

IMAGING UPDATE

Physician's Guide
to Radiological Services

Summer/Fall 2003

DIAGNOSTIC
IMAGING CENTERS



Accommodating The Increase In Demand for Quality Radiological Services!

Diagnostic Imaging Centers' Lee's Summit Location Reintroduces Additional Radiological Services

LOCATIONS

Independence

4911 S. Arrowhead Dr.
816 795-7040
816 795-9920 fax

Kansas City, Midtown

6724 Troost, Suite 900
816 333-8420
816 333-7843 fax

Kansas City, North

5400 North Oak Trfwy.
816 455-5959
816 455-1122 fax

Overland Park, Kansas

5500-5520 College Blvd.
913 491-9299
913 696-0936 fax

Olathe, Kansas

1803 S. Ridgeview, Suite 101
913 397-7272
913 397-7373 fax

Lee's Summit, Missouri

First National Bank Bldg.
609 N. M-291 Highway
816 795-7040
816 795-9920 fax

Diagnostic Imaging Centers (DIC) is expanding the Lee's Summit location at 291 Hwy. & Chipman Road. Since the opening of DIC's Eastern Jackson County (EJC) office last August, DIC has maintained a MRI unit at the Lee's Summit office. After

evaluating current community needs for convenient imaging and requests from referring physicians, DIC will begin to offer a full range of radiology services in early September 2003.

DIC is replacing the current MRI unit with a new higher-strength magnet, a

GE 1.0T magnet. Additional services available include: Computed Tomography (CT), Mammography, Ultrasound, Bone Densitometry testing, and diagnostic and fluoroscopy studies. To schedule an exam at the Lee's Summit location, call 816-795-7040.

Additional Evening Hours for Open MRI Appointments Now Available at Diagnostic Imaging Centers' Northland Office

In an effort to accommodate referring physician and patient requests, DIC's Northland office at 5400 N. Oak Trafficway recently adjusted scheduling hours,

opening additional evening hours for Open MRI appointments. The Northland office is equipped with three MRI units, one of which is the GE 0.35 Ovation Open MRI unit.

MRI and Open MRI hours are now: 6:00 am-7:00 pm Monday, Wednesday & Friday and 6:00 am-10:00 pm Tuesday & Thursday.

Same-Day Scheduling is Convenient and Sometimes Very Necessary, Especially for Patients With Urgent Cases

Convenient evening MRI hours at the Northland, Eastern Jackson County, Overland Park and Olathe offices, and the weekend hours offered at the Overland Park office, make "same-day scheduling" available for many of DIC's

referring physicians and their patients. "People are always happy we have expanded hours," says Patricia McGhie, M.D., DIC Radiologist. With more scheduling hours available, the centers are better able to accommodate the more urgent cases and

provide same-day scheduling for many patients who request it. What this equates to is quality and satisfaction that meets the needs of every patient who visits Diagnostic Imaging Centers. ■

— Kathi Crouch, Director of
Clinical Operations



“Diagnostic Imaging Centers Continues to Set the Gold Standard in Outpatient Imaging.”

D diagnostic Imaging Centers (DIC) is comprised of 15 board-certified diagnostic radiologists who are committed to the delivery of high quality medical imaging. DIC is owned and operated by the radiologists and provides superior service with state-of-the-art equipment, a friendly and compassionate staff and convenient locations throughout the Kansas City metro area. DIC's radiologists staff six outpatient radiology imaging centers. All physicians rotate throughout the six locations and work in all modalities, with several specializing in specific areas including female radiology, orthopedic radiology and neuroradiology.

Edwin Herman, M.D., F.A.C.R., who joined DIC in July 1969, serves on the Board of Directors and has

served as President of DIC for the past several years. In May 2003, Dr. Herman felt it was time to pass the baton; therefore with the annual reelection of officers the following officers were elected: President – Jennifer Crawley, M.D.; Vice-President – Neal Lurz, M.D.; Secretary – Tom Summers, M.D.; Treasurer – Angela Noto, M.D.

“I am very proud to have had the honor of leading such a wonderful organization for the last several years. I feel it is time to turn over the reins to others, knowing very well that the same principles, traditions and excellence will prevail,” states Edwin Herman, M.D. “I will still be very active in the practice, continue to serve with the Board of Directors and will be involved in day-to-day activities, including what I love most — patient care. With our physicians, technical, clerical and professional staff, we will continue to set the gold standard in outpatient imaging.”

