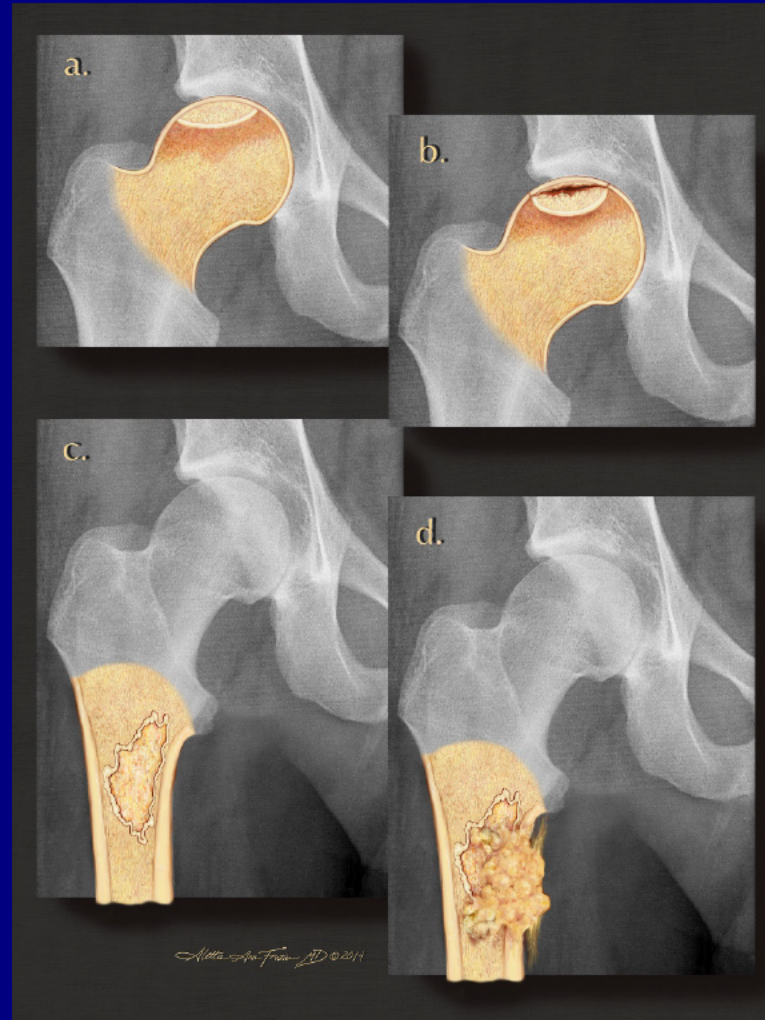


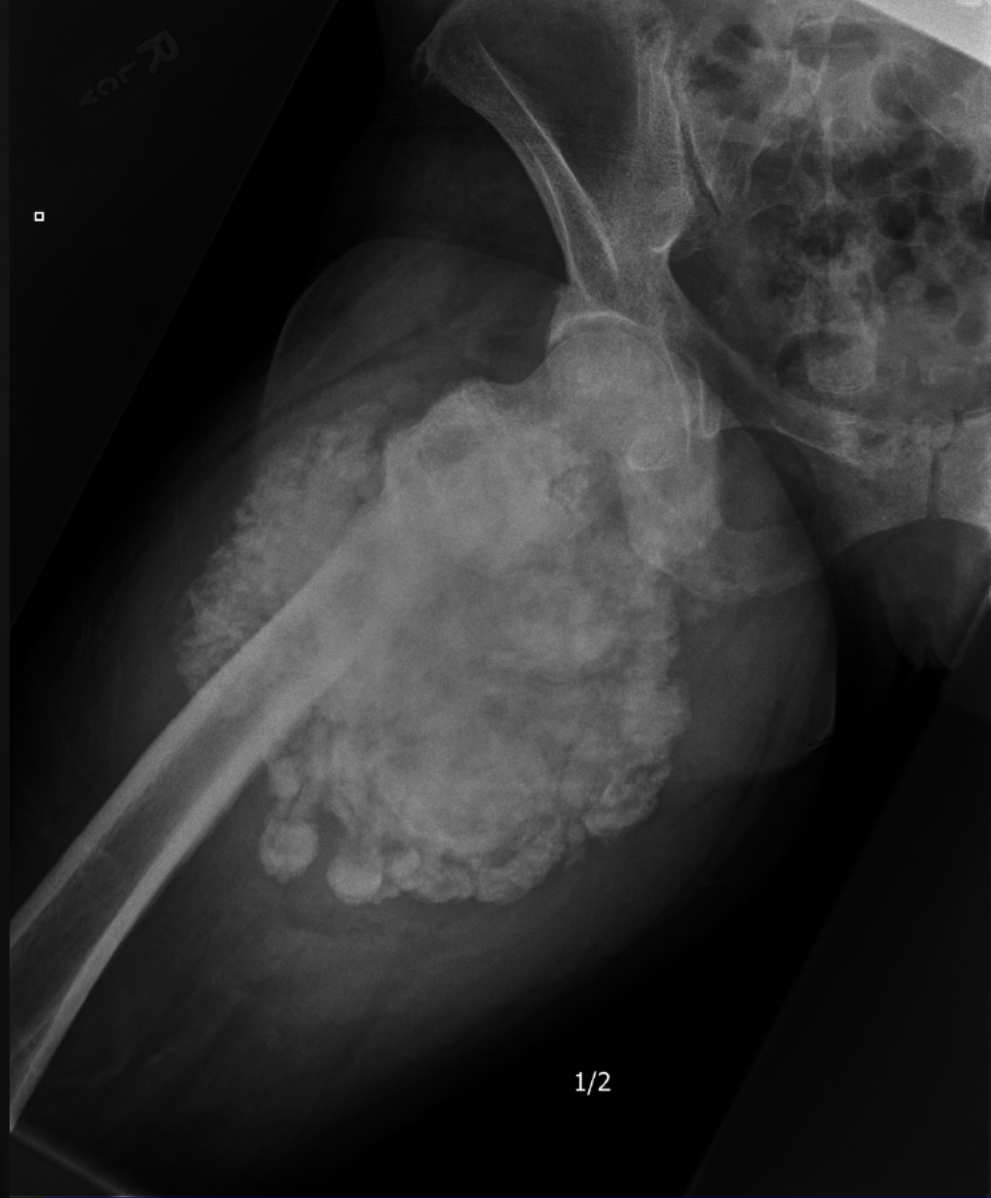
Best Cases of the AIRP

Feb-March, 2015

Musculoskeletal Best Case

