Welcome to…

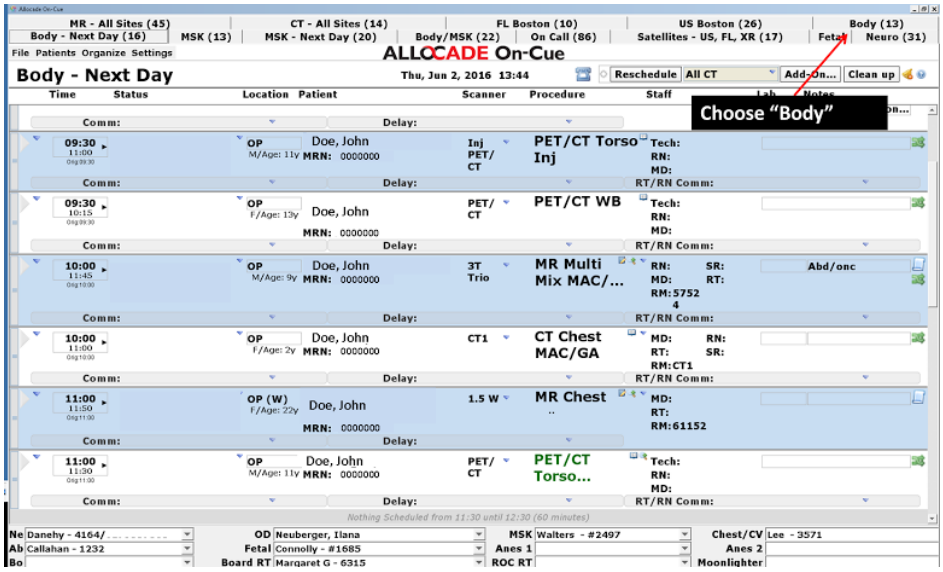
Abdomen/Oncology!

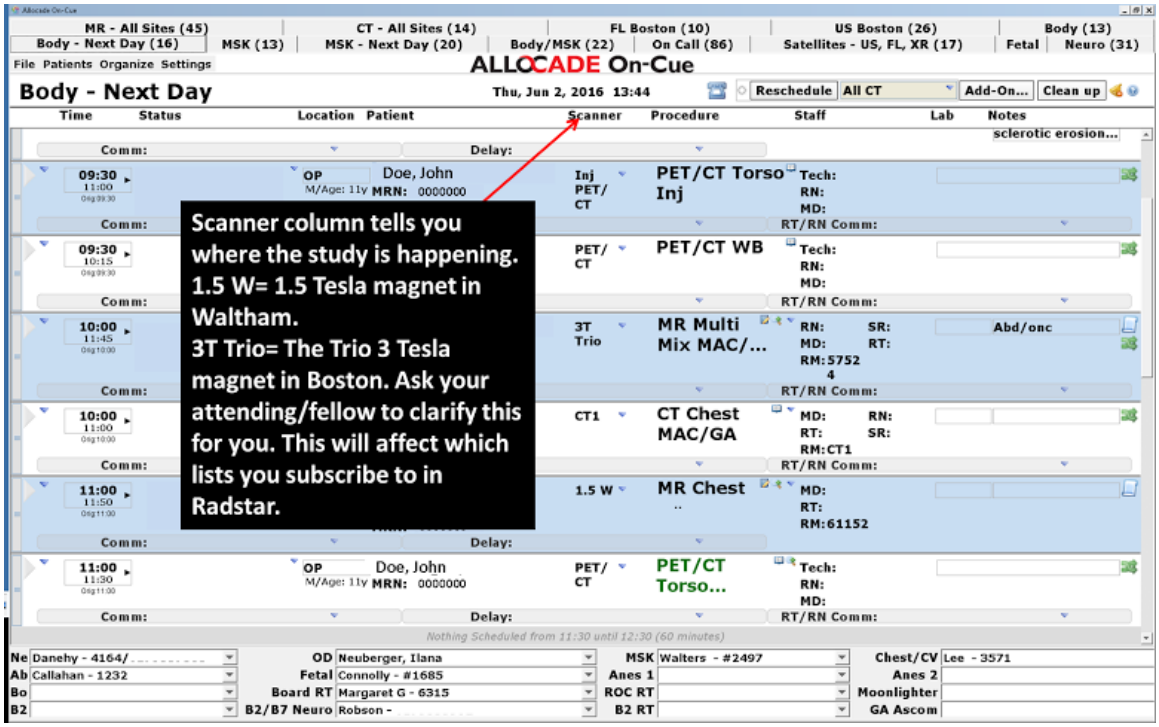
During your time at BCH, you will spend about one week in the abdomen/oncology rotation (Abd/Onc). The majority of the studies you read will be radiographs of the chest and abdomen, and mostly of inpatients. You will also read MR and CT studies to evaluate for abdominal and pelvic pathology (including IBD, biliary abnormalities, gynecologic anomalies, appendicitis) and oncology studies (PET CT and MR for staging).

