



From the Desk of Francis Williams

DEPARTMENT OF RADIOLOGY Quarterly Newsletter

June 2021



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Dr. Jorge Soto - Department Chair of Radiology

Summer is here, and so is a “new beginning” to our daily activities with a sense of -almost- normalcy. Welcome to the latest edition of our department’s Newsletter. With all evidence pointing to a steady and rapid decline of new COVID infections and the relatively high penetration of vaccination in the State, my non-expert perception is that we may be reaching the precious state of herd immunity. We have many reasons to be optimistic, albeit cautiously, that the worst days of the pandemic are behind us.

The last three months have been very busy in our department in many different ways. We are slowly coming out of the early phase of the Epic/Radiant go-live. Leadership in our department and BMC is incredibly thankful for the patience, sense of ownership and teamwork at all levels that everyone demonstrated during the past few weeks. The period of optimization will linger, so I ask that we all continue to report inconsistencies and errors in the same manner that we have been doing.

As I write this note, we are preparing to honor the many contributions of the graduating class of residents and fellows. Times were particularly difficult for this group of senior residents, as they had to cope with the limitations of remote interactions with the faculty, somehow prepare for the Board examination and at the same time serve as role models for the more junior classes. We could not be more proud of them, and we will be forever grateful. We wish them all major success in their future careers and ask that they remain connected to our Program. Very soon we will be welcoming another group of brilliant young physicians who chose Radiology as their field, the resident class of 2025.

This issue of the Newsletter is loaded with information about our clinical services, research activities, significant accomplishments of our faculty, staff and trainees and updates of our residency program, among other topics. Please take a few minutes to read through it.

I wish everyone a happy, relaxing and healthy summer time. I encourage all to enjoy the warm weather in the company of your family and friends. Among the many lessons learned from the last 15 months, perhaps the most important one is that we cannot take anything for granted. Do everything you left pending from last summer, and add to that.

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Kudos

The Radiology Department at Boston University Medical Center has once again significantly contributed to the advancement of radiology both locally, regionally, and nationally. Please congratulate the following individuals for their accomplishments:



Dr. Kevin Chang

Dr. Kevin Chang was a featured speaker for ACR Colorectal Cancer Awareness Month Digital Media Tour.



Dr. Christina LeBedis

Dr. Christina LeBedis has published a recent paper by the American Society of Emergency Radiology on CT and Clinical Findings on Blunt Splenic Trauma (BST).



Dr. Michael Wasserman

Dr. Michael Wasserman has been appointed Associate Program Director of the Diagnostic Radiology Residency. We look forward to his return to BMC and are confident that he will bring passion to this position.



Dr. Kitt Shaffer

Dr. Kitt Shaffer participated in the American College of Radiology's initial art initiative, Rad Art: Beyond the Black and White--an Exposure of Radiologists' Expression, that was organized by Dr. David Sarkany of Staten Island Hospital. Dr. Priscilla Slanetz was also involved with the organization of this initiative and served as a reviewer of the submitted art. The art show was quite popular and although virtual, many were able to interact live with the artists via Chat.



Dr. Jorge Soto

Dr. Jorge Soto was appointed Vice Chair of the Annual Meeting Program Planning Committee for RSNA, expected to take over as Chair at the end of the annual meeting in December.



Dr. Thanh Nguyen

Dr. Thanh Nguyen had her abstract at the 2021 annual meeting of the American Academy of Neurology recognized as a top 3 out of over 2000 abstracts.

— Kudos



Dr. Priscilla Slanetz

Dr. Priscilla Slanetz was recognized as one of 20 Exceptional Reviewers for the Journal of Breast Imaging. She was also inducted as the 2021-2022 President of the Massachusetts Radiological Society and 2021-2023 Subspecialty Chair of the American College of Radiology's Appropriateness Criteria Breast Imaging Panels. Dr. Slanetz was also appointed Director of Early Career Faculty Development and Co-Director of the Academic Writing Program for Boston University



Dr. Harprit Bedi

Dr. Harprit Bedi was awarded the 2021 APDR Achievement Award. Dr. Bedi was responsible for coordinating the national noon conference series during the COVID pandemic, which was a huge success and also voted President-Elect for NERRS.



