



Chandra S Katragadda, MD, PA
Interventional & Diagnostic Radiology

Patricia H. Gallagher, MD
Mammography, Ultrasound &
Diagnostic Radiology

Rudolph Alvarado, MD
Interventional & Diagnostic Radiology

Thomas W. Ertzner, MD
Nuclear Medicine & Diagnostic Radiology

R. Drake Beauchamp, MD
Abdominal Imaging & Diagnostic Radiology

Alexander T. Aitken, MD
Interventional & Diagnostic Radiology

Mukul P. Maheshwari, MD
Neuroradiology, Head/Neck & Diagnostic Radiology

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Interventional & Diagnostic Radiology

Carlos R. Gutierrez, MD, PA
Nuclear Medicine, Body Imaging
& Diagnostic Radiology

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Body Imaging & Diagnostic Radiology

Matthew A. Comay, MD
Body Imaging & Diagnostic Radiology

Chien I. Yang, MD
Neuroradiology, Head/Neck & Diagnostic Radiology

Case of the Month: Thoracic Spine Hemangioma with Cord Compression

History: 16 year-old-female who was post-partum with recent symptoms of numbness and weakness to the lower extremities.

Radiographic Findings:

There is hyperintense lesion seen involving the posterior aspect of the T5 vertebral body with extension into the left side of the posterior elements on the T1-W sequences which becomes hyperintense on the STIR and T2-W sequences and demonstrates strong enhancement following intravenous contrast. There is also noted a soft tissue mass with enhancement which is extradural at the T5 level with marked cord compression and displacement of the cord seen. The CT findings suggest coarsened trabeculation secondary to dilated vascular channels with polka dot appearance seen with an extradural soft tissue mass.

Discussion Osseous Hemangioma:

The majority of the hemangiomas are asymptomatic. Men are affected twice as often as women and most commonly involve the vertebral bodies, in particular, the thoracic spine and may be multiple. Vertebral hemangiomas usually have a coarse, vertical and trabecular pattern with trabecular thickening

adjacent to areas of bone resorption secondary to dilated vascular channels. There is fatty overgrowth, which is a reactive phenomenon in the region of the bone resorption. Therefore, on plain x-rays this gives a corduroy appearance. On CT there is a thickened trabecula with punctate areas of sclerosis giving it a polka-dot appearance. The MR findings of the hemangioma include high signal intensity on T1-W sequences varying on the degree of adipose tissue present and are usually hyperintense on the T2-W sequences as a result of the vascular components. These demonstrate enhancement on CT or MRI.

Vertebral hemangiomas can occasionally cause neurological symptoms from spinal cord compression if these lesions become aggressive and extend into the posterior elements and surrounding soft tissues with expansion of the bone. They may also result in fracture.



MRI
T1-W Post Contrast

MRI
STIR

CT
Sagittal 2 D Reconstruction



Meet Dr. Maheshwari

This month's case study was interpreted by Mukul Maheshwari, M.D. Dr. Maheshwari is a Diplomate of the American Board of Radiology, and a diagnostic Radiologist who is sub-specialty

trained in Neuroradiology. He is a senior member of the American Society of Neuroradiology and has a Certificate of Added Qualification in Neuroradiology. Dr. Maheshwari earned his

medical degree from the Marshall University School of Medicine, W.V. Dr. Maheshwari completed his Residency at Winthrop University Hospital, N.Y. His Fellowship was completed at the University of Southern California. While at USC, Dr. Maheshwari earned a Fellowship in Neuroradiology. Dr. Maheshwari joined Radiology & Imaging of South Texas, LLP in 1998. He is currently one of the directors of the outpatient centers. His focus is diagnostic imaging of the head and neck, spine, brain, and orbits. Dr. Maheshwari and his wife enjoy travel and spending time with their three young sons.





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RADIOLOGY & IMAGING
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P.E.T. Patient Preparation

Find and circle all underlined words

Comfort - PET Scans are completely painless, with no side effects.

Clothing - Dress comfortably and warmly, as some scanner rooms may be cool.

Food and Drink - Please call the PET Center for specific instructions. Generally, the patient should limit the amount of sugar and caffeine on the day before the scan and should not consume anything except water for approximately 6 hours prior to the scan.

Medications - Patient's may take their regularly scheduled medications prior to arriving for the scan, if the medications can be tolerated on an empty stomach.

Diabetic - Please speak with the PET center nurse or doctor for specific instructions regarding insulin. Generally, the patient should test their blood sugar level before the scan; it should be below 200 mg/dL.

Procedure - Upon arriving at the PET center, the patient will receive an injection of radioactive glucose (FDG), which will take approximately 45 minutes to distribute throughout their body. They will be then be asked to

P Y L N L C I T E B A I D M
E S K W F J P K L X K H B A
T K N R K P X M L J G G K F
S X M O L C O M F O R T N T
C X M Q I H Y C P L B I E
A L J R N T J V R L G P R R
N W M M W N A O H T H G D Y
R Z X T K Z C C T L N B D O
E T Y P Q E D Y I I L Z N U
S K B K D S Q Z H D F R A R
U H K U M R F T P H E K D S
L N R L R N O H T W T M O C
T E M X T L L L T J Q L O A
S K N L C K R P T M L N F N

empty their bladder and then lie down on the scanner bed. The scan takes approximately 15-30 minutes. If they need pain medication, please have them bring the medication with them. They should plan on being at the PET center for approximately 2 hours.

After your scan - Once the PET scan is complete the patient will be able to leave the PET center. The patient will need to drink plenty of water or other fluids throughout the day to flush the FDG from your body.

PET Scan results - The PET scan is interpreted by a trained radiologist, and results are sent to the referring physician.

Funny Bones

Medical Record Bloopers

"I saw your patient today, who is still under our car for physical therapy."

"She is numb from her toes down."

"While in the emergency room, she was examined, X-rated and sent home"

"When she fainted, her eyes rolled around the room."

"The patient refused an autopsy"

"The patient had a rash over her truck."



For Your Convenience

We have expanded our CT schedule to include **Saturday Mornings!** MRI and CT appointments are now available at Alameda Imaging Center from **8:00 am to 12:00 noon**. Plus, MRI services are offered **Monday through Friday until 10:00 p.m.** For more details, contact scheduling at 888-8875.