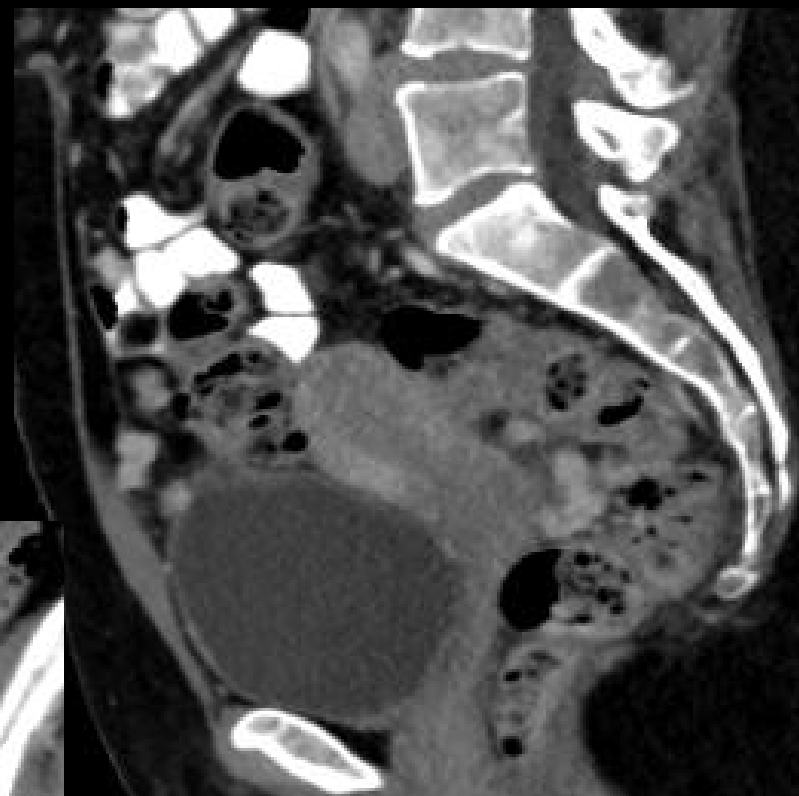
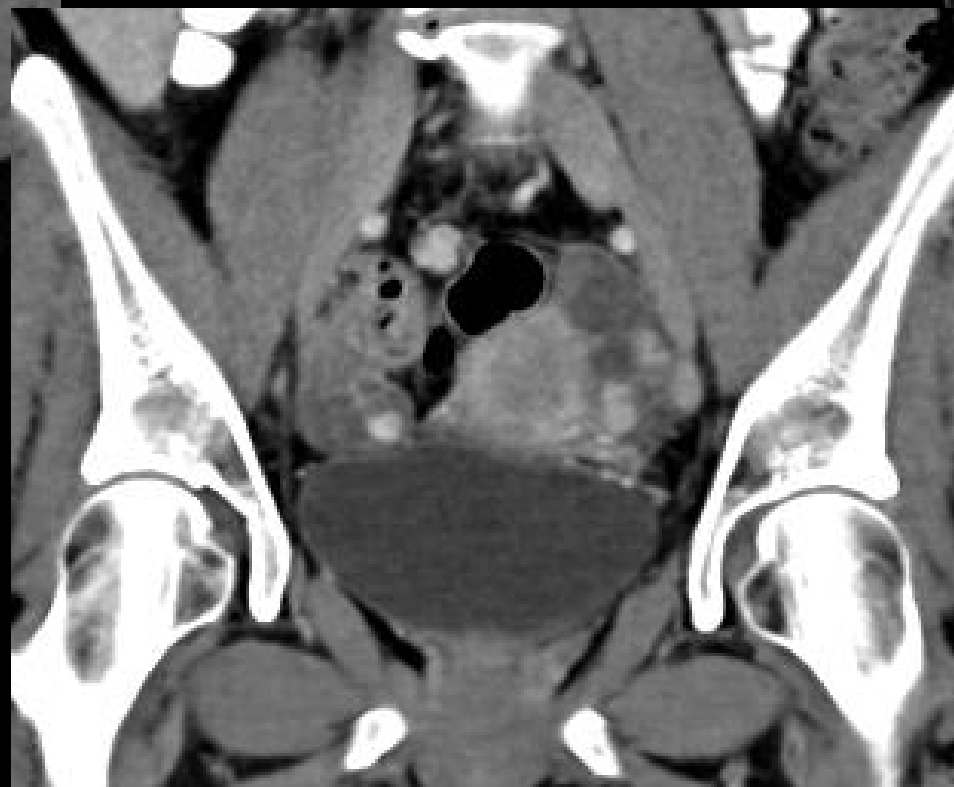


Abdominal Imaging

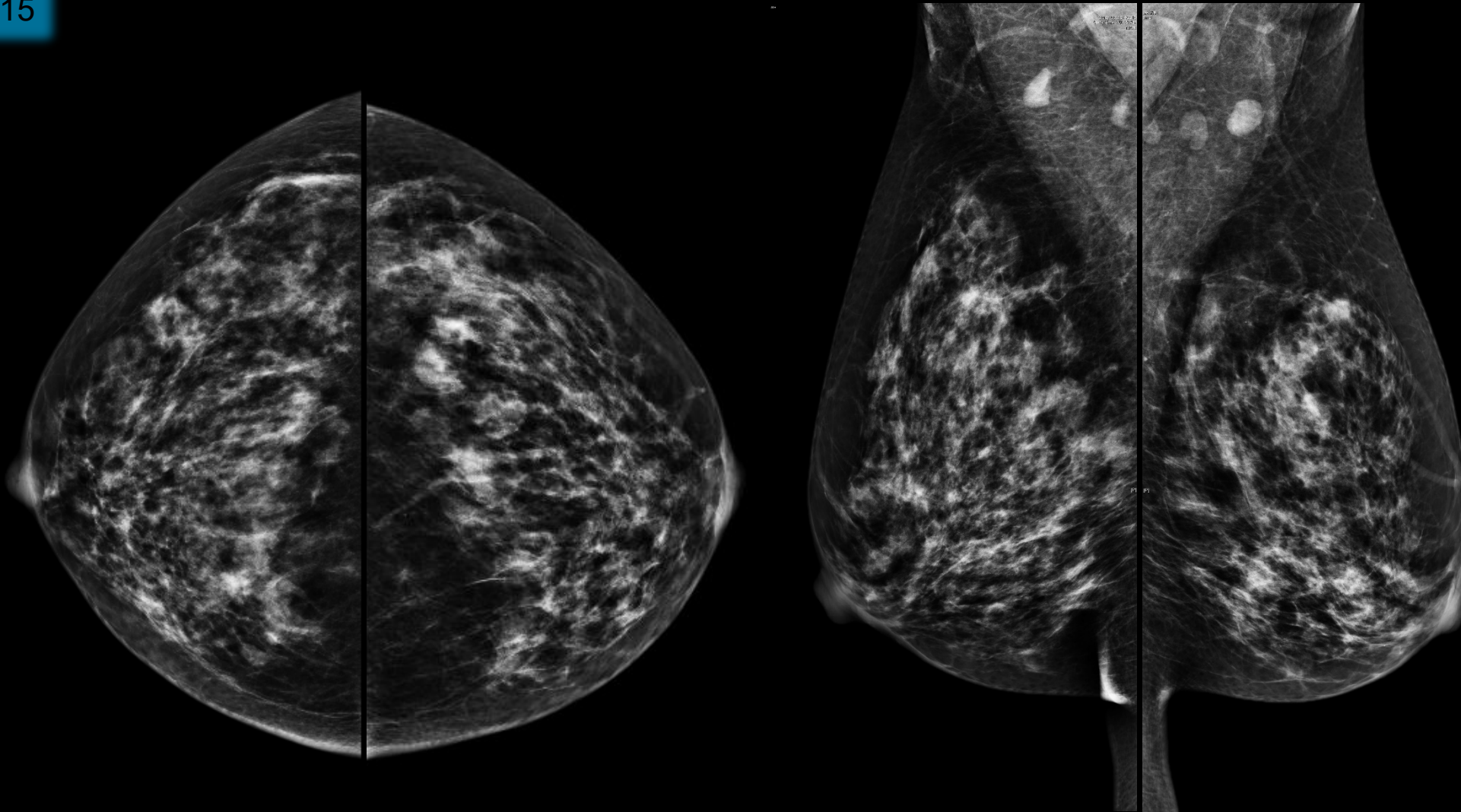
A 60 year-old woman had surgical excision of an ovarian dermoid cyst twenty years ago and had been undergoing pelvic ultrasound surveillance scans for complex adnexal cysts. The most recent ultrasound described increased complexity of the ovaries and recommended a CT examination for further evaluation.

The CEA, CA -125 and CA 19-9 levels were normal.



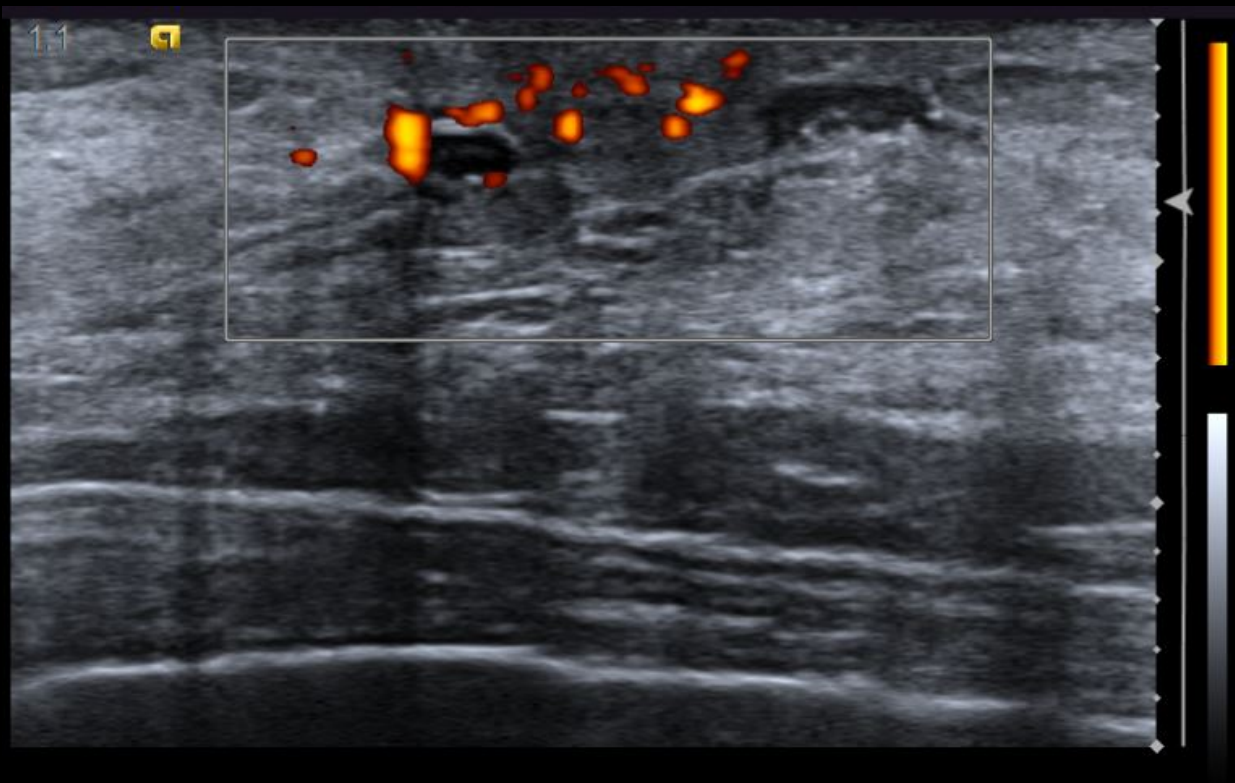
Breast Imaging

08.2015



- 45 year old woman, screening mammogram.
- No contributing history.

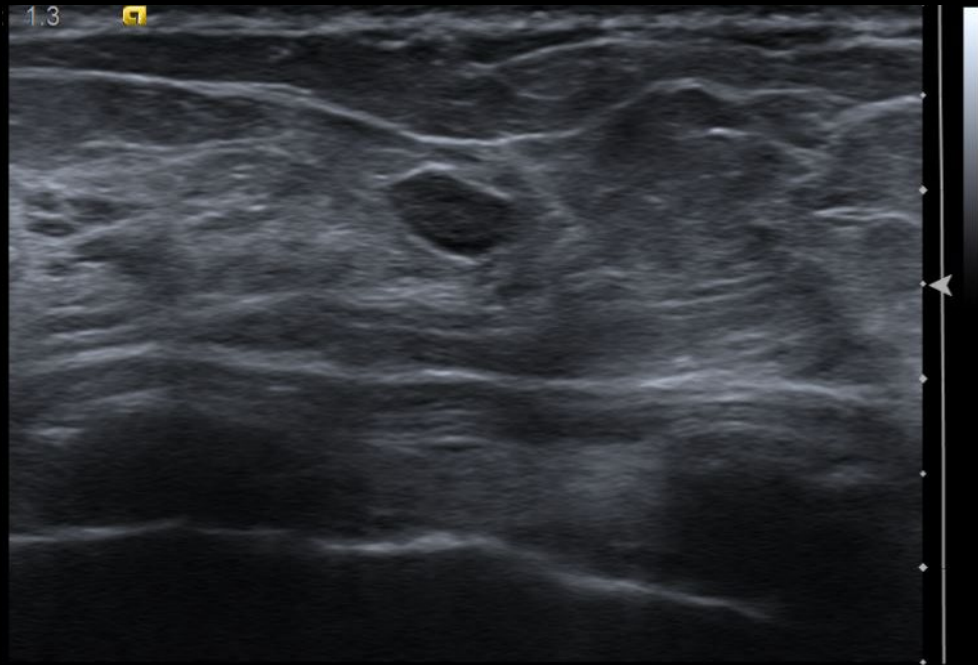
08.2015



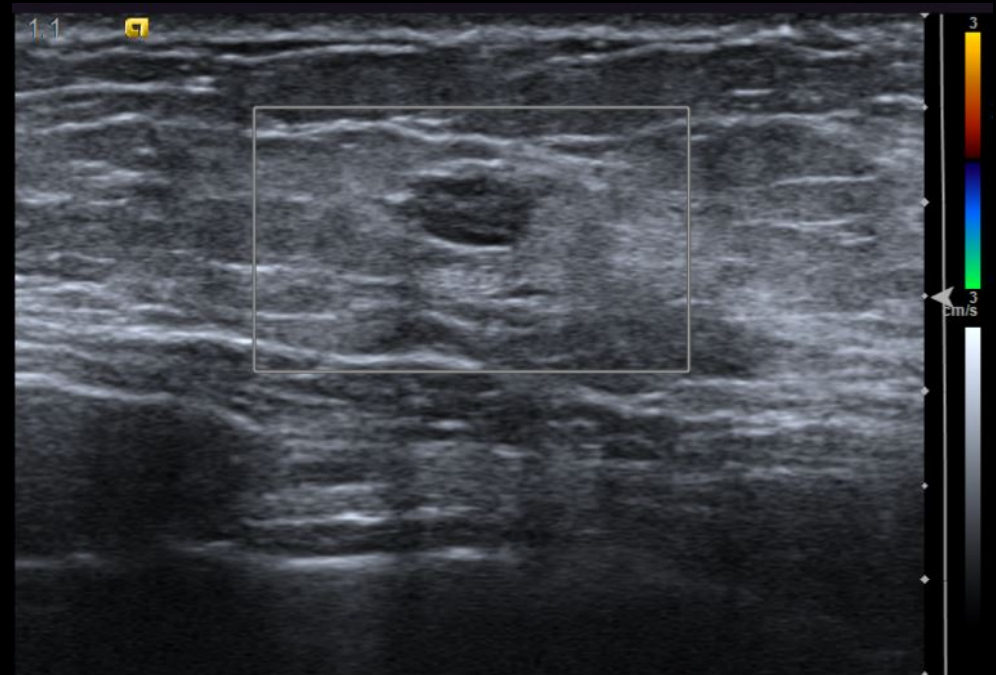
- Screening ultrasound demonstrates a right retroareolar intraductal mass with increased vascularity.
- Patient underwent ultrasound-guided core biopsy yielding a diagnosis of papilloma.

RT BREAST Retroareolar 12:00 ANTI-RADIAL 11fps 3cm Z

- Subsequently, patient developed an infection at the biopsy site, was treated with antibiotics, and the redness and tenderness resolved.
- After 2 months, patient continued to feel swelling in the upper right breast.
- An ultrasound was performed.



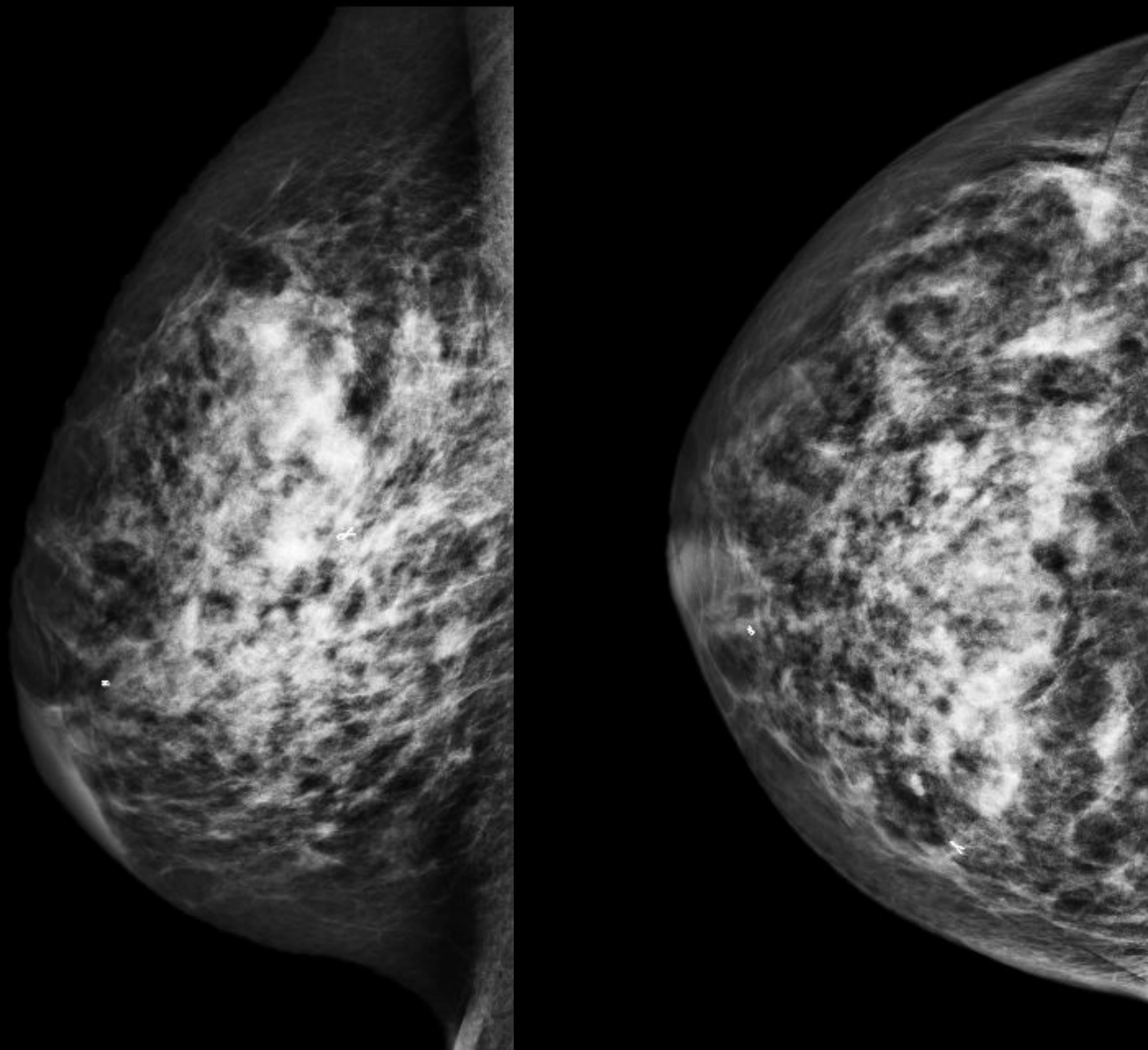
RT BREAST ANTI-RADIAL 1:00 4 CM FN 57fps 3.5cm Z



RT BREAST RADIAL 1:00 4 CM FN 15fps 3.5cm Z

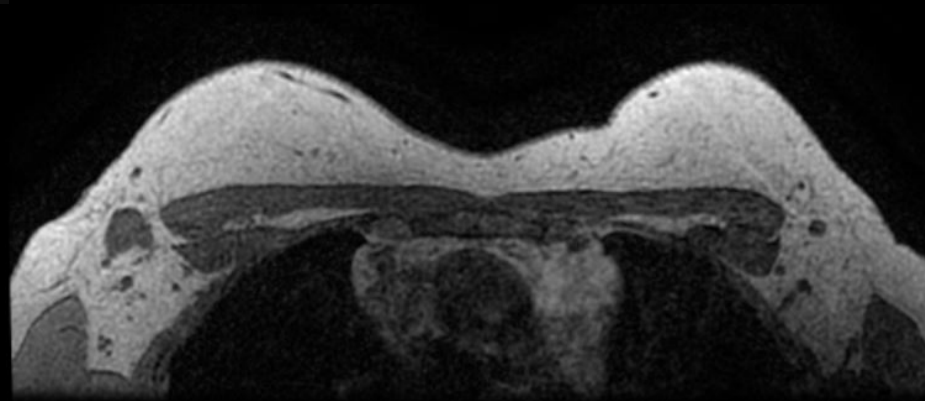
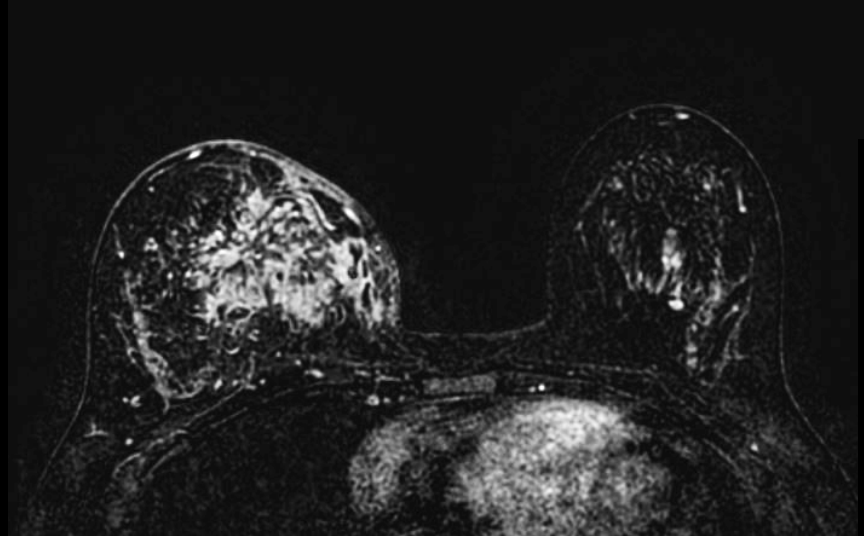
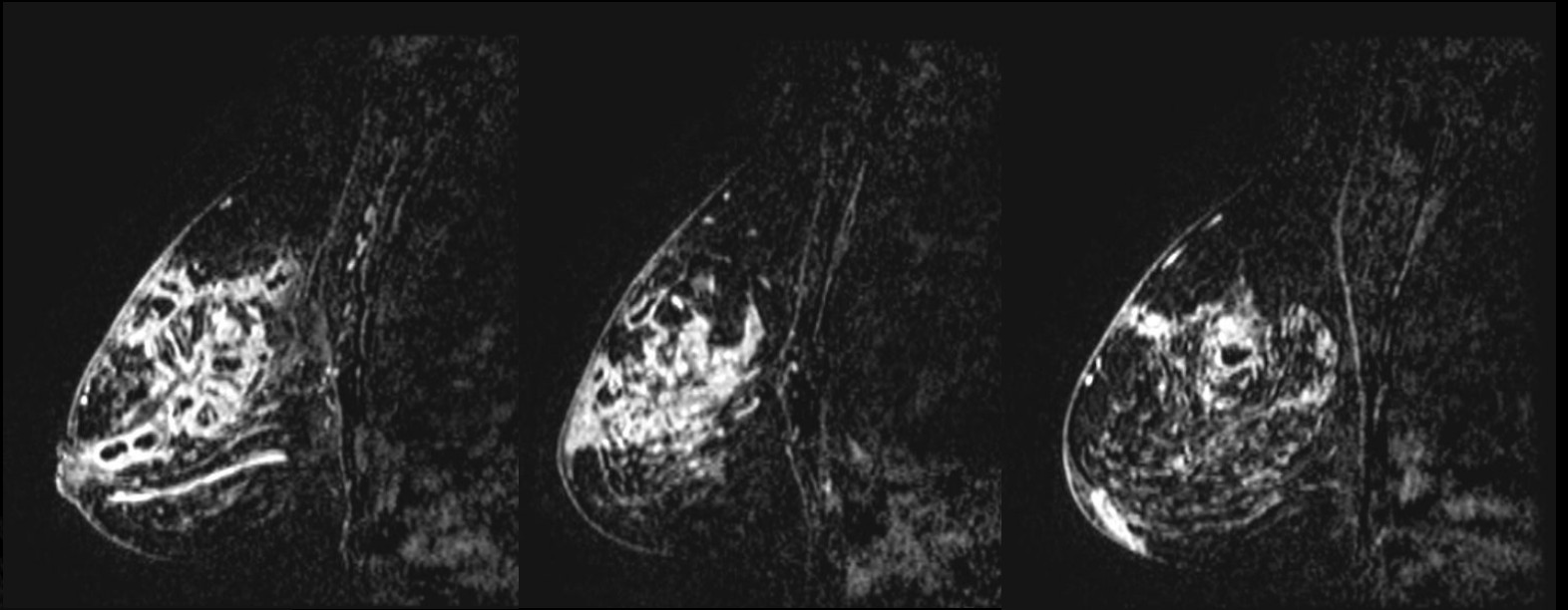
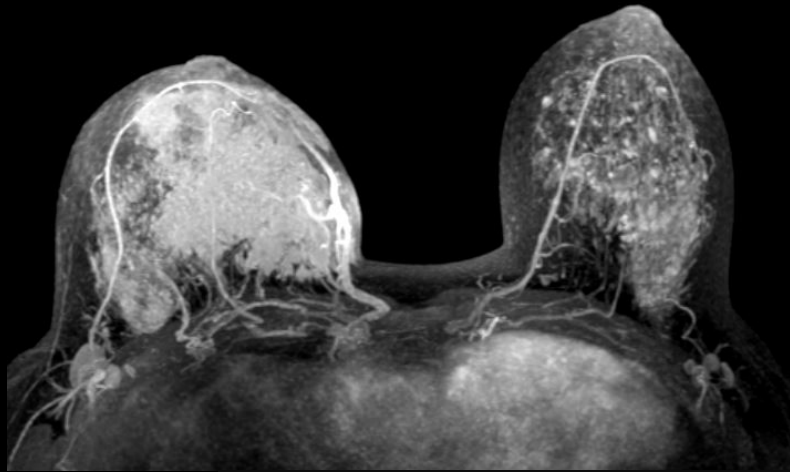
10.2015