Dr. Pedro Staziaki

Dr. Pedro Staziaki and his team of computer geniuses were awarded first place in the 2021 Society of Imaging Informatics of Imaging Informatics (SIIM) Virtual Hackathon last week. We developed a proof-of-concept for a Radiology training module with elements of gamification. He also is a moderator of a Tweet Chat on artificial intelligence.



Dr. Breyen Coffin

Dr. Breyen Coffin attended the American Medical Association (AMA) Residents & Fellows Section (RFS) meeting and was re-elected to serve a second term on Governing Council as Member at-large. Also, he was elected to serve as Advocacy Liaison on the Massachusetts Radiology Society - Resident and Fellow Section Executive Board for 2021-2022.



Lasha "Sha" Hartfield and Khoi Nguyen are 2 Radiology Tech Aides who have worked alongside the patients and techs for a couple years now. Sha just graduated from Roxbury Community College and Khoi just graduated from Bunker Hill Community College with their Associates of Science in Radiology. Both have transitioned at BMC to be Diagnostic Radiologic Technologists! We wish them success and best of luck on their ARRT Registry this year! Welcome to the X-ray Team and congratulations on this great accomplishment!

Department News

Spring 2021 brought many changes and challenges to the department. The biggest transition took place in mid-May 2021 when EPIC Radiant went live. The platform fully integrated radiology into the institutional online medical record system thereby streamlining patient care across divisions and departments. Please see Dr. Gupta's summary of this "epic" adventure below.

"We went live with Epic Radiant on May 19, 2021, and as we continue to resolve workflow issues, we acknowledge the difficulties that we have all faced with the new system, and we thank

the Epic team for their support. We are optimistic that the advantages of the new platform, including direct access to clinical information, improvements in incidental findings communication and tracking will improve patient care as we continue to make adjustments."

In addition, the department has started to emerge from the COVID pandemic. Although masks are still mandatory, the allowed capacity in the Williams conference room has increased, the reading rooms now allow substantially more faculty and trainees, and medical students will soon be returning for in-person didactics and clinical observations.

Finally, there are changes coming to the diagnostic radiology residency. In addition to adding

a hands-on ultrasound scanning rotation for all first-year residents, the residency is implementing a new format for the didactic curriculum where divisions will provide lecture series in one-week blocks. Divisions are encouraged to mix up the teaching format and to strive to have at least 50% of the sessions be case-based hot-seat format. The expectation will also be that all residents take the cases regardless of level as faculty will titrate the case questions and complexity based on the year of the

Dr. Priscilla Slanetz

Education

It has been an unprecedented year for all of us. The pandemic challenged us professionally and personally. We read cases, participated in conferences, interacted with patients and each other in ways we never imagined. We learned new technologies and attempted to manage our lives with the challenges of new work environments. We graduated our seniors and welcomed our first-years in a socially-distanced and masked world.

In every step of the way, the department rose to the challenge.

I want to thank all of the residents and attendings for your patience and determination to keep education a priority. Thank you to the faculty for your willingness to learn virtual lectures, conferences and readouts. Thank you to the residents for your patience and tremendous contributions throughout this process. Although things weren't

perfect, I truly believe we did our best with the timeline and available resources.

As things trend back to a new version of normal, I hope we've recognized how important connection is to all of us. We are eager to return to the reading rooms and conference room, teaching and learning side by side once again. We are excited to deploy a new version of the resident noon conference series and elated to welcome Dr. Michael Wasserman as a new Associate Residency Program Director.

There are many things for which to be optimistic. We are turning the corner in the pandemic and should be proud of the resilience the entire department demonstrated during this crisis. There are brighter days ahead and I am proud to be growing the educational vision of the department with all of you.