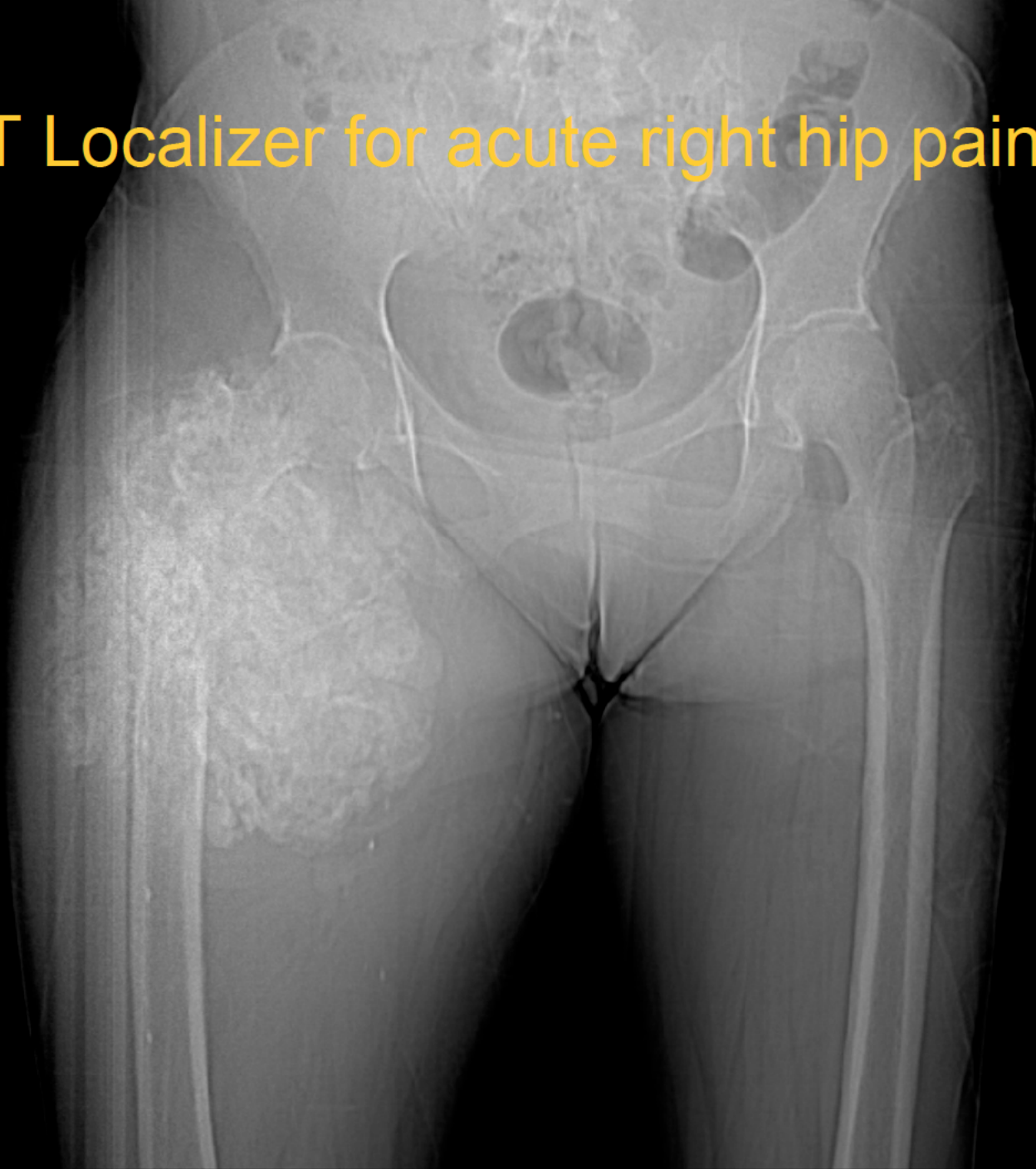


44 year old female with history of ESRD
on hemodialysis presenting with right hip
pain.

