The Teleradiology Zone

SPRING 2010

# Quality PET Reporting

Specialty Teleradiology provides the most accurate, informative reports your practice demands. Referring physicians order PET exams to have clinical questions answered. Specialty Radiologist's unequivocal reporting style clearly ***answers referring physicians questions***.

A recent study in the January 2010 issue of Journal of Nuclear Medicine emphasized key reporting elements necessary to providing the most helpful reports to assist quality patient care. The study found that important elements were not included in more than 40% of reports. These deficiencies may lead to less helpful reports for referring physicians, and even lead to misdiagnoses and erroneous implications for treatment, as well as creating possible billing difficulties.

Specialty Teleradiology prides itself on providing clear defined procedures for clients to avoid equivocal reporting. Customized worksheets are designed for all clients, as well as consultation with staff to clarify information necessary for interpretation of studies in order to best serve referring physicians and their patients. Diligent client efforts ensure that radiologists have all pertinent information regarding patient studies. Specialty radiologists are able to provide a comprehensive, focused report. In turn, clients are able to provide a superior service to their referring physicians, which serves to clearly set their practice apart from competitors.

PET studies, both for oncologic and neurologic indications, are a vital tool for patient management, and therefore, detailed patient histories are crucial to accurate reporting. Clients are encouraged to address ***"What is the clinical indication for this study? What reason is the physician ordering this study?"*** Answers to these questions are critical to providing specific and reliable information for clinicians to make therapeutic decisions. Technologists are instructed to obtain a detailed treatment history including dates of any therapies, surgeries, or biopsies. When clients develop and maintain a close rapport with referring physician offices, they are generally very responsive in forwarding consultation notes, prior imaging reports, pathology reports, etc. Prior exam reports should also be included as well as images for comparison whenever possible.

Specialty Teleradiology maintains these standards for PET reports, as well as all other diagnostic imaging studies. MRI and CT clients are provided customized, detailed worksheets designed to gather pertinent patient information.

The Specialty team maintains a close, working ***partnership*** with our clients to provide the best service for patients and physicians.

**"The Specialty Teleradiology Support Team is available 24/7 via email or toll free support lines. We understand clients are busy, so a swift response is provided for any request. The Specialty mission is to provide a quality, efficient service for all clients."**

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# Specialty Teleradiology Section Heads

## Larry McNamee MD

Section Head

Cancer Imaging

PET-CT, neuroPET, MR, CT

Dr. Larry McNamee serves as Medical Director for Specialty Teleradiology. Dr. McNamee has extensive experience in oncologic PET interpretations, as well as MRI and CT. Dr. McNamee completed his Diagnostic Radiology and Nuclear Medicine residency at the Cleveland Clinic Foundation. Prior to completing his Radiology program, Dr. McNamee completed formal training in Hematology and Oncology, and was on Associate Staff at The Cleveland Clinic. He has given frequent lectures on the merits of PET scanning. His expert radiology skills, combined with a clinical background in medical oncology, provide an important asset to your practice.

## Alex Boutselis MD

Section Head

PET-CT

PET-CT, MRI, CT

Dr. Boutselis is a superb and uniquely qualified radiologist with extensive oncologic PET, CT, and Diagnostic Radiology experience. He received his medical degree from The Ohio State University College of Medicine, and completed graduate studies in Advanced Training in Positron Emission Tomography at Duke University.

Dr. Boutselis' previous work experience includes providing interpretation services for PET/CT, MRI, and CT, at several large Acute Care Hospitals in Lafayette, Indiana. He also previously served as Co-Founder and General Director for InnerVision Advanced Medical Imaging Center, a full-service imaging center with special emphasis on PET/CT imaging.

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# Specialty Teleradiology Section Heads (Cont.)

## Jonathan Metzler, MD

Section Head

Musculoskeletal Imaging

MRI, CT with emphasis on small joint evaluation

Dr. Metzler is an excellent Musculoskeletal Specialist with valuable PET and Diagnostic Radiology experience as well. He completed his radiology residency at The University of Texas Southwestern Medical Center and completed a Vascular Radiology Fellowship at Baylor University as well as a Musculoskeletal MRI fellowship at The University of Connecticut affiliate St. Francis Hospital. His musculoskeletal MRI fellowship has led to extensive musculoskeletal experience working with Orthopods and Orthopedic Surgeons. His previous experience as Founder and Senior Radiologist for Lubbock Diagnostic Radiology has been a tremendous asset. Dr. Metzler has given many lectures on Musculoskeletal MRI findings and MRI in Sports Medicine.

## Steven Brooks Jones, MD

Section Head

Body Imaging

MRI, CT, Subspecialty MSK, Neuroradiology

Dr. Steve Jones specializes in neuroradiology and musculoskeletal imaging. Dr. Jones received his medical degree from the Tulane University School of Medicine in 1989. He completed his Radiology Residency at the Naval Medical Center in San Diego, California in 1992, and completed his fellowship in Neuro & MSK at the Indiana University School of Medicine in 2008. He co-founded Innervision Advanced Medical Imaging Center in Lafayette, Indiana, and was a primary MRI specialist at that center. Previously, prior to Radiology residency, Dr. Jones served as a Naval Medical Officer assigned to the First Marine Division for Operation Desert Shield, Operation Desert Storm, and aboard the USS Peleliu. Prior to leaving service in the Navy and moving back to the Midwest, he practiced at the US Naval Hospital in Okinawa, Japan.