Dr. Harprit Bedi

Pediatric

The section of Pediatric Radiology at Boston University School of Medicine, works closely with the Department of Pediatrics and all Pediatric subspecialties to provide quality diagnostic imaging while contributing to compassionate, equitable care for our patients and families.

Our radiology residents rotate at Boston Medical Center and are exposed to general pediatric radiology, pediatric trauma and unique pathologies such as extreme prematurity, neonatal opioid withdrawal syndrome (NOWS) and sickle cell disease. They also experience the practice of primary care pediatric radiology in community centers such as East Boston, Dorchester House, Whittier Street, Codman Square, South Boston and Uphams Corner. They have access to unique cases from two pediatric rehabilitation centers: Franciscans Children's Hospital and Pappas Rehabilitation Center. An important part of their training is the constant exposure to pediatric radiology cases while on call. Radiology residents have started to rotate at Boston Children's Hospital and are exposed to complex pathologies and experience working with residents and attendings from other institutions. The opportunity has been very rewarding and two of our current residents have decided to pursue pediatric radiology fellowships.

We are fortunate to have rotating pediatric residents from the combined program at Boston Children's Hospital and Boston Medical Center as well as rotating third and fourth year medical students from Boston University School of Medicine. The medical students have been successful publishing several cases in case in point and several residents have also

served as coauthors. We have also adapted during the pandemic to facilitate online resources, virtual readouts and virtual conferences with the divisions of Pediatric Trauma, Pediatric Surgery, Pediatric Emergency Radiology, Neonatology and Pediatric Neurology. We frequently contribute with the imaging findings to the Pediatric Case of the Week conference which is now on Zoom.

In terms of research, we have collaborated with the department of pediatric surgery and neonatology with publications related to ultrasound in the evaluation of necrotizing enterocolitis and also related to ultrasound of the brain in extreme prematurity and in NOWS. We have publications with the department of pediatric hematology regarding ultrasound findings in pediatric sickle cell disease.

We are currently working with the School of Public Health and the School of Engineering in a project regarding the use of ultrasound for pediatric pneumonia in Zambia. We are exploring ways in which AI can help us identify the patterns of consolidation or interstitial disease and it has proven to be a fun and challenging experience.

Our residents have been very successful with acceptance of abstracts in the meetings of the Society of Pediatric Radiology and the combined meeting with the European Society of Pediatric Radiology. This year, four of Dr. Tivnan's scientific presentations were accepted for the fall meeting in Rome!

Dr. Ilse Castro-Aragon

Residency Update

Hello all,

As the academic year comes to a close, it is always bittersweet. On the one hand, we are excited to have our new first year radiology residents start in a few weeks but it is also sad to see our seniors graduate from the program after spending so much time together. They may be gone but are never forgotten and will always be a part of the BMC radiology family!

We are also excited to share some news about our new, revamped lecture curriculum for the upcoming academic year. We will now transition to a weekly “block” schedule in which only one or maximum two specialties will lecture for the week from Monday through Thursday with 2 separate 45 minute lectures. Approximately half will be didactic lectures with the other half being a case based, hot seat format giving residents the opportunity to actively take high yield cases simulating the work station environment while also strengthening their exam skills. Fridays will be dedicated to non-interpretive topics and events such as wellness, leadership talks, peer learning, quality, resident town halls etc. We are very optimistic this weekly format will provide residents continuity for the week and allow them to focus on 1-2 topics/specialties.

Here’s to a healthy and happy new academic year!

Dr. Asim Mian

First Year Spotlight



Dr. Somiah Almeky

Fun fact: My family is originally from Egypt so I have visited the pyramids several times, I also got to carry a baby lion at one of the zoo’s.

Hobbies: Spend my free time exploring new parks and traveling with family. Also enjoy yoga and making/decorating cakes.



Dr. Theodore Brown

Fun fact: I was nicknamed the baboon whisperer

Hobbies: Running, working on my car, making/building things, playing games (board games and videogames)



Dr. Kelsey HonShideler

Fun fact: I have driven coast-to-coast twice in the last two years!
Hobbies: Playing the saxophone, wood-working, traveling/exploring, apartment gardening and cooking!