10.2015

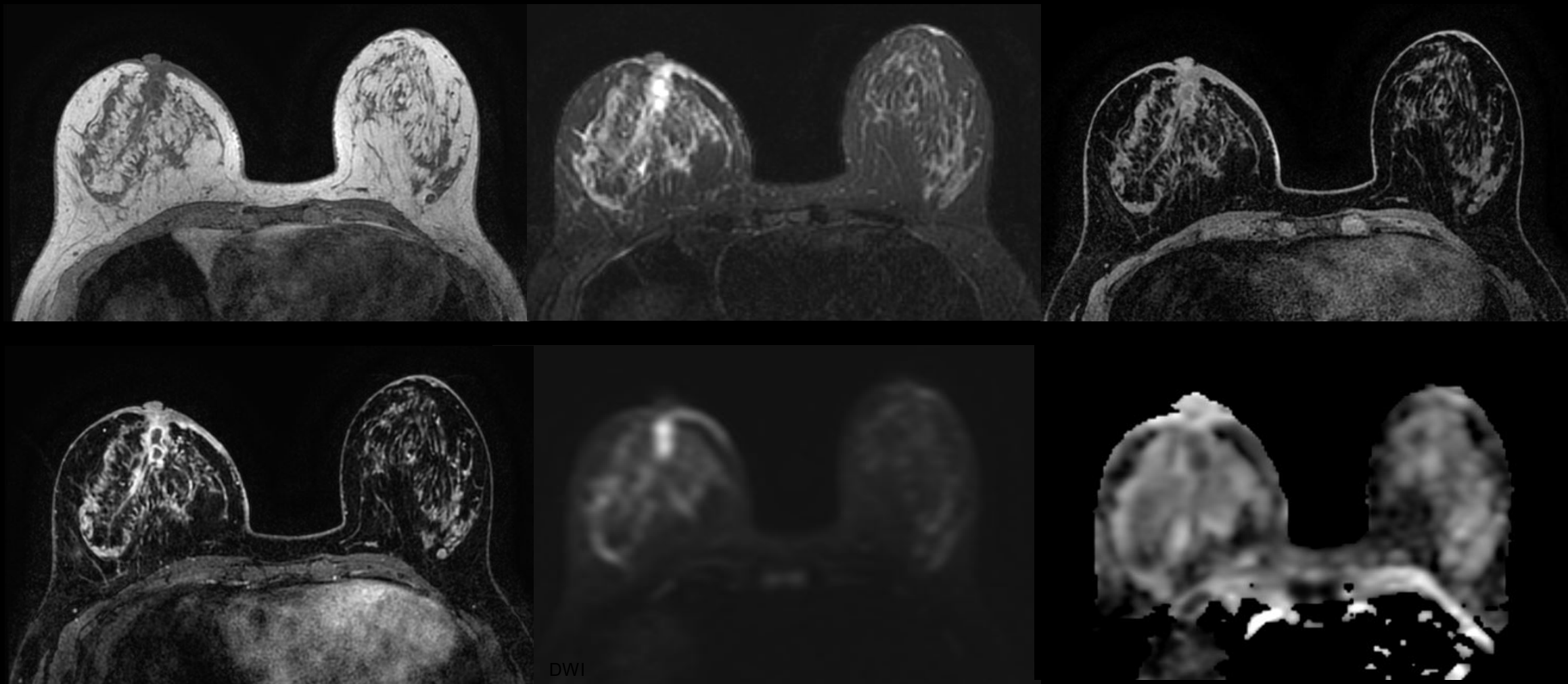


A second biopsy was performed

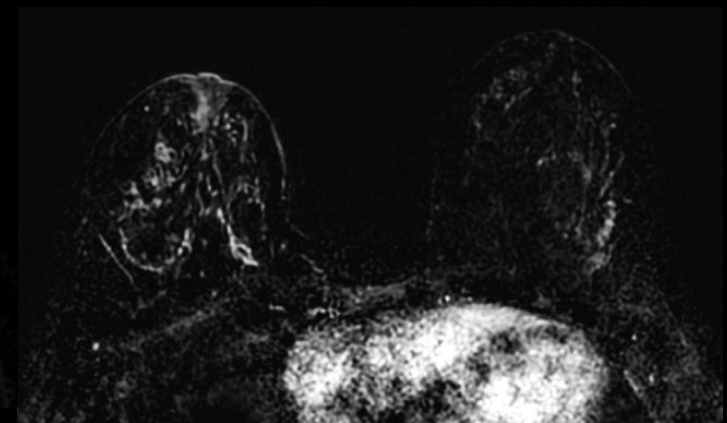
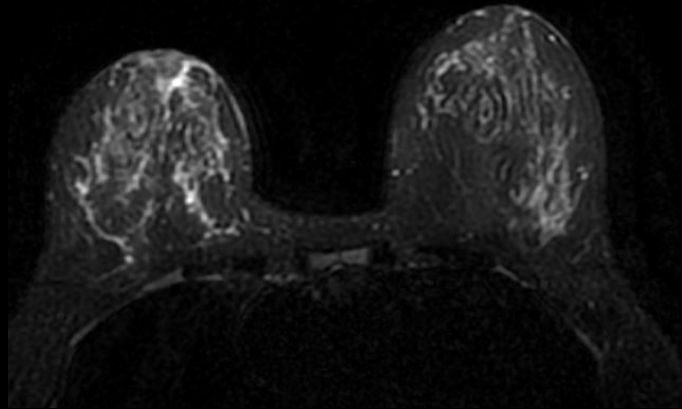
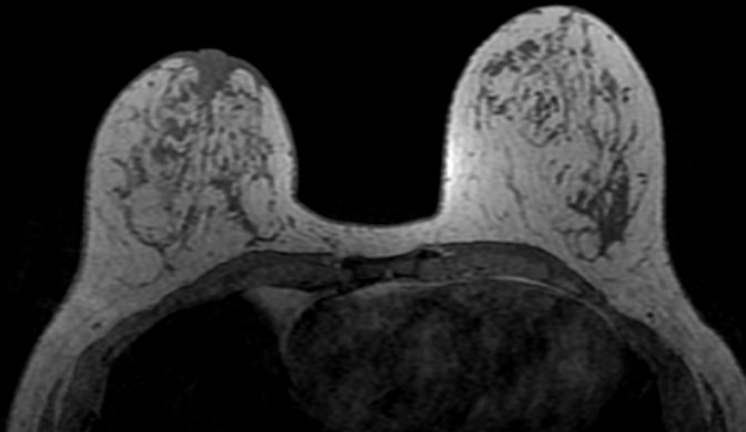
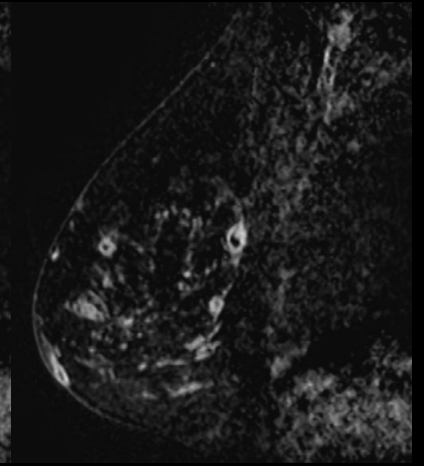
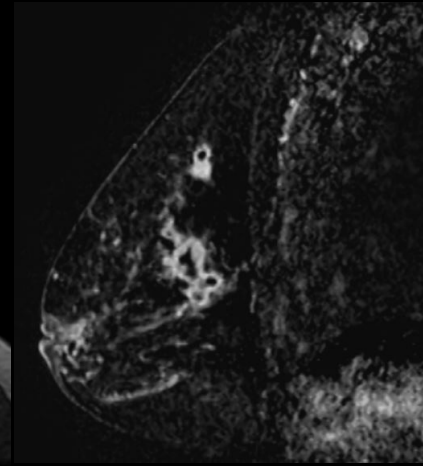
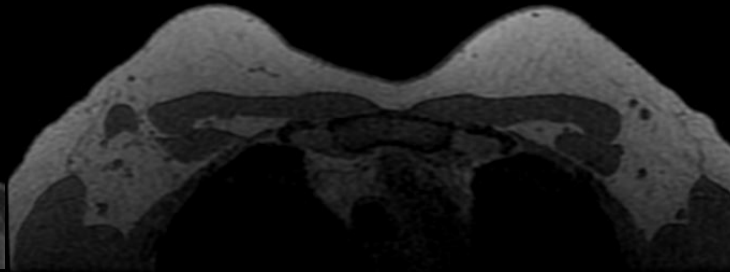
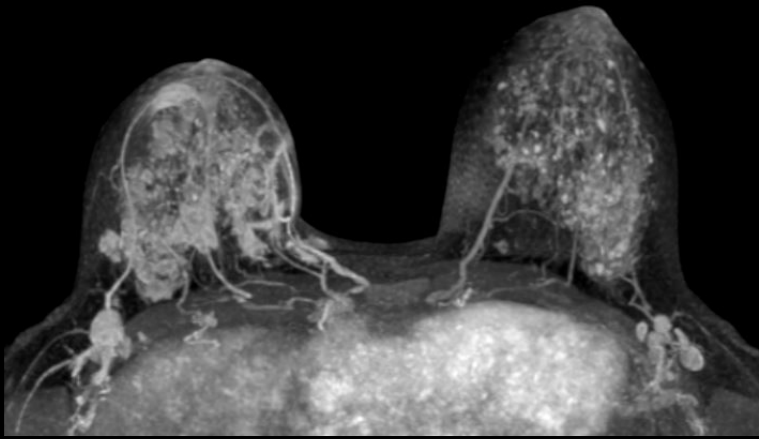
12.2015



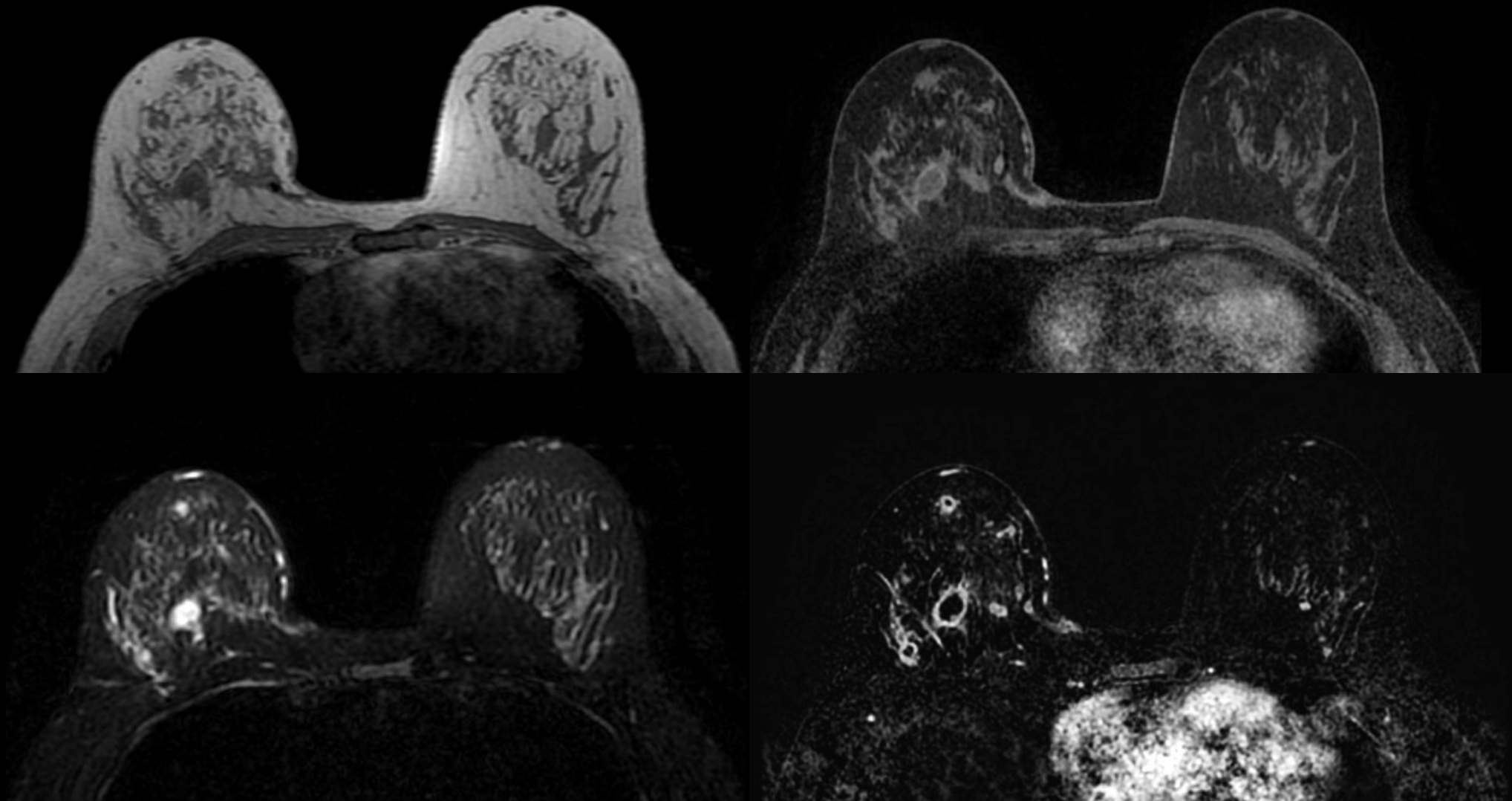
12.2015



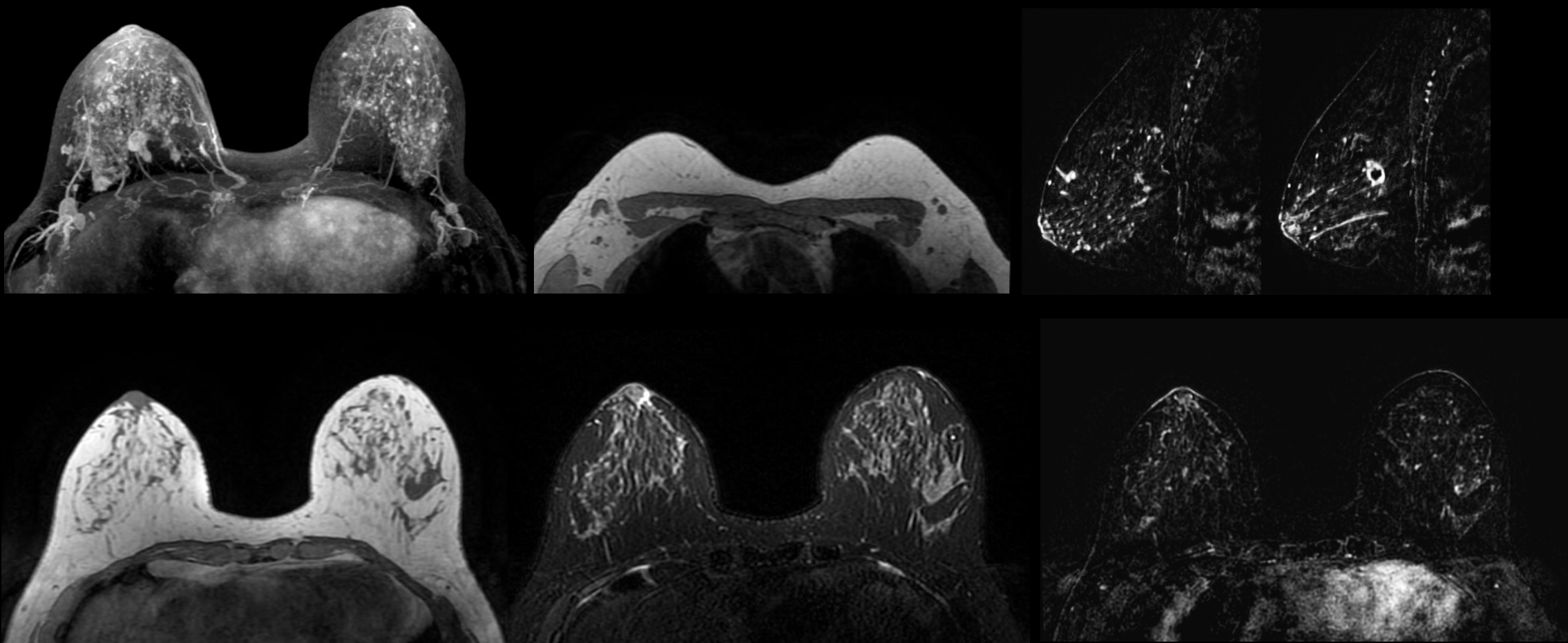
06.2016



06.2016



12.2016

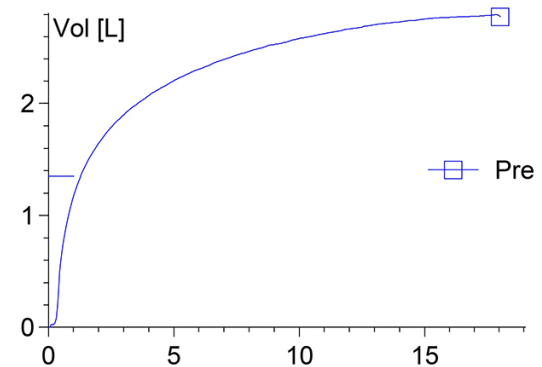
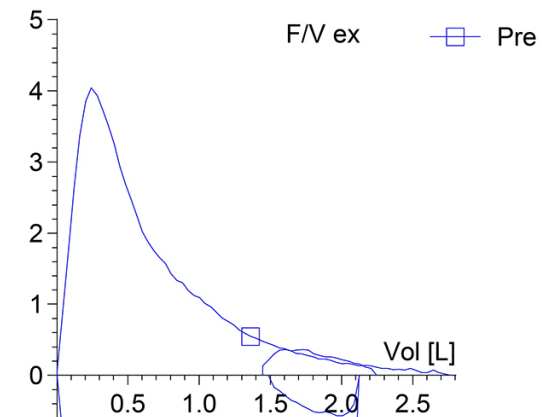


Chest Imaging

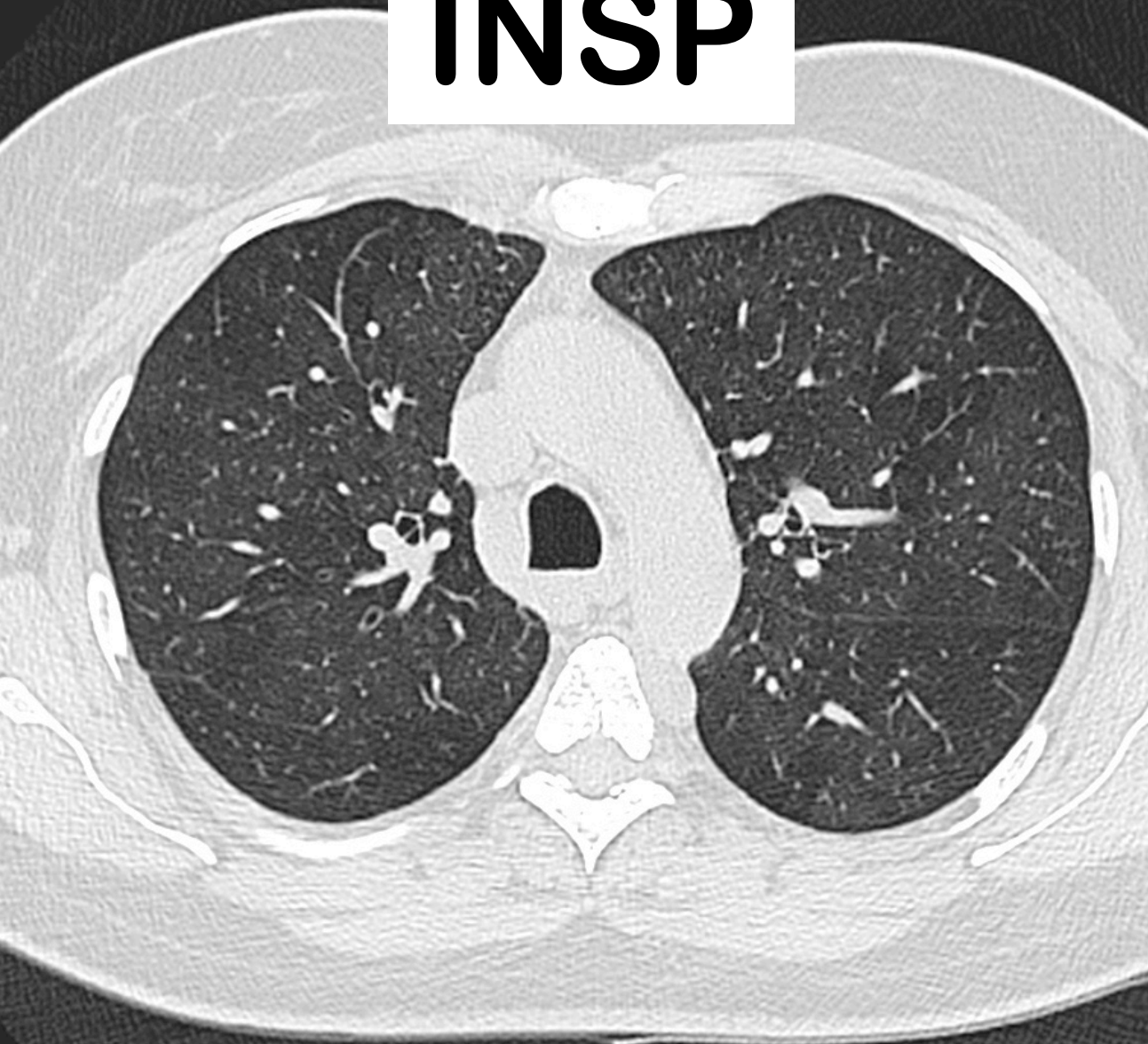
- 49 year old woman
- Non-smoker
- Long history of chronic cough
- Occasional flushing, headache, diarrhea

