

DIGITAL MAMMOGRAPHY TO BE INSTALLED

Main Street Radiology is proud to announce the purchase of a digital mammography unit, with installation to begin in mid December.

After a comprehensive review, MSR has decided on the Senographe 2000DS by General Electric (GE). GE is the first company to receive FDA approval for digital mammography. The 2000DS was released just several months ago, and is based on the newest technology. The new platform hopes to give rise to "Tomosynthesis", which is a promising development on the horizon for breast imaging.

There are clear advantages of digital mammography. The radiation dosage

has been reportedly 40% less than that of conventional mammography. And since the images are available almost instantaneously, the patients' wait time to determine technical adequacy is significantly reduced. The digital acquisition provides a technique which is optimal for each individual patient, which is especially helpful in patients with markedly heterogeneous and dense breasts. Digital mammography also provides better visibility near the skin line and chest wall.

In addition, due to the increased speed of digital mammography, MSR will be able to perform more mammograms, hopefully eliminating any delay in scheduling.

We will continue to use computer aided detection (CAD) with digital mammography.

After the completion of digital mammography installation, MSR will become a 100% digital practice. Every study performed at MSR, including mammography, can be viewed by the referring physician through the internet. Unlimited number of original films can also be generated from digital storage.

Our new downtown Flushing office at 136-25 37th Avenue, scheduled to open in the Spring of 2005, will provide 100% digital services.

RADIOLOGIST PROFILE: WILLIAM WOLFF, MD FACR

William Wolff, M.D is the Chief Executive Officer (CEO) for Radiology Associates of Main Street (RAMS). Dr. Wolff joined RAMS in 1976, and has been the leader of the practice since 1998, instrumental in the opening and expansion of Main Street Radiology-Bayside.

A graduate of SUNY-Buffalo Medical School, Dr. Wolff served in the Air Force for two years prior to completing a Radiology residency and ultrasound/nuclear medicine fellowship at the Nassau County Medical Center. He is board certified in Diagnostic Radiology with additional qualification in Nuclear Cardiology.

Among his numerous honors and appointments, he is currently Clinical Associate Professor of Radiology at

Weill Medical College of Cornell University and Chairman of Radiology at New York Hospital of Queens. He has served as President of the New York State Radiological Society (NYSRS) and Long Island Radiological Society. He is currently a member of the Executive Committee of NYSRS as well as the chairman of its Legislative Committee. He is also a Fellow of the American College of Radiology and has served as a Councilor. Dr. Wolff was formerly Chairman of Radiology at Flushing Hospital and Director of Radiology at Coler/Goldwater Memorial Hospitals.

In addition to his extensive administrative duties, Dr. Wolff remains very active in clinical radiology. He is also credited with 4 scientific publications.

Under the leadership of Dr. Wolff, the 19 members of Radiology Associates of Main Street will continue to provide the highest quality radiological services to the community.



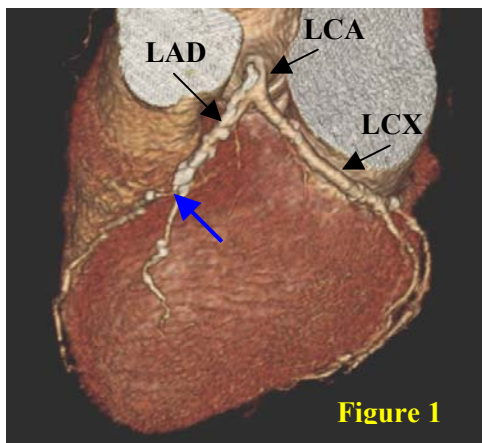
William Wolff, M.D. F.A.C.R.