Dr. Paul Kohanteb

Fun Fact: I once backpacked about 27 miles through the Death Valley National Park.
Hobbies: Attending standup comedy, concerts, hiking, yoga, gym



Dr. Liz Lin

Fun Fact: I danced ballet when I was younger and can still put my feet behind my head
Hobbies: Metalwork/jewelry making, growing succulents, Pokémon Go



Dr. Bushra Manzar

Fun Fact: I've lived in 3 countries and 8 states within the US, now 9 with MA :)
Hobbies: Pass time is with family and friends. I enjoy baking and cooking, but especially like to share what I make with others. Sketching and painting, but my longest held artistic hobby is doing henna.



Dr. Lyndia Personnat

Fun fact: I lived in Port-au-Prince, Haiti for 5 years
Hobbies: Enjoy spending time with my family, working on home improvement projects, travel



Dr. Kyle Robey

Fun fact: I grow carnivorous plants
Hobbies: I like to stay active, especially playing racquet sports like squash and badminton. I also enjoy breweries and board games.



Dr. Patrick Sullivan

Fun Fact: I am the first person in my family to graduate from college.
Hobbies: travel (including visiting family in Ireland and Greece), spending time with my 7 year old rescue Boxer Daisy, trying to cook new recipes, reading historical non-fiction, exercise



Dr. Joshua Wibecan

Fun fact: I have seen over 80 bands live in concert, and I am excited that live music is starting to come back again!
Hobbies: I really like being outdoors and hiking, but I also love cooking and learning new recipes with my wife (our recent kick has been vegetarian Mexican food)."

— Nuclear Medicine

The division of Molecular Imaging and Nuclear Medicine provides scintigraphic imaging and radioisotope therapies to support clinical services at Boston Medical Center. The division also trains radiology residents, medical students, and nuclear medicine technology students. Research in the division is within the scope of collaborations with oncology, cardiology and neurology. Its emphasis is in clinical trials designed to improve the treatment of patients with neuroendocrine tumors, to improve the diagnosis of patients with infiltrative cardiomyopathies, and to improve the diagnosis of neurodegenerative dementias, movement disorders, and traumatic encephalopathies.

The service is staffed by two full time physicians with specialty training in nuclear medicine and nuclear cardiology – Drs. Mercier and Meibom. A third physician with specialty training in nuclear cardiology, Dr. Panday, splits her time between our division and the department of cardiology. Twelve technologists with certification in Nuclear Medicine either through the ARRT or NMTCB tracks perform and process clinical and research studies. All technologists also hold certification in CT imaging. Mr. Sarab Singh ARRT(N,CT), CNMT is our lead technologist. Ms. Donna Veronelli, MBA, Med, BSBM, RT(N), CNMT is our manager. Our multilingual support staff includes a patient navigator, Ms. Ludy Canario, and two schedulers, Mr. Dennis Lopes and Joanna DiSilva.

The division had 2000 patient visits in 2019 and this generated 2 million dollars in contribution margin. Clinical imaging is focused on oncology and cardiology using hybrid imaging, PET/CT and SPECT/CT. These two areas are responsible for over 90% of our volume and include diagnostic level CT imaging. Our nuclear medicine service is the only one in the New England region accredited by the Inter-societal Accreditation Commission (IAC) in four areas: Nuclear Medicine, PET, CT and Nuclear Cardiology. IAC accreditation was chosen instead of accreditation through the American College of Radiology because the IAC has a longer track record in evaluating nuclear medicine services. It is also in line with the accreditation cardiology has in the stress testing that is part of our myocardial perfusion scintigraphic imaging.