		Ref	Pre	Pre % Ref	Post	Post % Ref	% Chg
FVC	L	3.33	2.78	83			
FEV 1	L	2.72	1.35	50			
FEV1/FVC	%	81	49	60			
FEF 25-75%	L/s	2.89	0.38	13			
PEF	L/s	5.98	4.07	68			
MVV	L/min	100	50	50			

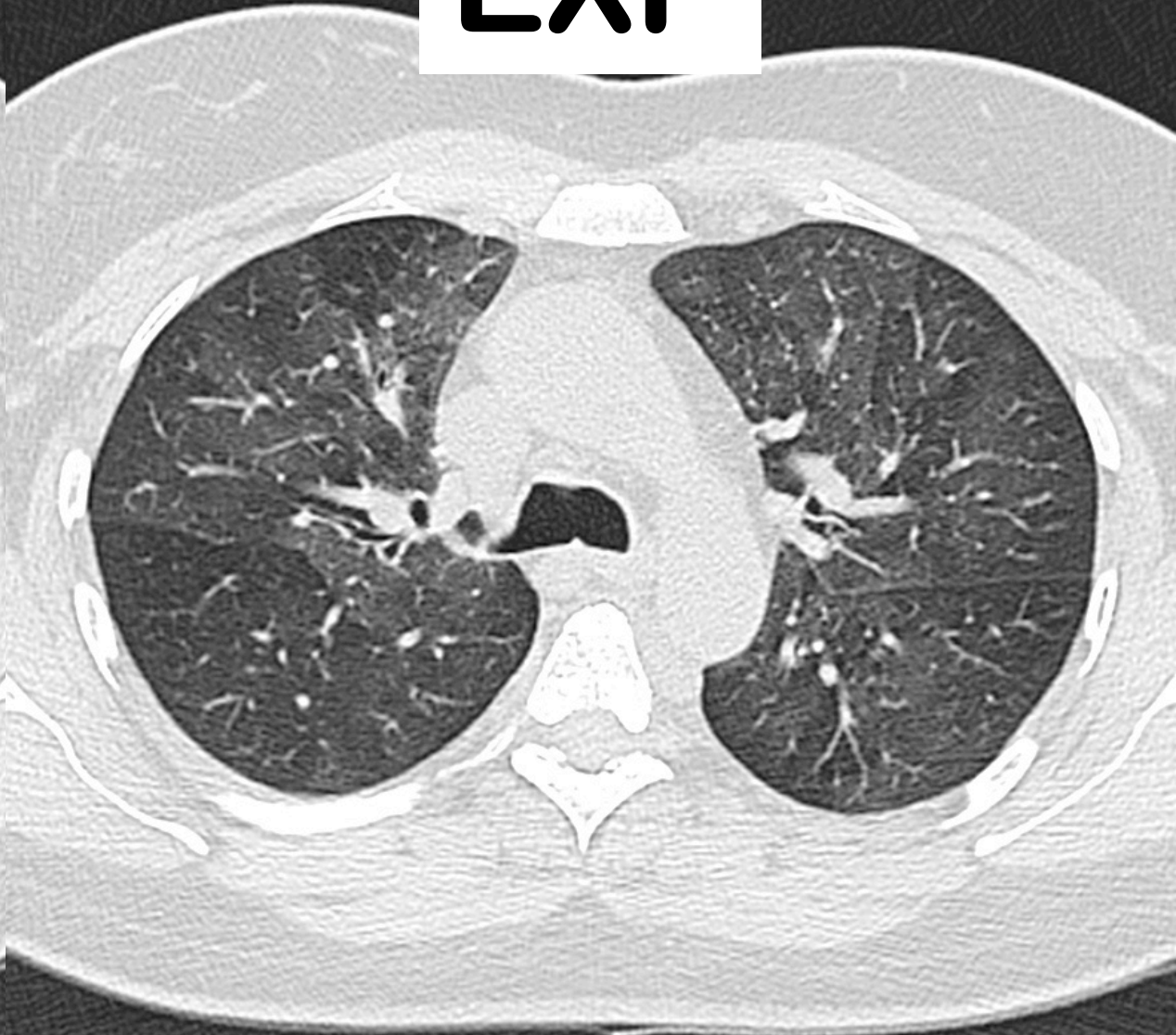
	Ref	Pre	Pre % Ref	Post	Post % Ref	% Chg
DLCO SINGLE BREATH	20.05	20.25	101			
VA SINGLE BREATH		3.95				
IVC SINGLE BREATH		2.33				
BHT		12.46				



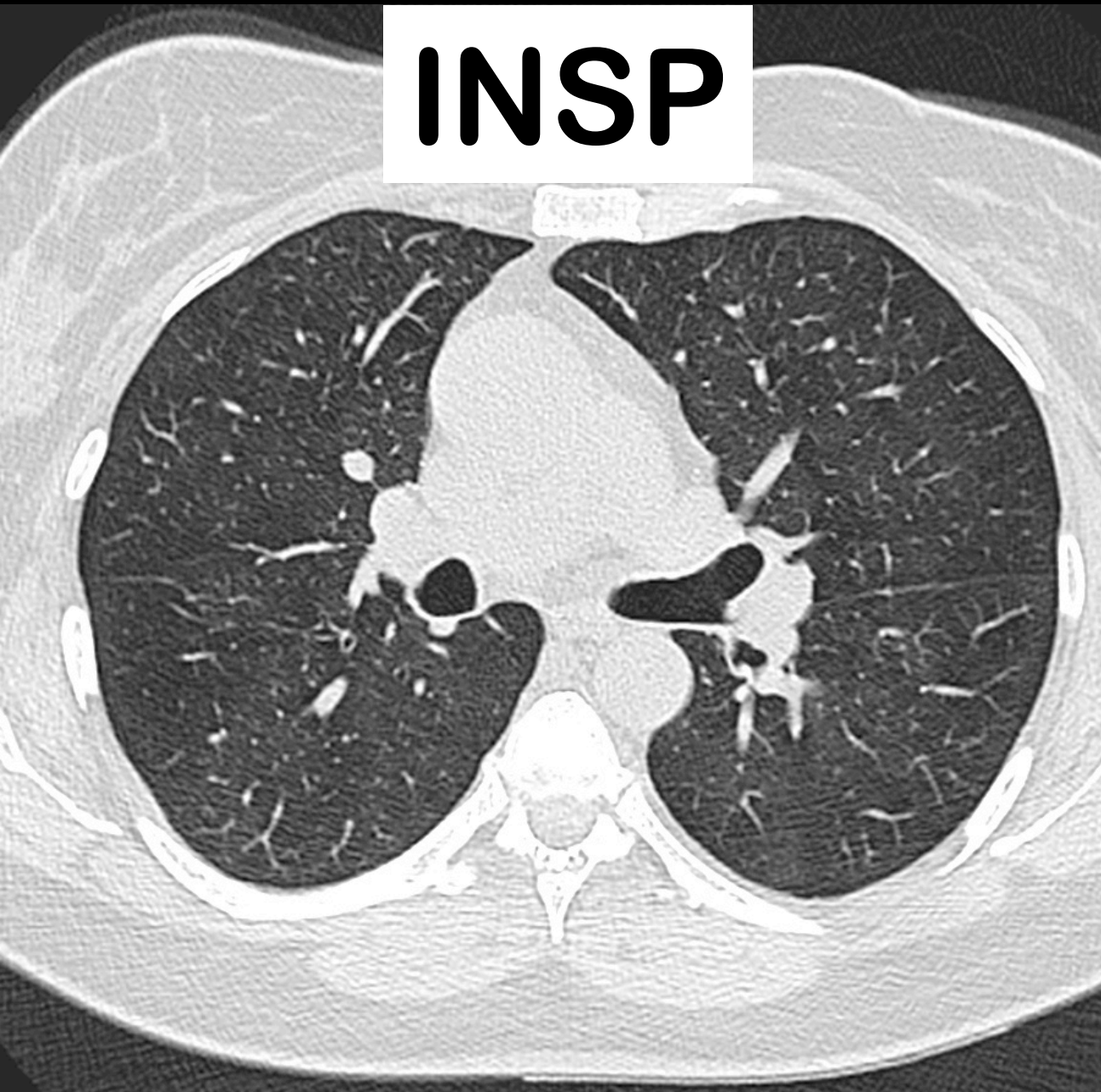
INSP



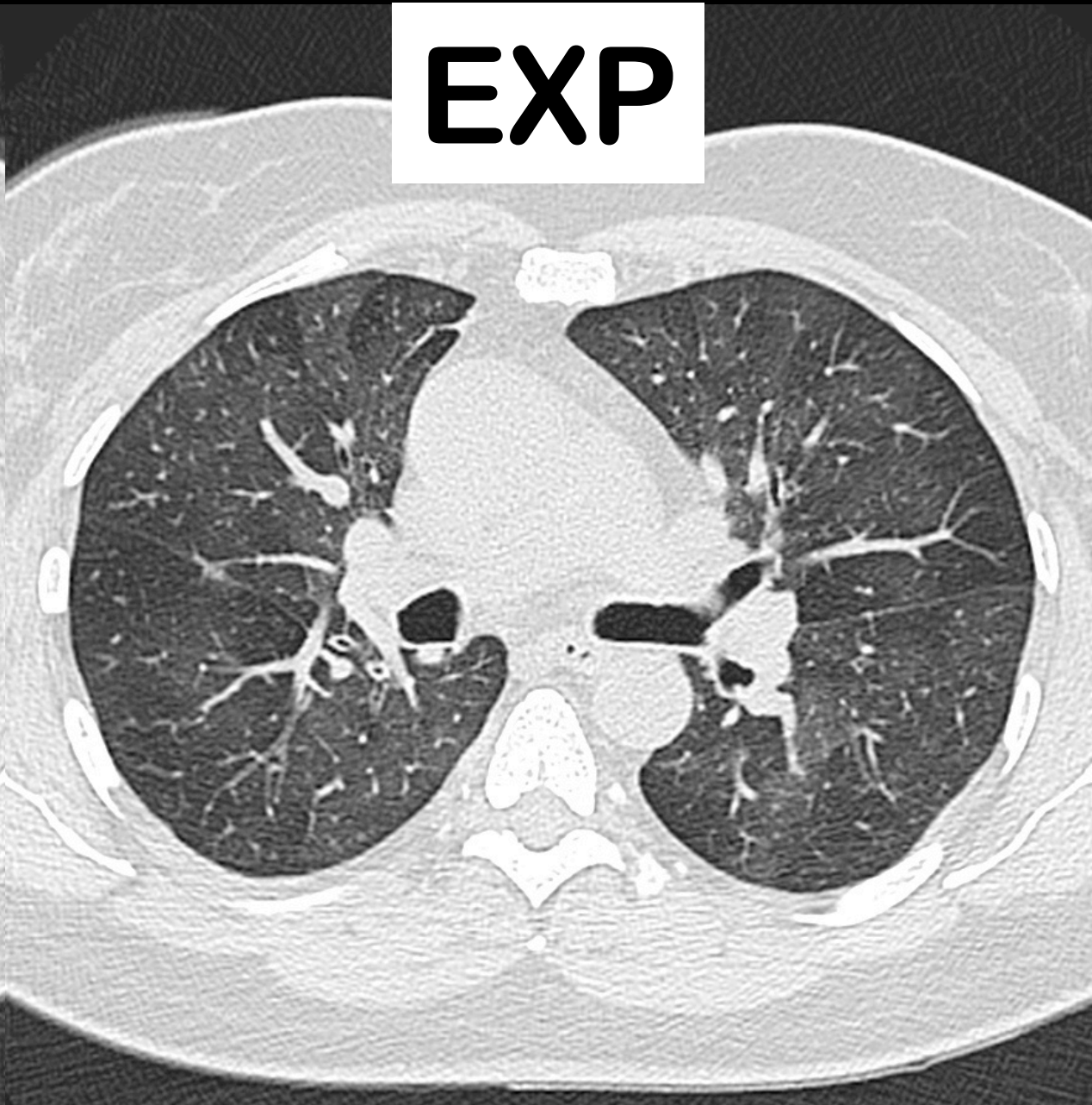
EXP



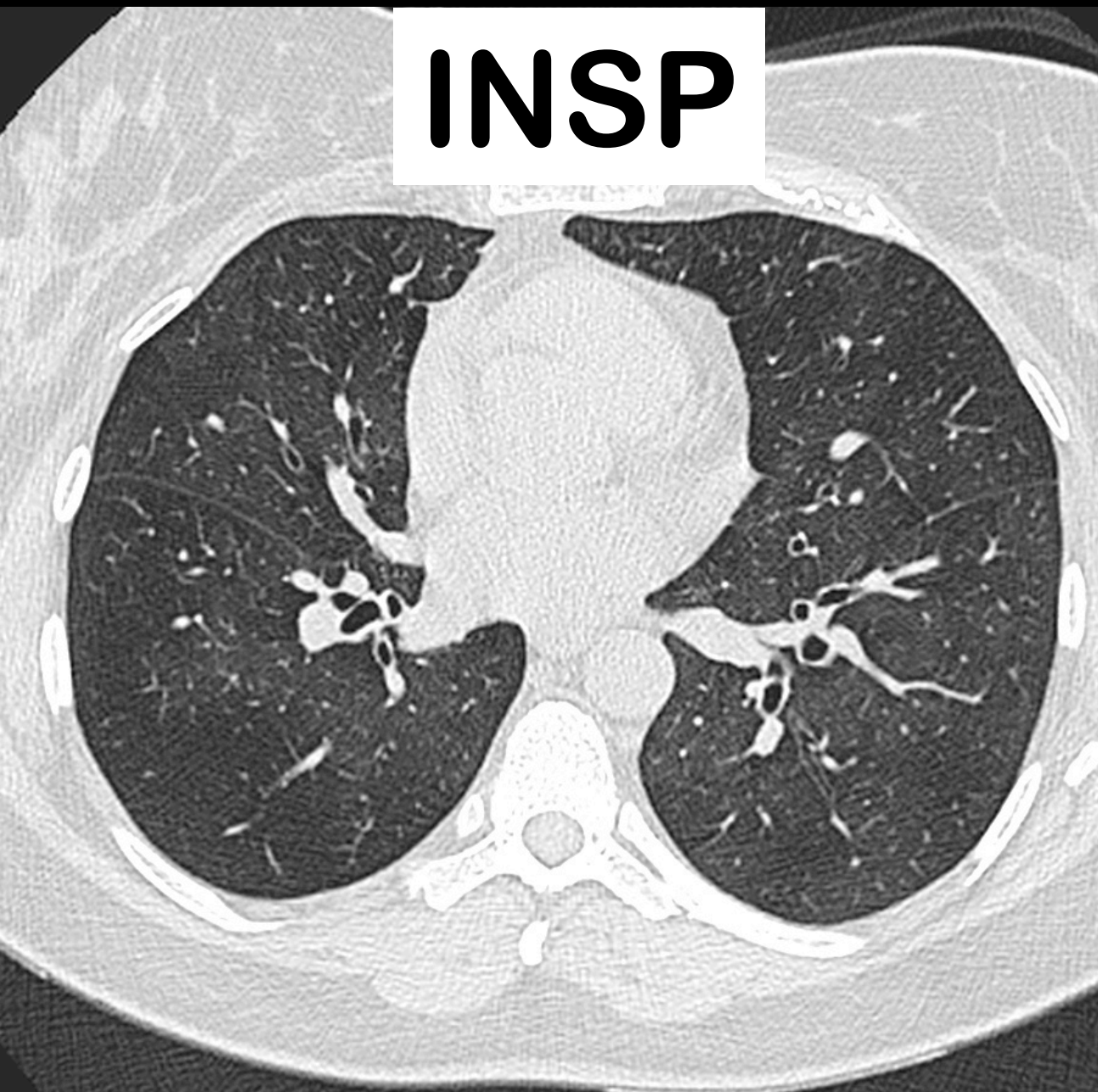
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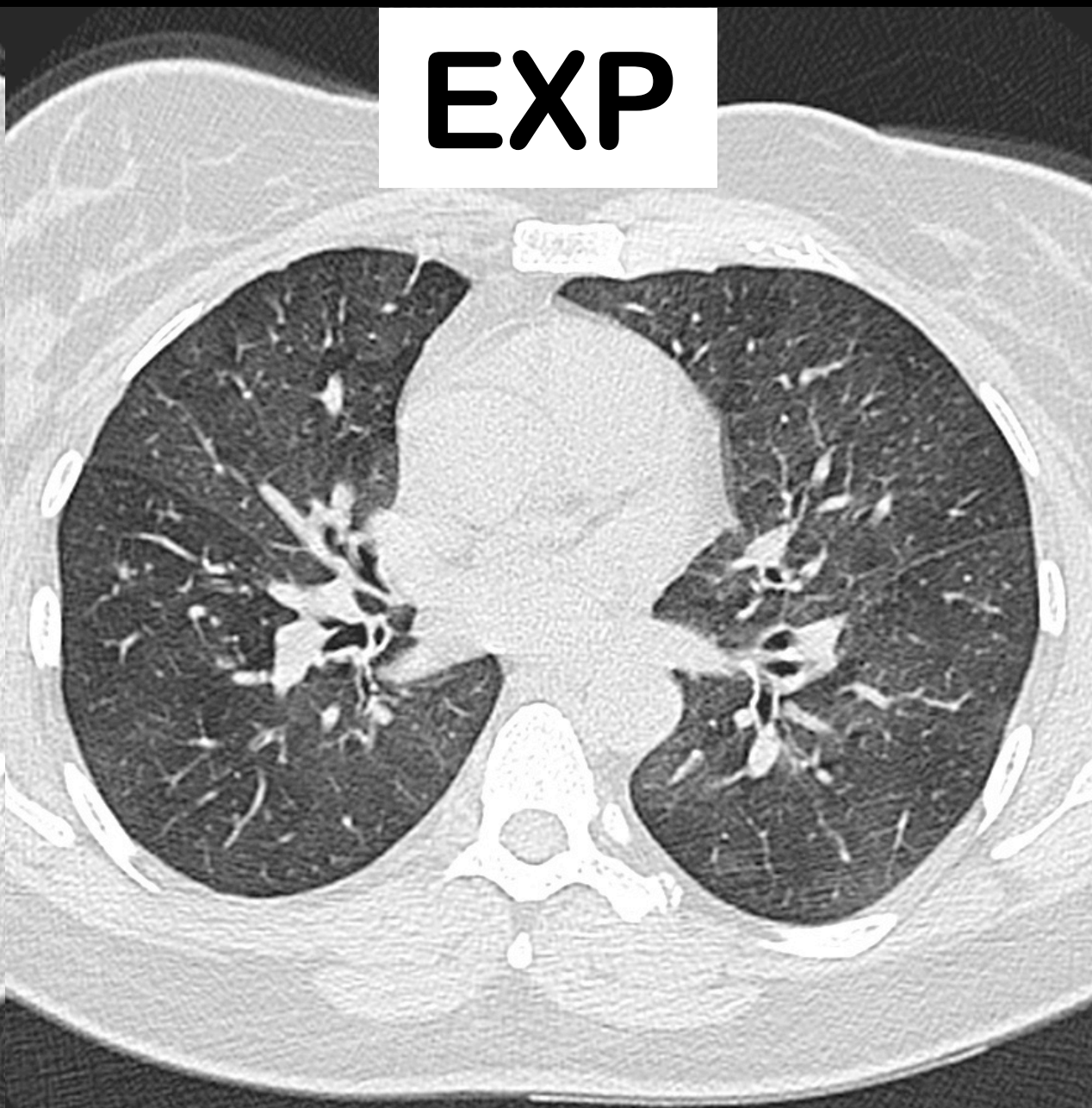
EXP



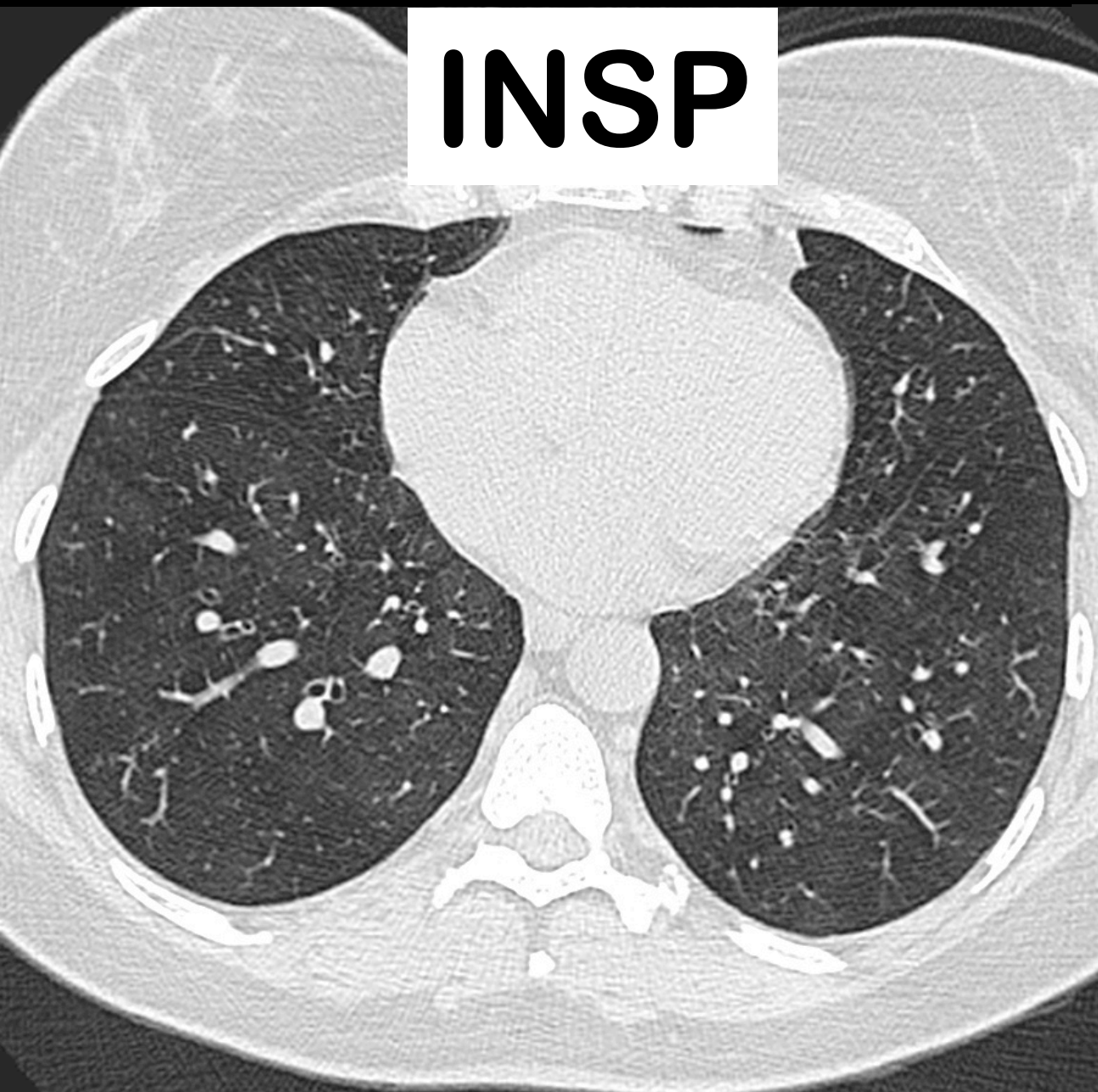
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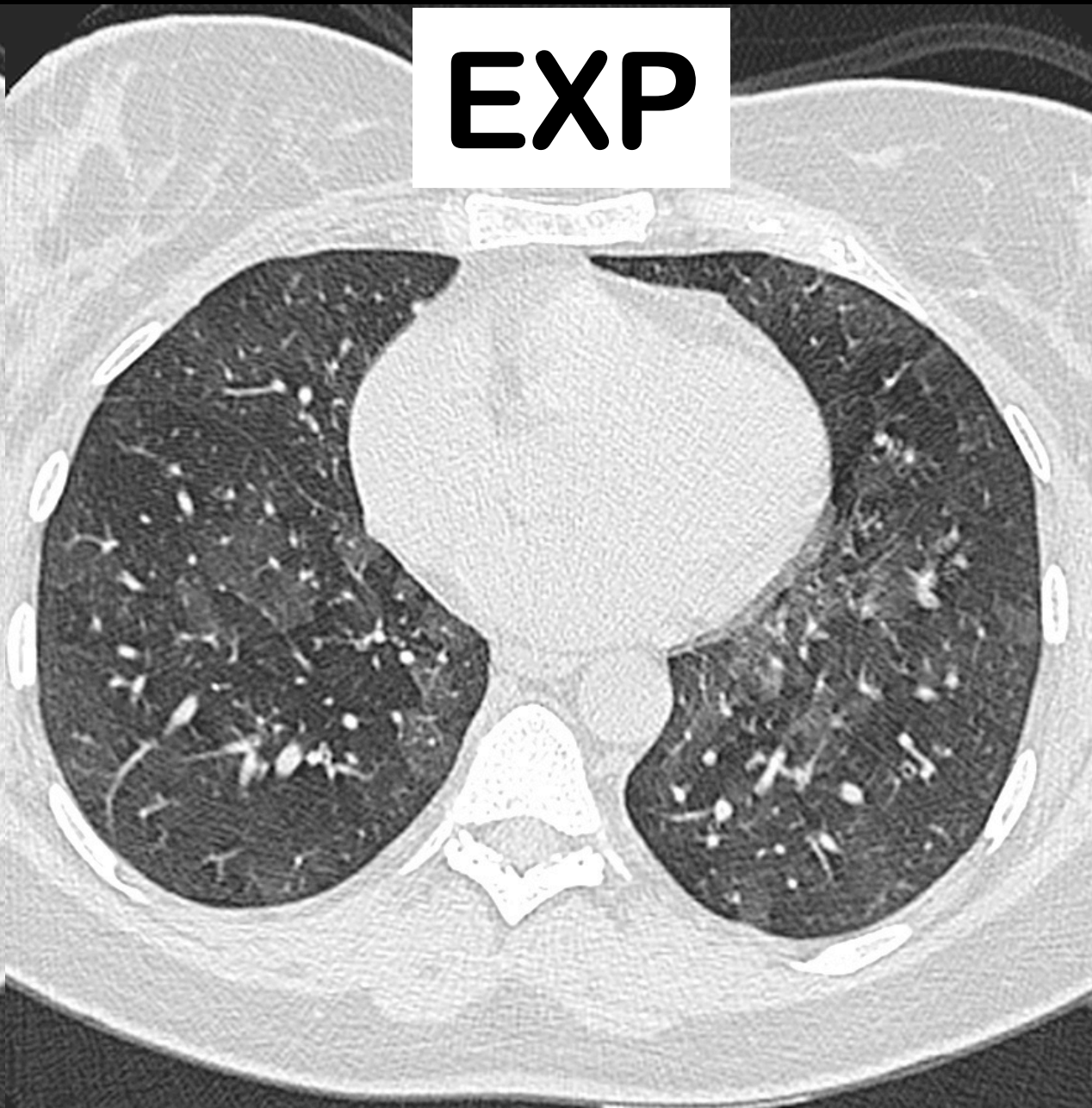
EXP



