

MONTHLY NEWSLETTER

May 2004

PET ACCREDITED BY ACR

Main Street Radiology-Bayside has been awarded a three year term of accreditation in Positron Emission Tomography (PET) and Nuclear Medicine as a result of a recent survey by the American College of Radiology (ACR)

The ACR awards accreditation to a PET practice for the achievement of high practice standards after a voluntary evaluation of its practice. Evaluations are conducted by

radiologists and physicists who are members of the ACR with special expertise in PET. When evaluating a Nuclear Medicine/PET facility, the ACR reviews the quality of the equipment, personnel, quality control procedures and quality assurance programs, as well as image quality.

MSR-Bayside opened the first PET facility in Queens in October 2002. For more information, please refer to www.acr.org.



PET scanner

MEDICARE AUDIT RECOMMENDATIONS

MSR-Bayside recently completed an internal audit to determine if we met Medicare billing and compliance requirements. We found that some prescriptions did not have all the

required information. Prescriptions from a referring physician should contain the date of the order, the physician's signature, and the reason for the exam. We thank all our

referring physicians in helping us satisfy the Medicare compliance requirements.

MOST SOPHISTICATED STUDIES PERFORMED AT MSR

Traditionally, if a Queens resident needed the most sophisticated imaging procedure performed on the best equipment, he or she had to go to one of the large academic centers in Manhattan. We at Main Street Radiology-Bayside believe that our

equipment, supporting software, technologists, and radiologists are equal to or better than the tertiary medical centers.

During the week of April 19, we conducted a survey of the largest

tertiary medical centers in our area. We asked whether these centers offered the latest and most sophisticated procedures that are currently being performed at Main Street Radiology. The results are shown in the following table.

	<i>MSR-Bayside</i>	<i>Columbia</i>	<i>Cornell</i>	<i>NYU</i>	<i>Mt. Sinai</i>	<i>North Shore</i>	<i>LIJ</i>
CT Coronary Angiogram	Yes	Yes	No	Yes	Yes	No	No
Virtual Colonoscopy	Yes	No	No	Yes	Yes	Yes	No
CT Bronchoscopy	Yes	No	Yes	Yes	Yes	Yes	Yes
CT Urogram	Yes	Yes	No	Yes	Yes	No	Yes
Bilateral Breast MR*	Yes	Yes	Yes	Yes	No	No	No
Dynamic Pelvic Floor MR	Yes	No	No	Yes	Yes	No	No
MR Urogram	Yes	Yes	No	Yes	Yes	No	No

*Breast cancer/mass evaluation of both breasts performed in one day

CASE OF THE MONTH

PERIPHERAL VASCULAR MRA

History: 72 year-old female presents with severe bilateral calf and foot pain with walking.

She was referred to Main Street Radiology-Bayside for Magnetic Resonance Angiography (MRA) of the abdomen, pelvis and lower extremities.

Findings: Anterior MRA images (Figure 1) show moderate focal stenosis of the distal aorta (arrow #1). The right iliac arteries are occluded (arrows #2). There is occlusion of the left superficial femoral artery (arrow #3). The left popliteal artery is reconstituted just below Hunter's Canal and is mildly stenotic (arrow #4).

Anterior images (Figure 1) show two vessel runoff on the left side via the peroneal and posterior tibial arteries (arrows #8). Lateral MRA image of the left calf and foot (Figure 3) shows patent but attenuated plantar arteries (arrow #9) and occluded dorsalis pedis (arrow #10).

Discussion: Peripheral vascular disease (PVD) affects approximately 10 million people in the United States and about 1 in 20 people over the age of 50. Despite being symptomatic in more than half of these people, less than a quarter receive any form of treatment. Many patients mistakenly believe that the symptoms are a normal part of aging.

The most common symptom of PVD is reproducible painful cramping in the legs or buttocks, particularly when walking, that resolves with rest (claudication). Other symptoms include numbness, tingling, burning, cold leg or foot, as well as skin breakdown and non-healing ulcers or infections. The risk factors include: age over 50, smoking, diabetes, obesity, lack of exercise, hypertension, and high cholesterol. Patients can often be treated using percutaneous techniques.