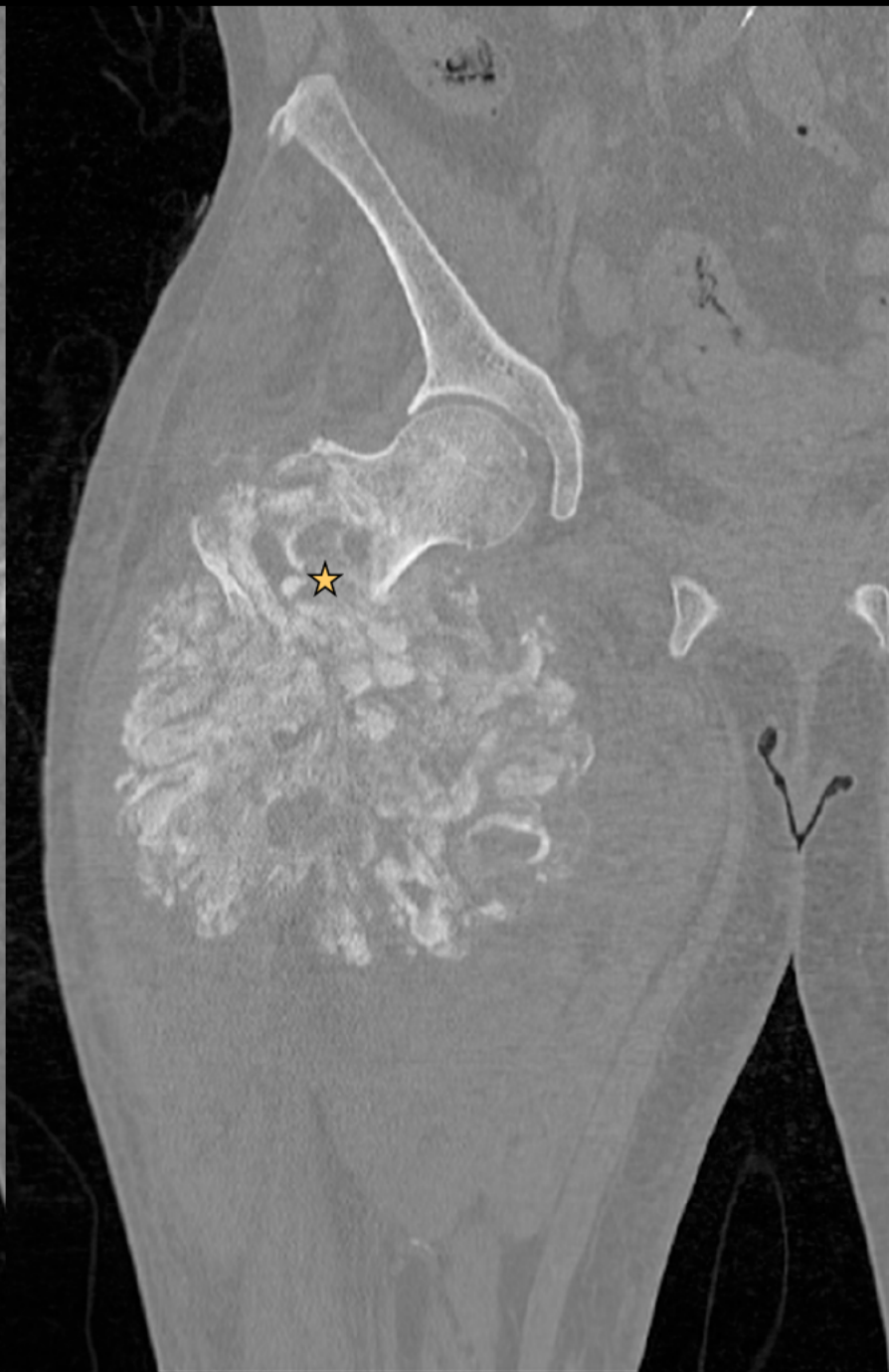


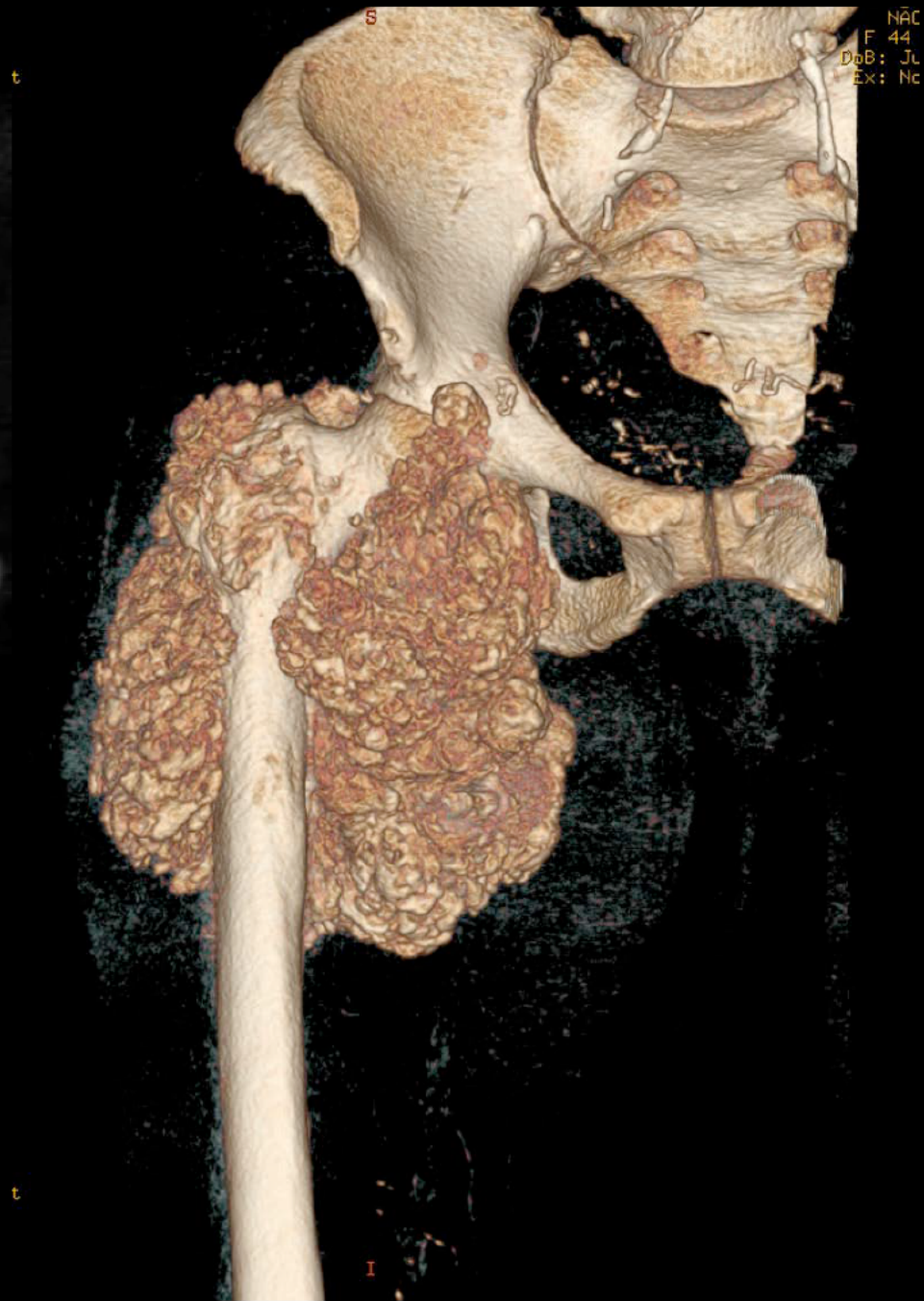
Prior Films

CT Localizer for acute right hip pain