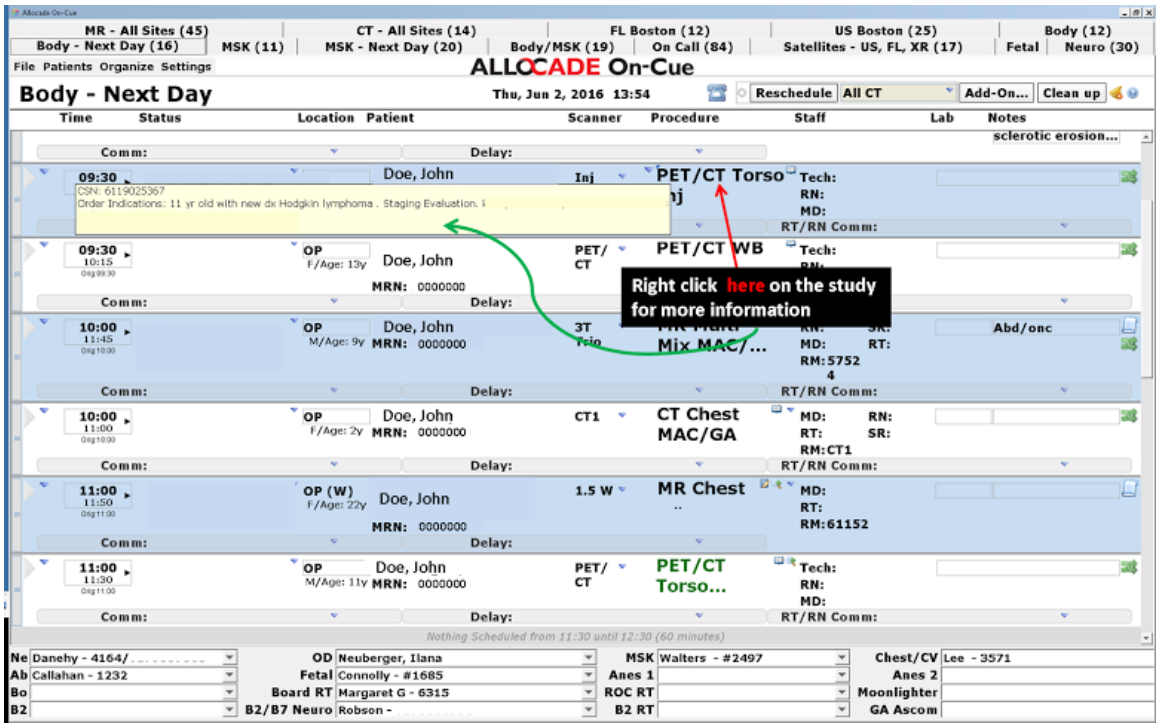
THE WORK DAY:

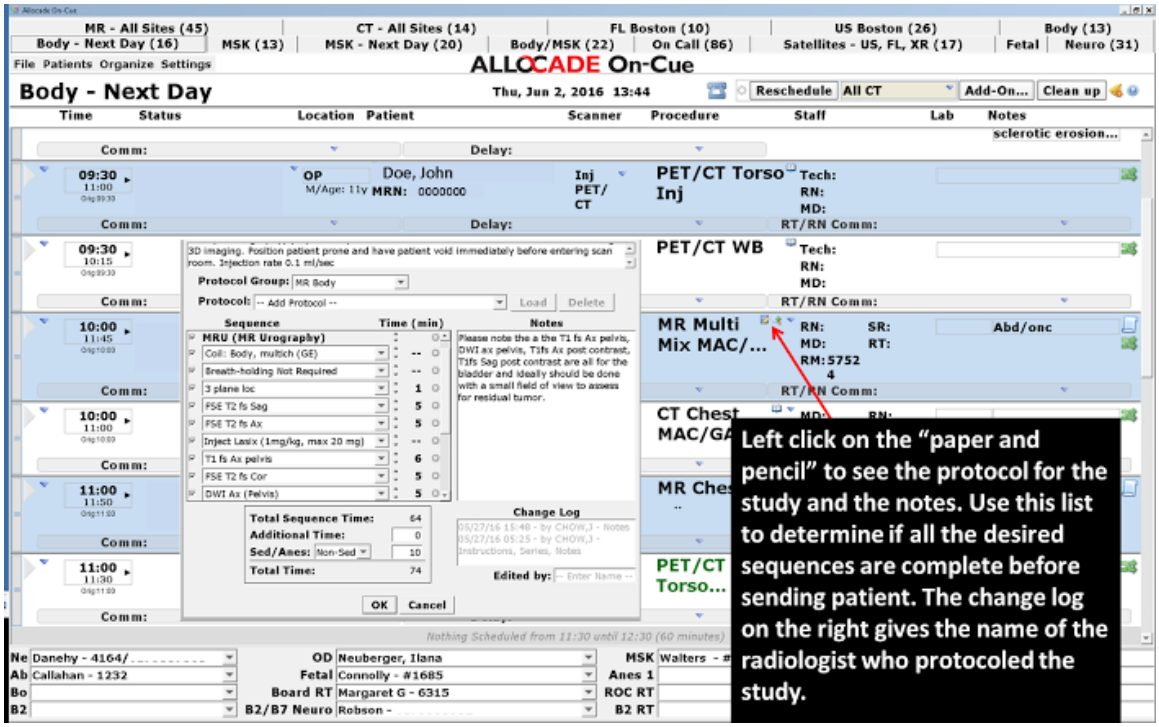
The work day begins at 7:30 AM. When you first arrive, use Allocade to identify which cross sectional studies belong to the Abd/Onc team. This often involves discussion with the Thoracic and MSK team to decide who is reading which case (For example a pelvic Ewing Sarcoma may be labeled as an Abdomen/Oncology case, but the preference would be for the MSK team to read it. Abdominal CTA for renal artery stenosis may go to the Thoracic team as it is a vascular study).