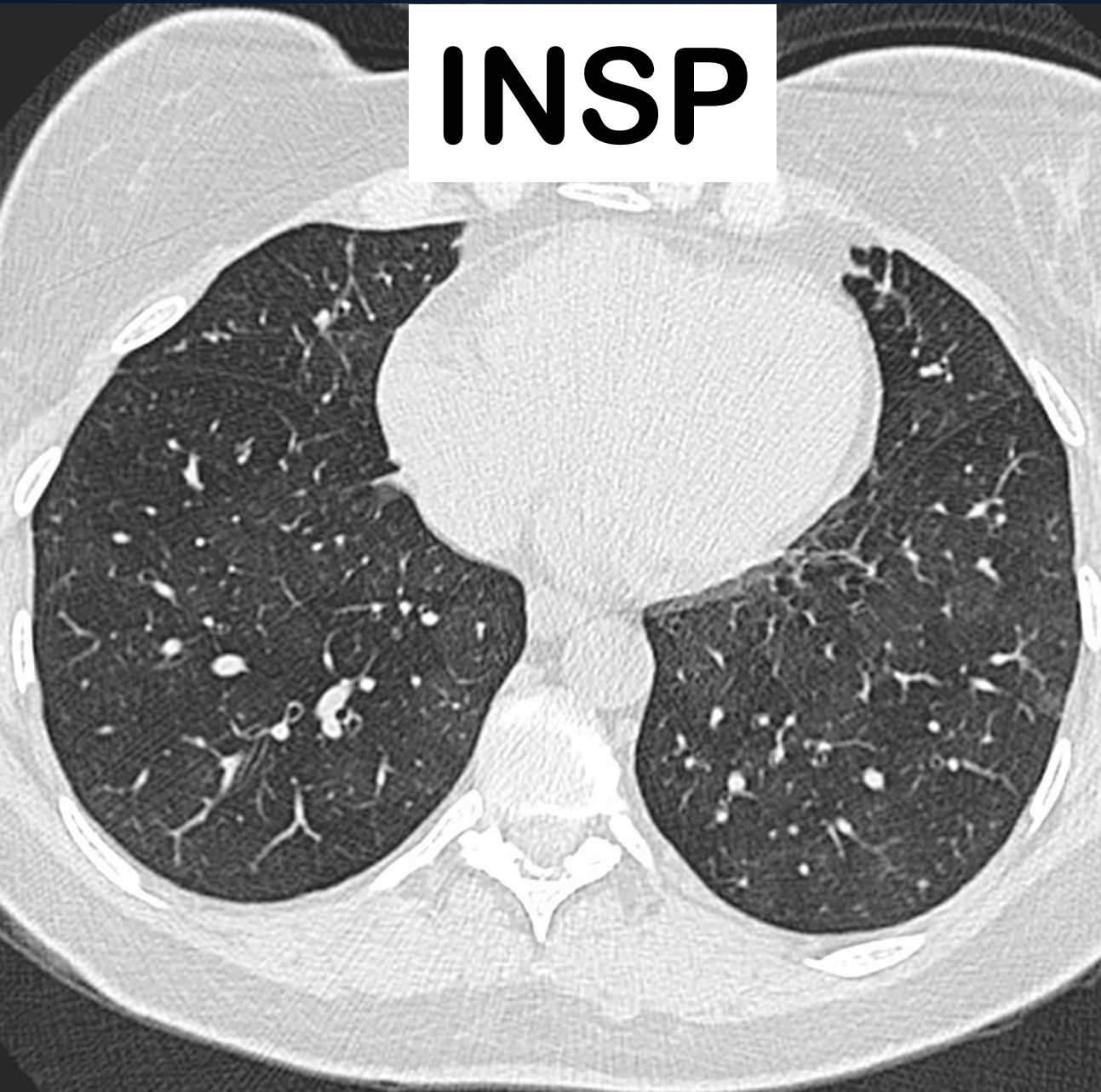
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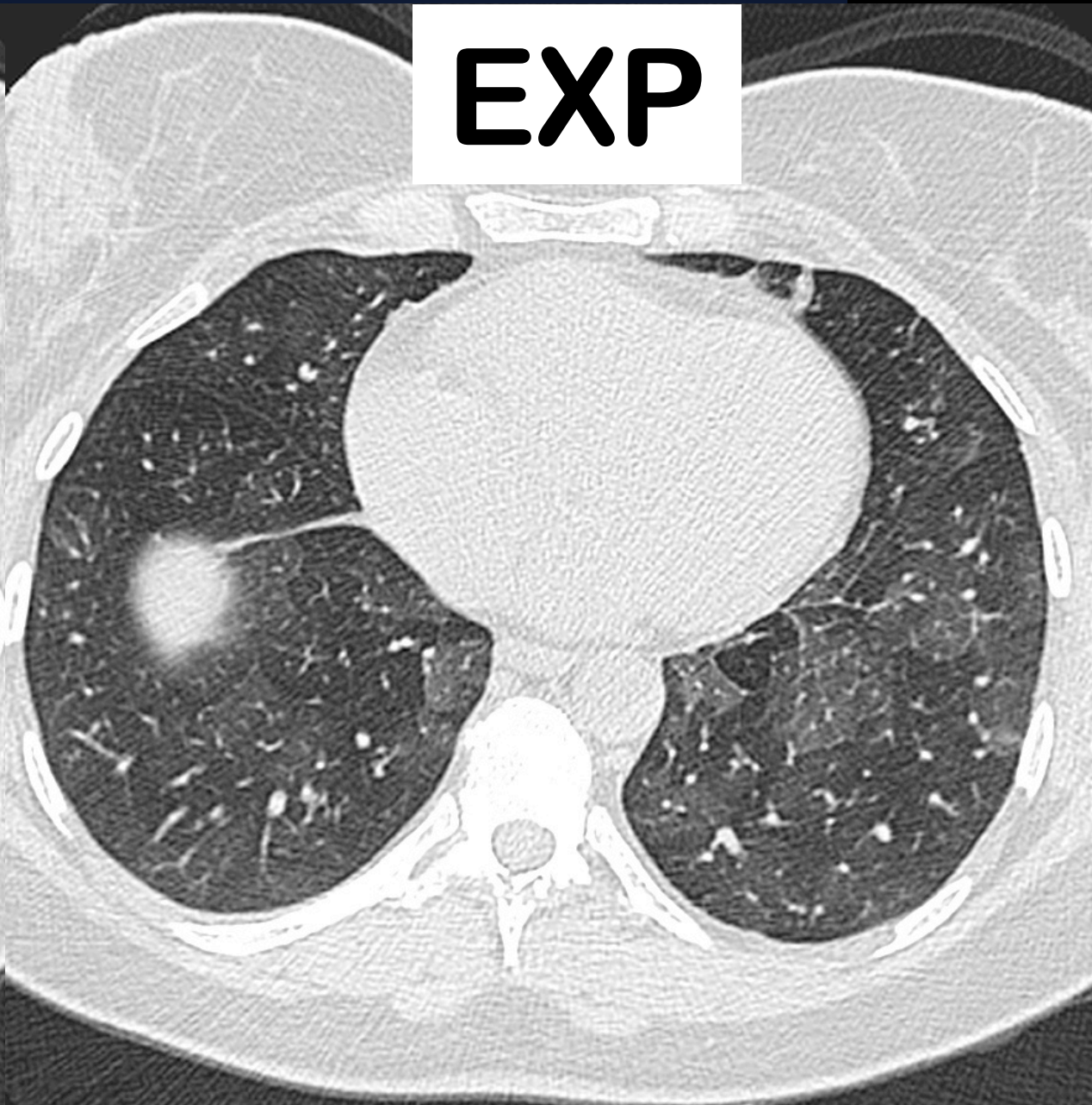
EXP



INSP



EXP





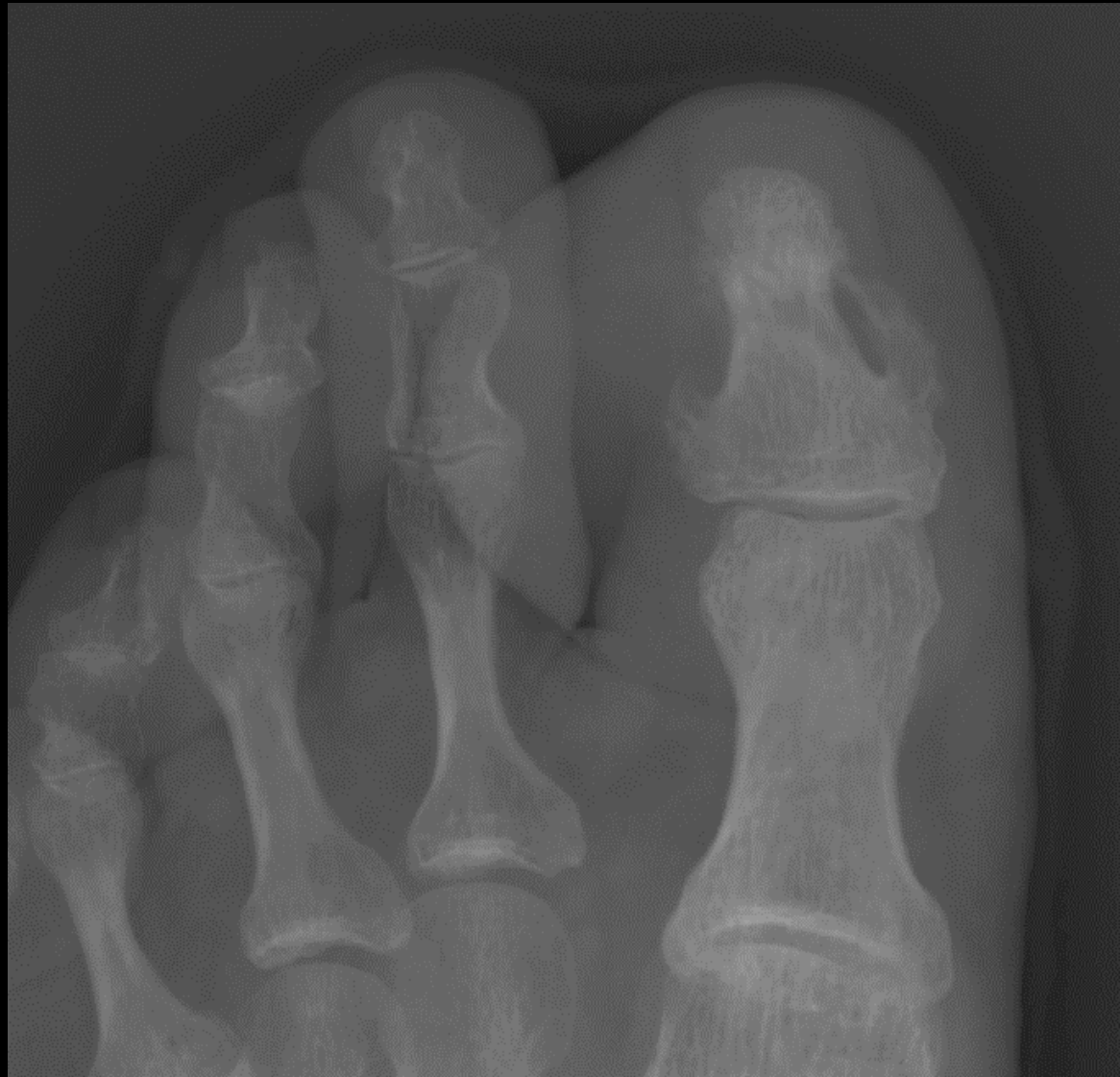
Musculoskeletal Imaging

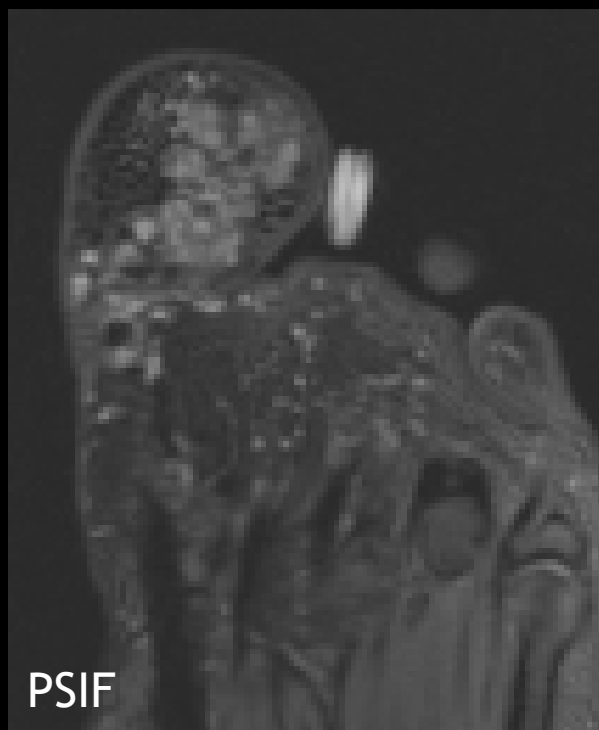
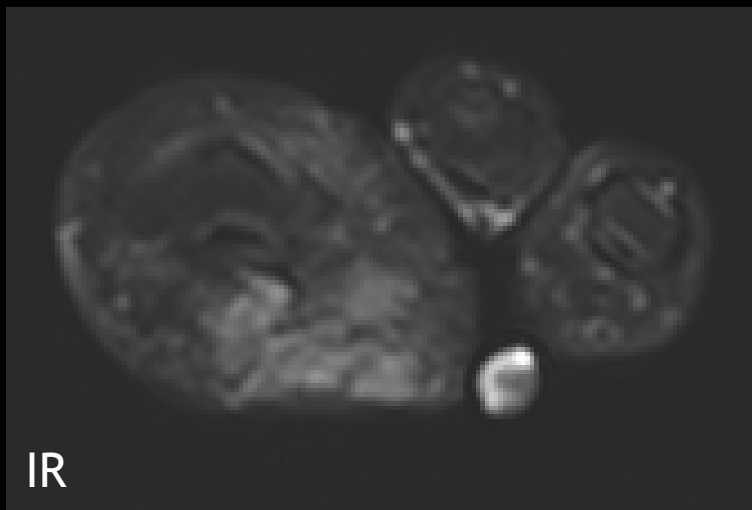
Presentation:

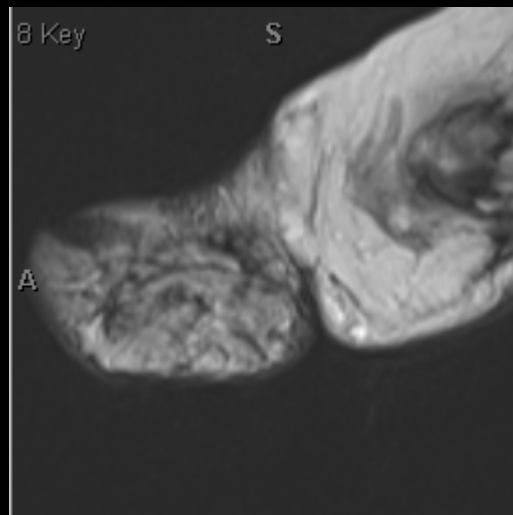
A 44-year-old male presented with great toe soft tissue mass that measured 2.3 x 5.6 x 2.0 cm. Additional, similar appearing smaller lesions were present in the adjacent soft tissues measuring 1 cm or less.

History

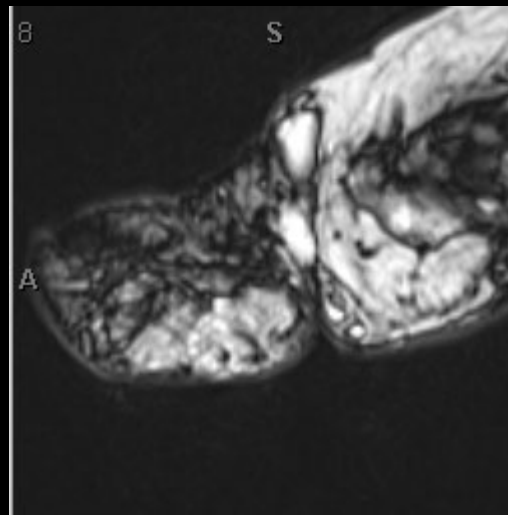
- ▶ Medication history: Hypertension, No DM, No Cardiac history, Describes intermittent headaches
- ▶ Surgical history:
 - ▶ 2 procedures on his left foot as a child (outside report- neurofibroma)
 - ▶ Appendectomy at age 30; the patient recalls being told of a "mass" on an enlarged appendix
 - ▶ Right medial forearm benign mass excised at age 26
- ▶ Family history:
 - ▶ Congestive heart failure
 - ▶ Mother with a 'brain tumor' diagnosed at age 76.
- ▶ Physical Exam
 - ▶ Firm but soft mass on left great toe without skin changes, 3-4cm,
 - ▶ No Clubbing, no Cyanosis, no Edema
 - ▶ On the right upper extremity is a 1.5 cm diameter, raised, flesh colored, mobile skin lesion incidentally noted



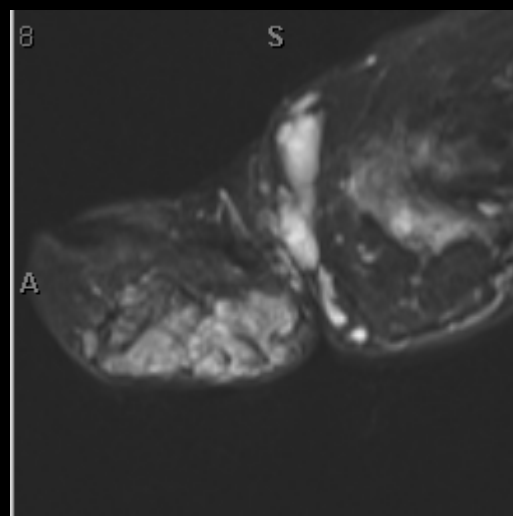




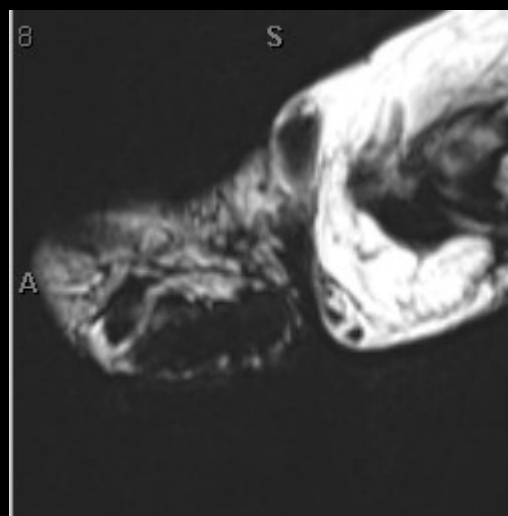
Extre., Tumor, Infect., TE:69.0/TR:4000/SE
SAG T2 DIXON_in 4.0mm/4.4mm ☐
Series #13 22 Images



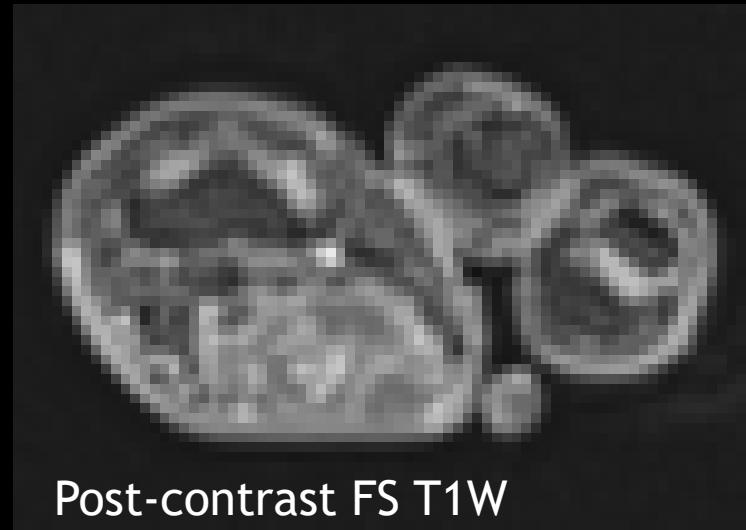
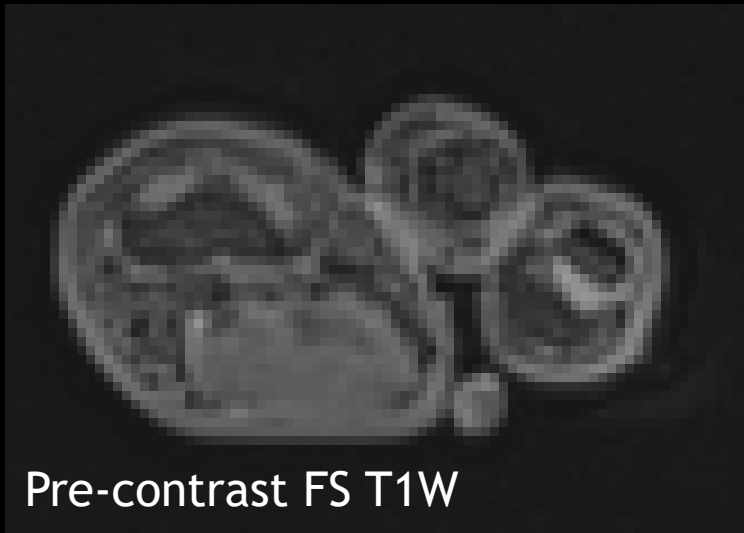
Extre., Tumor, Infect., TE:69.0/TR:4000/SE
SAG T2 DIXON_op 4.0mm/4.4mm ☐
Series #14 22 Images