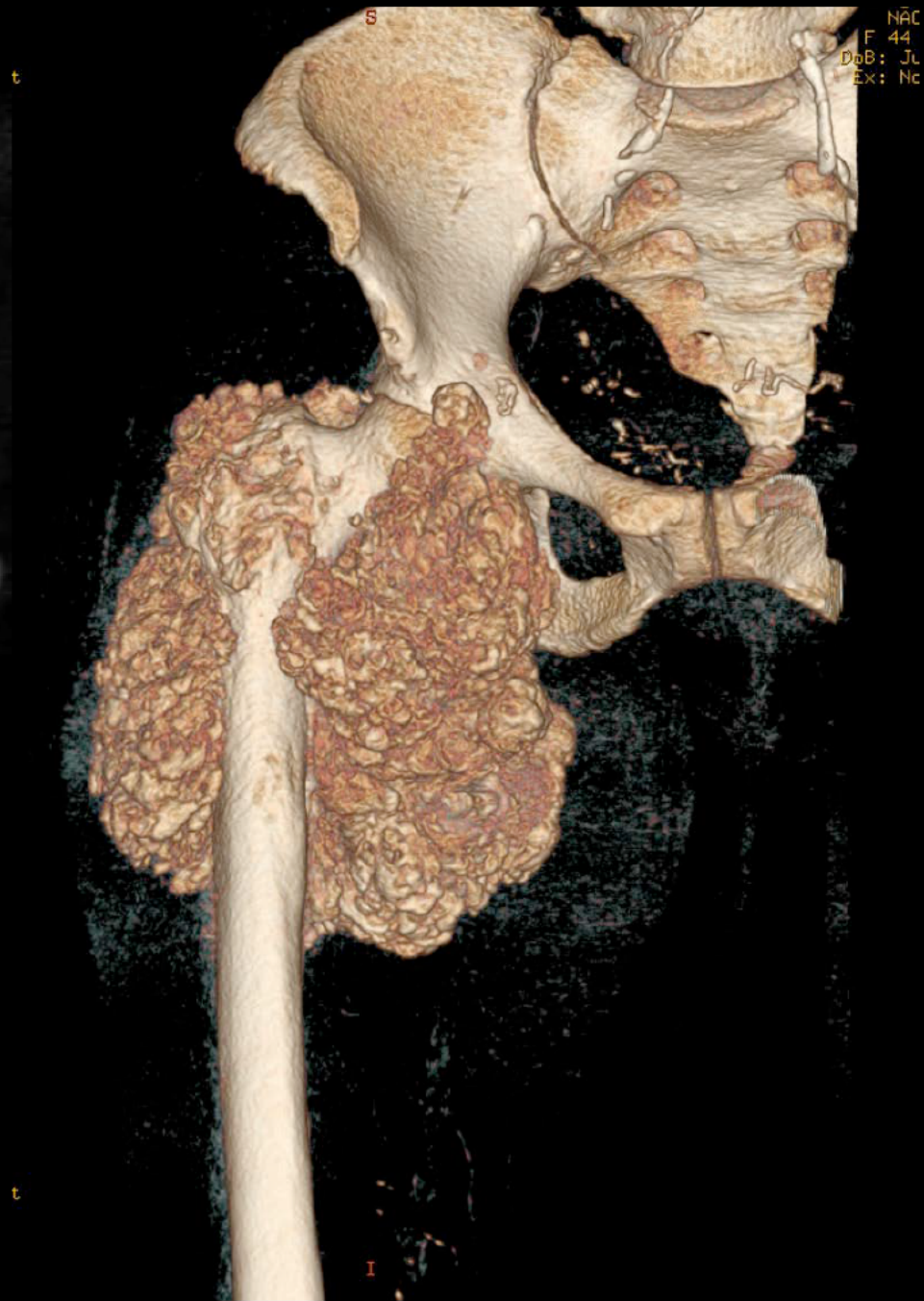


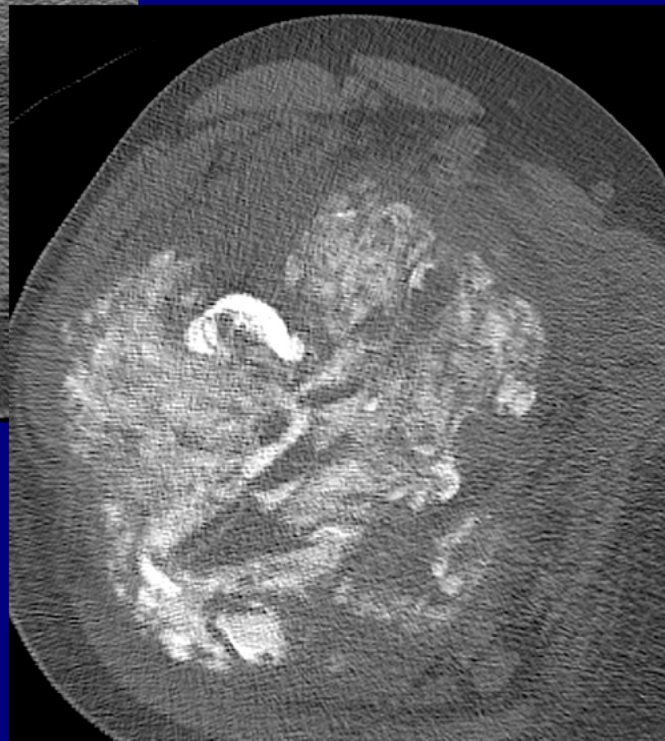
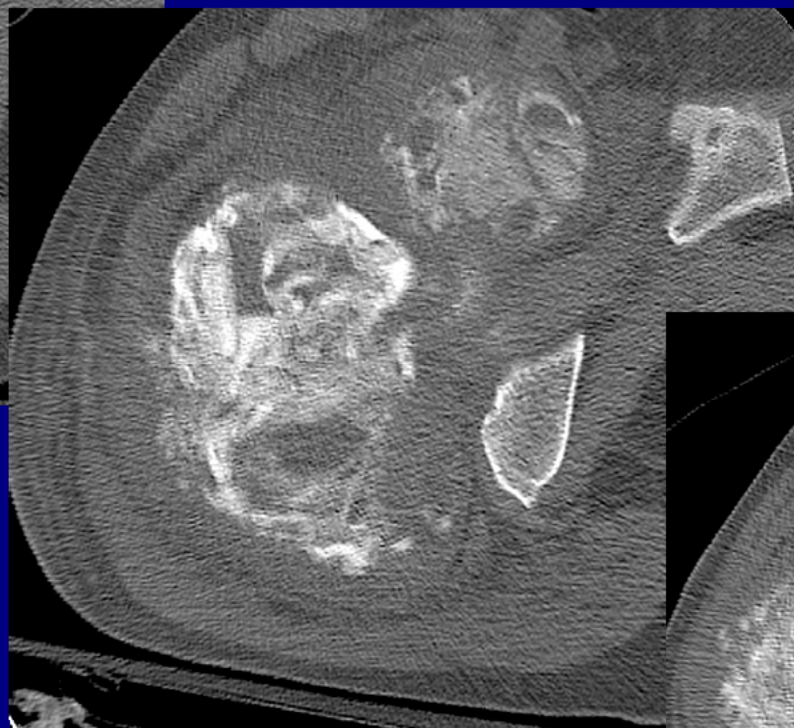
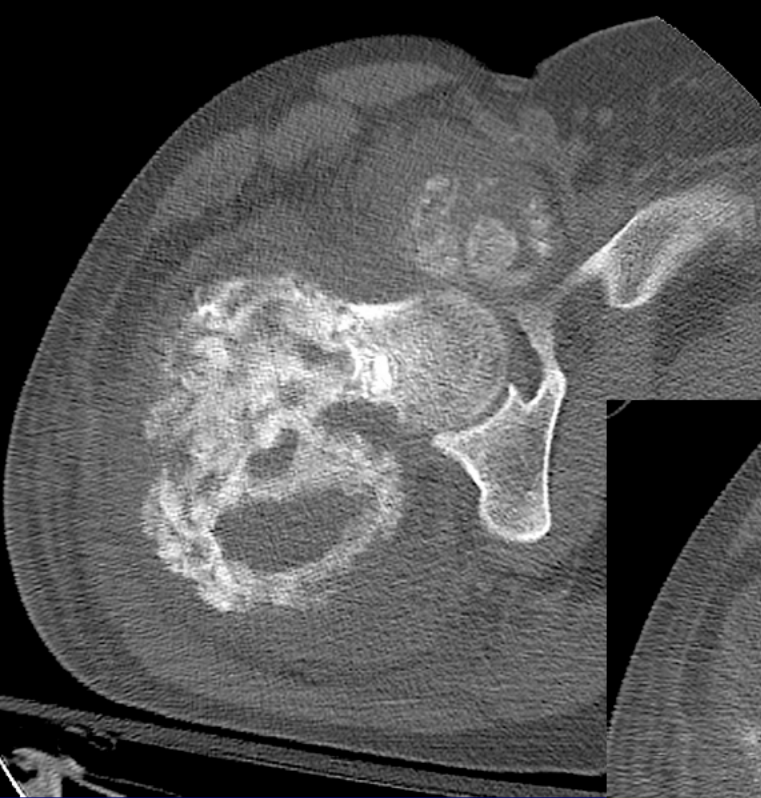