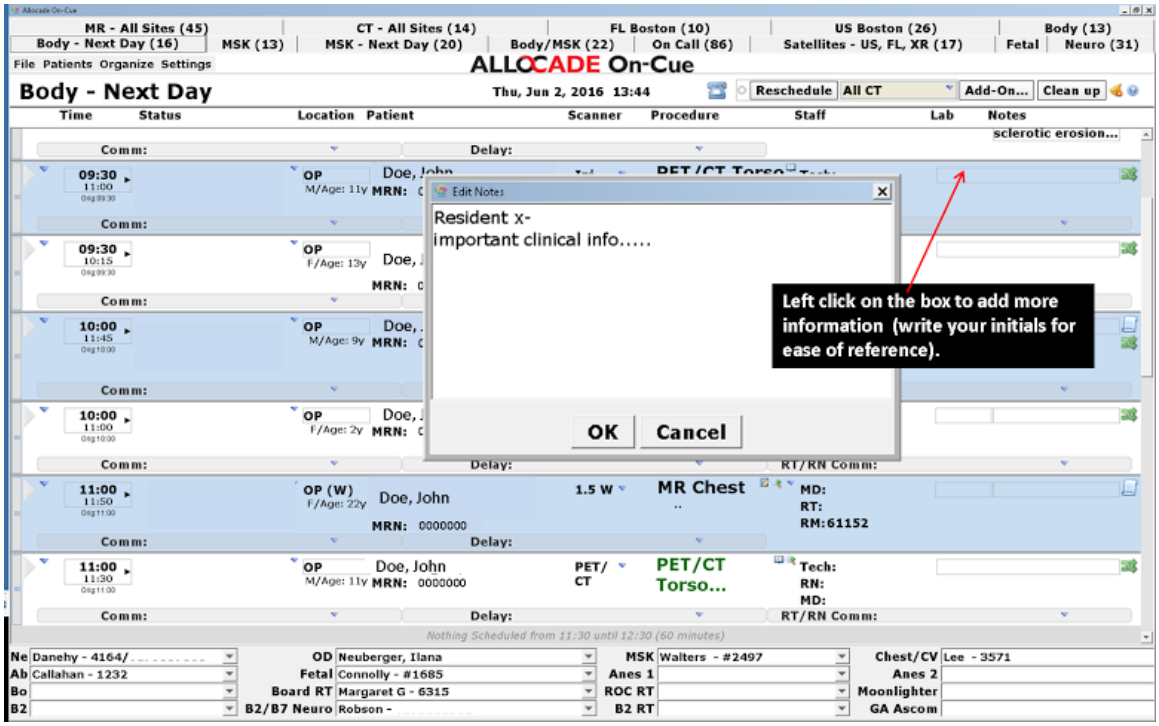
Working with your attending and co-resident or fellow, determine which cross sectional studies you are going to read that day, and begin investigating the indication for the exam, relevant clinical history and review prior studies. You can write helpful notes in the allocade notes window.

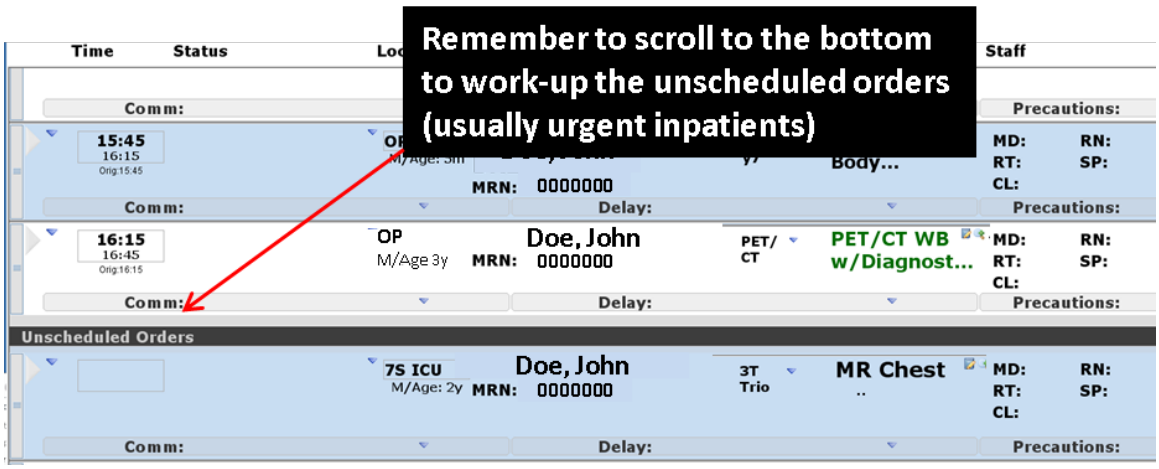



Scanner column tells you where the study is happening.
1.5 W= 1.5 Tesla magnet in Waltham.
3T Trio= The Trio 3 Tesla magnet in Boston. Ask your attending/fellow to clarify this for you. This will affect which lists you subscribe to in Radstar.


Right click here on the study for more information


Left click on the "paper and pencil" to see the protocol for the study and the notes. Use this list to determine if all the desired sequences are complete before sending patient. The change log on the right gives the name of the radiologist who protocoled the study.


Edit Notes
Resident x-
important clinical info.....
OK
Cancel
Left click on the box to add more information (write your initials for ease of reference).



