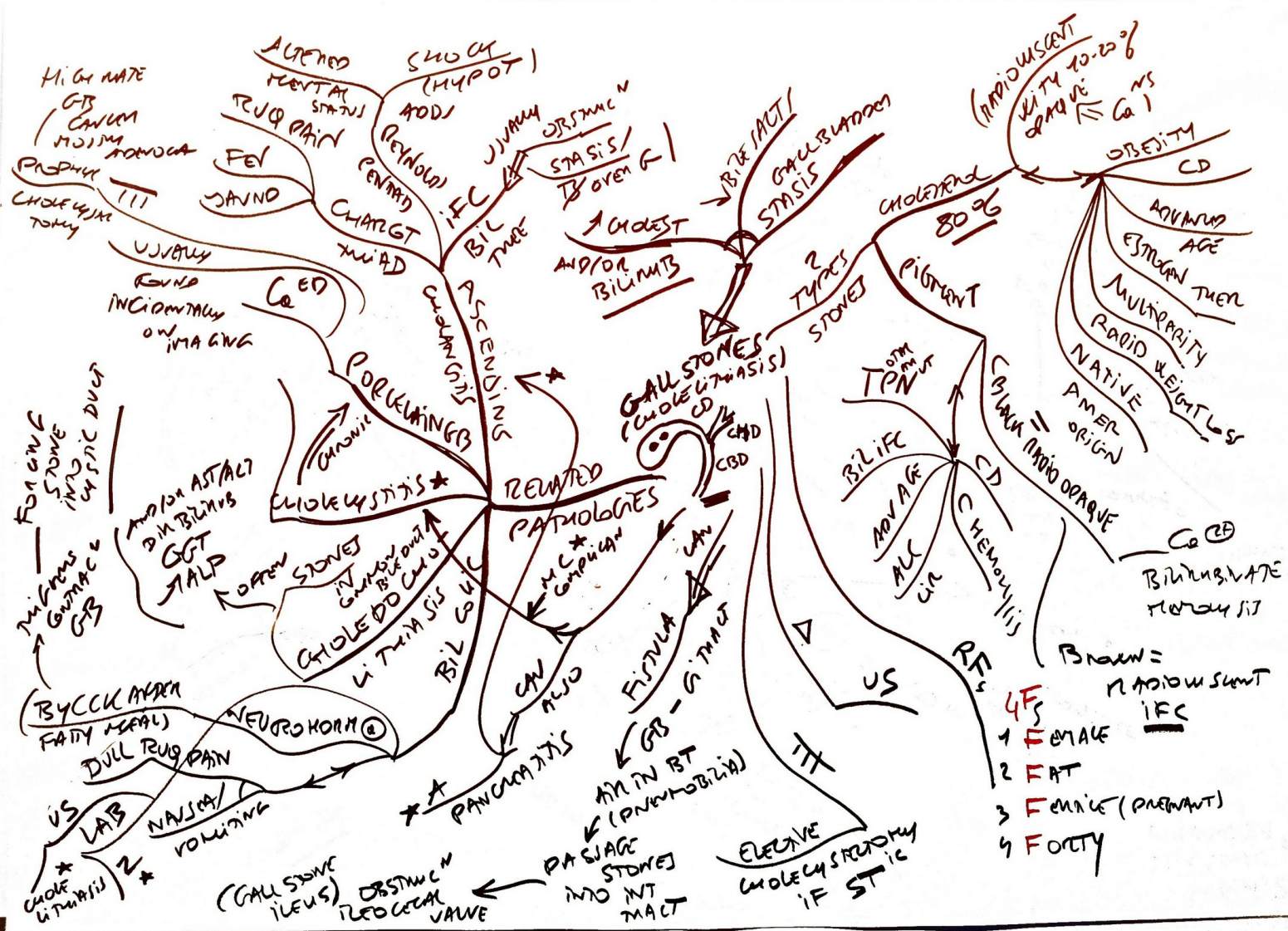


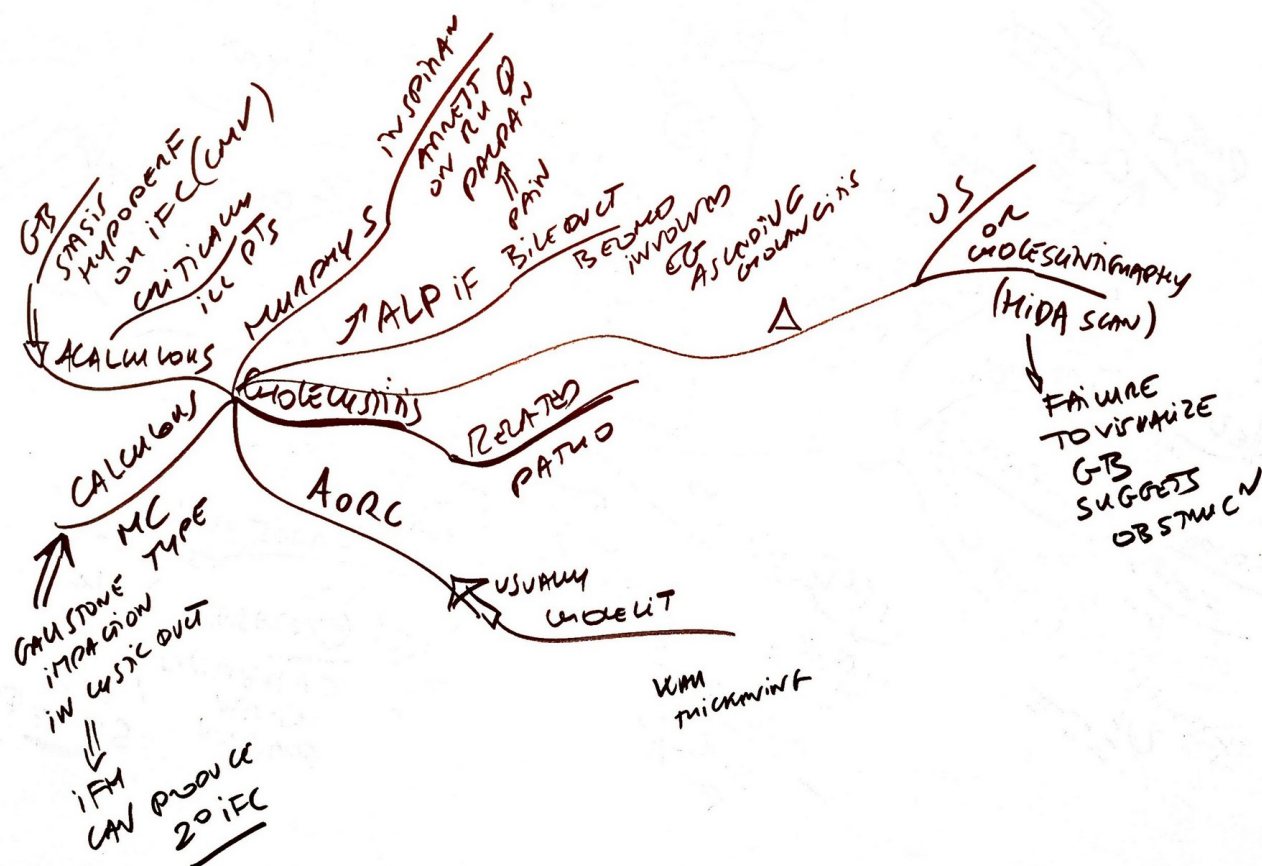


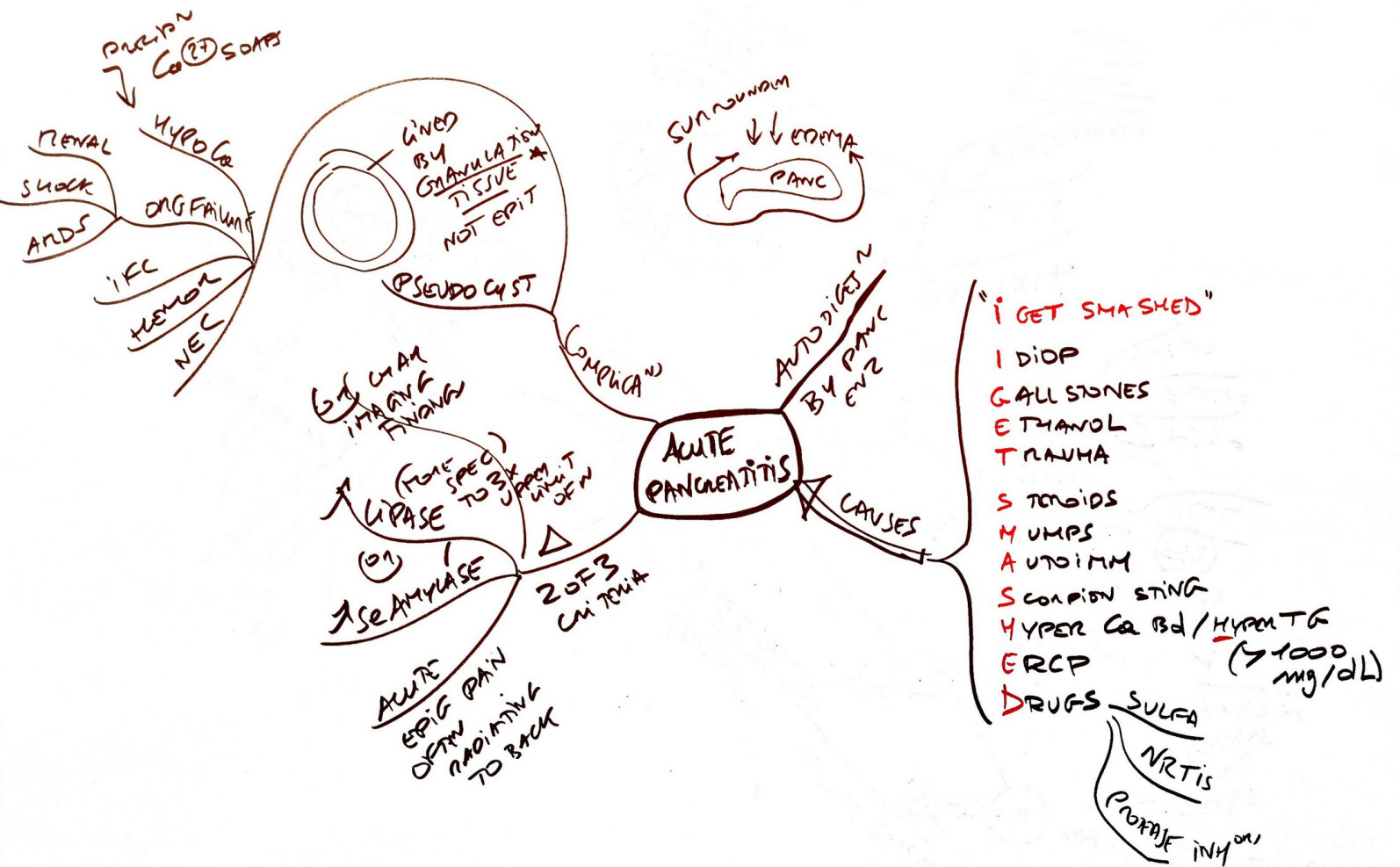












MUST ALUM) ↑
in a PANC INJ

MAY OR
MAY NOT
↑
14

LIPASE
AMYLASE

↓ ↓
530
↑

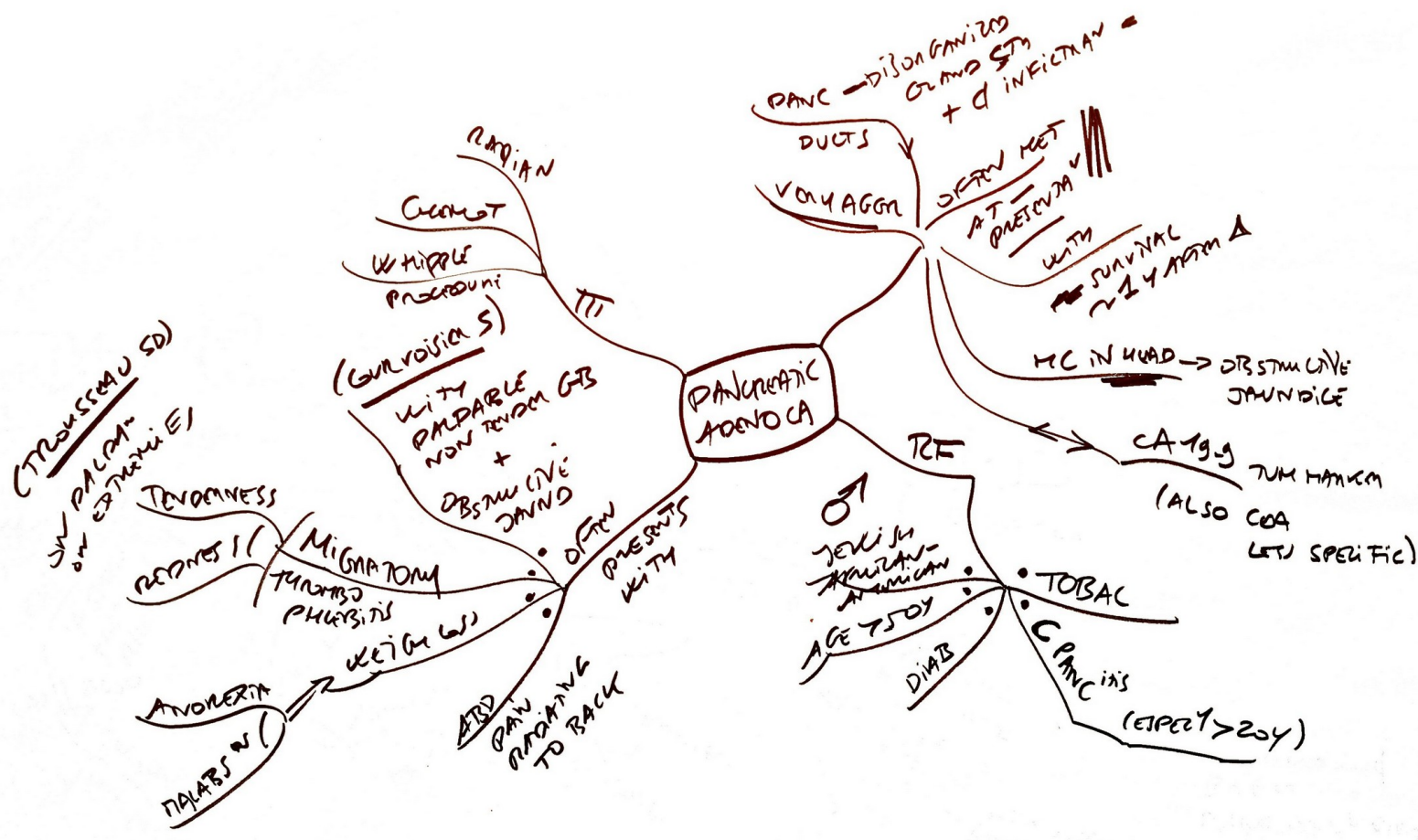
CHRONIC
PANCREATITIS

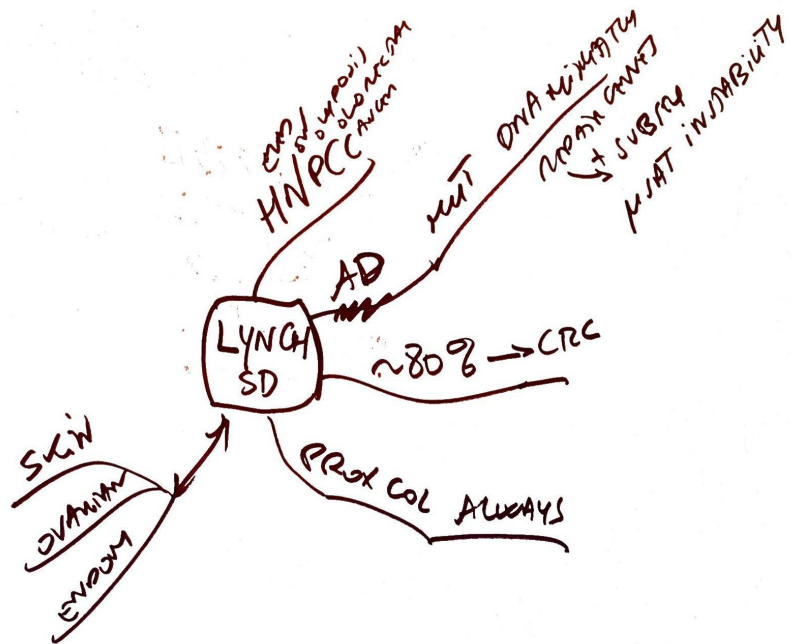
↓
ATROPHY
C₆N

MAJ ALC ABUSE
IDIO

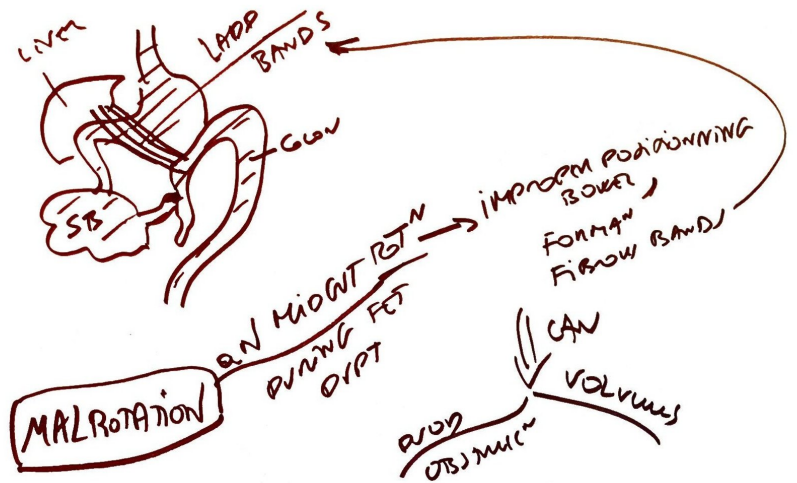
CHRONIC
PANC INJ
PSEUDO CYSTS

MAY MANIFEST STATOR
FAT SOL PANC
DM









RULE 2

- 2 TYPES AS VARY IN OT
- 2 INCHES LONG
- 2 FEET FROM IC VALVE
- 2% POPULAR

COMPLETELY 2 Y OF LIFE

MAY 2 TYPE EPIT

GAS
PANC

MEYER
DIVORCING

TRUE DIV

PERSISTENCE VITELINE DCT

MAY 2 ECTOPIC
A SECONDING
GAS MUC
AND/OR PANC IS

MC CONGRAN GI

CAN HEMATOMA /
MELANOMA (LESS COM)