Peripheral MRA is performed routinely at MSR-Bayside on our new high-field magnet using the latest 3D dynamic and time-resolved protocols. With time-resolved MRA, multiple images are sequentially acquired at 10 second intervals. After 3D post processing, the subsequent images are very similar to a conventional angiogram. The entire exam takes less than 40 minutes and is non-invasive. It does require an IV injection of Gadolinium, which is not nephrotoxic.

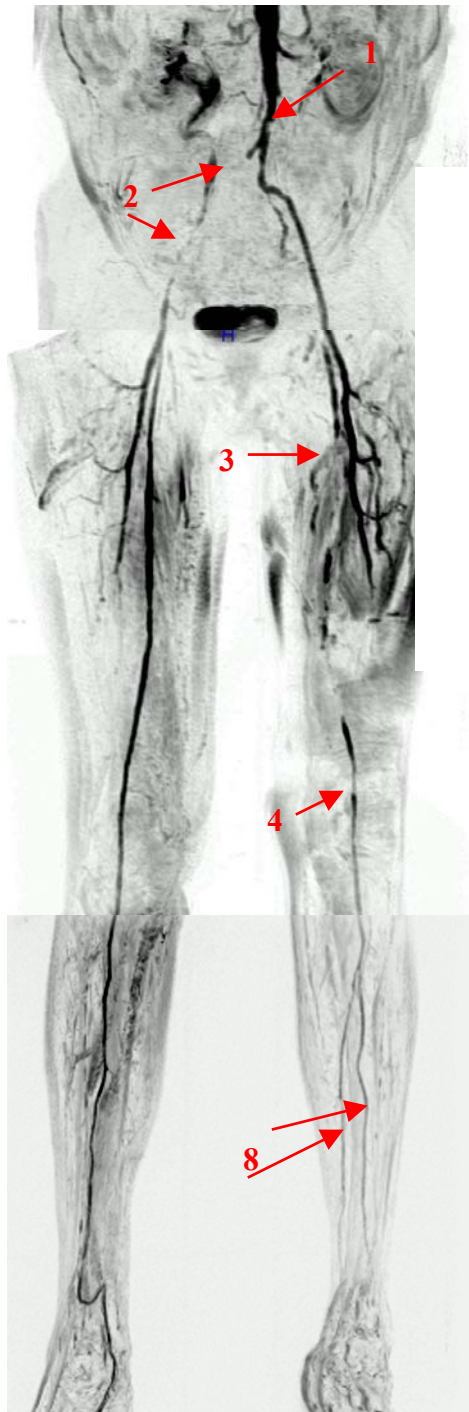


Figure 1

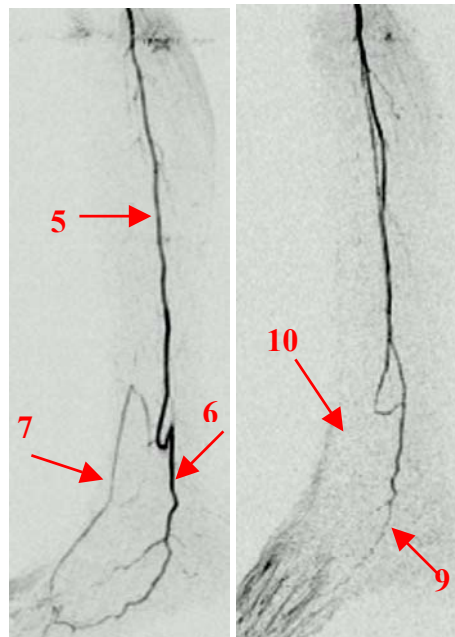


Figure 2

Figure 3

Lateral MRA image of the right calf and foot (Figure 2) shows single vessel runoff via a widely patent peroneal artery (arrow #5), which supplies the posterior tibial artery via a collateral (arrow #6). It fills the dorsalis pedis and distal anterior tibial artery (arrow #7) in a retrograde fashion via a patent pedal arch. The anterior and posterior tibial arteries are occluded in the calf.