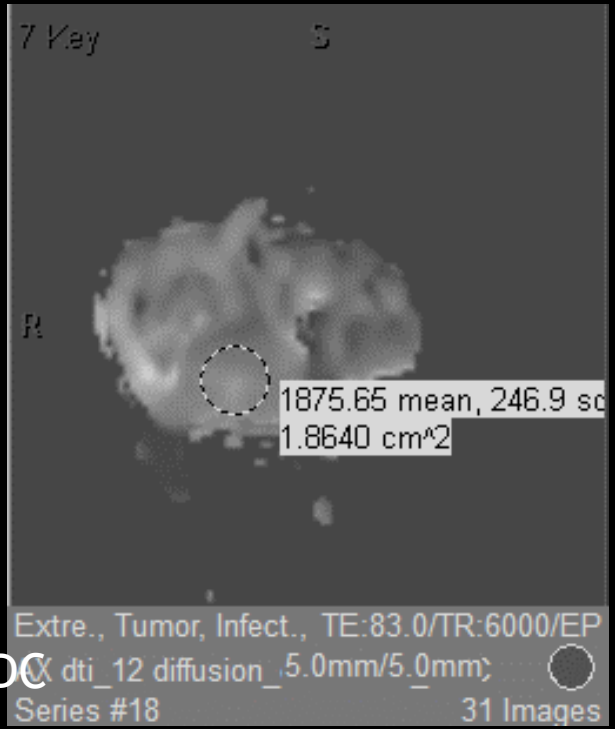


Extre., Tumor, Infect., TE:69.0/TR:4000/SE
SAG T2 DIXON_W 4.0mm/4.4mm ☐
Series #16 22 Images



Extre., Tumor, Infect., TE:69.0/TR:4000/SE
SAG T2 DIXON_F 4.0mm/4.4mm ☐
Series #15 22 Images



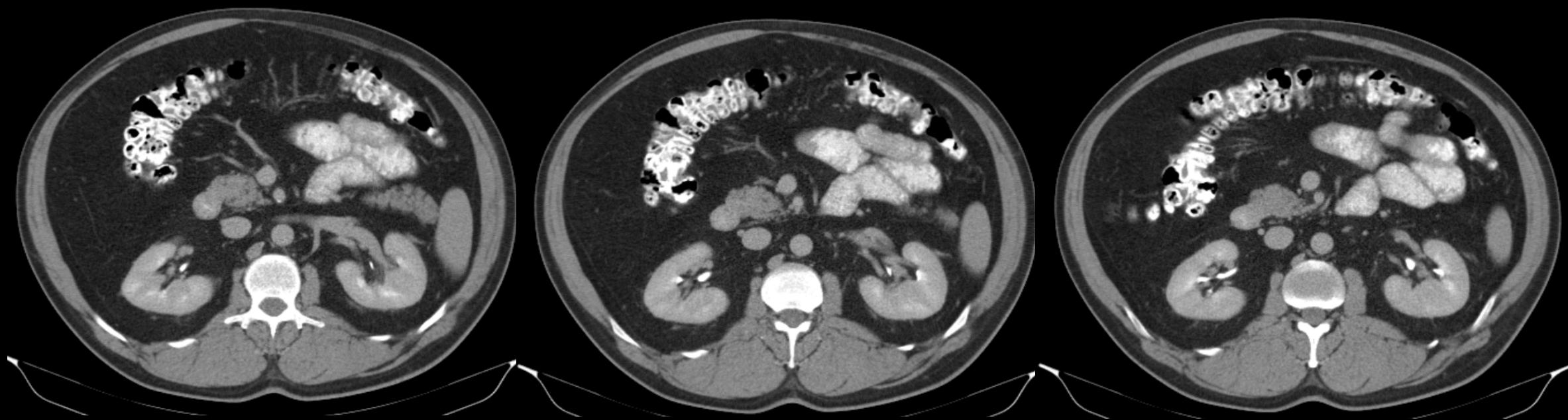


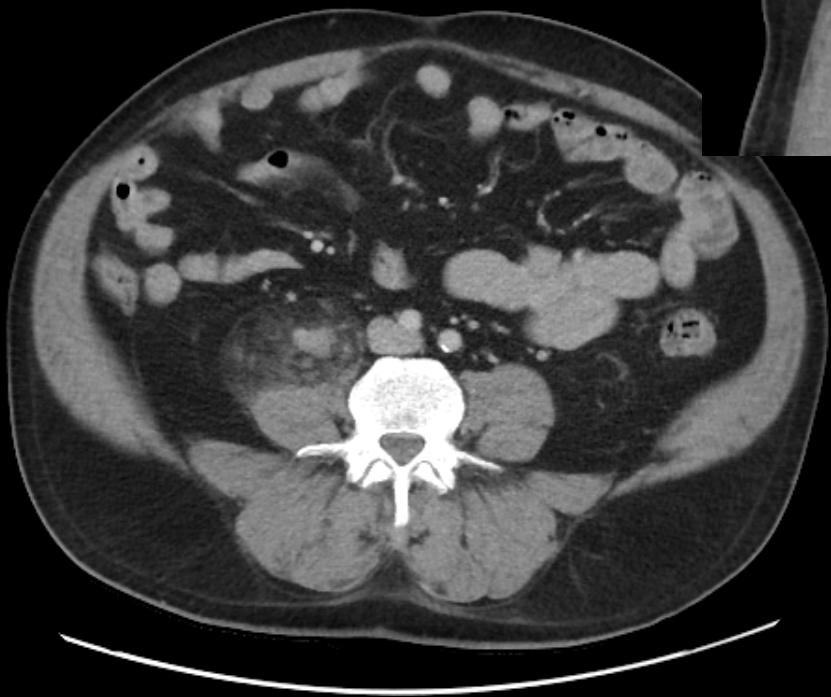
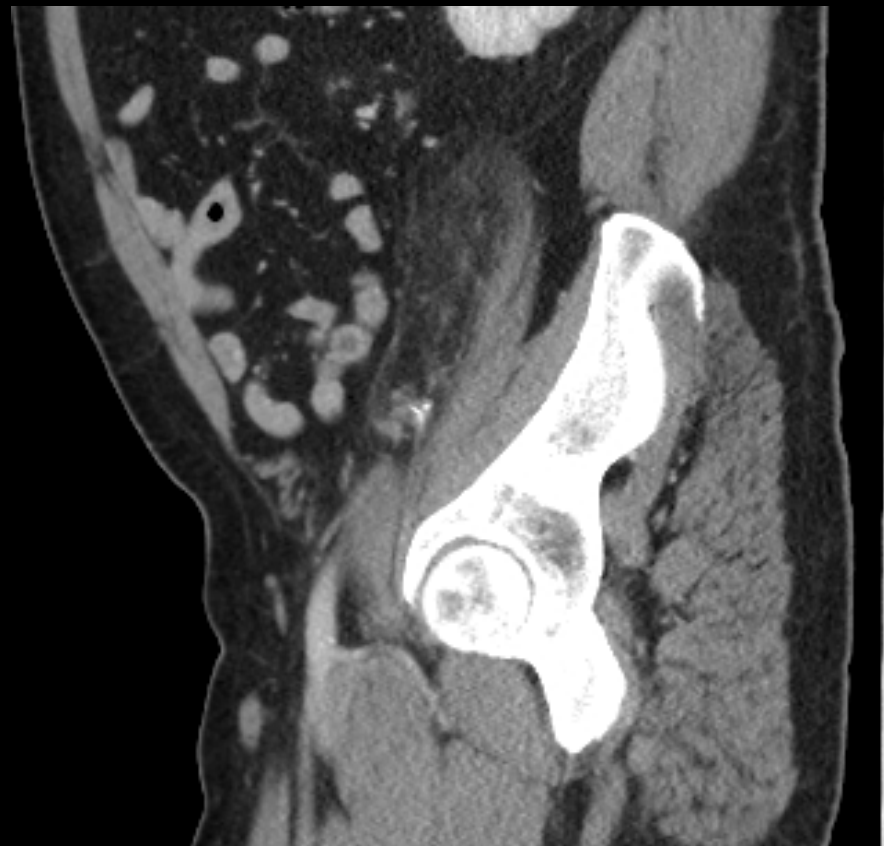
ADC

$$\text{ADC} = 1.8 \times 10^{-3} \text{ mm}^2/\text{sec}$$

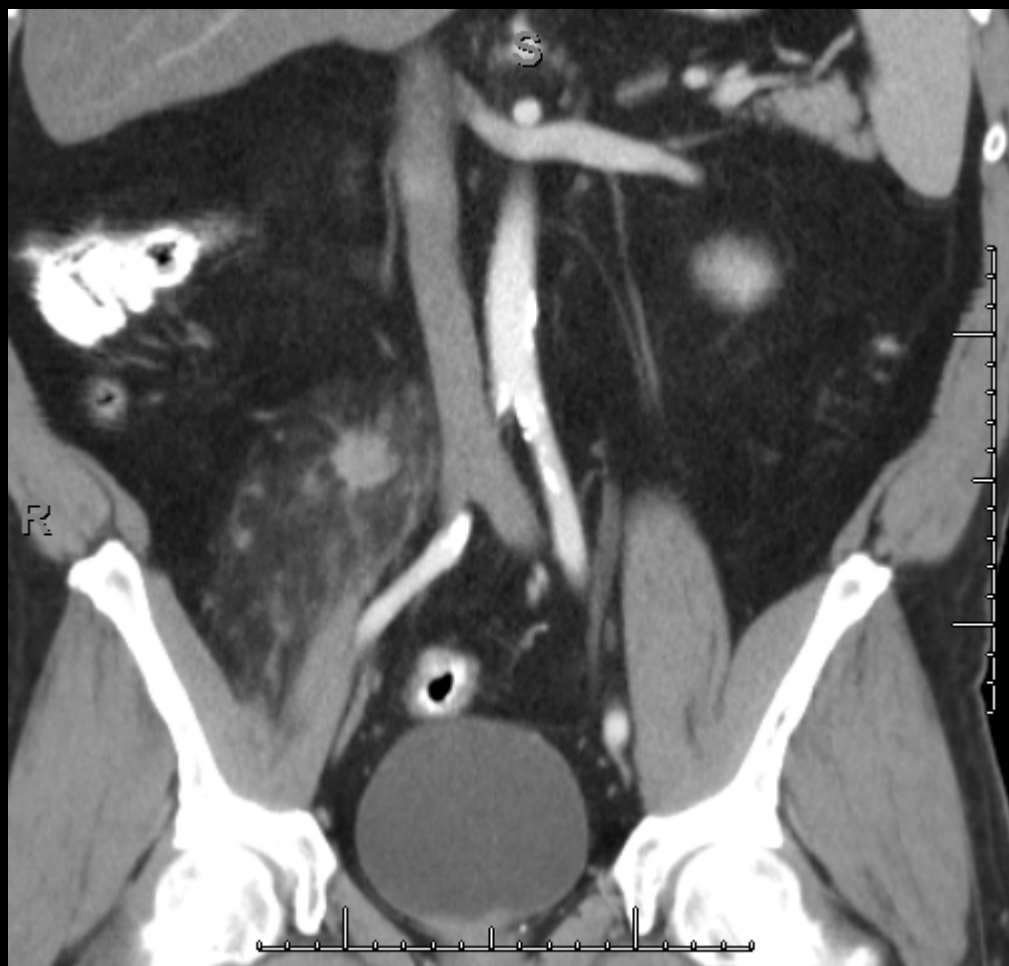


DWI





May, 2017



Jan, 2019



Toe mass was resected

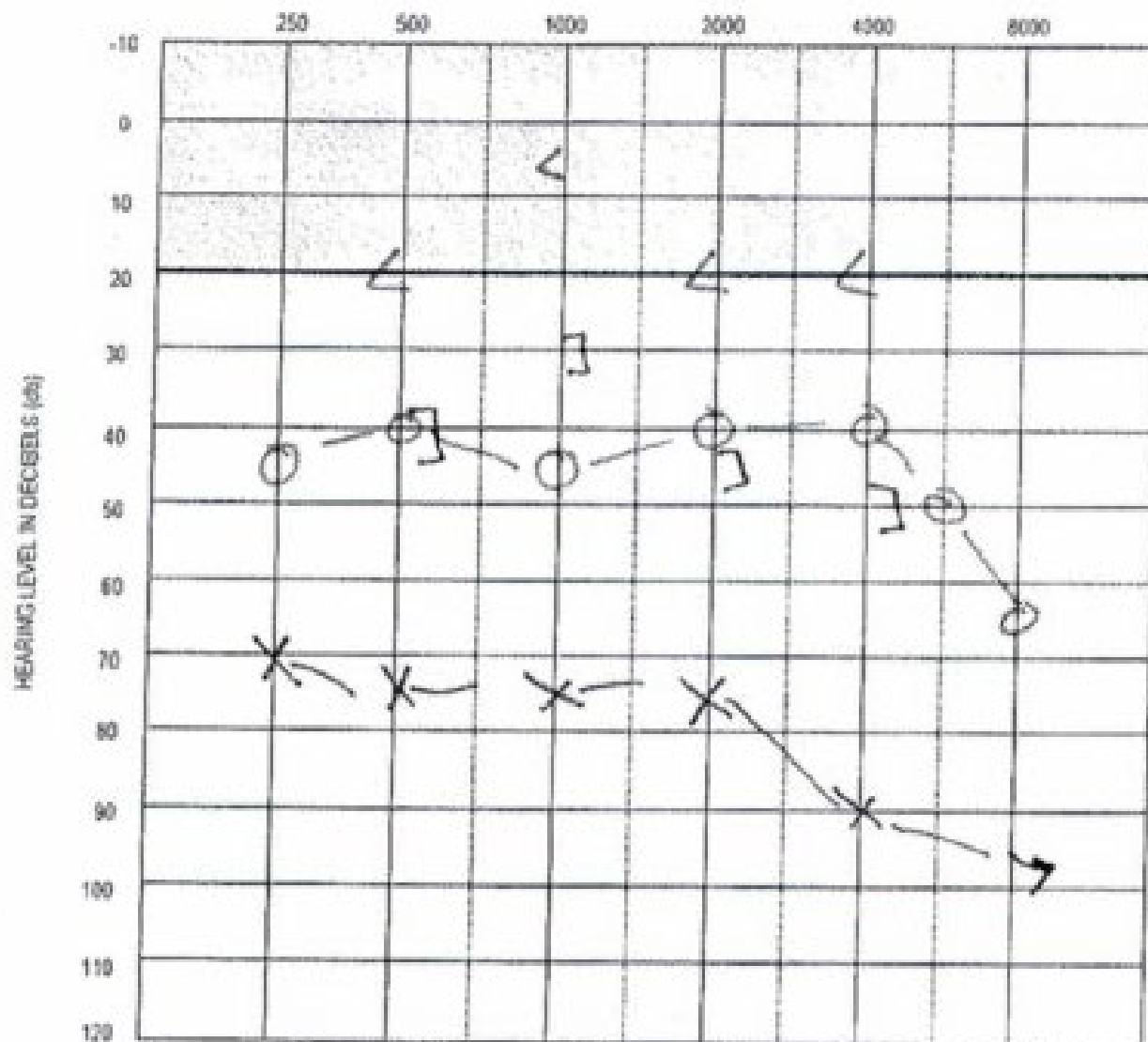
Neuroradiology

- **HPI:** 28 yo female with hx of ear infections presents with asymmetric and asynchronous bil HL.
 - Right HL in 2/2018
 - Left HL in 5/2018
 - Treated with tympanostomy tubes
 - Bil Bell's Palsy in 3/2018 treated with steroids and antivirals, after which ears "felt better"
 - Current symptoms: L sided tinnitus described as "whooshing"
- **SH:** Negative
- **ROS:** Negative
- **ENT:** nasopharyngeal endoscopy normal
- **Audiology findings:** See next

SL

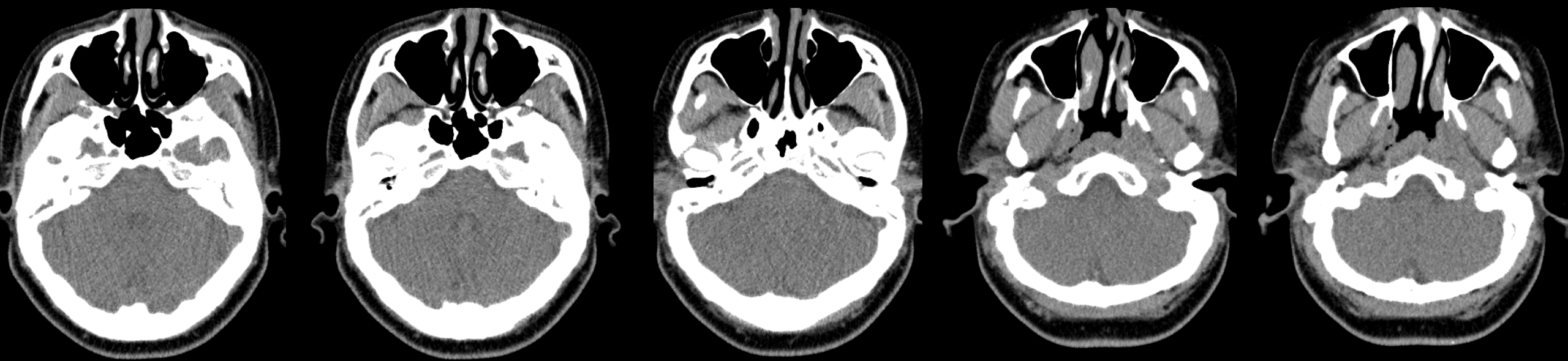
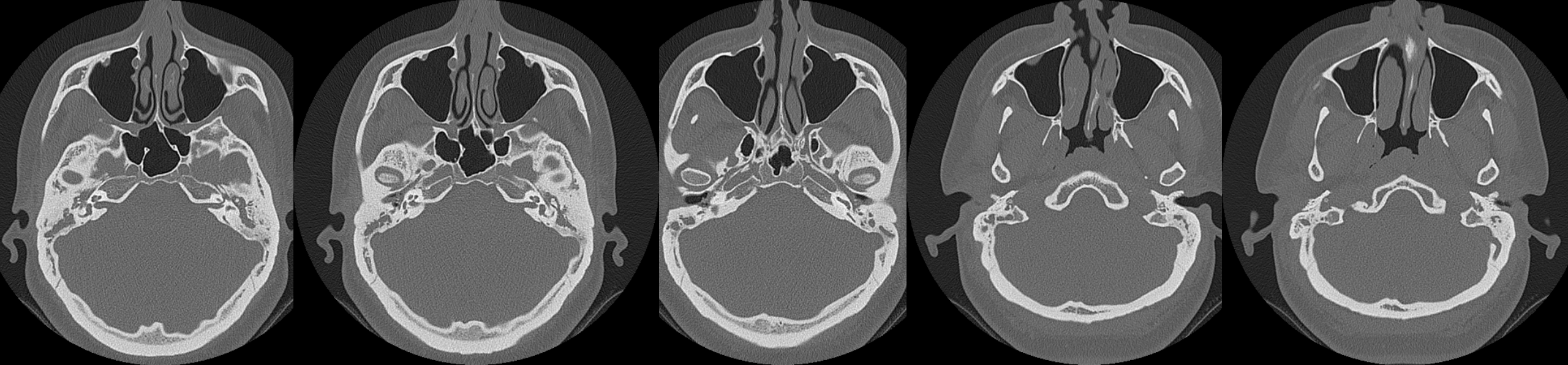
Pure Tone Audiometry

