

**Editorial Board**

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**Topic of the Month**



**Abdominal Ultrasound**

Abdominal ultrasounds are used to check the major organs in the abdominal cavity. These organs include the gallbladder, kidneys, liver, pancreas, and spleen.

In fact, if you're a man between the ages of 65 and 75 and smoke or used to smoke, the Mayo Clinic, recommends you have an ab

dominal ultrasound to check for an abdominal aortic aneurysm.

Abdominal ultrasounds may also be used to help guide your doctor during certain procedures. For instance:

- During an abdominal biopsy, your doctor may use ultrasound to see where to place the needle to remove a small sample of tissue.
- Ultrasounds may help your doctor drain fluid from a cyst or abscess.
- Your doctor may use ultrasound to examine blood flow inside your abdomen

**Interesting Scans**

**Thyroid Ultrasound**



An ultrasound of the thyroid is typically used:

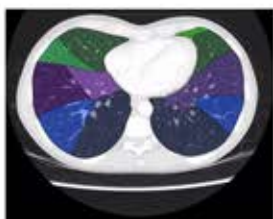
- to determine if a lump in the neck is arising from the thyroid or an adjacent structure
- to analyze the appearance of thyroid nodules and determine if they are the more common benign nodule or if the nodule has features that require a biopsy. If biopsy is required, ultrasound-guided fine needle aspiration can help

improve accuracy of the biopsy.

- to look for additional nodules in patients with one or more nodules felt on physical exam
- to see if a thyroid nodule has substantially grown over time

**Editor's Corner**

**Lung Segments**



**RIGHT SIDE**

1. Right atrium
2. Small part of RV
3. SVC
4. Right brachiocephalic vein(lower part)
5. Azygos vein
6. Oesophagus
7. IVC
8. Trachea
9. Right vagus nerve
10. Right phrenic nerve

**LEFT SIDE**

1. Left ventricle
2. Pulmonary trunk
3. Arch of Aorta
4. Descending thoracic aorta
5. Left Subclavian Artery
6. Thoracic duct
7. Left Brachiocephalic Vein
8. Left vagus nerve
9. Left phrenic nerve
10. Left recurrent laryngeal nerve

**Events**

Every fourth Thursday we will host a 2-hour imaging impact meeting. The speaker and topic to be announced and to be presented by a radiologist. The event coordinator is Dr Adilys MD.

**LMDS News**

**New Chest Imaging Guidance**

A team of international experts published seven recommendations for the use of chest imaging in the diagnosis and management of COVID-19-positive patients.

The team published their guidance in the journal Radiology on July 30.

For diagnosis, the team made three recommendations:

- Chest imaging does not offer diagnostic accuracy for asymptomatic COVID-19 patients, and use is not suggested.
- Choose RT-PCR, when available and time-effective, over chest imaging in symptomatic COVID-19 patients.
- Chest imaging can be used with symptomatic patients in two instances: when the RT-PCR test is either unavailable or results are delayed and when initial RT-PCR results are negative, but there is a high clinical suspicion of COVID-19.

The team made four additional recommendations for chest imaging with patient management:

- For patients with suspected or confirmed COVID-19 who have mild symptoms, use chest imaging - alongside lab assessments - to decide between a hospital admission or home recovery.
- For patients with confirmed infection and moderate-to-severe symptoms, use chest imaging with lab assessments to inform therapeutic management.
- Do not use chest imaging in hospitalized patients whose symptoms have resolved to make a decision regarding discharge.

The team did note that these recommendations were conditional, were based on low-to-very low certainty findings culled from existing studies, and were directed at chest imaging overall rather than specific modalities. Additionally, they said, there is a continual need for more evidence