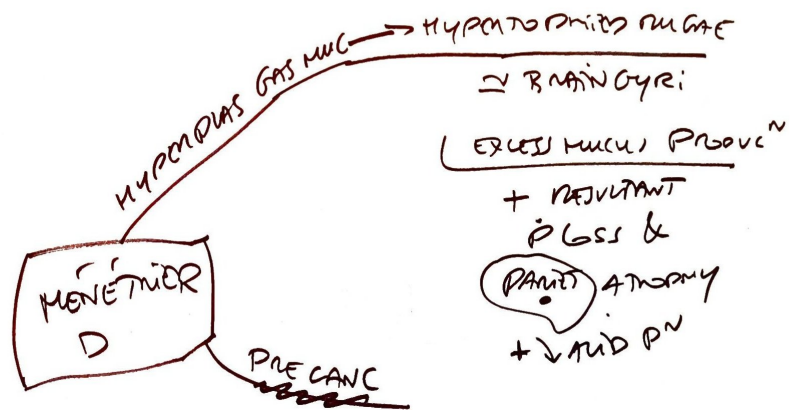
RLC TID

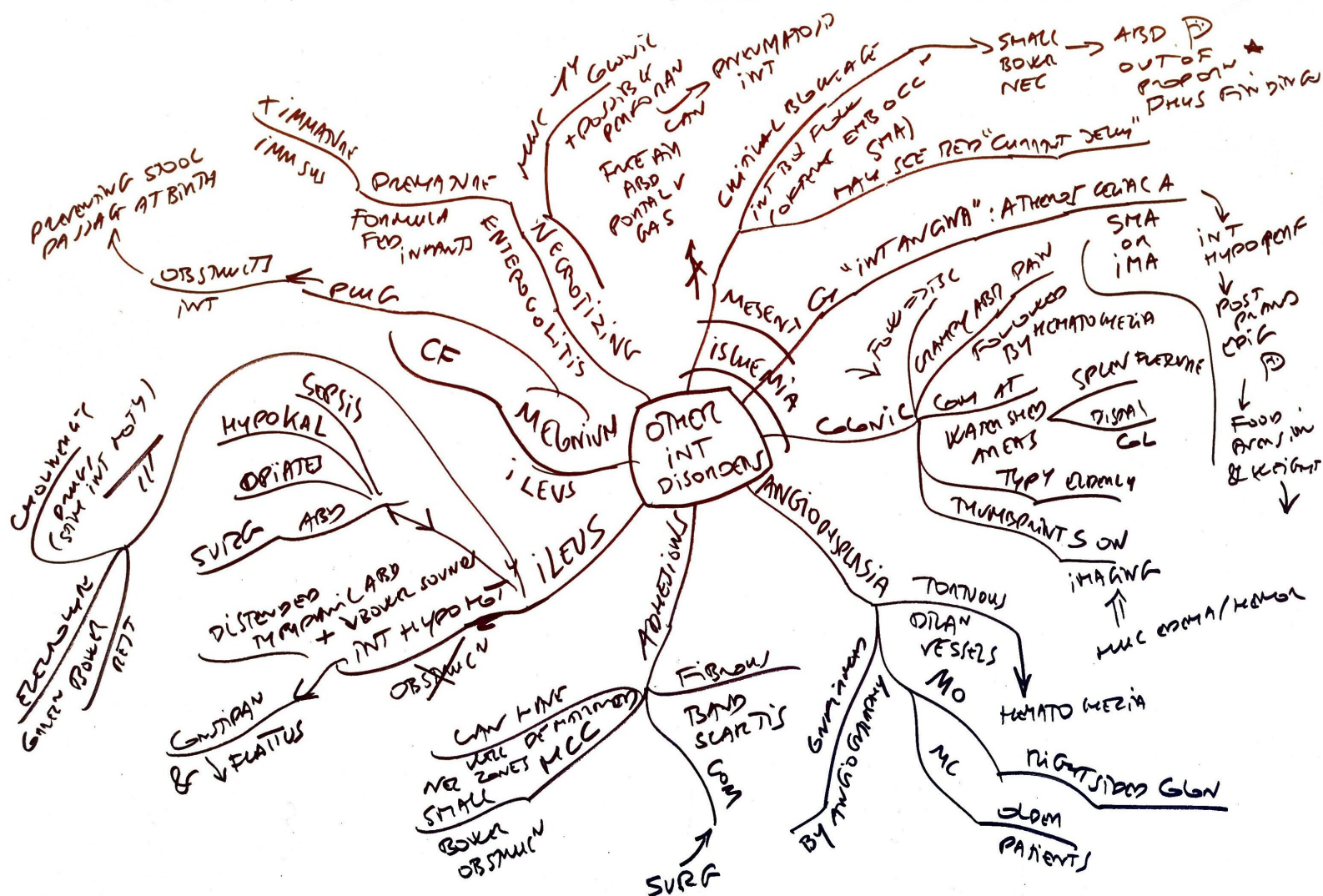
INTUSSUSCEPTION

OBSTRUCTION NEAR ILEUM

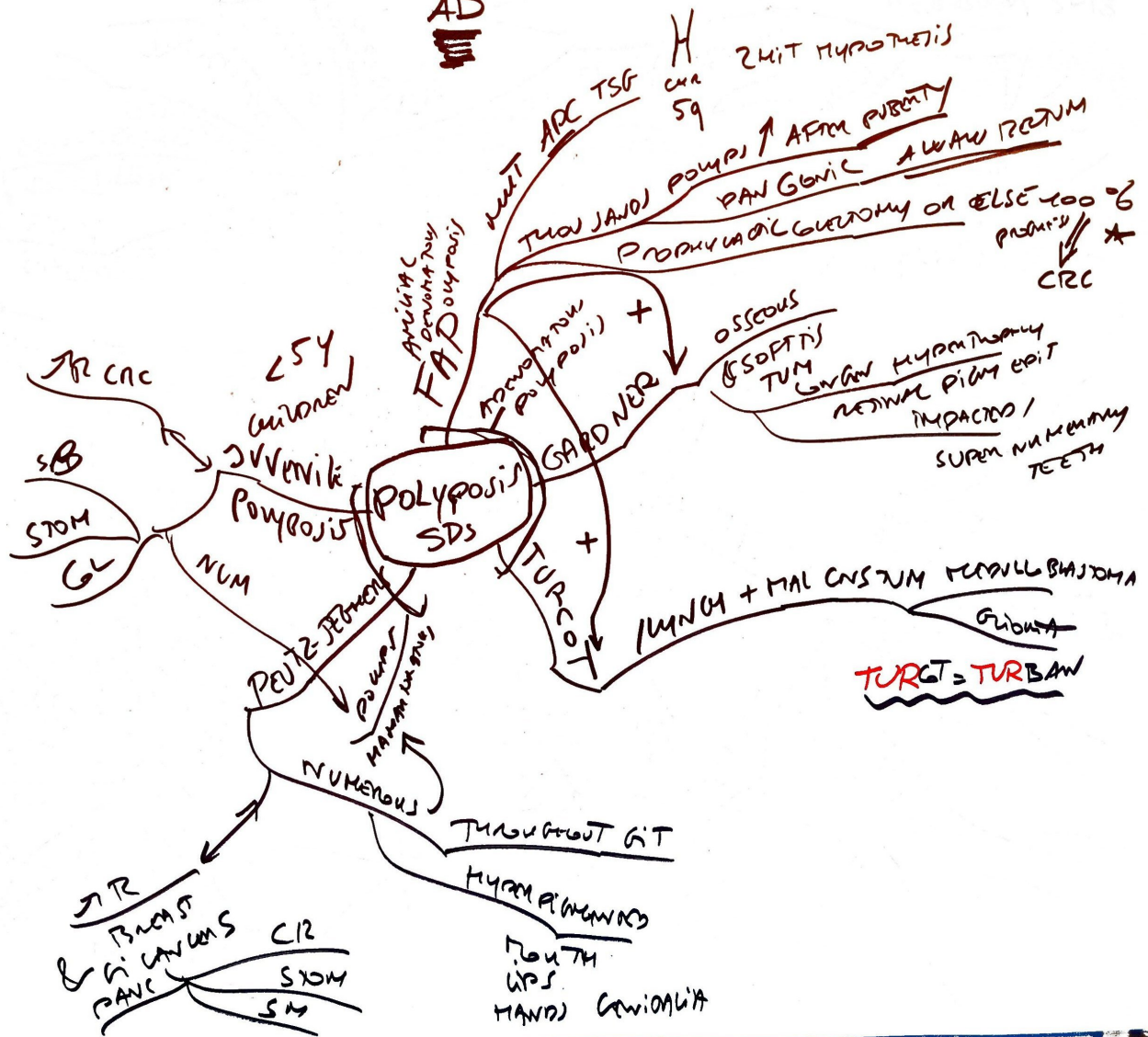
