INTRODUCTION
Radio-contrast induced nephropathy (CIN) was first reported almost 60 years ago. As the number of interventional cardiac procedures has steadily increased over time, CIN has become the third leading cause for hospital acquired acute kidney injury. Introduction of the newer generation radio-contrast (RC) agents has not changed this statistic [J Hosp Med 2009;4(8):500-506] in patients with preexisting renal insufficiency and diabetes mellitus. A variety of therapeutic interventions have been proposed to mitigate the risk of developing CIN [Ann Intern Med 2008;148(4):284-294, Radiol Clin North Am 2009;47(5):801-811]. However, the results remain controversial, at least in part due to the natural heterogeneity within patient populations. Studies in animal models could alleviate the heterogeneity and could be useful in the evaluation of different contrast media and potential preventive strategies.

RESULTS
The preliminary data from this study shows that diuretic furosemide can mitigate the effects of contrast media in terms of increasing renal pO2 level compared to saline group. NAC group did not show protective to CIN in terms of reducing hypoxia level compared to saline group. Differences were assessed by two-tailed Students t-test; p<0.05 considered as significant.

CONCLUSION AND DISCUSSION
The preliminary study shows that the reduced hypoxia actually results in reduced renal injury.