

The Teleradiology Zone

W I N T E R 2 0 1 2



Specialty Teleradiology is pleased to welcome two excellent Subspecialty MSK trained radiologists to our team!

Robert Ward MD

Dr. Ward has trained and worked exclusively with MSK imaging for over 10 years. He completed an MSK Fellowship at Wake Forest University Baptist Medical Center, and has continued on with an impressive career in radiology. Dr. Ward currently serves as Chief of Division of Musculoskeletal Imaging at Tufts Medical Center. He is also appointed Director of Medical Education and Assistant Professor of Radiology and Orthopedics at Tufts University School of Medicine in Boston, Massachusetts. Dr. Ward has authored numerous medical books and publications as well as regular presentations at RSNA. We are proud to offer his extensive MSK experience to our clients.

Nicholas Iwasko MD

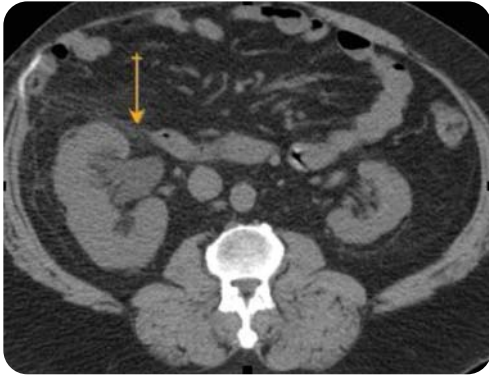
Dr. Iwasko completed his MSK Fellowship training in 2000 from The University of California. He has continued on to a successful career forming his own radiology practice, providing both on site and Teleradiology services to multiple clients requiring knowledgeable, definitive MSK interpretations. Dr. Iwasko formerly served as primary radiologist for the NFL Dallas Cowboys. His success is attributed to providing academic quality radiology interpretations coupled with outstanding customer service. We are pleased to extend these core qualities of Specialty Teleradiology to our clients.

Specialty Teleradiology is proud to offer this beneficial MSK subspecialty service. Clients are assured to have their MSK imaging studies read only by specific MSK fellowship trained radiologists. You deserve the best.

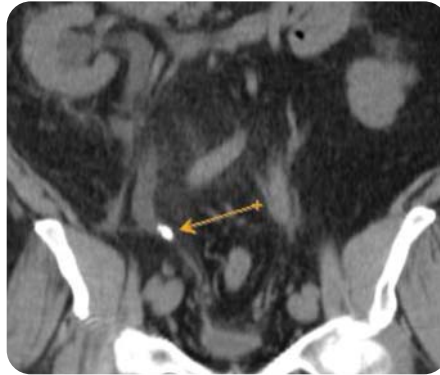




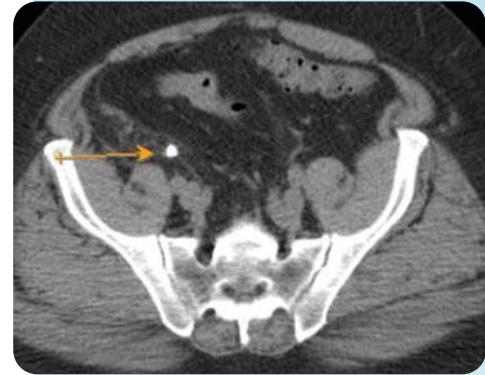
EXAM: CT SCAN OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST (RENAL STONE PROTOCOL)



Right sided hydronephrosis and swelling of the right kidney



Coronal image show a new 5x10 mm oval stone in right ureter with adjacent 1 mm stone resulting in ureteral dilation



Stone in the axial plane

HISTORY

Kidney stones. Flank pain.

TECHNIQUE

Noncontrast images of the abdomen and pelvis were obtained with the renal stone protocol. Coronal images were also obtained.

INTERPRETATION

Comparison is made to a previous study of 05/28/2010. There are now two stones near the junction of the middle and distal thirds of the right ureter. The more distally located stone measures 5 mm in greatest transverse dimension by approximately 10 mm in the coronal plane (coronal image 21, axial image 74). Just above this stone, there is a second 1 mm stone. There is moderately severe right-sided hydronephrosis to the level of the stone and there is moderately severe right-sided hydroureter to the level of the stone and there is moderately severe right-sided hydronephrosis with the right renal pelvis measuring 2 cm in greatest AP dimension. The 1 mm stone lower pole right kidney seen on the previous study is no longer identified. The stone in the midpole of the left kidney seen on the previous study is no longer identified. There are no stones in the left ureter. There has been mild enlargement of approximately 1.8 cm cyst upper pole left kidney to just over 2 cm (image number 38). Mild swelling of the right kidney with mild perinephric stranding. The kidneys are otherwise unchanged from the previous study. The bladder is nearly completely empty. The prostate gland measures 4.7 cm in greatest transverse dimension. There is a cleavage plane between the seminal vesicles and the base of the bladder.

Diffuse fatty infiltration of the liver. Unenhanced images of the spleen, pancreas and adrenal glands are normal in appearance. Stable scattered subcentimeter lymph nodes in the upper abdomen medial to the stomach. No enlarged retroperitoneal or pelvic lymph nodes. Lung bases clear.

Specialty Teleradiology provides detailed, customized CT urology interpretation services for many large Urology group practices.

IMPRESSION

1. New approximately 5 x 10 mm oval stone in the right ureter with adjacent 1 mm stone resulting in moderately severe right-sided renal obstruction.
2. The stone in the left kidney seen on the previous study is no longer identified.
3. Mild enlargement of probable cyst in the upper pole of the left kidney.
4. Dr. **** made aware of these findings shortly after the exam was performed.