CONTRACT WITH OMPHALOMESENTERIC CYST
= CYSTIC DILATION
OF ID

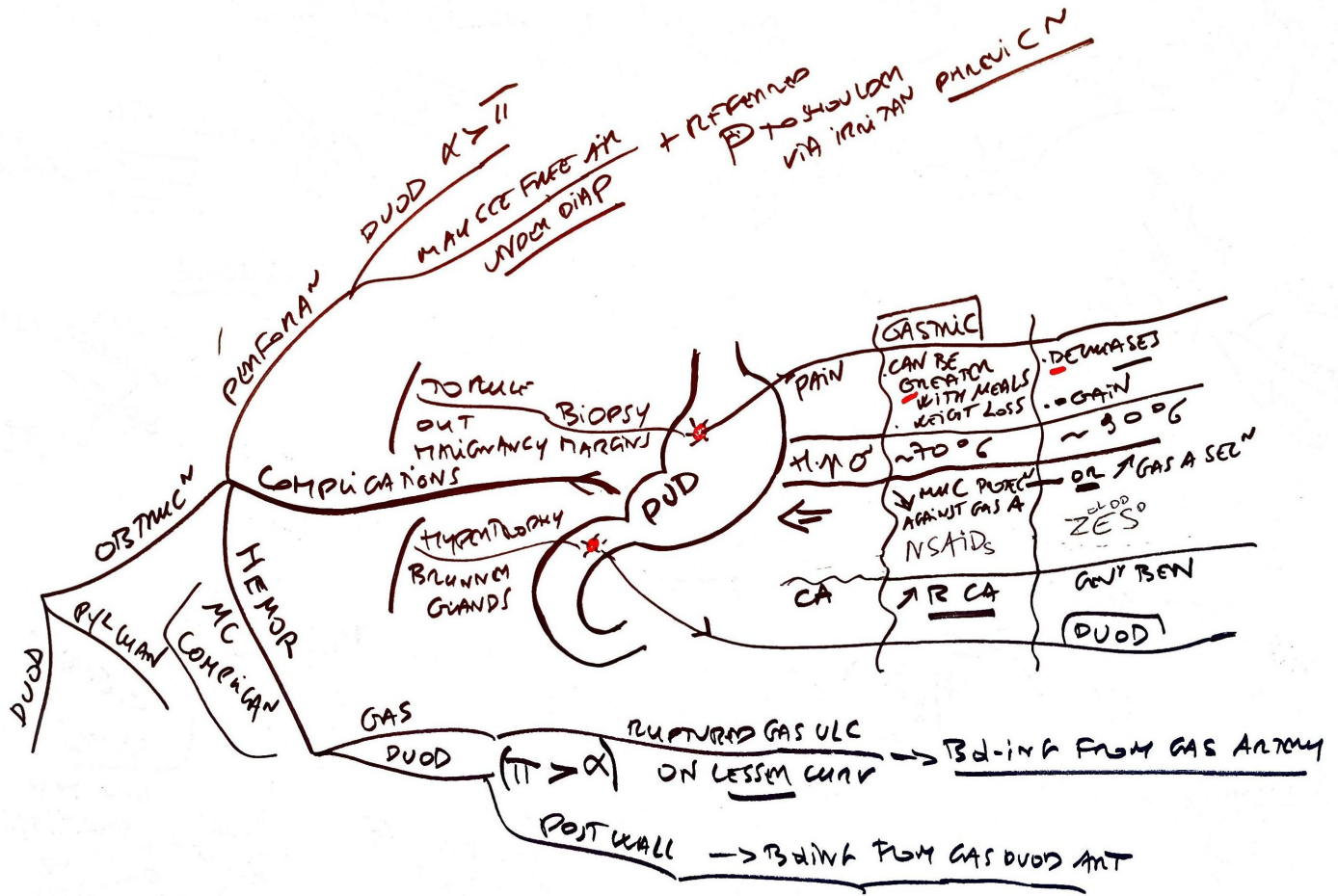
PERITONEAL
STUDY FOR
UPTAKE
BY
ECTOPIC GASTRIC