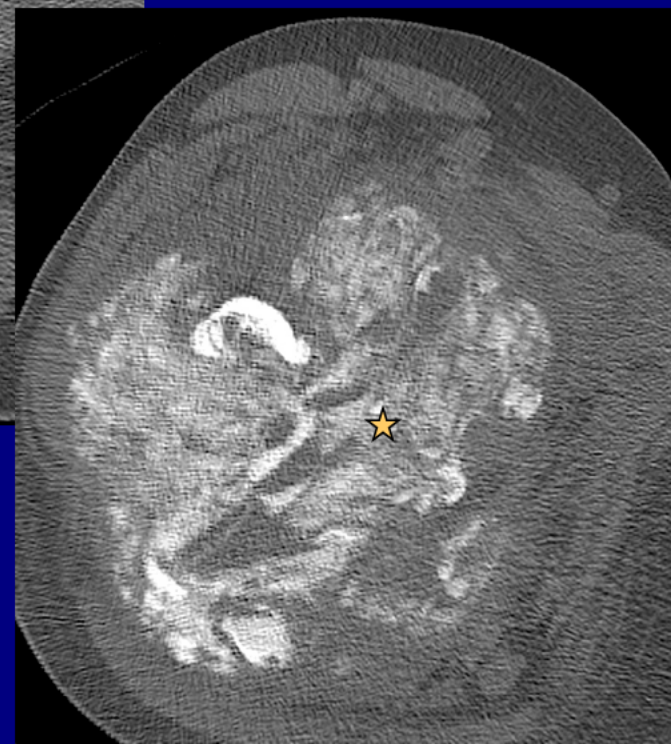
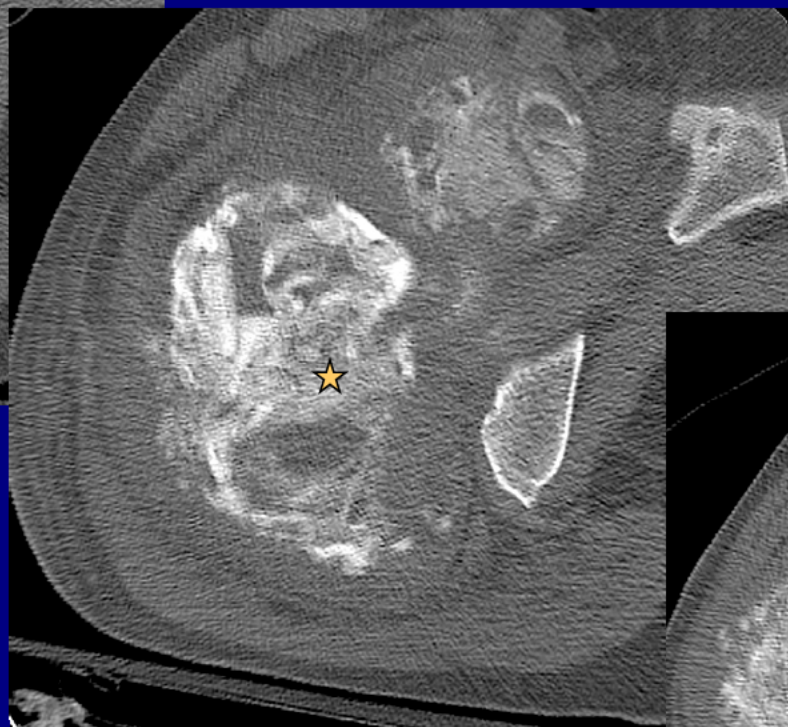
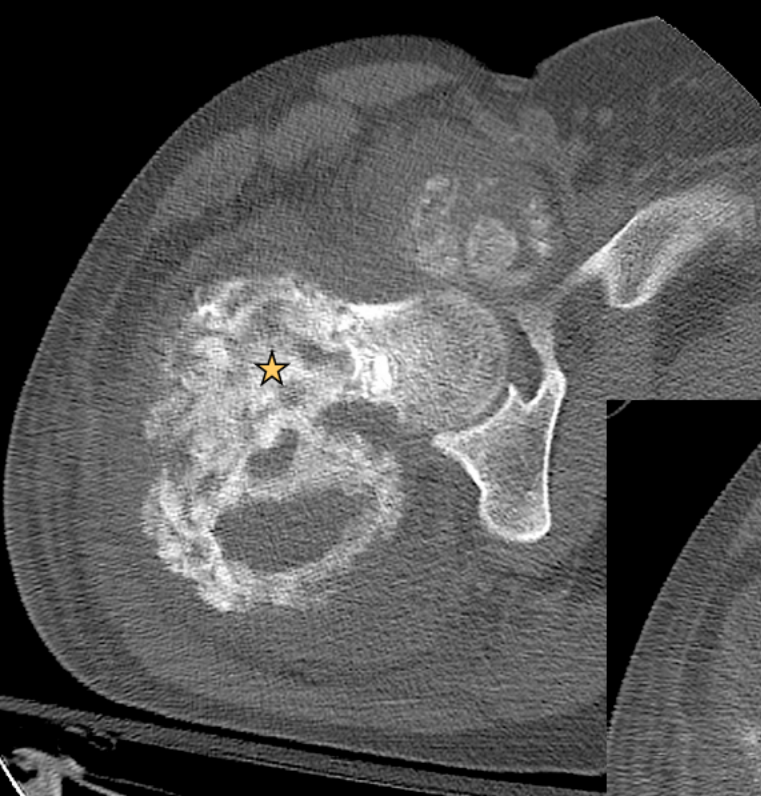