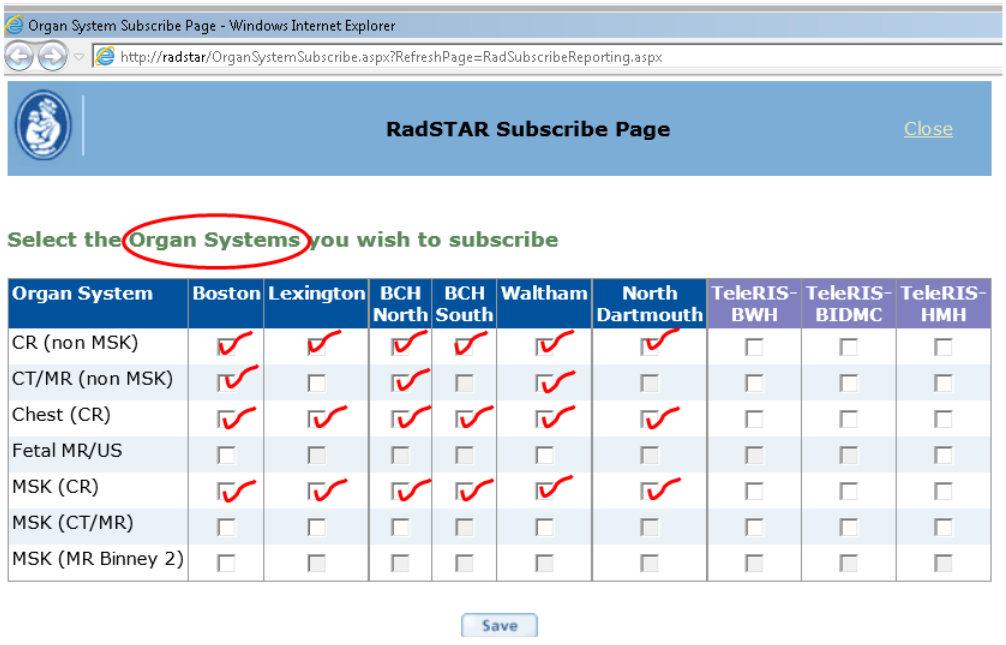
THE WORKLIST:

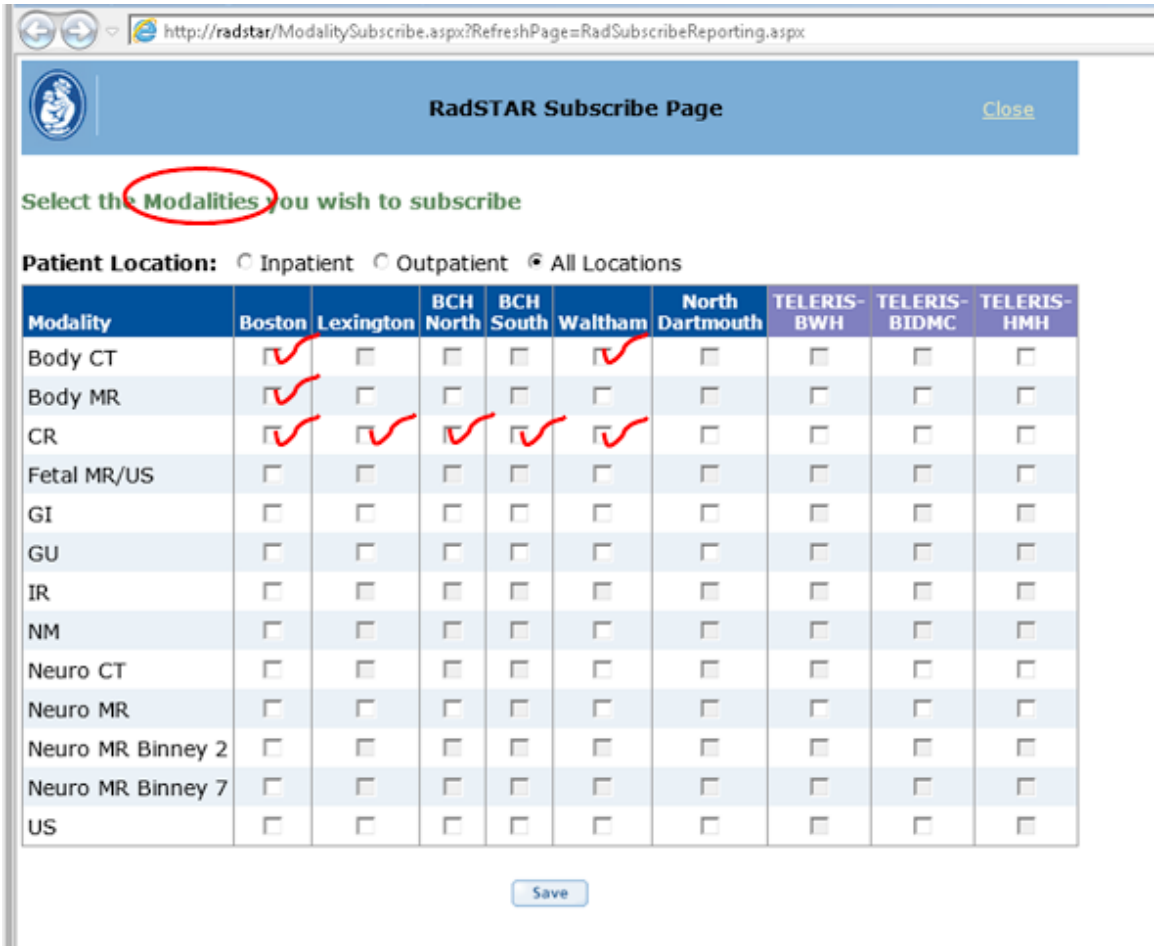
On Radstar, you want to subscribe to

1) **ALL** radiographs. You will focus on the chest and abdomen radiographs performed in Boston, which should be read chronologically and treated equally (do not prioritize abdomen radiographs when you are on the Abd/Onc rotation. Once all of the abdomen and chest radiographs have been read, you should next read the MSK radiographs in Boston, then the radiographs performed at the satellite locations (Lexington, Peabody, Waltham)

2) Body CT and Body MR appropriate for the studies you have been assigned for that day.

There are two ways to accomplish this:

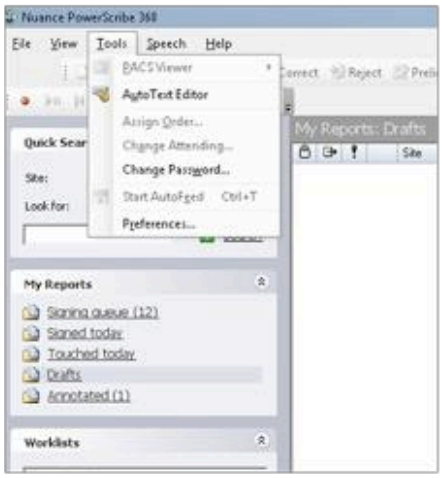


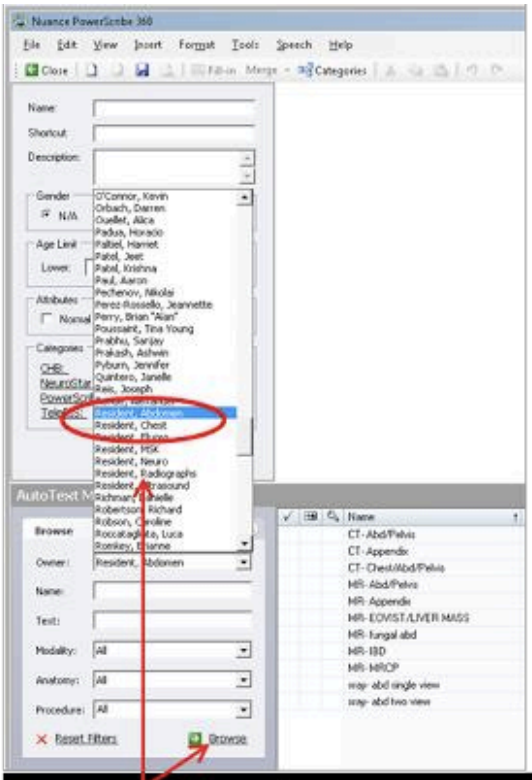


THE REPORTS:

Go to the "Auto Text Editor" tab and copy the macros from "**Resident, Abdomen**" and **"Resident, Chest"** Whenever possible use these macros for your reports unless specifically told not to do so by the attending of the day. If you are doing an uncommon exam with no appropriate macro available, try to structure your report in a similar manner.