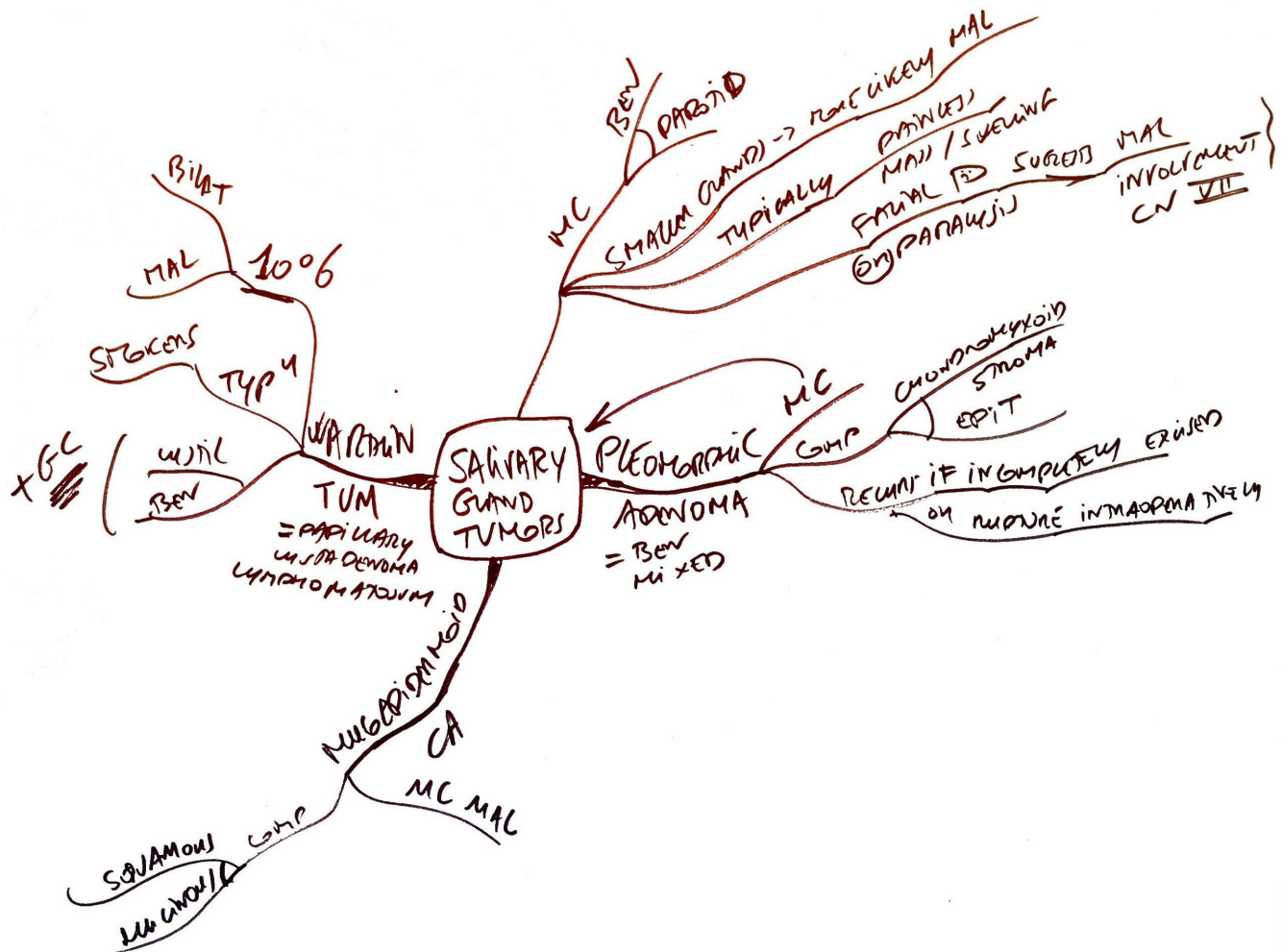


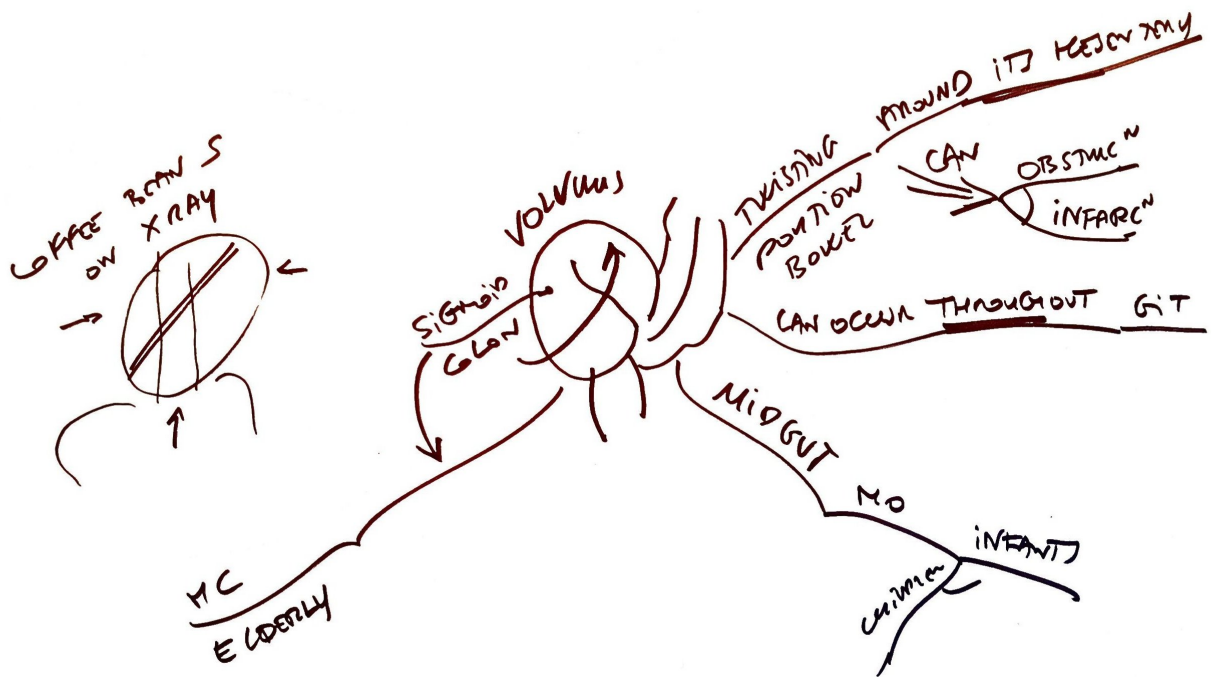


AD



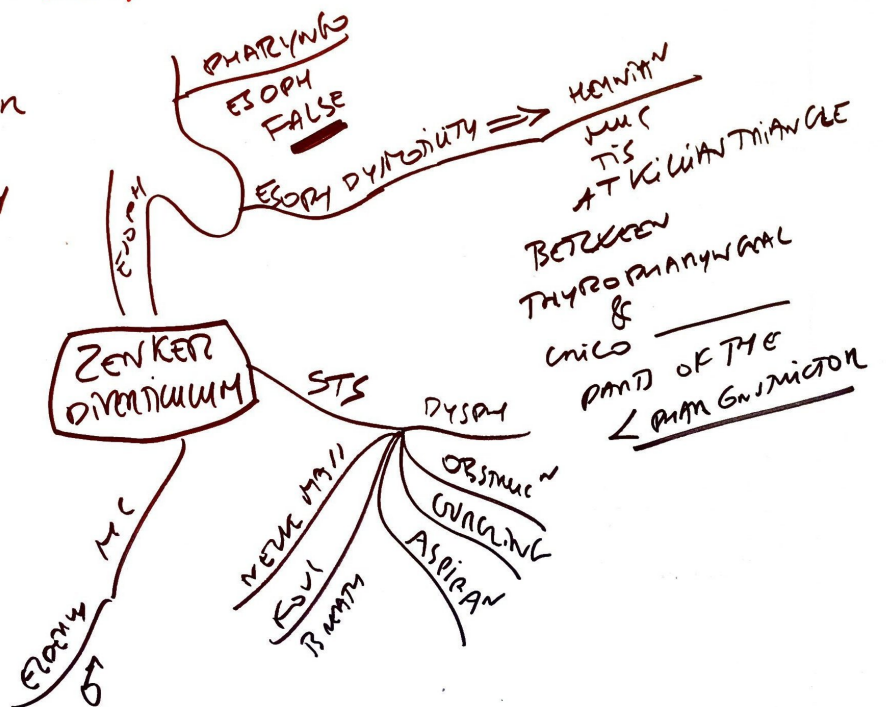


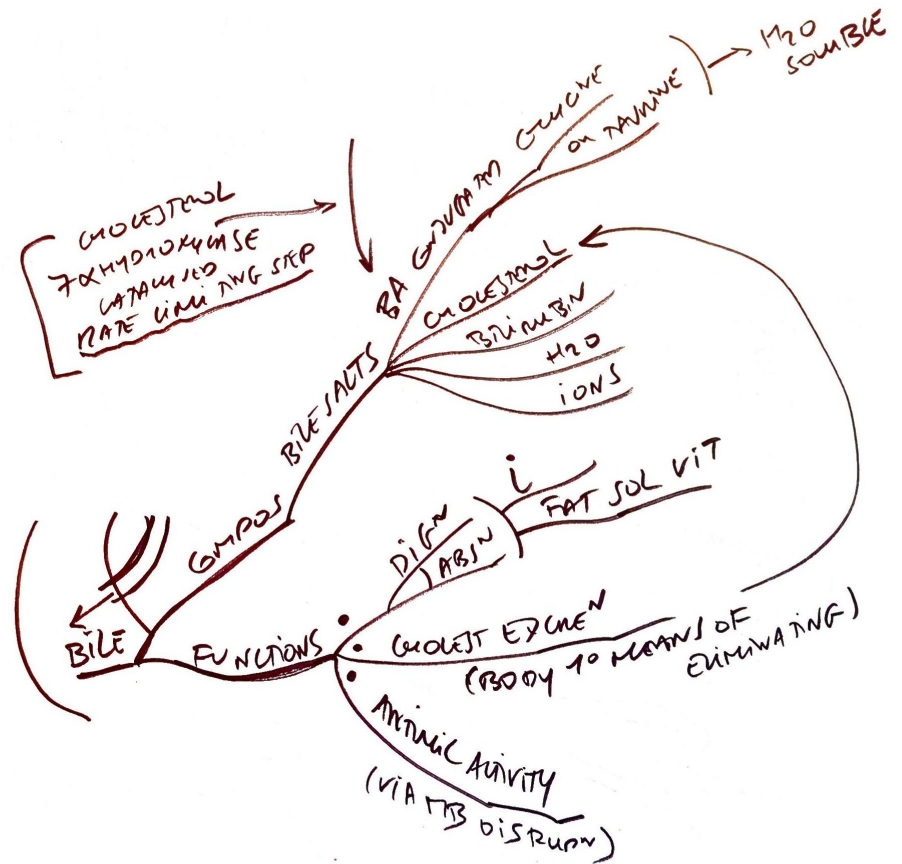