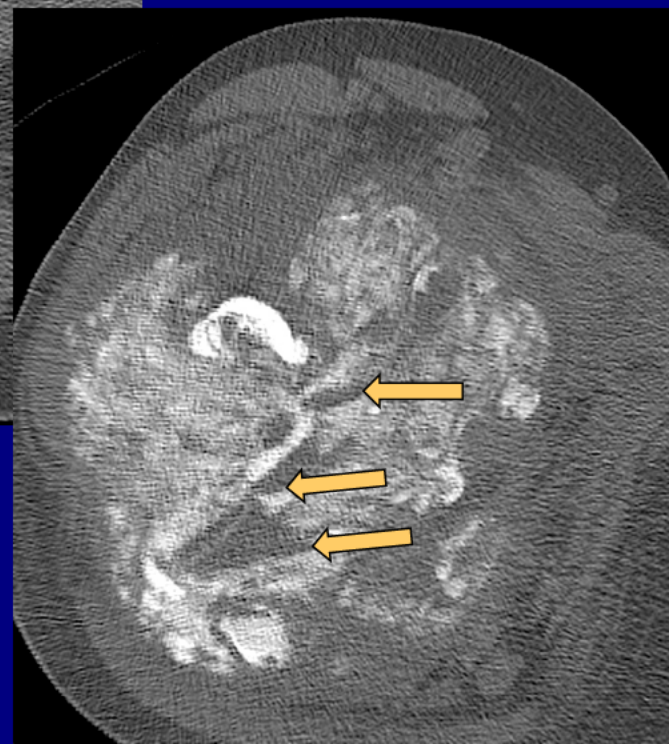
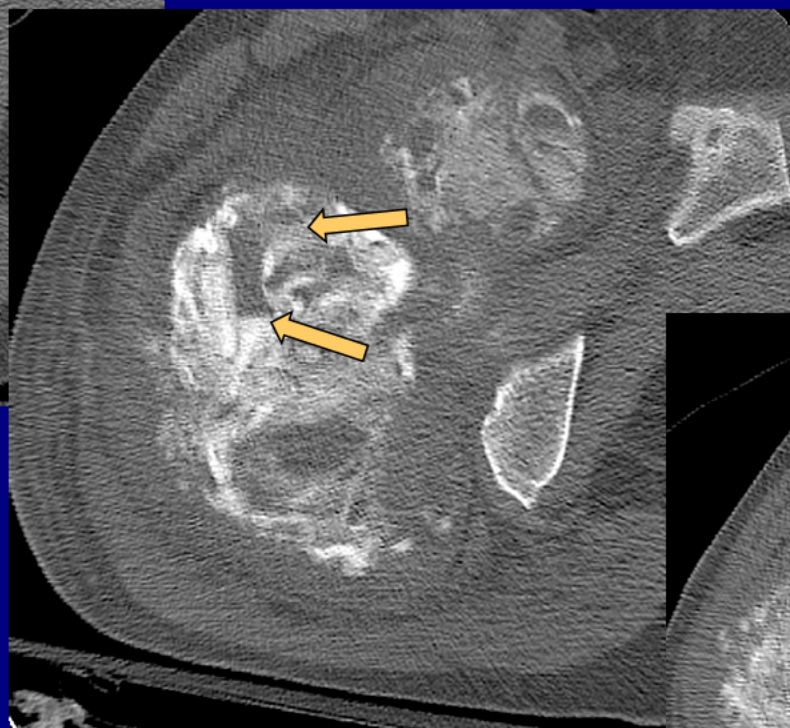
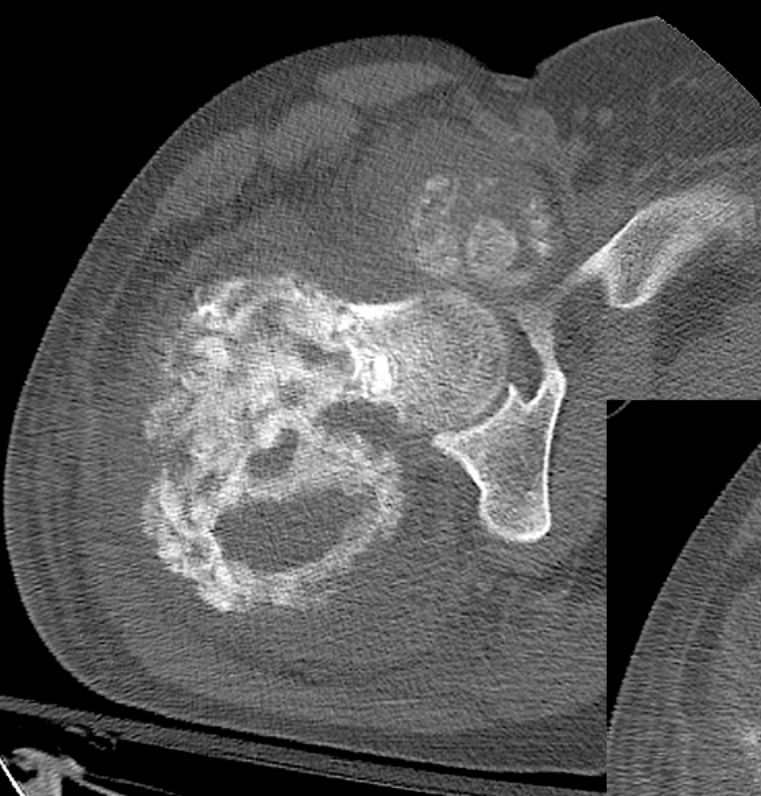