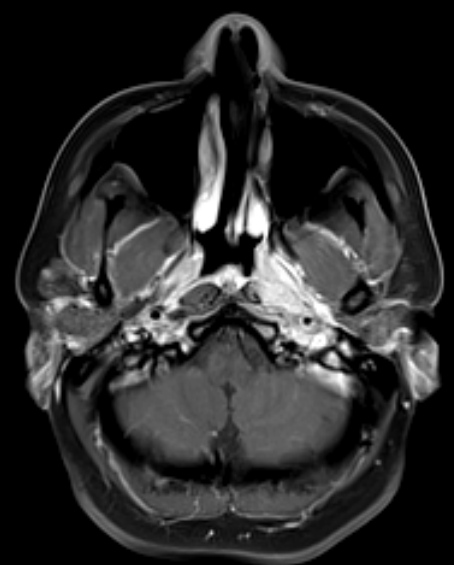
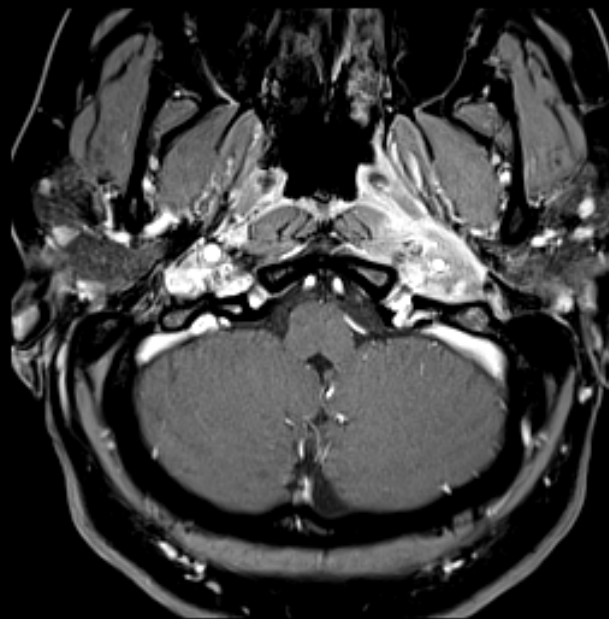
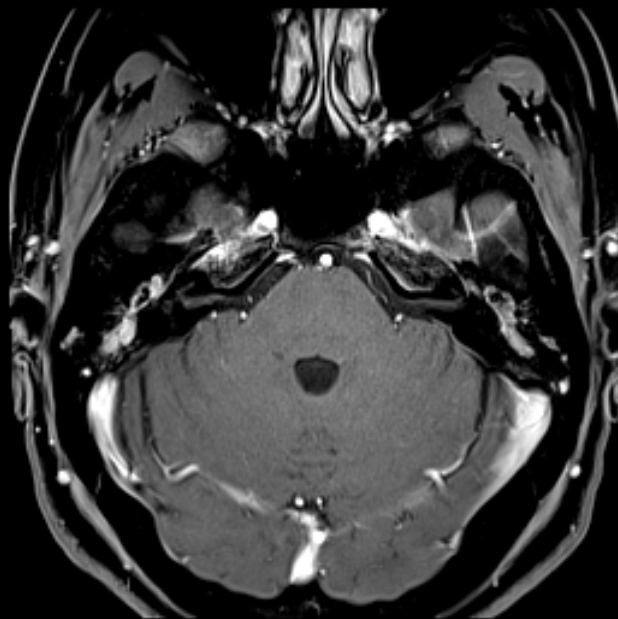
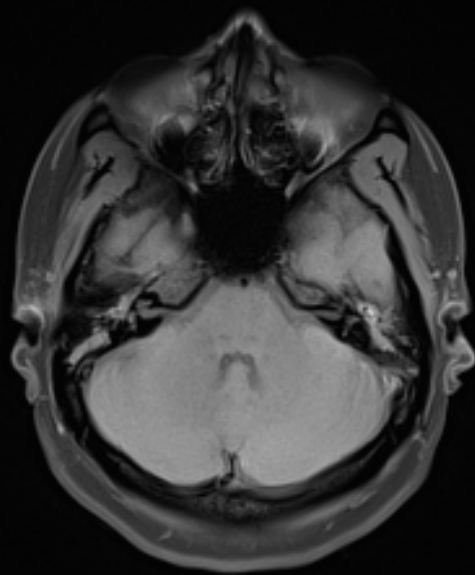
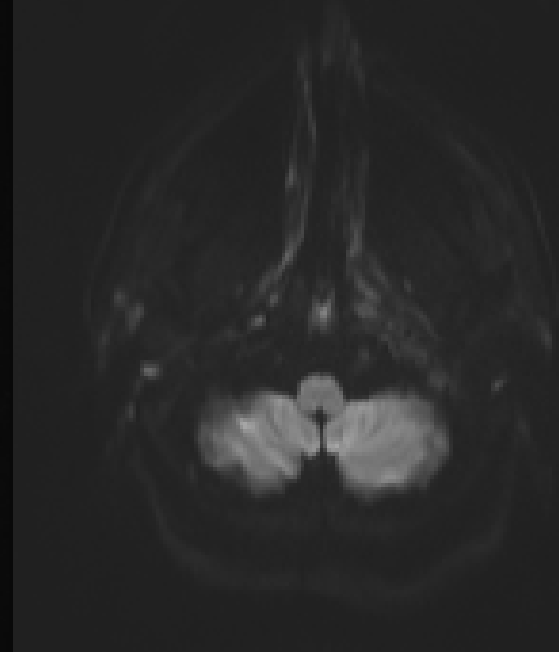
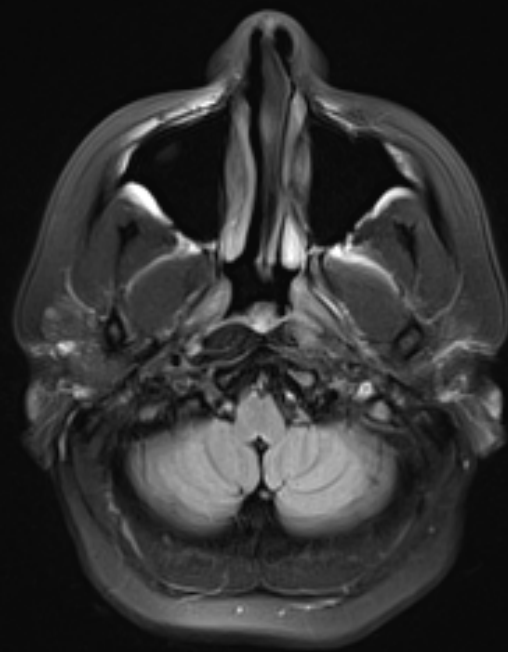
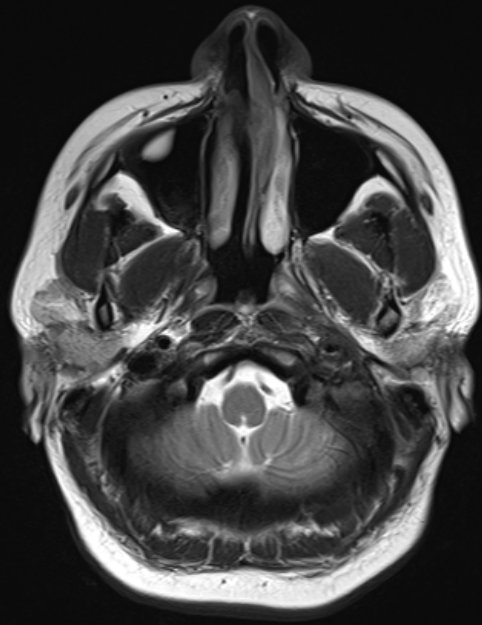
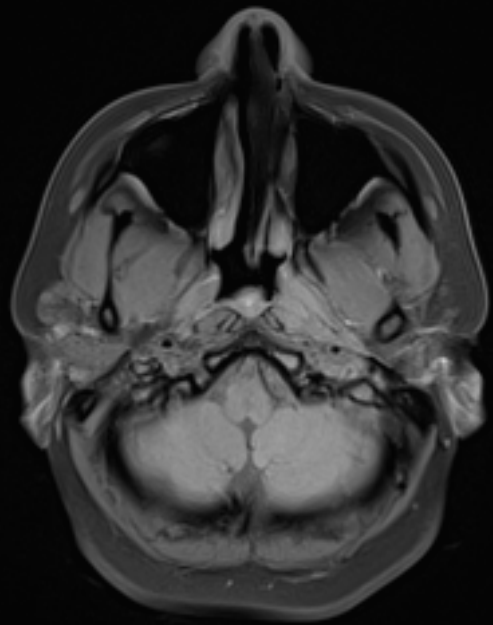
FREQUENCIES IN Hz

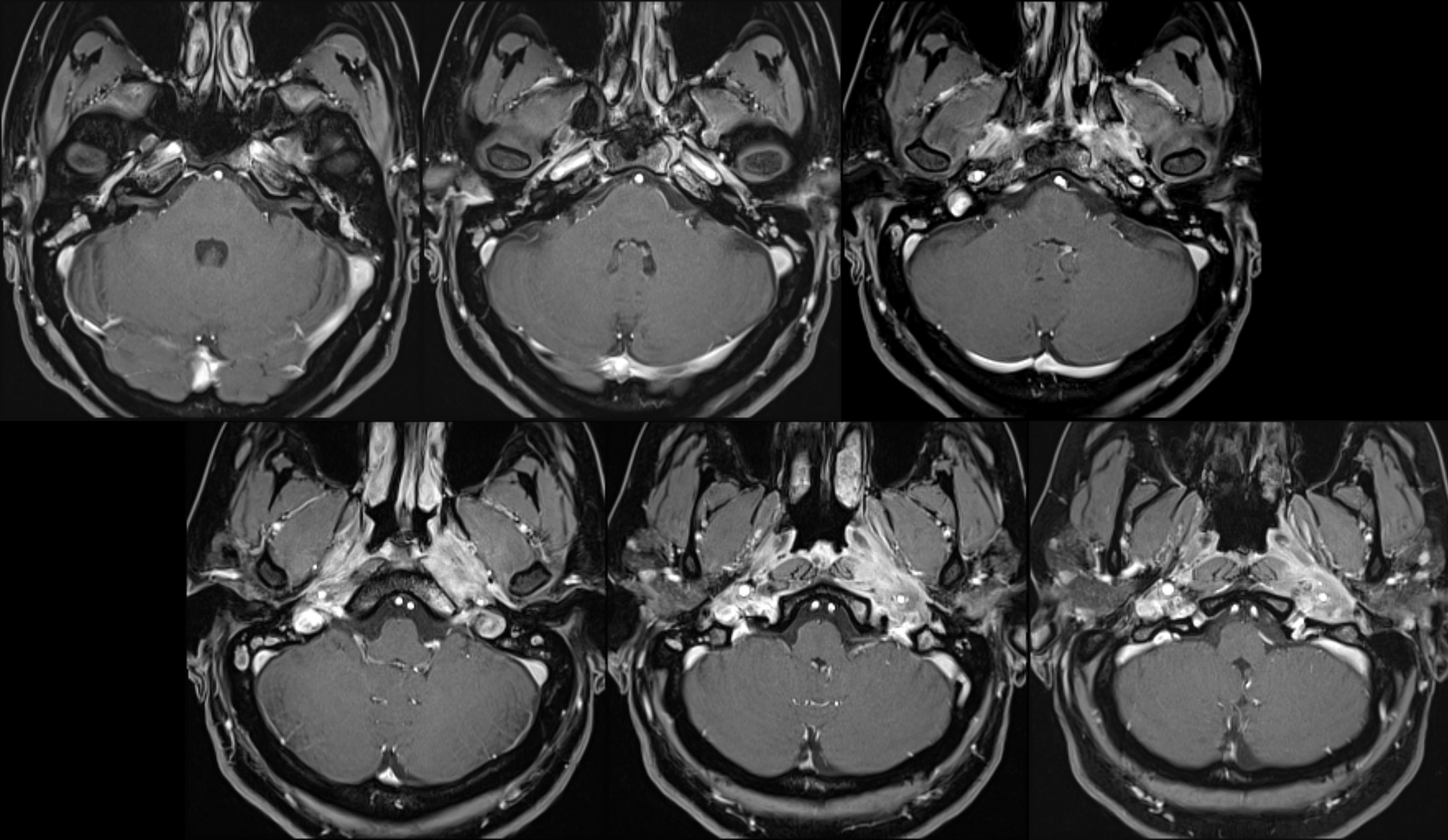


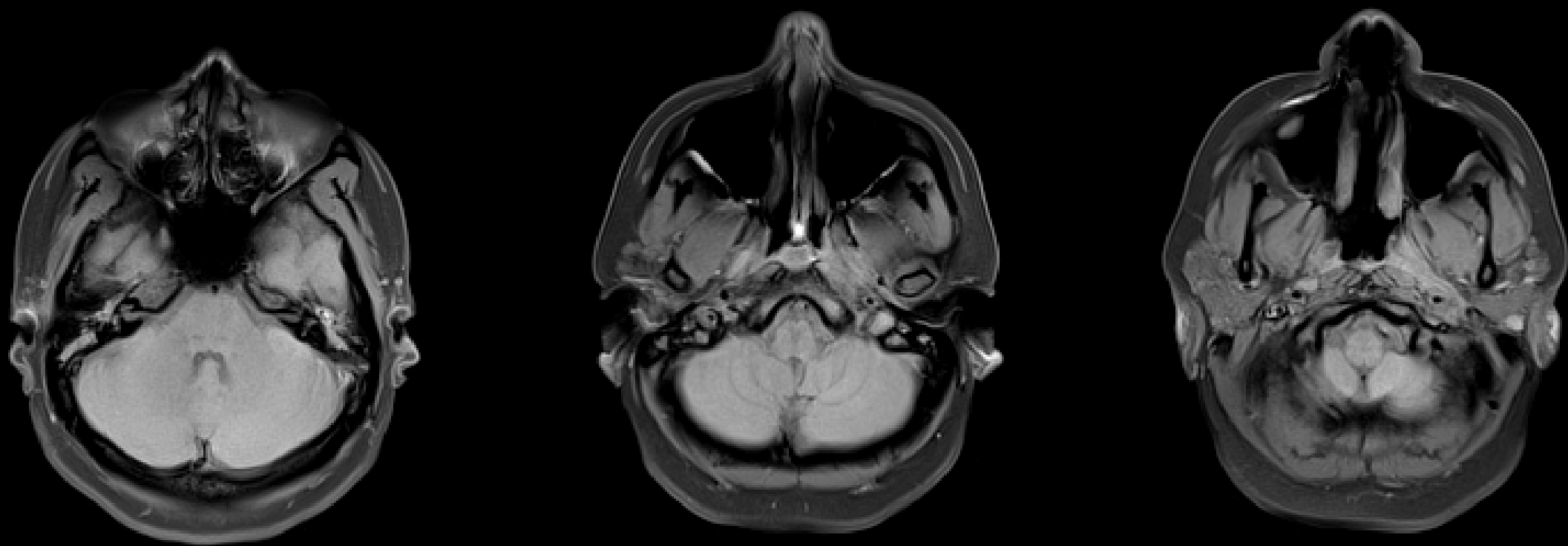
Key

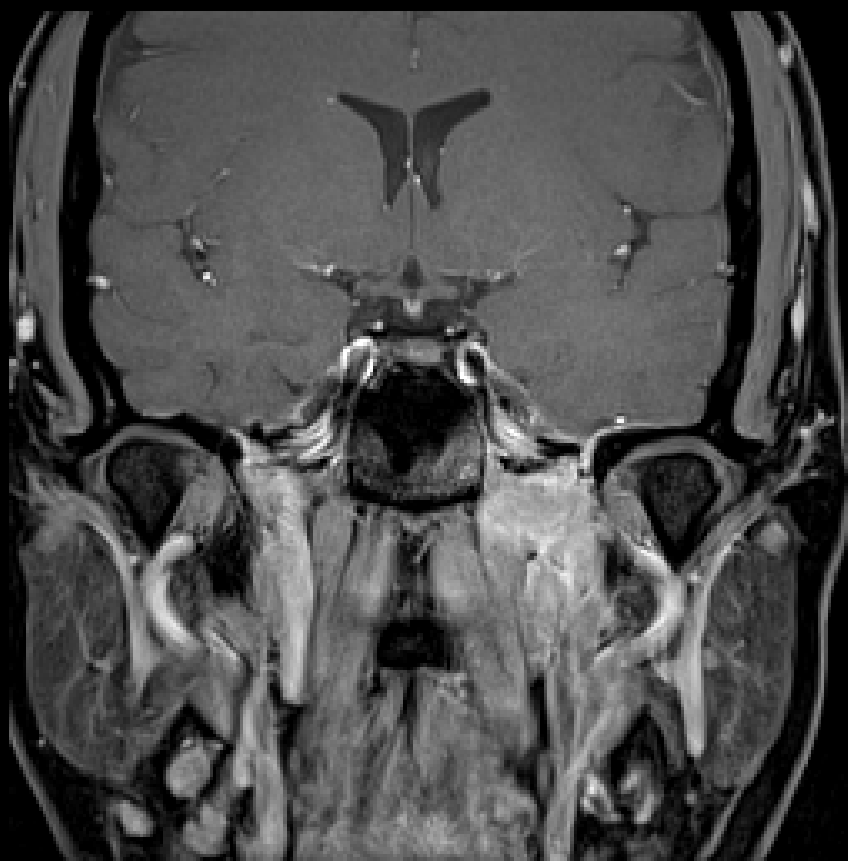
Left	Stimulus	Right
X	Air	○
□	Air Mask	△
>	Bone	<
]	Bone Mask	[
↘	No Response	↙
L	Sound Field	R
Sound Field-S		
Vibro-Tactile-VT		
No Response-NR		

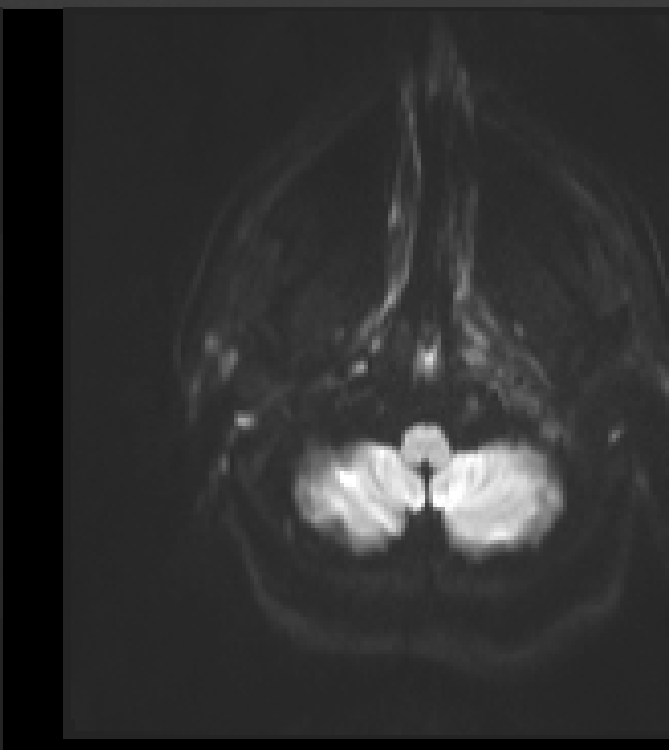
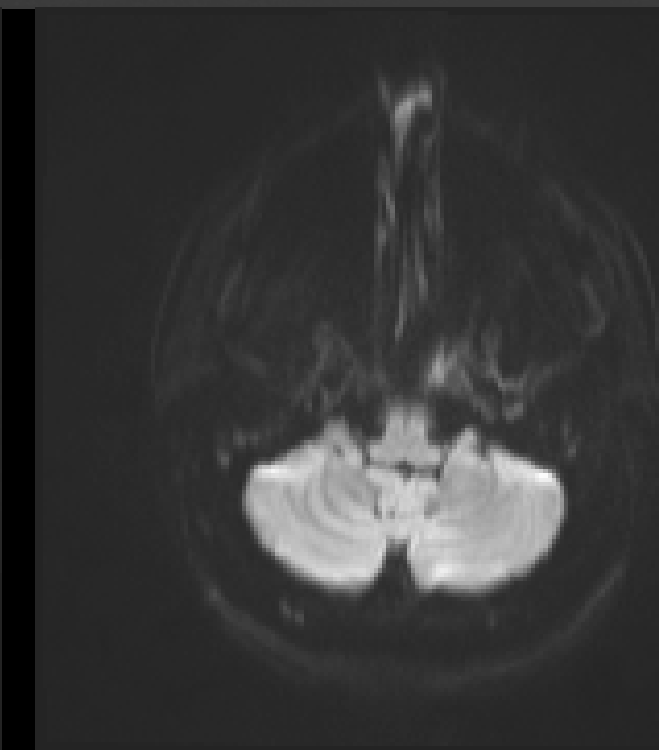
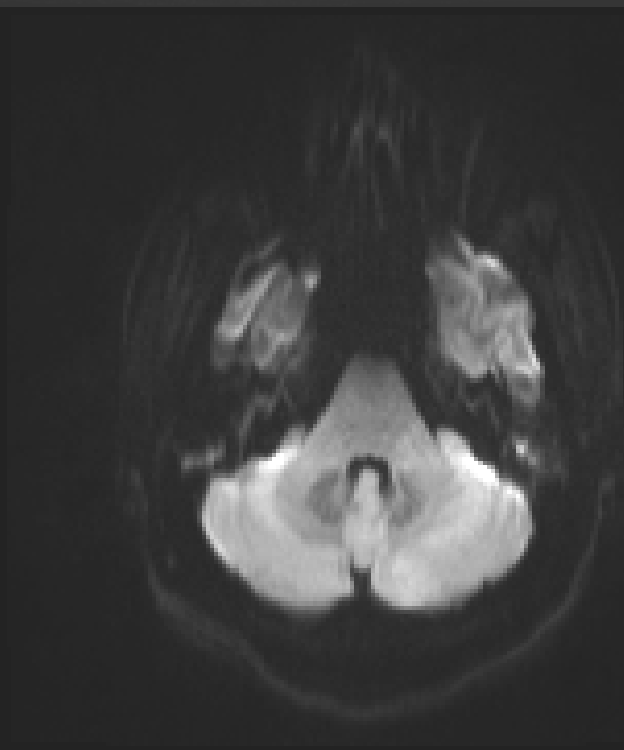
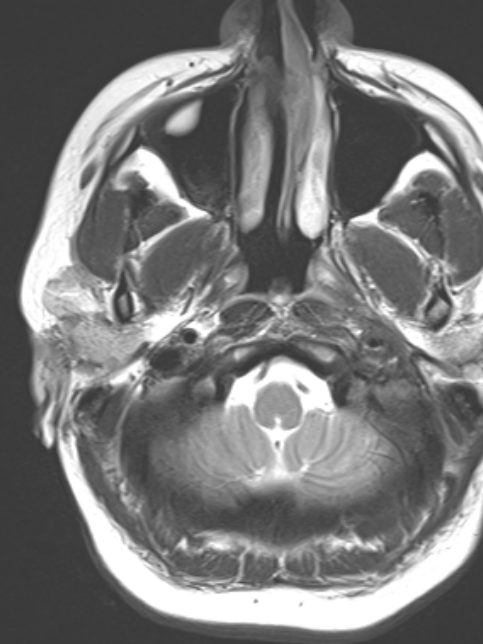
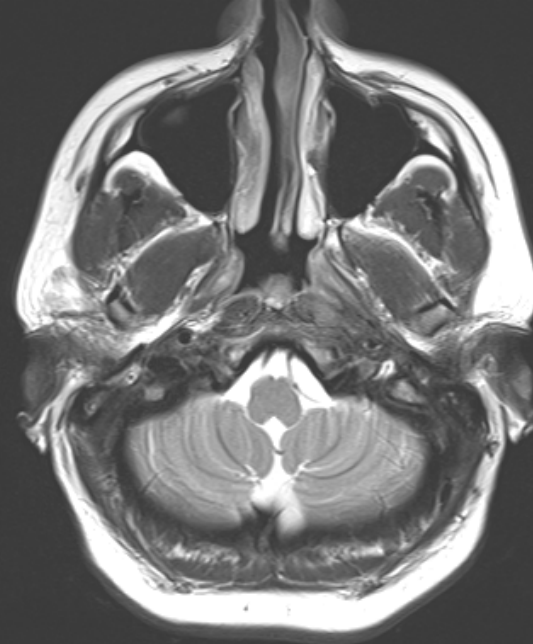
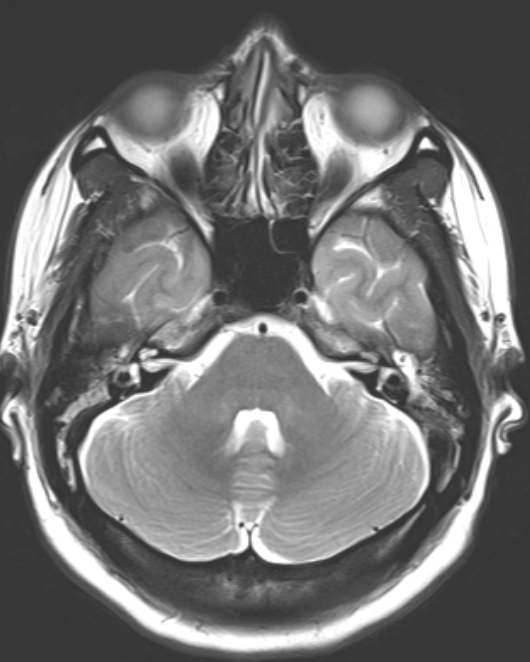