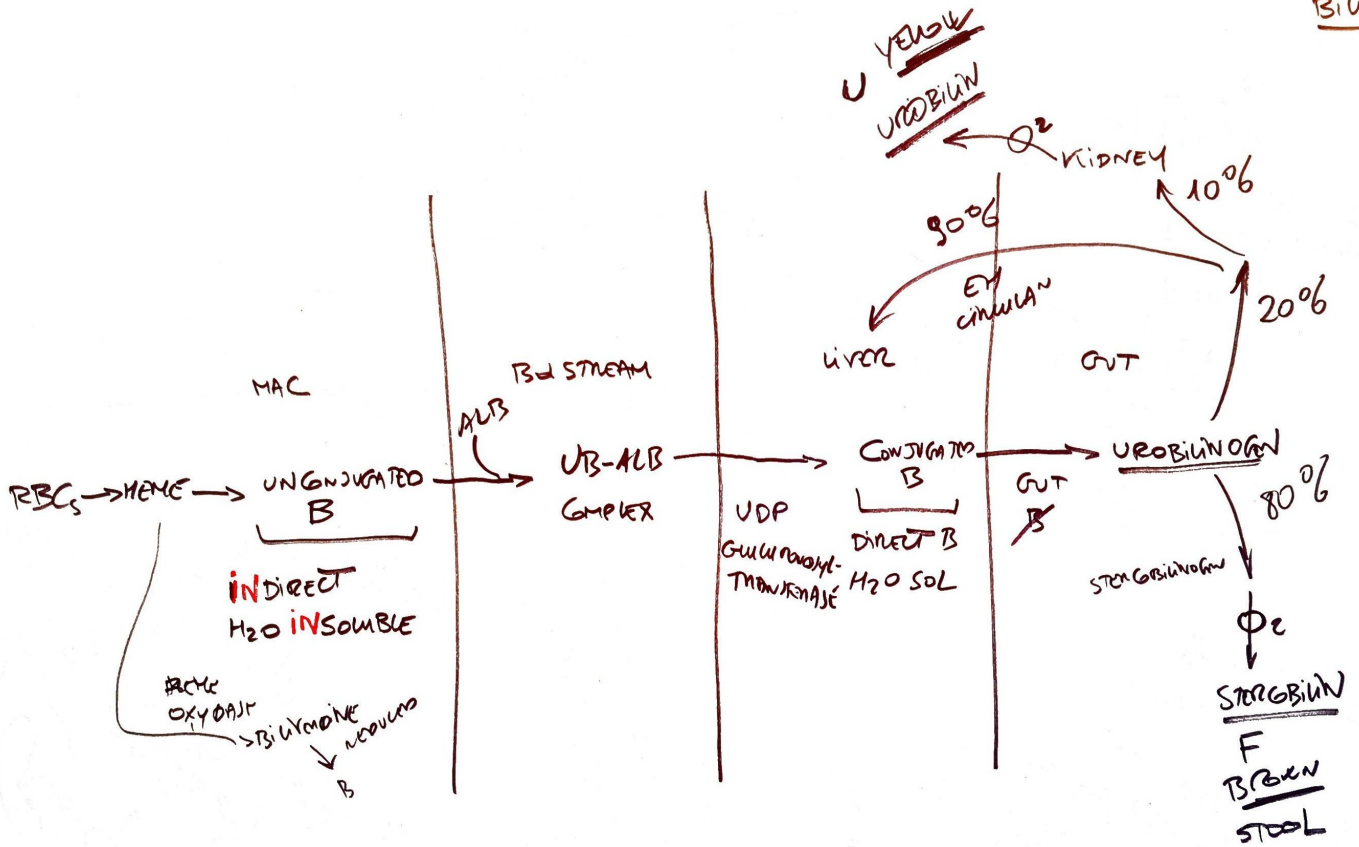
ELDER MIKE HAS BAD BADITY

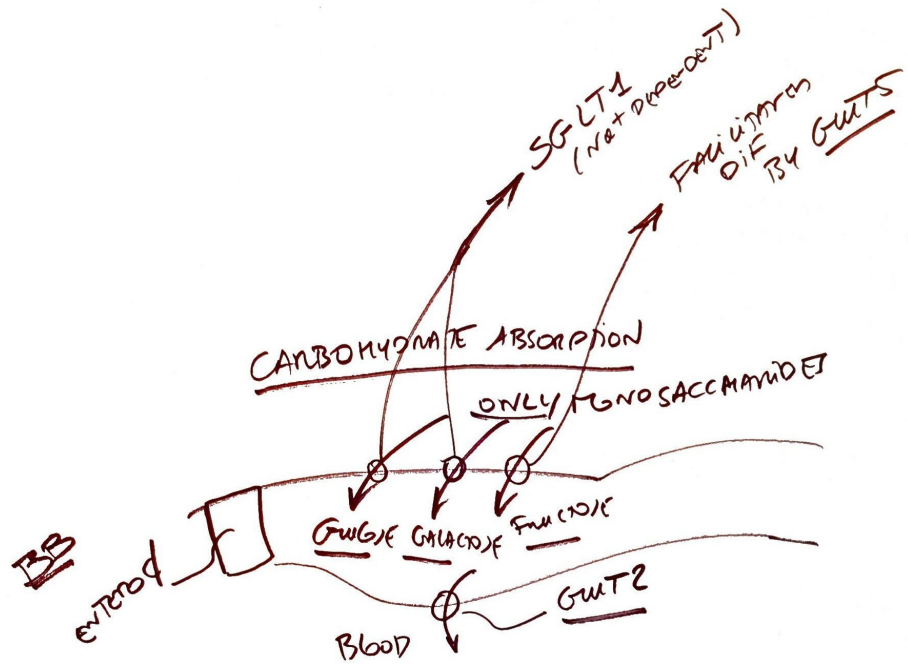
ELDER
MALES
INFERIOR PHARYNGEAL OBSTRUCTION
KILIAN TRIANGLE
ESOPHAGEAL DYSMOTILITY
HAGITOSIS