DIC has been a leader in

providing radiological services in the Greater Kansas City community for more than 30 years. In a constant effort to raise the bar regarding the needs of referring physicians and their patients, DIC continues to search for improved imaging techniques while never losing sight of what is most important today: ensuring that patients and referring physicians are provided with highly skilled, clinically superior and geographically convenient diagnostic services in a well-managed environment.

“With DIC handling approximately 180,000 patient exams annually, DIC is clearly the leader throughout the Kansas City metro in outpatient radiology,” says Edwin Herman, M.D.

DIC has six traditional state-of-the-art magnets for MRI. DIC operates two Open MRI units: both the low- and high-field strength magnets can be utilized so that all body areas can be

scanned. The Open MRI devices are designed for claustrophobic and large patients. All DIC facilities offer Helical CT scanning. These too are state-of-the-art techniques. DIC's ultrasound capability is strong with 15 state-of-the-art machines throughout the imaging centers, including a dedicated breast sonography machine at the Overland Park office. DIC also performs screening arterial evaluations of the lower extremities on their dedicated, segmental arterial equipment. DIC offers traditional mammography at all six locations, as well as digital mammography at the Overland Park location. DIC offers both screening and diagnostic bone densitometry testing at all facilities. Fluoroscopy and diagnostic x-ray are available at all locations. DIC also offers state-of-the-art nuclear medicine at three of the six locations. ■

—Barb King,
Public Relations Manager

HIPAA— Hooray! The Regulations Are Final!

As all of us in healthcare know—our lives became a little more regulated as of 4-14-03. Two years prior, various Diagnostic Imaging Centers (DIC) Compliance Committee members began attending seminars on the subject and began assessing for any additional privacy safeguards within our company. A Privacy Officer, Privacy Officer

Liaison and Security Officer were identified and are responsible for assuring HIPAA compliance.

DIC's analysis proved positive, with some minor changes needed. For example: password protected screen savers were installed on all computers, patient requisitions were placed in opaque folders so that the patient's name, exam or

other protected health information (phi) was not visible, and access to phi was limited to each job classification on an “as needed basis.”

All DIC staff members were formally educated on HIPAA rules and regulations, with a review on DIC policies and procedures regarding HIPAA. This training has also become a part of the formal DIC orientation process required for all new DIC employees.

DIC's ‘Notice of Privacy Practice’ is made available to each patient, and forms have been developed for patients

to request disclosure authorizations or restrictions and file complaints if desired. The DIC Compliance Committee ensures that the Privacy Officer Liaison, with the approval of the Privacy Officer, maintains identification of any disclosures and restrictions.

The DIC Compliance Committee continues education and is aware of any revisions in the HIPAA regulations to provide protection of patients' and employees' protected health information. ■

—Carol Winter, RT (R)(M)
QA/Safety Manager

What is High Resolution Chest CT?

A conventional CT of the chest is usually the best initial CT study to evaluate for potential pulmonary abnormalities

High resolution chest CT is a limited study of the chest. The name "high resolution chest CT" is confusing to many clinicians because the scan samples only a small percentage of the lungs, typically 10%, and thus may miss significant pulmonary lesions. Patients who have a high resolution chest CT study, without having a conventional CT first, are at risk for having clinically important pulmonary abnormalities missed.

A conventional CT of the chest samples the entire chest, and thus the likelihood of missing a significant pulmonary abnormality is much less. Confusion may also arise when a conventional CT of the chest is initially performed, but a small pulmonary nodule is identified, which leads to additional "thin slice" CT images. These thinner slices are higher in resolution, but are not usually labeled as a high resolution chest CT study. These thinner slices may identify small amounts of calcium within a nodule, which can provide a more confident diagnosis of a benign nodule depending on the appearance of the calcium. This article will explain the differences between high resolution chest CT and conventional CT.