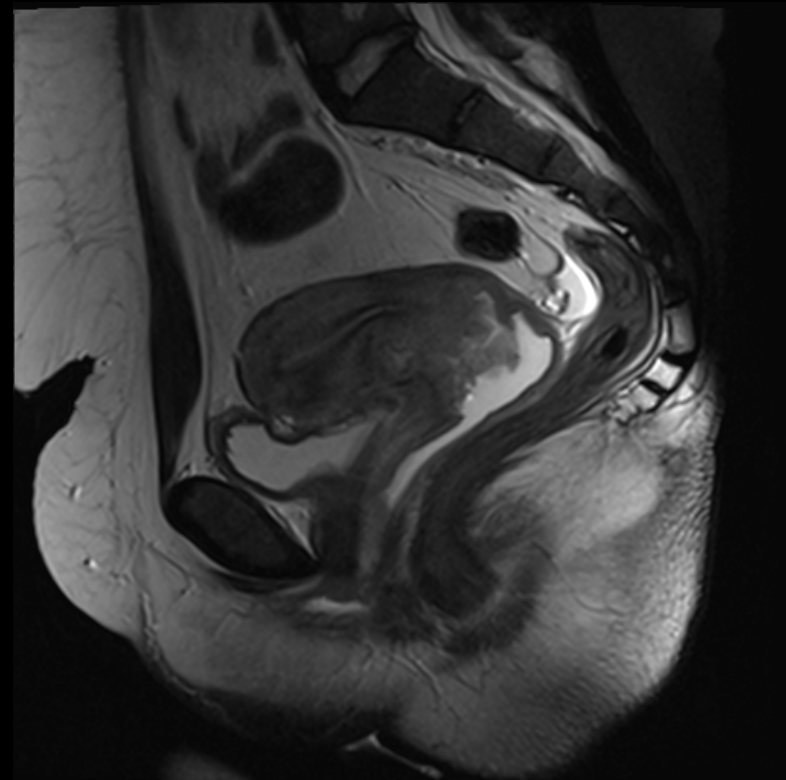
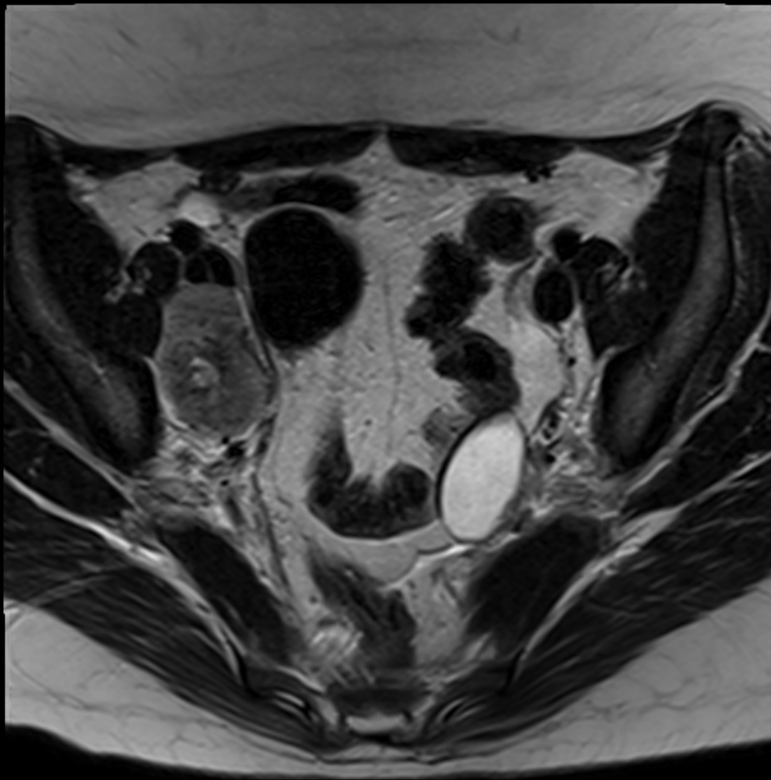
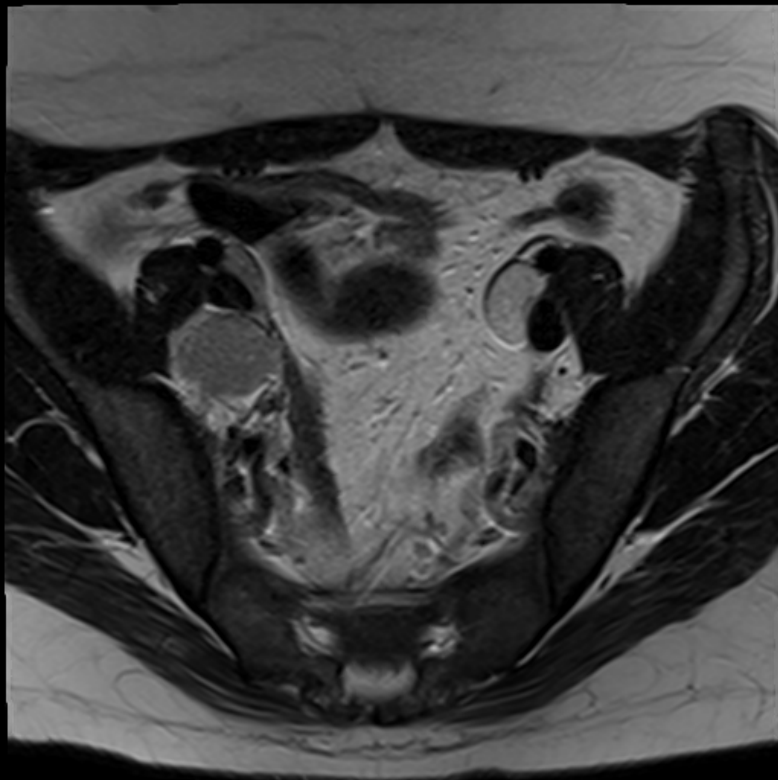


Nuclear Medicine

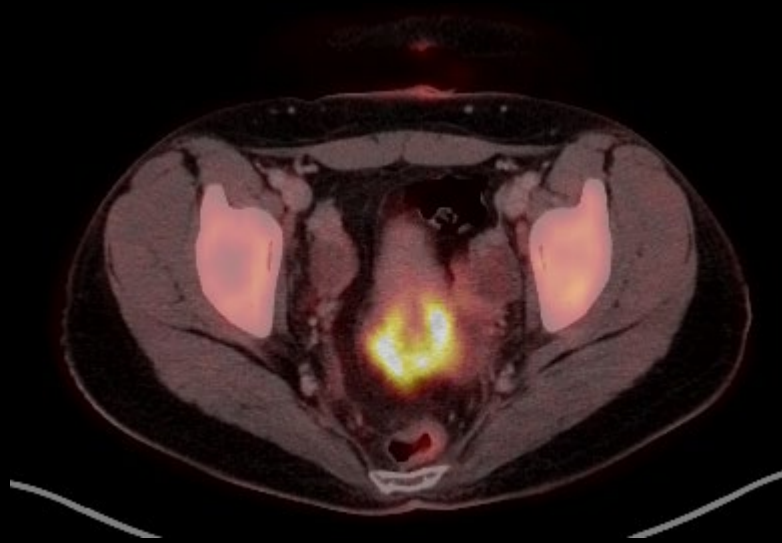
Initial clinical information

- 36 year old woman presented with a 6 month history of vaginal bleeding, pelvic pain and diffuse, vague bone pain, low grade fevers
- Pertinent abnormal physical exam
 - Friable cervical mass and some tenderness on pelvic exam
- Pertinent abnormal laboratory data:
 - Leukocyte count 34,500 (77% neutrophils, 22% bands, 8% monocytes)
 - Hemoglobin 8.2 g/dl

T2-weighted MRI



18F FDG PET CT



Pediatric Imaging

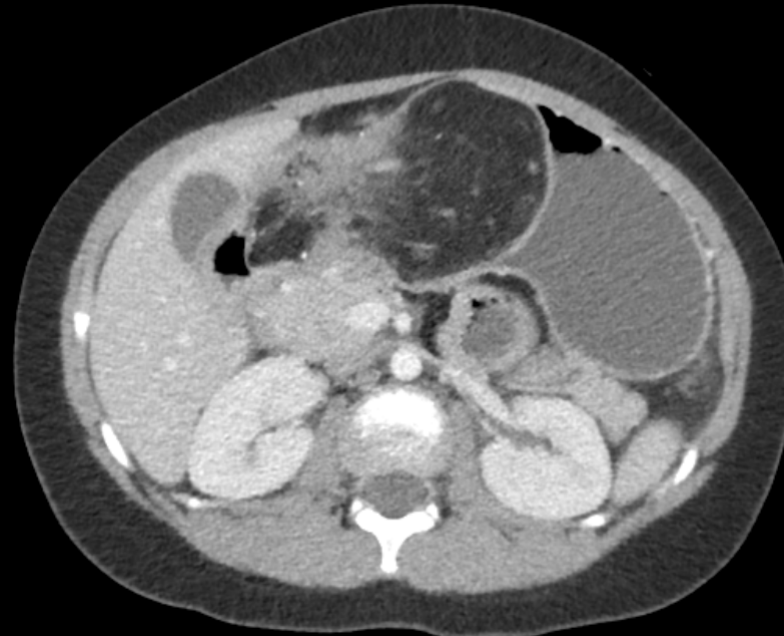
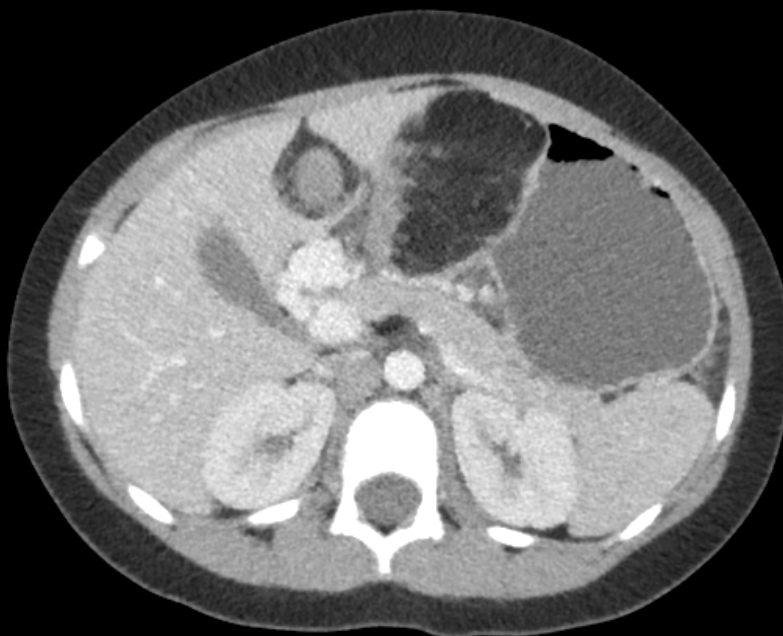
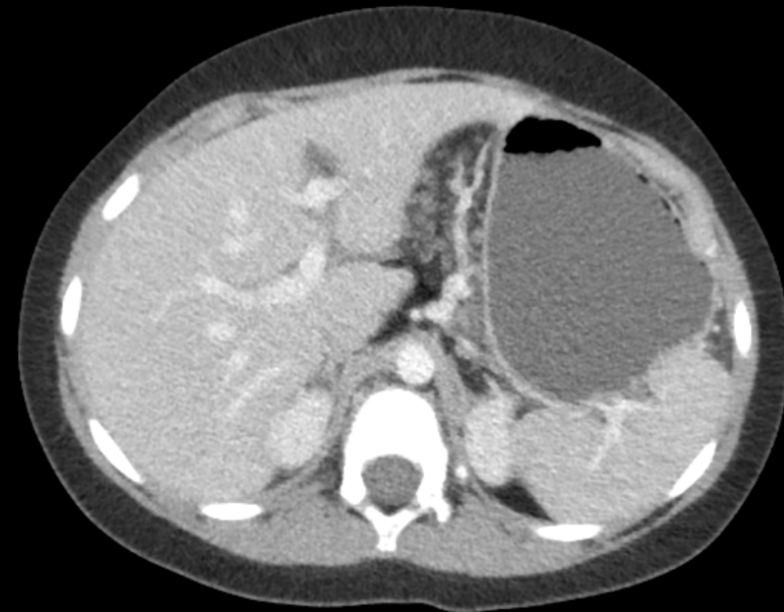
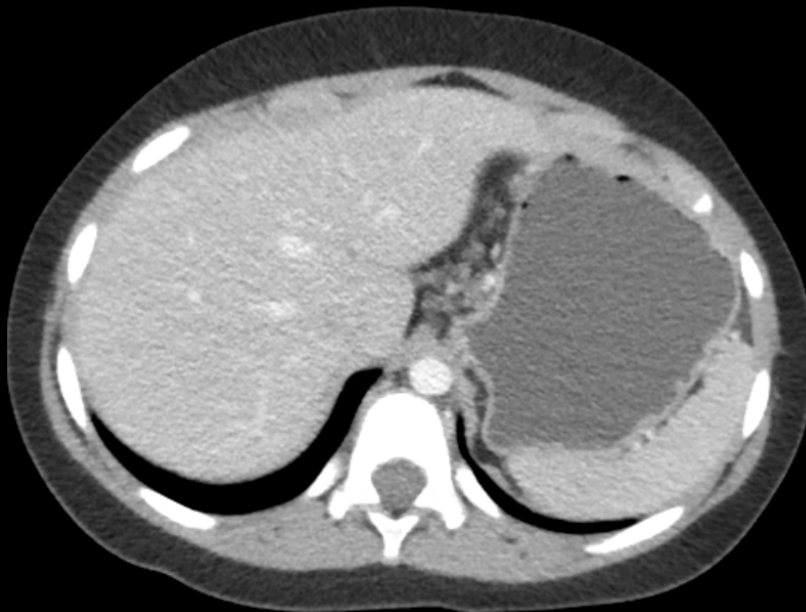
7-year-old male with chronic
abdominal pain

PMH: Asthma

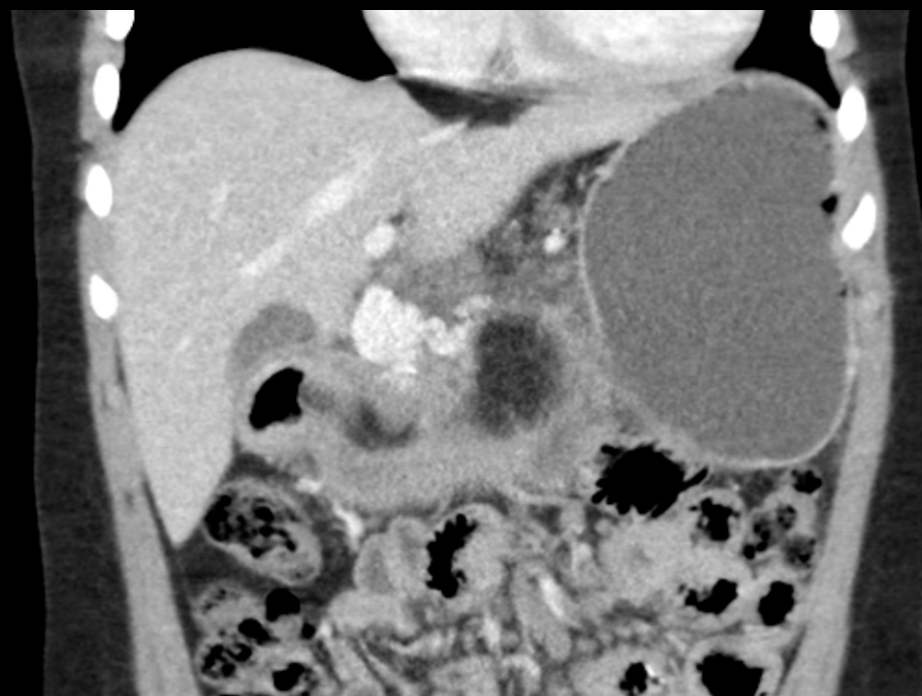
PSH: Tonsillectomy



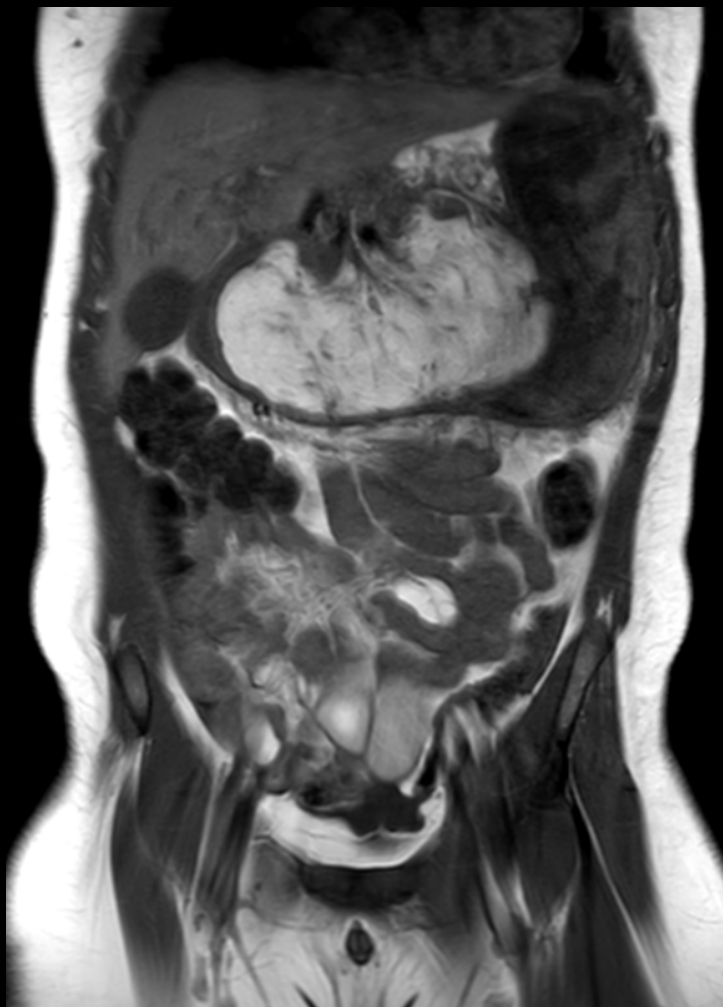
Initial radiograph



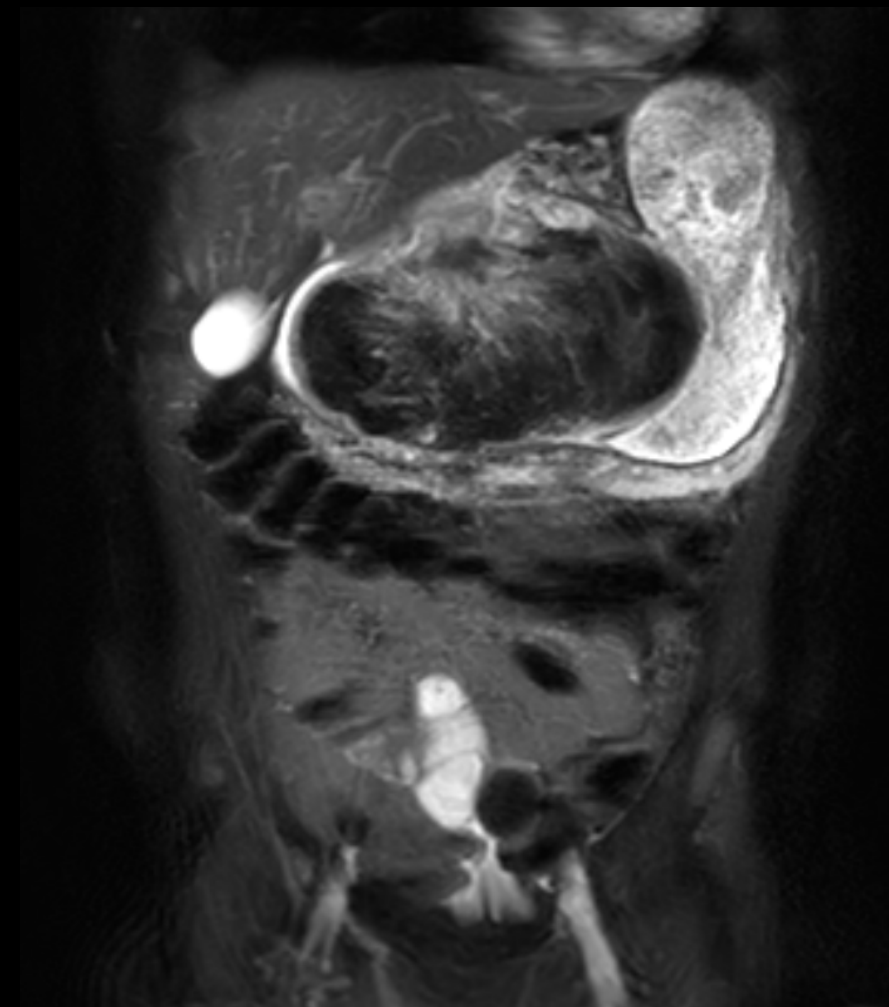
CT 1 month later



CT 1 month later

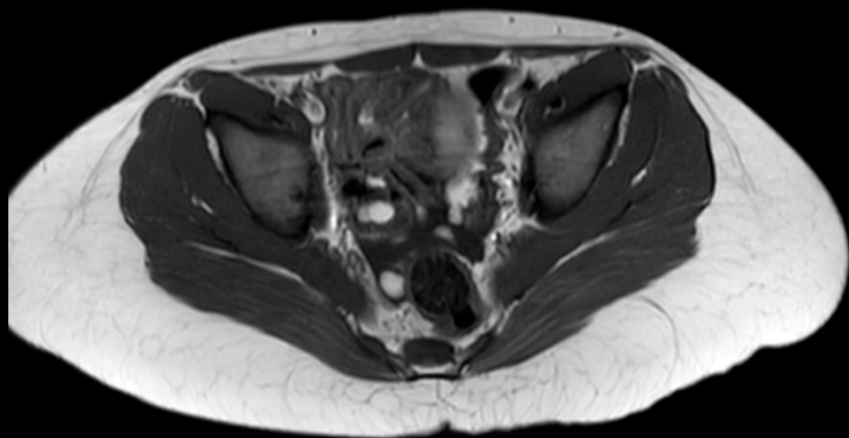


Coronal T1

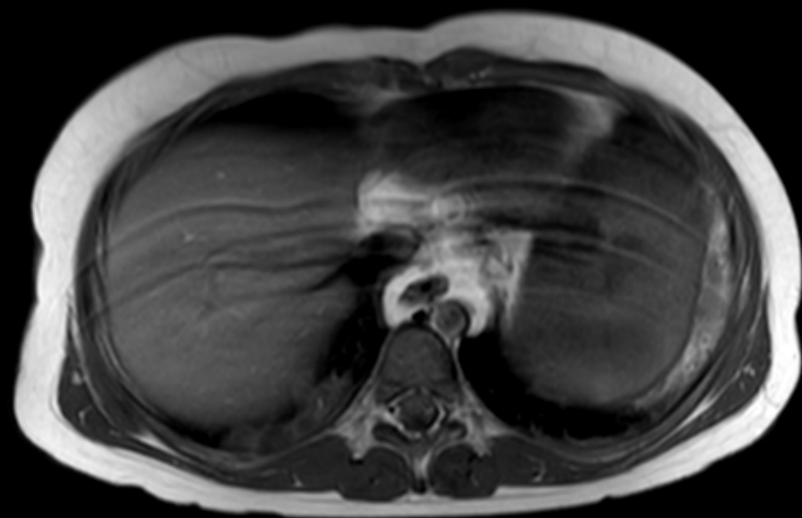
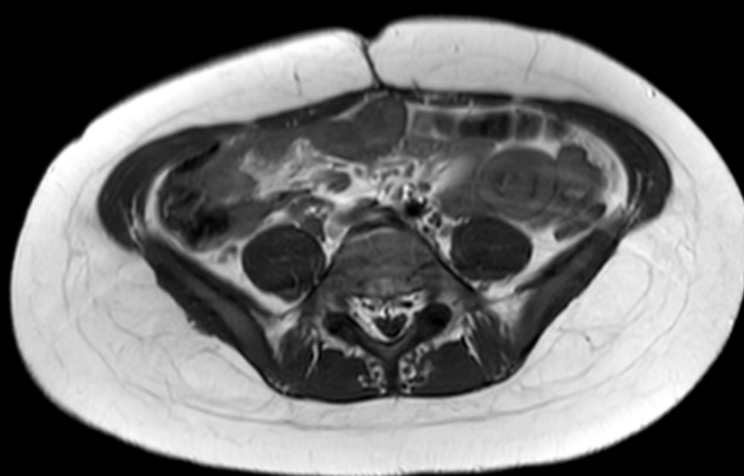


