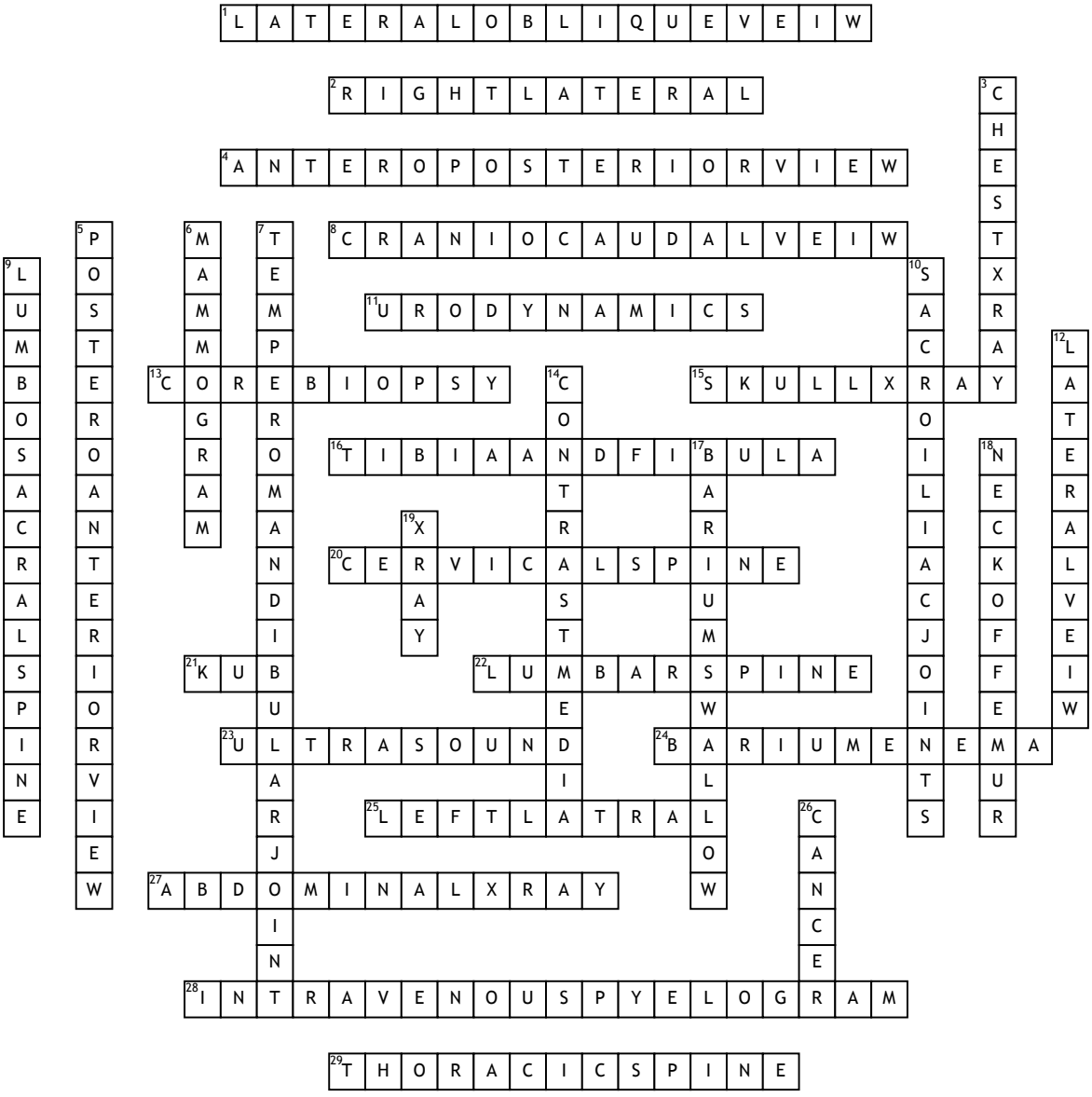
Name: _____ Date: _____

Radiology



Across

1. LO
2. R Lat
4. AP
8. CC
11. study of bladder function
13. CB
15. SXR
16. Tib & Fib
20. Csp
21. kidneys ureters bladder
22. Lsp
23. US ultrasound
24. Ba E
25. L Lat
27. AXR
28. IVP
29. Tsp

Down

3. CXR
5. PA
6. Mammo
7. TMJ
9. LSsp
10. SIJs
12. LAT
14. colorless
17. Ba Sw
18. NOF
19. XR
26. Ca