A high resolution chest CT is typically performed with 1 mm slices that are obtained every 1 cm through the entire chest. Thus, 9 mm out of 10 mm (or 90% of the lung volume) is not included on this study. A high resolution chest CT is obtained usually after there is a specific question on a conven-

tional CT of the chest. The high resolution images are helpful to better characterize interstitial lung disease. Some high resolution chest CT findings are highly suggestive of sarcoidosis, hypersensitivity pneumonitis, pulmonary fibrosis, eosinophilic granuloma (which is now more commonly known as Langerhans cell histiocytosis), and lymphangioleiomyomatosis to name a few possible diagnoses. Ground glass opacity on a high resolution chest CT connotes an area of active inflammation, and thus may help direct the location of a possible biopsy. High resolution chest CT may also help diagnose bronchiectasis, and determine its extent. Occasionally, supine and prone images may be necessary to distinguish interstitial lung disease from dependent atelectasis. Inspiratory and expiratory images can be helpful to distinguish small airway trapping, which may occur with bronchiolitis, compared to chronic perfusion abnormalities called mosaic perfusion associated with pulmonary hypertension, or chronic pulmonary emboli.

A conventional CT of the chest can be performed differently depending on the institution, but is often obtained with 7mm slices through the entire chest. As previously noted, additional thinner slices, approximately 1 to 3 mm thick, may be helpful to evaluate for calcification or fat within a small pulmonary nodule. Centrally located calcification within a nodule is suggestive of a granuloma, while multiple central coarse calcifications or "popcorn" calcification is suggestive of a benign pulmonary hamartoma. Eccentric solitary calcification can be associated with malignancy and would warrant follow-up, PET scan evaluation or biopsy. Some facilities may have a newer CT scan called a multi-detector CT in which the slice thickness acquired for a conventional CT may be so thin that additional thin images are not necessary to better characterize pulmonary nodules or the interstitium.

In summary, a high resolution chest CT can be a very helpful problem solving study to evaluate patients with interstitial lung disease, bronchiectasis, patients with a normal conventional CT who have significant dyspnea, or patients with potential chronic perfusion or small airway disease. However, a high resolution chest CT is a very limited study that should not usually be performed as the initial study to evaluate most patients with a potential pulmonary abnormality. A conventional CT of the chest is an excellent modality to screen a patient for a pulmonary abnormality, and may occasionally lead to a follow-up study with thinner slices to better characterize pulmonary nodules, or interstitial lung disease. ■

—Scott Sher, M.D.,
Staff Radiologist,
Diagnostic Imaging Centers

HIGH RESOLUTION CHEST CT:

- **Evaluates about 10% of lung parenchyma**
- **Detects and characterizes interstitial lung disease**
- **Limited role**
- **May help guide pulmonary biopsy**

Diagnostic Imaging Centers Welcomes New Radiologists

Dr. Timothy Kennedy



Dr. Timothy Kennedy joined Diagnostic Imaging Centers (DIC) in June 2003. He brings to DIC over 25 years of outpatient radiology experience in the Kansas City area.

Dr. Kennedy received his medical degree from the University of Kansas Medical Center, followed by a tour of duty as a Commanding Officer in the U.S. Army in Taejun, South Korea and Letterman Army Hospital in San Francisco. Dr. Kennedy completed his Diag-

nostic Radiology residency at the University of Kansas Medical Center, followed by a Fellowship in Nuclear Medicine.

Dr. Kennedy is board certified by the American College of Radiology and is a member of the American Medical Association, Radiological Society of North America and the Society of Nuclear Medicine.

Dr. Kennedy and his wife, Tudy, enjoy scuba diving, attending Starlight Theatre, and spending time with their grandchildren. ■

Dr. William Koury



Dr. William Koury started with Diagnostic Imaging Centers (DIC) in August 2003. He joins the DIC team after working in Minnesota for the past several years in outpatient and hospital-based radiology.

Dr. Koury earned his medical degree from the University of Kansas Medical Center, followed by a time of service in the U.S. Navy. Dr. Koury completed his Diagnostic Radiology residency at St. Luke's Hospital

in Kansas City. Upon completion of his residency, he became a staff radiologist for several years at St. Luke's Hospital and also served as Assistant Clinical Professor at the University of Missouri at Kansas City Medical School. Dr. Koury is board certified by the American College of Radiology.

Dr. Koury and his wife, Dr. Edna Perez-Koury, have two sons, Joseph and Michael, and are delighted to be back in the Kansas City area. ■

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... Is Always
Available
at the
DIC web site.

Visit:

www.dic-kc.com

—Barb King, Public Relations Manager

To request additional exam scheduling forms, call DIC's Public Relations Dept. at 816-276-5400, ext. 3060.