Coronal T2 fat sat

MRI 5 months later

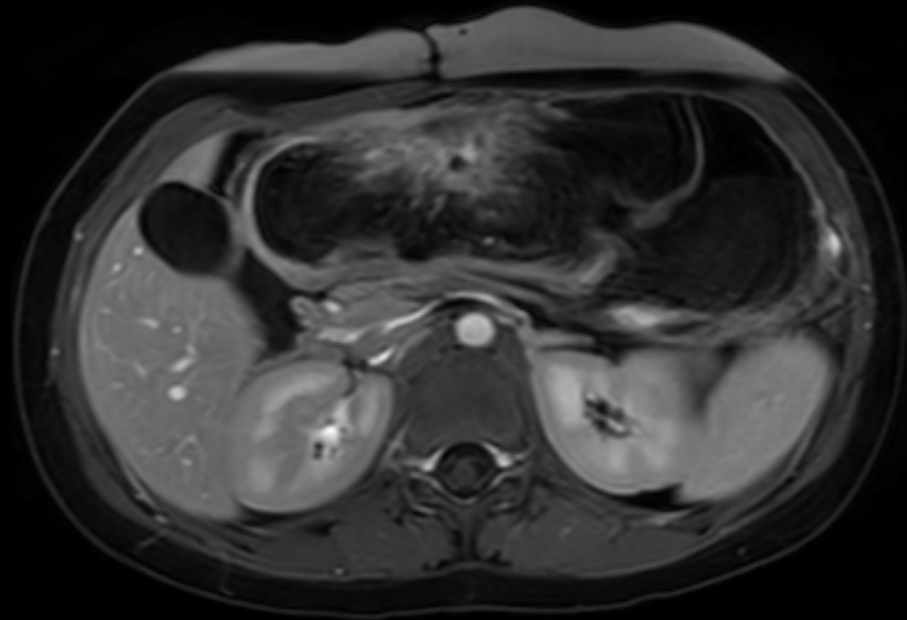
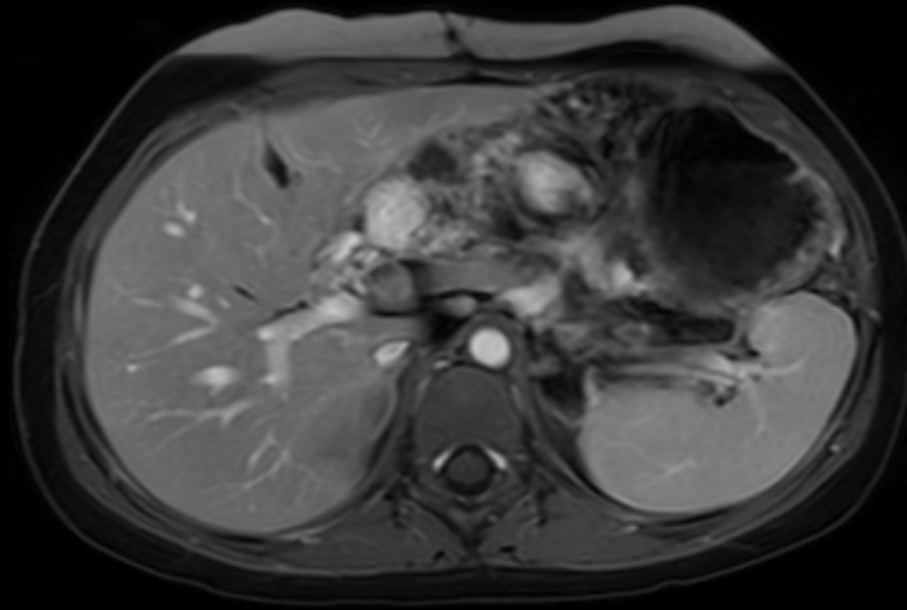


Axial T1

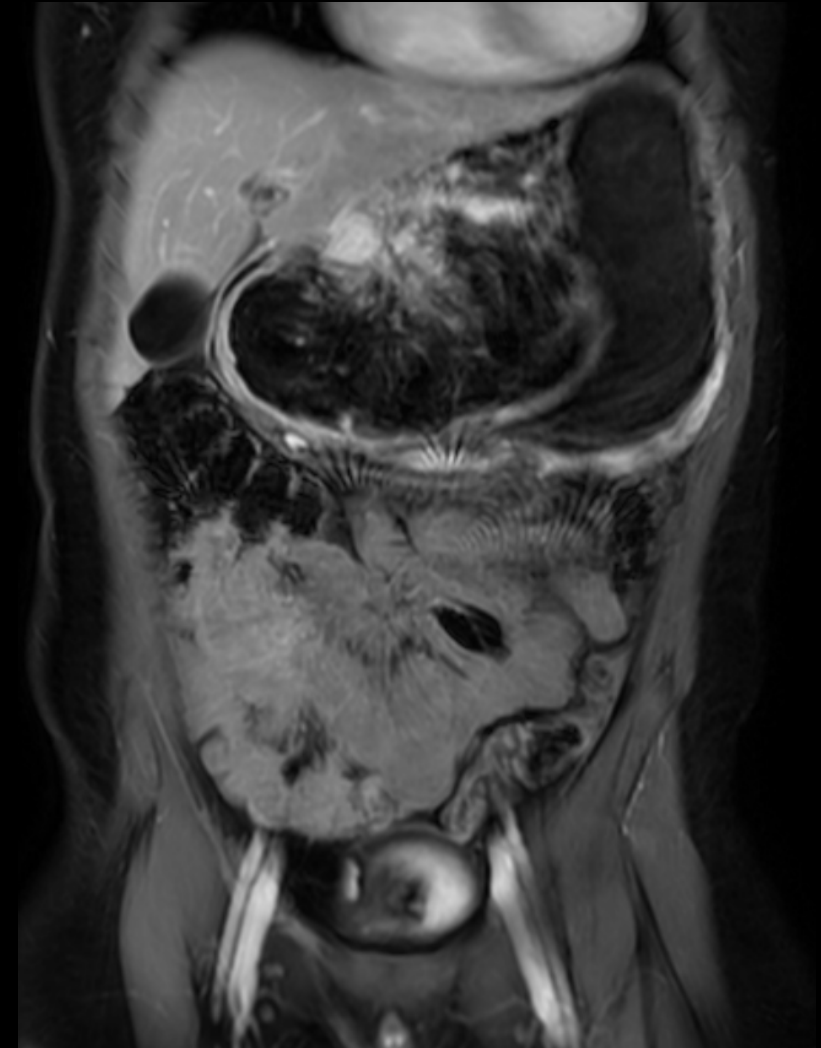


MRI 5 months later

mDixon post



MRI 5 months later

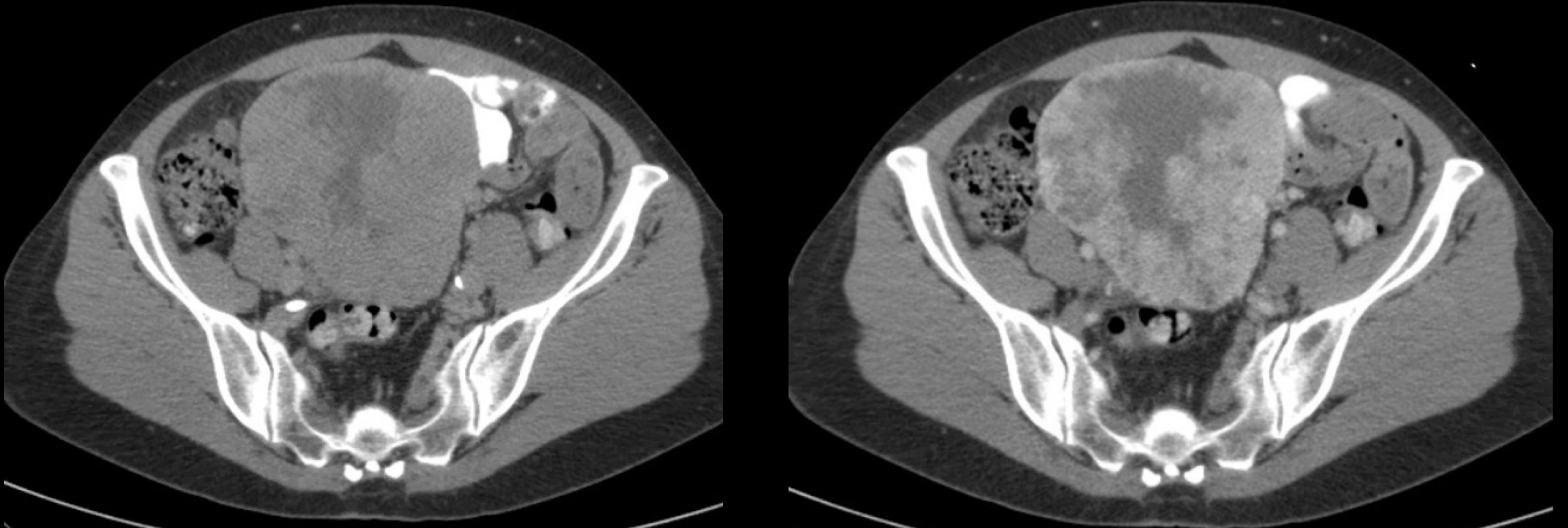


Vascular Interventional Radiology

41 yo female at initial presentation

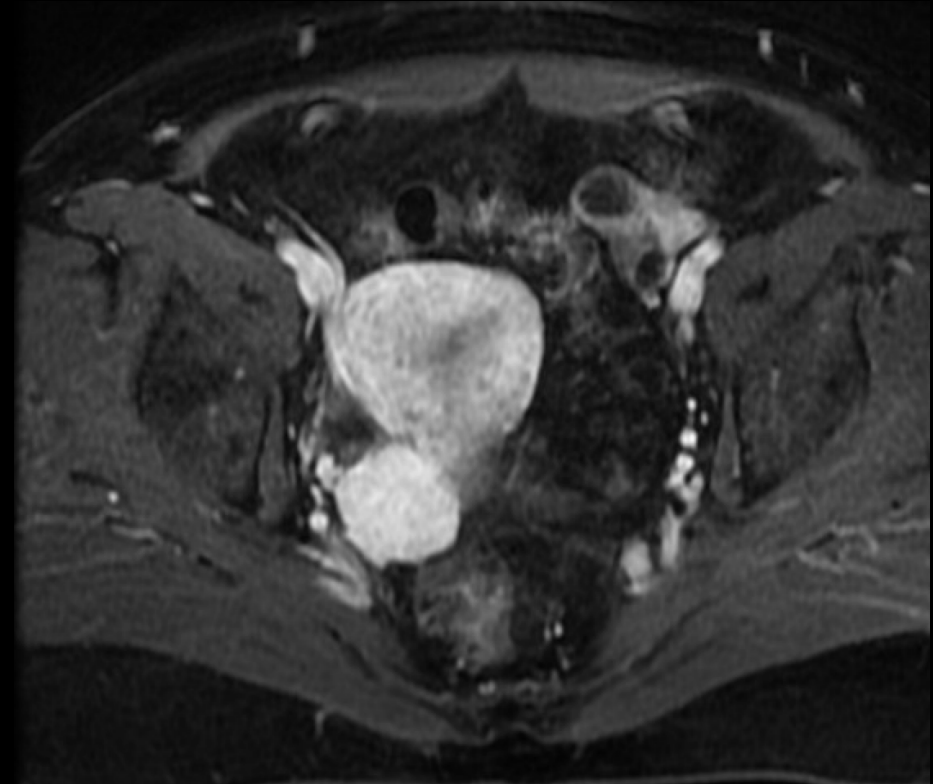
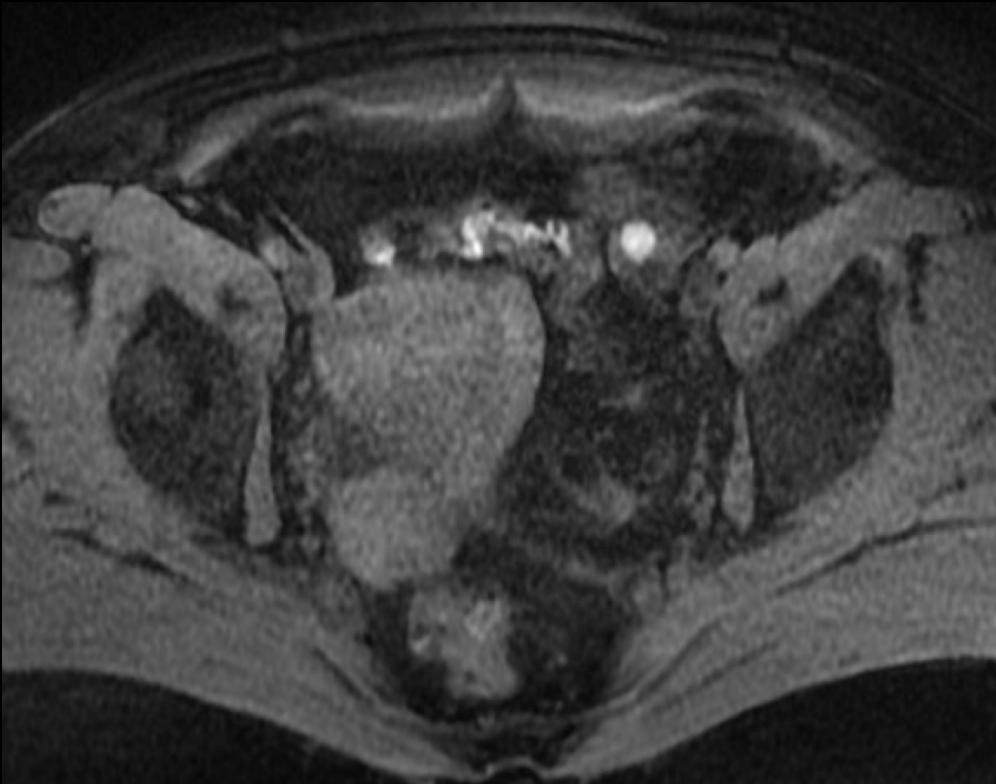
- Presented in 2010 with abdominal pain; CT showed a pelvic mass.
 - Resection of the mass yielded a diagnosis of solitary fibrous tumor.

2010

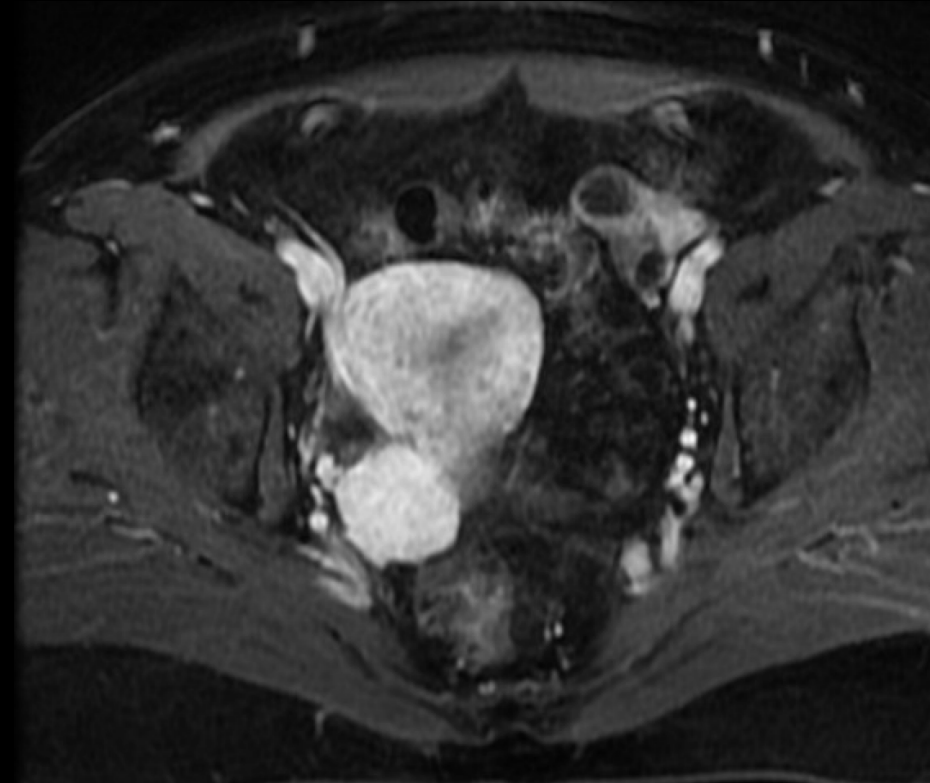
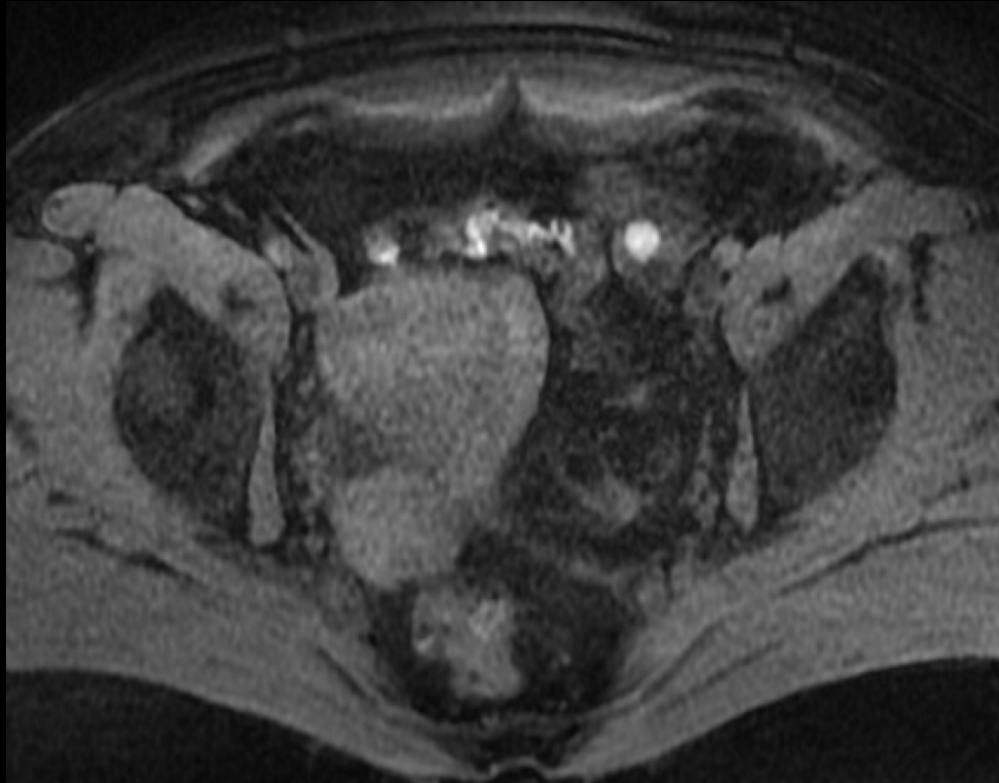


- Surveillance scanning in 2014 showed a new pelvic mass
 - Resection of this mass also yielded a diagnosis of solitary fibrous tumor

2014

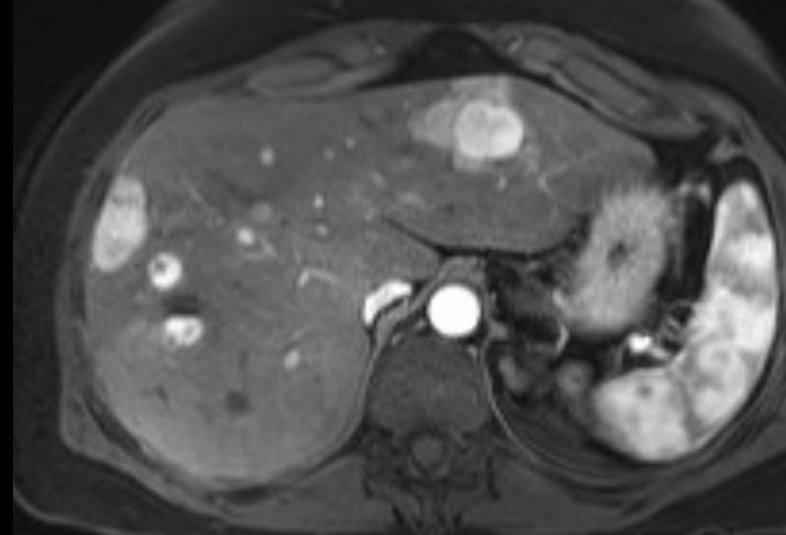
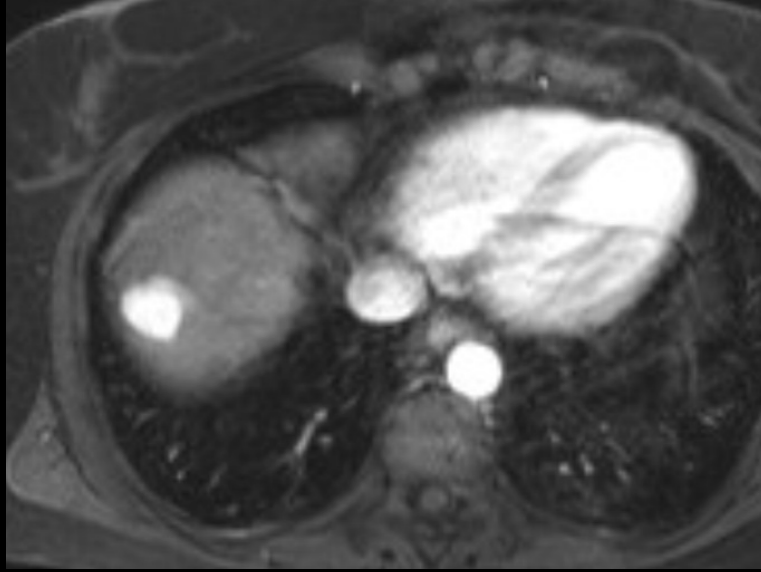


2014



- Surveillance scanning in 2018-2019 showed progressive hepatic involvement
- Arterial phase fat suppressed T1W 3D images from 2019 are presented.....

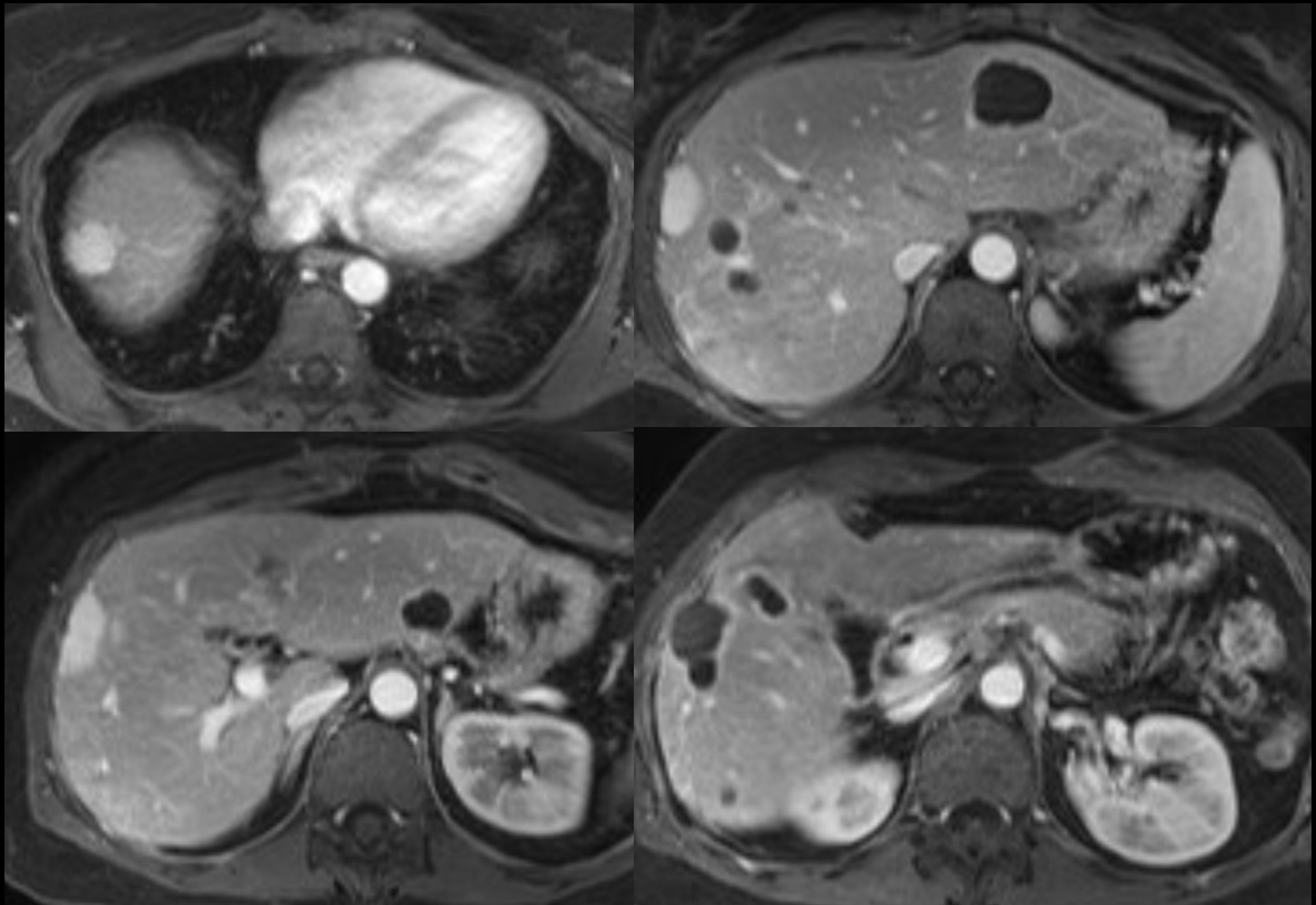
2019



2019



2019: MRI
3 months
later



41 yo female at initial presentation

- What are your thoughts on the case?
- What are your suggestions for next steps?