Collaboration with the department of neurology has led to a long partnership in research. The division continues to provide brain PET/CT and SPECT/CT imaging for the Alzheimer's Disease Neuroimaging Initiative (ADNI) sponsored by the NIH and the Parkinson's Progression Markers Initiative (PPMI) sponsored by the Michael J. Fox Foundation. Hundreds of subjects have been imaged for both of these projects. More recently, neurology's research extended to the imaging of chronic traumatic encephalopathy. The benefit of this research work is the opportunity to engage with new radiopharmaceuticals. This allows us to be early adopters with unique expertise once the tracers are approved by the Food and Drug Administration (FDA). Examples include the beta amyloid binding agents, florbetapir (Amyvid) and florbetaben (Neuroceq). These agents are now part of our clinical service. In this context, we joined a phase IV trial for beta amyloid imaging in dementia, the NewIDEAS trial, that provides a path for guaranteed reimbursement for Medicare patients. This is important because FDA approval of a radiotracer does not imply reimbursement by third party payors. Similar research is also done in cardiac amyloid by Drs. Panday and Ruberg in collaboration with the Amyloid Center at BMC.

In the upcoming year the division will expand in two areas – theranostics and quantitative imaging. Theranostic is the application of radioisotope based therapy selected on the basis of scintigraphic imaging. Early examples include treatment of thyroid disease with I-131 when guided by I-123 imaging. A more recent example is the treatment of neuroendocrine tumors with Lu-177 DOTATATE when gui-

ded by Ga-68/Cu-64 DOTATATE PET/CT imaging. Dr. Kulke, the chair of the Department of Oncology, is a renowned expert in these tumors and a major source of referrals for this service. Ga-68 PSMA is a prostate cancer PET imaging agent just approved by the FDA. It is also paired with Lu-177 to provide radioisotope therapy. This theranostic option is expected to get FDA approval later in the year when we expect to make it available at BMC.

Quantitative imaging is common in nuclear medicine. In addition to metrics such as SUV, TLG, or MTV in 18-FDG PET/CT imaging, we routinely report parametric Z-scores in brain imaging for dementia and movement disorders. Check point inhibitors are a new class of therapy in oncology that suffers from pseudoprogression, i.e., the scans may look worse when the patient is actually doing better. We plan to address this problem with enhanced quantification. As a first step we will provide quantification of whole body tumor burden in oncology PET and SPECT/CT imaging. This in turn will dovetail into improvements in our radioisotope therapies, particularly the Y-90 radioembolization performed by our IR service. Enhancements in our software will allow us to replace generic dosimetry formulae with patient specific dosimetry. The consequences are more effective and safer therapies using technology that is covered by CMS. In cardiology, our myocardial perfusion Rb-82 PET/CT imaging service will add routine measurement of coronary flow reserve, a service that is now covered by CMS. This metric will allow us to detect coronary atherosclerotic disease before flow limiting disease is detected in myocardial perfusion imaging. Together with our own sex and BMI based normal database for myocardial perfusion SPECT and PET imaging developed in a partnership between us, cardiology, and MIMVista, these developments will put us at par with the best scintigraphic myocardial perfusion imaging in the country.

Education in nuclear radiology is required by the American Board of Radiology (ABR). Requirements from the board are highly specific and follow federal law requirements so that that diplomats can be independent Authorized Users of radioisotopes. Our curriculum provides the required 700 hours of training and 80 hours of classroom work or equivalent. The required radioiodine therapies are supervised by our referring physician, Dr. Lee, from the Department of Endocrinology at BMC. Dr. Powsner, a nuclear medicine physician from the VA, contributes to the lecture series in this area. However, recent changes in documentation of training by the ABR led us to review our curriculum. The changes reflect an on-going shift from training in nuclear radiology to training in nuclear medicine. A concern to address in the near future is how to expand the work experience beyond the reading room and classroom. In paraphrasing the code of federal regulation in the attestation of nuclear medicine training, the ABR puts the program in the position to provide “work experience” in areas such as radiopharmacy that are usually associated with training in nuclear technology and medicine instead of nuclear radiology.