CASE OF THE MONTH

CT CORONARY ANGIOGRAPHY

History: 67 year old male with history of hypertension and elevated cholesterol presented with atypical chest pain. Nuclear medicine cardiac stress test was negative. The patient was referred to Main Street Radiology for CT coronary angiography

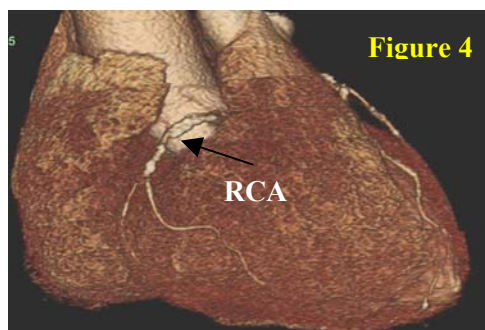
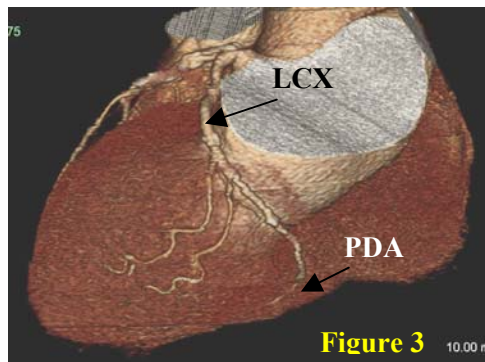
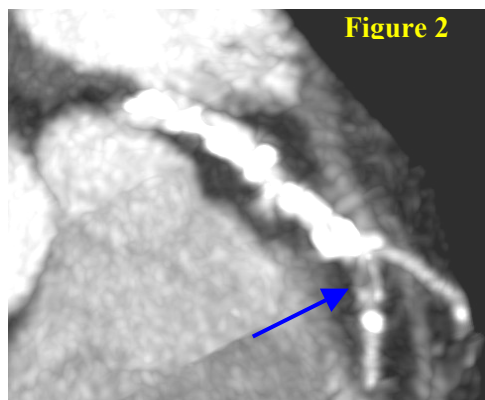
Findings: 3D image of the heart (figure 1) shows atherosclerotic changes of the left main (LCA), left anterior descending (LAD) and left circumflex (LCX) arteries, manifested by irregular contour of the vessels. Focal stenosis of the LAD is seen (blue arrow) near the origin of the first diagonal branch. This finding is confirmed on the 2D image (figure 2) where “soft” (non-calcified) plaque (arrow) results in approximately 70% stenosis. Additional 3D images (figures 3 and 4) show a left dominant system, manifested by prominent LCX supplying the posterior descending artery (PDA) and small right coronary artery (RCA).



Conventional angiogram was performed which confirmed the presence of significant LAD stenosis (arrow on figure 5). Angioplasty and stenting was subsequently performed with satisfactory results.

Discussion: In November 2003, Main Street Radiology performed the first CT coronary angiography in Queens.

Early reports indicate that CT coronary angiography may ultimately replace diagnostic cardiac catheterization, with reported sensitivity of 95% (Nieman, Circulation 2002; 106 (16): 2051-4). This is significantly higher than the sensitivity of nuclear medicine stress test, reported in the range of 80-85%.



The main advantage of CT coronary angiography over cardiac catheterization, is that it is non-invasive, only requiring IV injection of iodinated contrast. In addition, the nature of the plaque, whether soft or hard, can be assessed

with CT coronary angiography. In the past, only endovascular ultrasound was able to differentiate soft or “vulnerable” plaque.



Medicare recently announced that CT coronary angiography will be reimbursed in Queens. This decision was based on reports showing “high correlation with stenotic lesions noted on diagnostic cardiac catheterization, but more importantly, with atheromas on intracoronary ultrasound.”

Indications for CT Coronary Angiography:

1. Cardiac evaluation of patients with chest pain. CT coronary angiography may precede a perfusion stress test, or may be used to clarify an equivocal stress test.
2. Patients with known coronary artery disease, to guide the decision for repeat invasive intervention.
3. Assess suspected congenital coronary artery anomaly.

Acceptable ICD-9-CM Codes

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|--------|--------------------------------|
| 412 | Old myocardial infarction |
| 413.0 | Angina pectoris |
| 414.00 | Coronary atherosclerosis |
| 414.9 | Chronic ischemic heart disease |