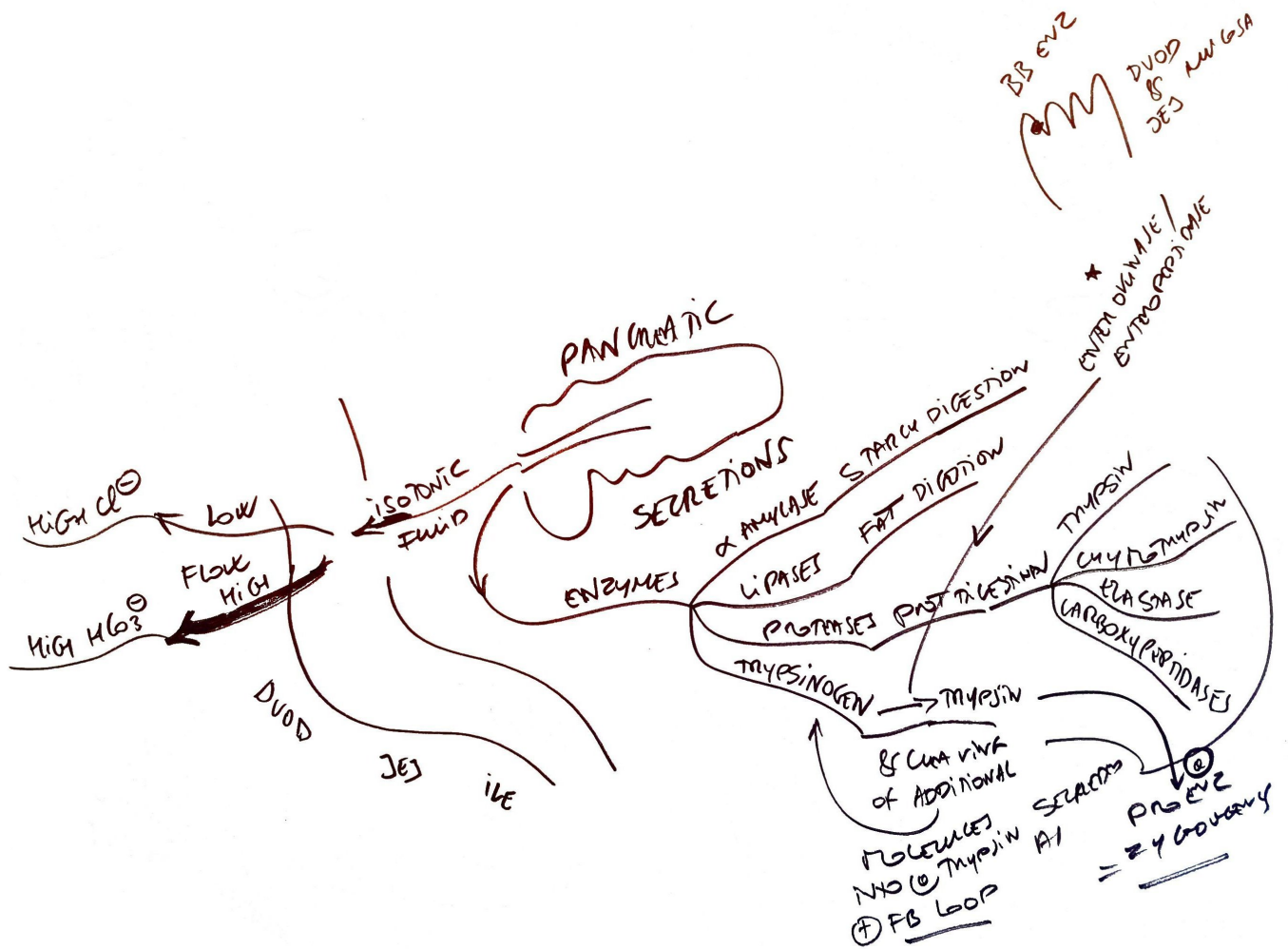


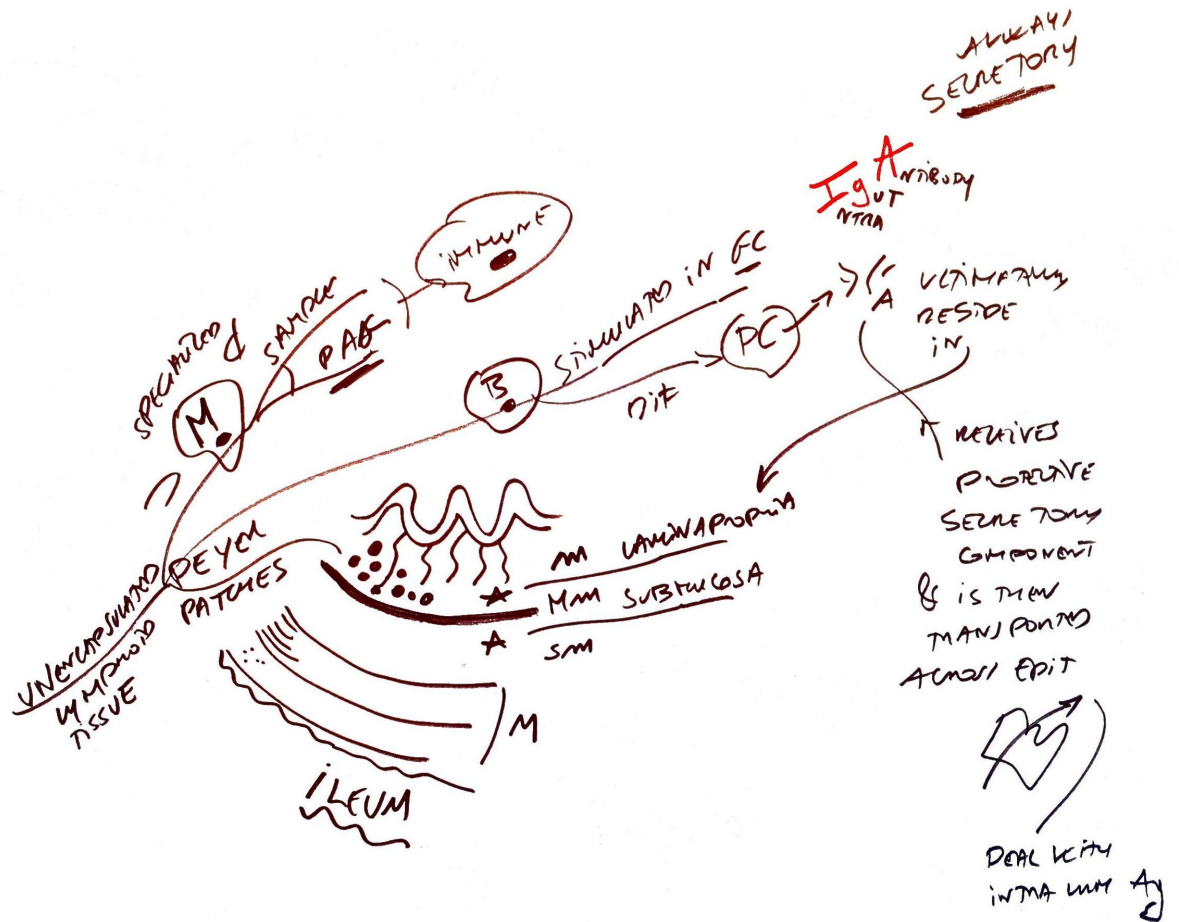
BIURUBIN





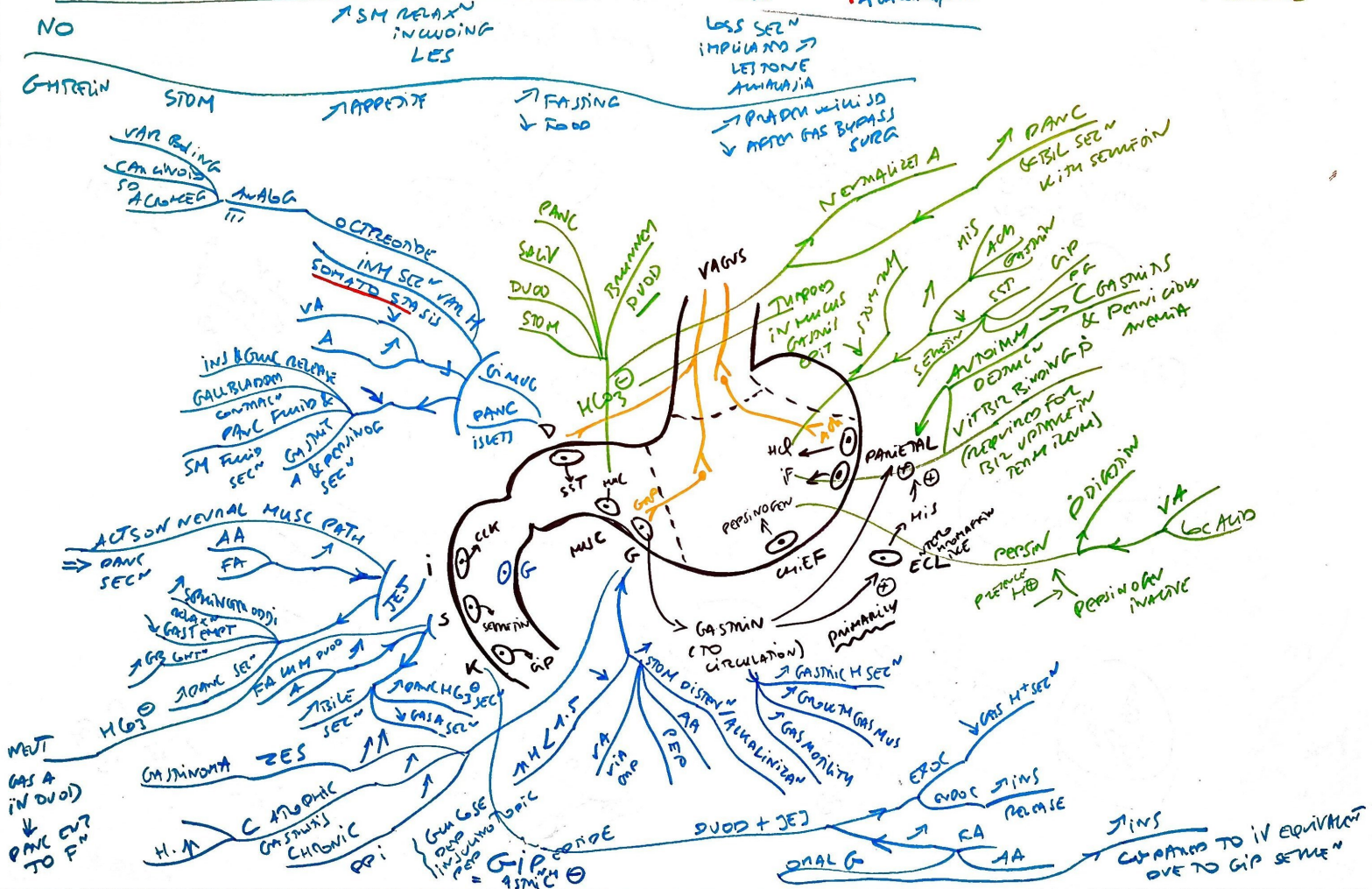
• D-XYLOSE ABSORPTION TEST
DISTINGUISHES — GILLESPIE DAMAGE
FROM
OTHER CAUSE MALAB ✓



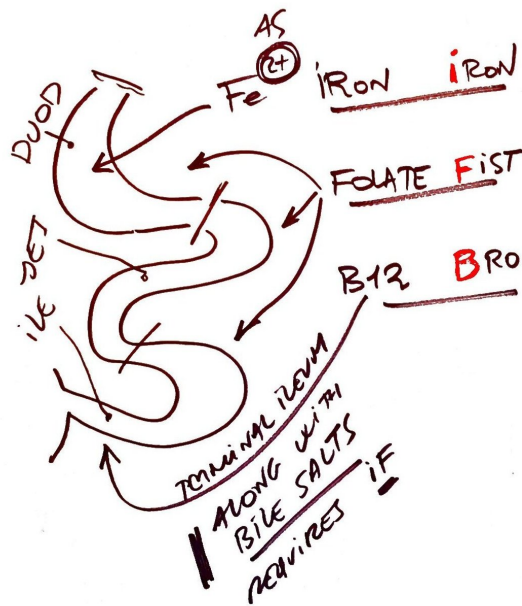


VIP EC IN PANCREAS
 GIB SI
 INT H₂O & E⁺ SECⁿ
 ANALYⁿ ISM
 GIBATING