Nuclear medicine is a small service, but it meets an unique and important need in the hospital for patients suffering from cancer and cardiac diseases. As the needs arise, the specialty reinvents itself with developments in new radiopharmaceuticals, imaging methods, and therapies. Its relevance is most evident when other specialties such as cardiology and radiology require training in scintigraphy instead of making it optional. Soon Drs. Meibom and Mercier will celebrate 15 years at BMC. Through the support of two chairs, the service has grown. We live in a city where technologists that trained or worked with us now lead or led nuclear medicine services at Tufts Medical Center, Beth Israel Deaconess Medical Center, and even MGH PET/CT. These technologists exported “BMC’s brand” of nuclear medicine. Fifteen years ago, all nuclear medicine attendings left BMC leaving behind just a binder with dictation templates, a sheet listing the titles of nuclear medicine lectures, and two sheets with cryptic names and one line descriptors as the protocol book. I have no doubts that they would be in awe of what we have today.

Dr. Gustavo Mercier

— Teaching Tips: Mentorship

It is well known that mentoring positively influences career development and advancement. In reality, most successful academic radiologists credit multiple mentors for having an impact on their career. Some mentors may provide guidance on career advancement or help mentees disseminate their work through publications and presentations while others may provide guidance on how to best integrate career with family. Whatever the role, in order to maximize success, it is important that both the mentor and

mentee make time to build and sustain a lasting relationship and follow some simple steps to ensure success (see Table). By taking the time to set goals and finding a time to meet regularly, both mentor and mentee are more likely to have a more productive relationship. In addition, being engaged in a healthy mentor-mentee relationship minimizes the risk of burnout and maximizes overall career satisfaction. Thank you to all of the faculty who are currently serving as mentors to trainees and medical students. Your efforts are much appreciated.

Dr. Priscilla Slanetz

Steps to Maintaining a Successful Mentor-Mentee Relationship

- 1 Establish specific goals for both mentee and mentor
- 2 Establish ground rules for accountability, confidentiality, and boundaries up front.
- 3 Create a workable plan with timelines to accomplish both short-term and long-term goals
- 4 Set aside time to meet at regular intervals to assess progress and provide feedback
- 5 Be open to criticism, be respectful, and listen attentively to each other.
- 6 Regularly reflect on the relationship with regard to what is working or not working and what challenge remain to be addressed.

Adapted from: Slanetz PJ, Boiselle PM. Mentoring matters. AJR 2012;198:W11-2.

Faculty Development

A career in academic radiology is comprised of a wide array of activities including clinical care, teaching, research, administration, advocacy and leadership. Getting promoted hinges on developing a niche and then becoming recognized as a regional, national and ultimately international expert. Although there are many ways to reach academic recognition, all of the pathways to some degree rely on scholarship. Scholarship can take many forms but most commonly consists of publications in recognized peer-reviewed journals. In order to maximize the chance of publishing success, it is critical to spend time up front thinking deeply about what question is to be answered. Once the idea for a project is conceived, performing a thorough literature search will help define the project and ensure that the topic has not been previously reported by other investigators. But even if there are prior publications, the literature review will help identify a new angle on the topic that can usually be explored. Once the project's scope is defined, an IRB is typically in order as even if the project is deemed exempt, nearly every venue for publication will ask for the IRB status prior to acceptance. The next step prior to undertaking the project is to establish authorship and set expectations for each contributing author. Establishing authorship early ensures that there are no disputes during the manuscript drafting and submission process. After the project is complete and data analysis is performed (if applicable), it is important to assess what venues are most appropriate for dissemination of the work. Knowing the specific article types and the details regarding manuscript length, figures and tables for each relevant journal is key. Once the best fit for the work is identified, drafting of the manuscript can readily follow the outlined format, even using a previously published manuscript from that journal as a model. This approach makes it easier for even the least experienced author to tackle the first draft. As always, all authors must contribute to the manuscript's editing and approve the final version prior to journal submission. Once submitted, depending on the journal, it can take anywhere from a few days to several months before a decision regarding publication is rendered. With any luck, the journal will offer provisional acceptance pending satisfactory response to reviewers' comments. It is critical to promptly revise and resubmit the manuscript along with a detailed letter outlining specific responses to most if not all of the reviewers' concerns, or otherwise the paper will be rejected. However, provided the requested changes are addressed, acceptance for publication is nearly always guaranteed.