Go to Auto Text Editor under tools





Choose owner: Resident, Abdomen. Click browse. Clone the abdomen macros. Do the same for Chest. Carefully read the bracketed fields which will instruct you on the content.

GOALS:

1) Cleveland Clinic Modules

By midweek of your abdomen/oncology rotation you should complete the following modules and email the Transcripts to Abby:

Omphalocele, Gastroschisis and Diaphragmatic Hernia
Neuroblastoma, Ganglioneuroblastoma, Ganglioneuroma
Wilms and other Renal Tumors
Leukemia and lymphoma

2)Radiographs: By the end of the week, you should be comfortable reading inpatient chest and abdomen films, aware of the different lines and tubes including their appropriate positioning, and comfortable with the radiograph appearance of the chest following cardiac surgery. You should be able to recognize proximal and distal obstruction in neonates and infants, and radiographic findings of necrotizing enterocolitis.

3) Cross- Sectional : During your relatively short time in the Abdomen/Oncology department, the types of CT and MR studies that you read and the breadth of pathology that you see will be highly variable. Ideally, you should be exposed to IBD

MR, congenital gyn anomalies, staging MR and CT for the more common pediatric abdominal tumors including neuroblastoma, Wilms tumor, and hepatoblastoma. For all follow-up studies, be sure to review the original imaging studies, so that you would be able to appropriately diagnose a patient if you saw them at initial presentation.

To help keep track of the breadth of cases you dictate during your time on Abd/Oncology, we would like you to complete a card with the diagnosis and accession number of the 5 most interesting/complex cases you saw on the rotation.

Abdomen/Oncology Case Log

	Diagnosis	Acc#/Date
1		
2		
3		
4		
5		

EDUCATIONAL MATERIALS:

Here are links to review articles you may find useful during your Abd/Onc rotation.

IBD

Imaging of Pediatric Patients with Inflammatory Bowel Disease
http://www.ajronline.org/doi/pdf/10.2214/AJR.11.7966

MR Enterography Findings of Inflammatory Bowel Disease
http://www.ajronline.org/doi/pdf/10.2214/AJR.10.5474

Rectal Imaging: Part 2, Perianal Fistula Evaluation on Pelvic MR – What the Radiologist Needs to Know
http://www.ajronline.org/doi/pdf/10.2214/AJR.11.8361

MR Imaging Evaluation of Perianal Fistulas: Spectrum of Imaging Features
http://pubs.rsna.org/doi/pdf/10.1148/rg.321115040

MRCP

Pediatric MR Cholangiopancreatography: Principles, Technique, and Clinical Applications
http://pubs.rsna.org/doi/pdf/10.1148/rg.287085031

Anorectal

Postoperative Pelvic MRI of anorectal malformations
http://www.ajronline.org/doi/pdf/10.2214/AJR.07.3773

Eovist & other contrast media

Targeted MRI contrast agents for pediatric hepatobiliary disease
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3744898/pdf/nihms491217.pdf

Gadoxetate Disodium-Enhanced MRI of the Liver: Part 1, Protocol Optimization and Lesion Appearance in the Noncirrhotic Liver
http://www.ajronline.org/doi/pdfplus/10.2214/AJR.10.4392?src=recsys&

Pediatric Radiology
September 2011, Volume 41, Issue 9, pp 1183-1197
First online: 24 June 2011

Characterization of pediatric liver lesions with gadoxetate disodium

Arthur B. Meyers, Alexander J. Towbin , Suraj Serai, James I. Geller, Daniel J. Podberey

We hope that you have a fun and educational time during your Abdomen/Oncology rotation, and if you have any questions or concerns, don't hesitate to ask us.

Sincerely,


Stephan Voss and Michael Callahan