 ADJUSTⁿ & VA STIMⁿ
 VADRECHIC
 VIPoma
 Xⁿ ISLET PAN
 NM
 Xⁿ VIP
 LOSS SECⁿ
 IMPULSION
 LETTONE
 ANHIALIA
 WAXY
 DIARRHEA
 HYPONATREMIA
 HYPOGLYCEMIA

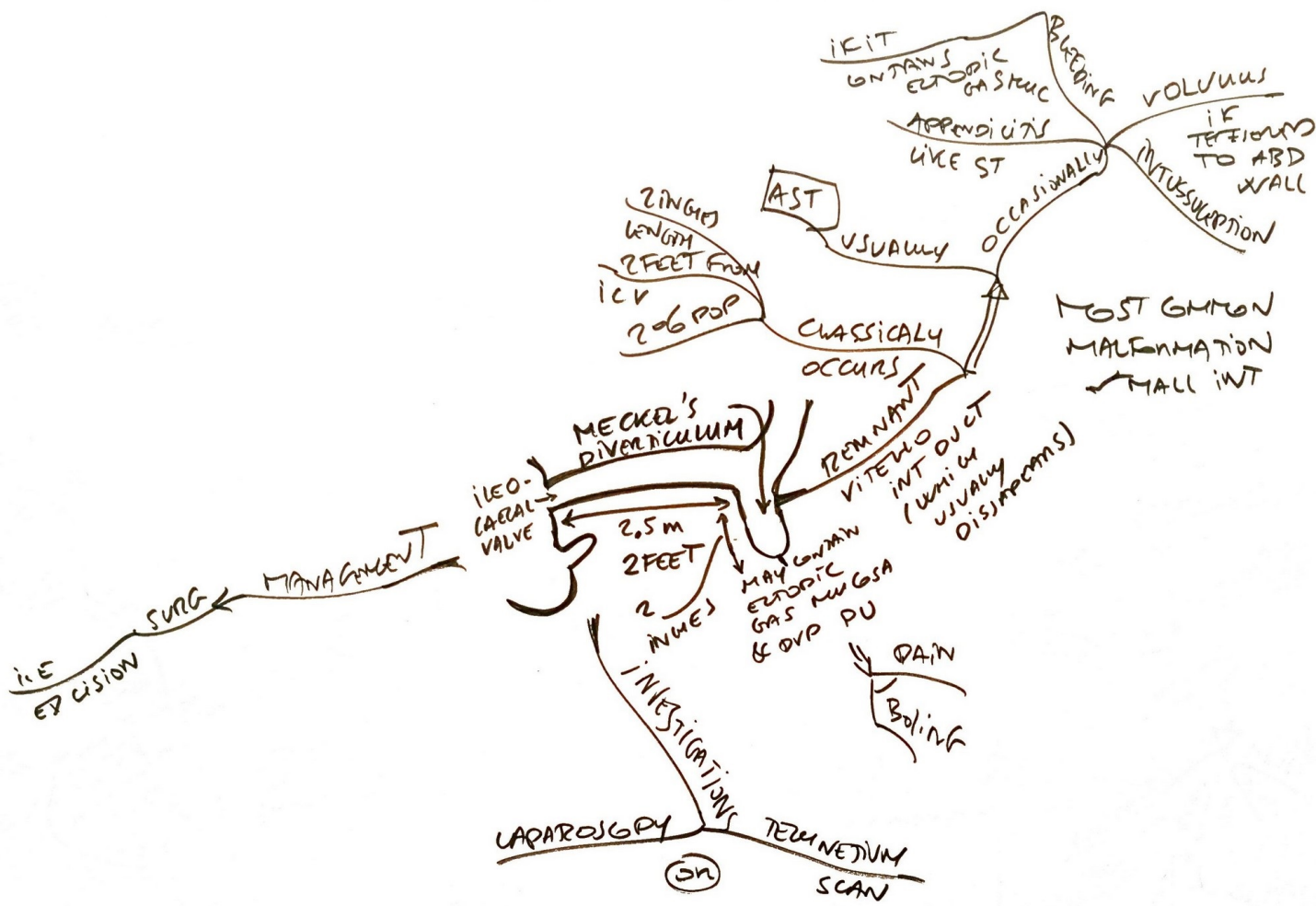
REGULATORY
 PRODUCTS



VIT / MINERAL ABSORPTION



CLINICALLY RELEVANT
IN PATIENTS
WITH ~~SPERM~~ SMALL
BOWEL DISEASE
ON ADRENAL DEFECT



Meckel's Diverticulum