Collaboration with like-minded faculty at Boston Medical Center and at other institutions can also help advance a career much more rapidly than trying to do it by oneself. One option might be to join a peer writing group – a group that meets regularly and provides feedback to each other on manuscripts in progress or previously rejected papers. Such writing groups have been shown to increase the academic productivity of all who participate. We are planning to start a peer writing group in the radiology department during the next academic year, so if you are interested in joining, please email Dr. Slanetz with your interest. In addition, Boston University Medical Group (BUMG) offers a course on narrative writing every year. In addition to enhancing writing skills, this program offers an opportunity to build strong relationships with BUMG faculty outside of radiology.

Finally, although publications are highly valued by promotion committees, not every project or undertaking is amenable to peer-reviewed publication. Fortunately, there are many other venues to consider. For example, maybe a You Tube video or sharing a curriculum on MedEd Portal or on one of the national radiology societies' websites may be more appropriate. Social media also can be a great way to build your reputation and share your work. Tweeting your published manuscripts once available online, participating in Tweet Chats, or even engaging in case discussions are all possibilities. However, no matter how one decides to disseminate one's work, it is essential to regularly update one's curriculum vitae so that there is accurate documentation of everything that one has accomplished.

Dr. Priscilla Slanetz

Roar Club Newsletter

Dr. Ashley Davidoff

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MAY 2021



The Rookies of Academic Radiology Club

In This Issue

Ultrasound of Epididymo-Orchitis

Case and approach

"Mamma Mia!" from the Musical

A rendition

Recap of Our Talented Community

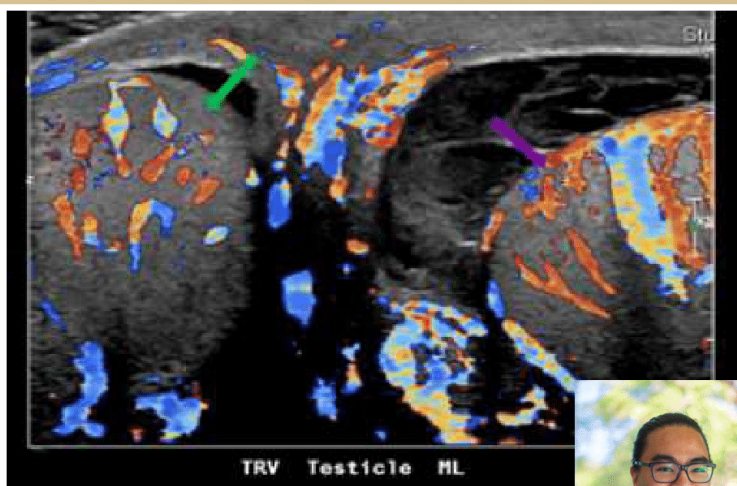
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Ultrasound of Epididymo-Orchitis

Kevin Dao, BUSM '22, presented a case of a 32-year-old Spanish speaking male from El Salvador with a self-reported history of recurrent UTI's that presented with worsening testicular pain and swelling for the past three weeks associated with fevers/chills and dysuria for the last 4 days. His labs showed an elevated white count, pyuria, and bacteriuria. On ultrasound, the patient was found to have epididymo-orchitis. Per Kevin's presentation, the most important findings on an ultrasound of epididymo-orchitis are **increased blood flow to the epididymis and testes and enlargement of the epididymis and testes**. Other relevant findings include **overlying scrotal thickening, heterogeneous and decreased echogenicity of the epididymis and testes, and/or a reactive hydrocele**. He also noted when using a Doppler US, remember to look at both testicles in one screen to compare the blood flow between each testis.

— Publications

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