NAC
F 44
DOB: JL
EX: NC



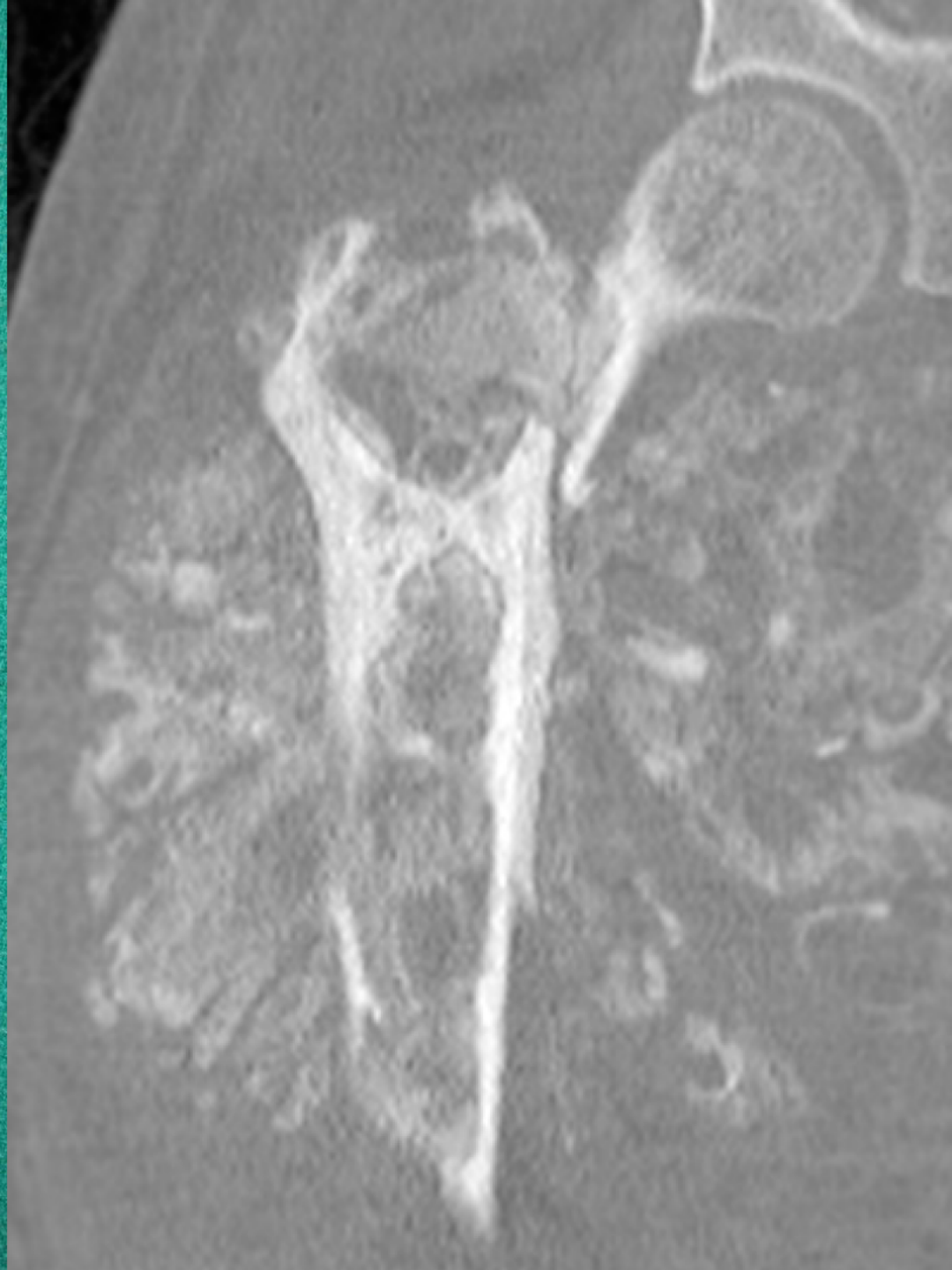


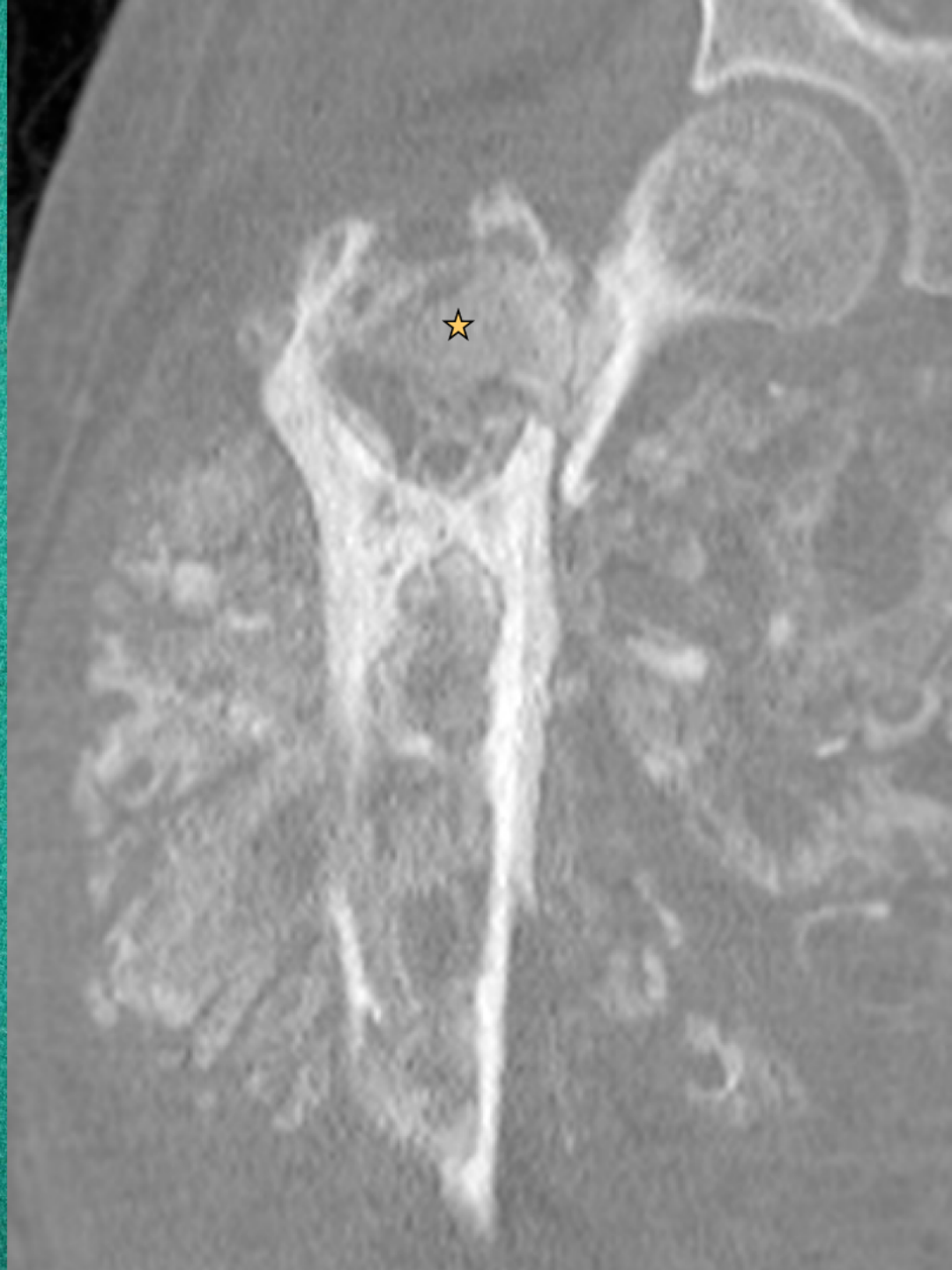