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# Specialty Teleradiology Section Heads (Cont.)

## Lakshmi Kode Sammarco, M.D.

Section Head

Neuroradiology

MRI, CT, special competence MSK

Dr. Lakshmi Kode Sammarco is a Board Certified Neuroradiologist and Diagnostic Radiologist. Dr. Sammarco graduated from The University of Cincinnati College of Medicine in 1988, and completed her residency in Diagnostic Radiology in 1993 from Case Western Reserve University-MetroHealth Medical Center, Cleveland, Ohio in 1993. She also completed a two-year accredited fellowship in Diagnostic Neuroradiology, at the UCLA Medical Center, Los Angeles, California in 1995. She is board certified in Radiology and has her Certificate of Added Qualifications in Neuroradiology. Although she continues to be a Senior Member of the American Society of Neuroradiology, she is well-versed in all aspects of MRI imaging, CT, CTA including being cardiac CTA certified, NM including cardiac, US, PET, general diagnostic radiology, and some interventional radiology.

Recently, Dr. Sammarco has been the Director of Neuroradiology and Director of MRI Services for a group in Dayton, Ohio with responsibility for 9 MRI scanners in 3 hospitals and 5 imaging centers. She has extensive consulting experience in the planning and development of outpatient imaging centers from site-planning and equipment selection to creating and implementing protocols and patient-specific techniques. Dr. Sammarco has also played a crucial role in marketing, referring physician relations and quality assurance/peer review programs as well as directly supervising ACR accreditation of all the equipment at all the sites where she has participated. Also during her tenure with the group, Dr. Sammarco was a senior partner and involved in all aspects of practice management.

Past experience includes being faculty and staff neuroradiologist at the Cleveland Clinic Foundation and the University of Maryland Medical System & Shock Trauma Center in Baltimore, Maryland.

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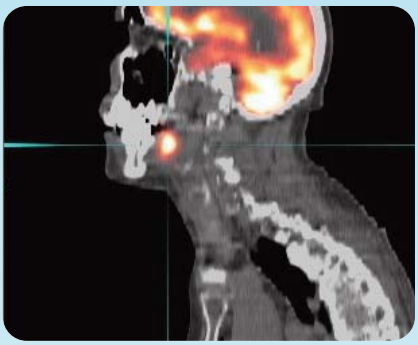
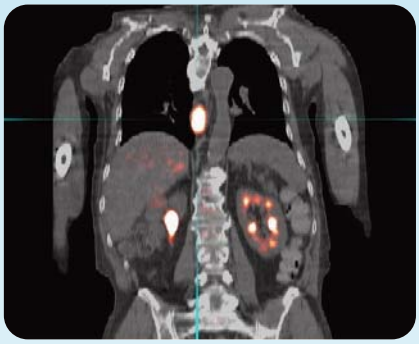
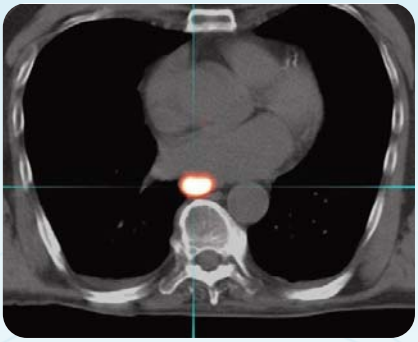
# EXAM: PET/CT IMAGING FOR HEAD AND NECK CANCER RESTAGING







## HISTORY:

Partial glossectomy for squamous cell cancer 10/05/09. Completed adjuvant chemoradiation 12/09 and 01/10, respectively. Presents now with increased local pain.

## TECHNIQUE:

15.75 mCi of FDG were injected with a fasting blood sugar of 101mg/dl followed by PET/CT images from skullbase to mid thigh.

## Findings

### HEAD/NECK:

Very focal hypermetabolic activity in right posterolateral oral cavity approximates 17 mm AP with SUV of 8.9 suspicious for locally recurrent tumor. There is increased soft tissue fullness in this region with attenuation of right lateral oral recess. No definite cervical metastatic adenopathy.

### CHEST:

Intensely hypermetabolic 44 mm segment of thickened distal esophagus extending from level of subcarina distally. No definite involvement of EG junction or proximal stomach. No posterior mediastinal metastatic adenopathy. Lungs are clear. No pulmonary nodule, infiltrate or atelectasis. Mild cardiac enlargement with three vessel coronary artery calcification and very small dependent bilateral pleural effusions, likely cardiogenic in nature.

### ABDOMEN/PELVIS:

There is normal physiologic, low-level tissue metabolic background activity present throughout the abdomen and pelvis. Prostate is surgically absent. No abnormal tissue or metabolic activity in prostatic fossa to suggest locally recurrent prostate cancer. No retroperitoneal or mesenteric adenopathy. Live appears normal.

### SKELETON:

There is normal, physiologic, low-level skeletal background activity present. Advanced multilevel degenerativedisc disease.

### CONCLUSION:

1. Hypermetabolic tissue in right posterolateral oral cavity most consistent with locally recurrent glossal malignancy.
2. No evidence of regional nodal or distant metastatic disease.
3. New hypermetabolic activity in 44 mm segment of thickened distal esophagus consistent with new primary esophageal malignancy.

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