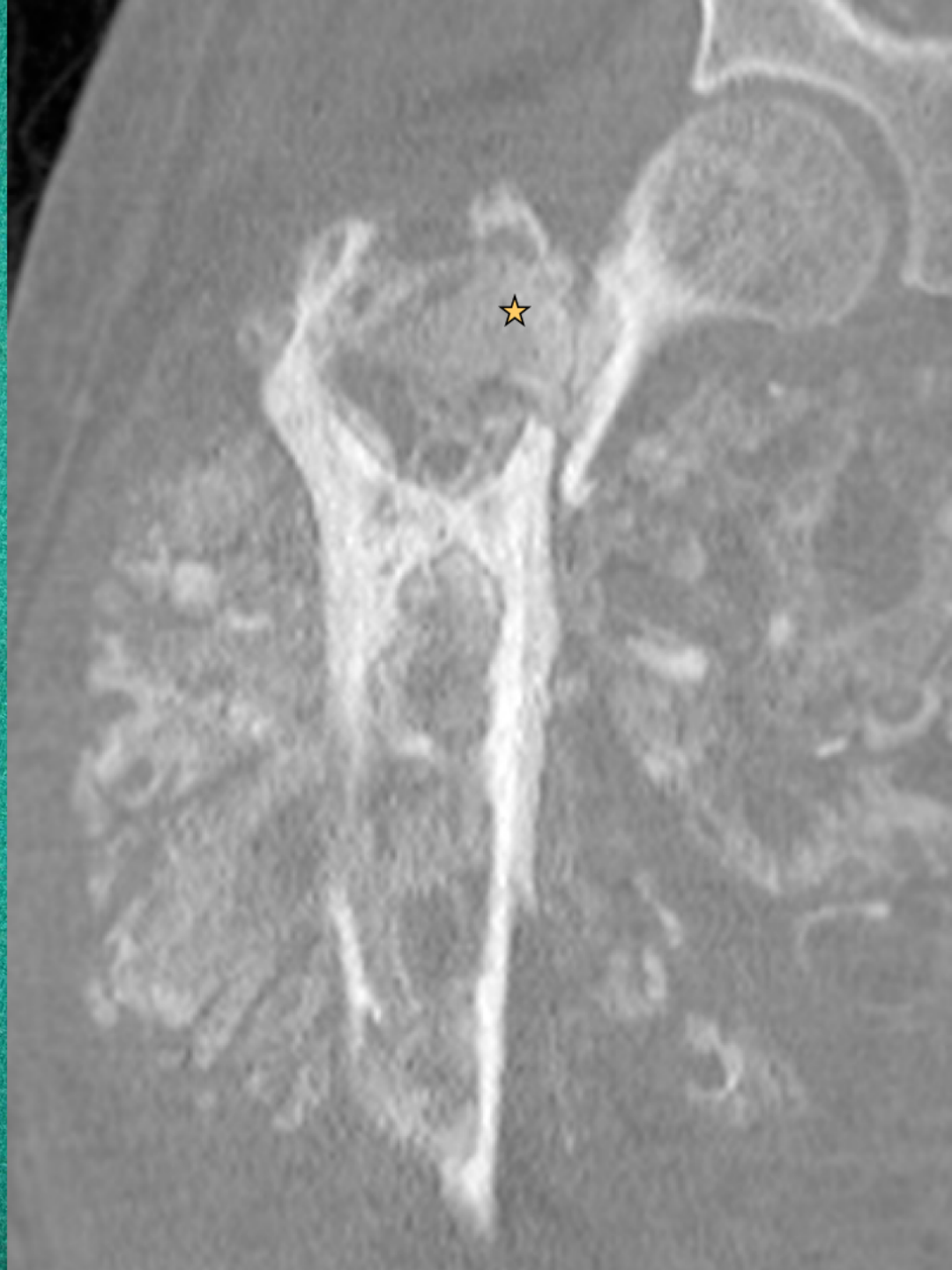


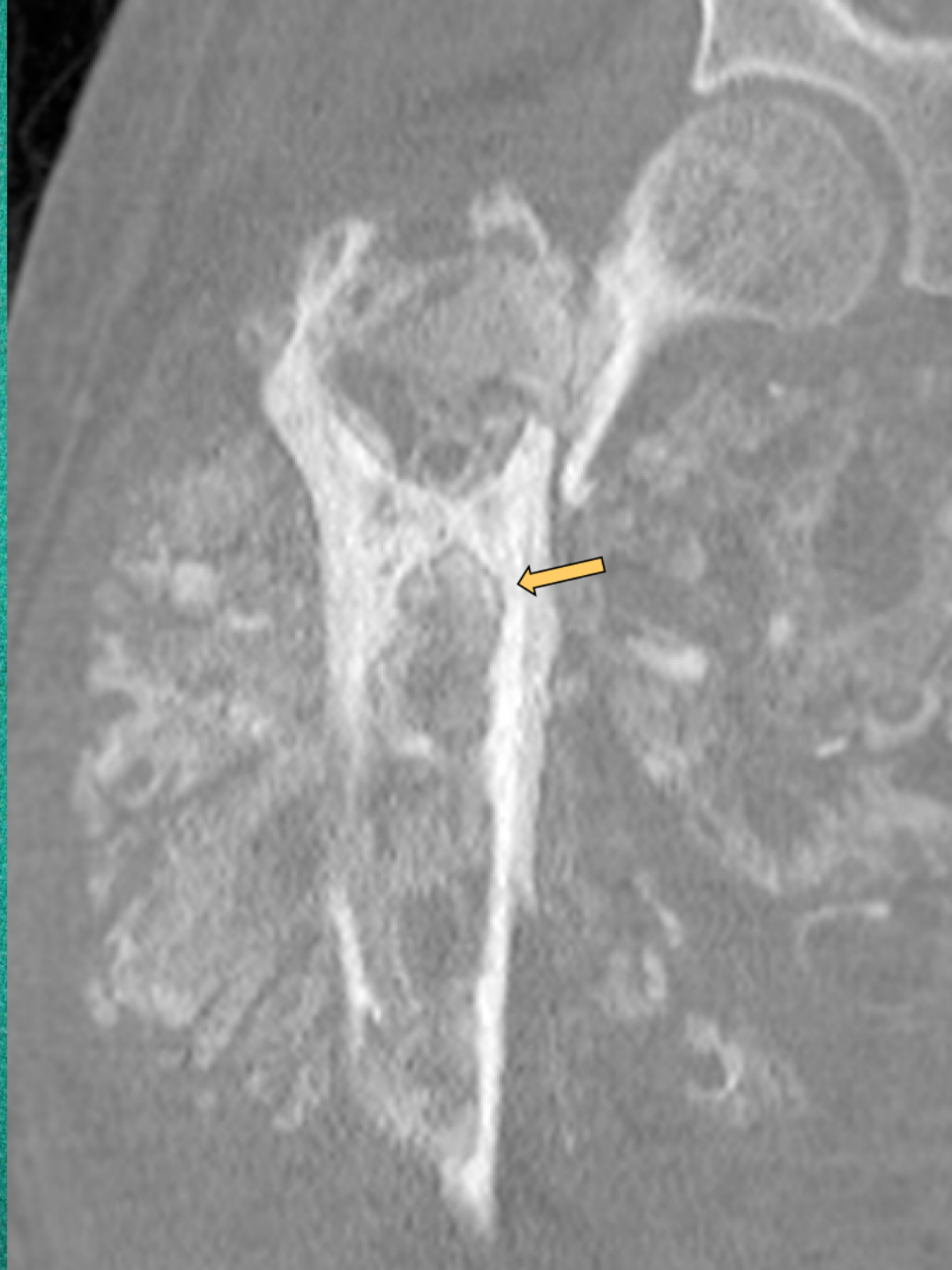
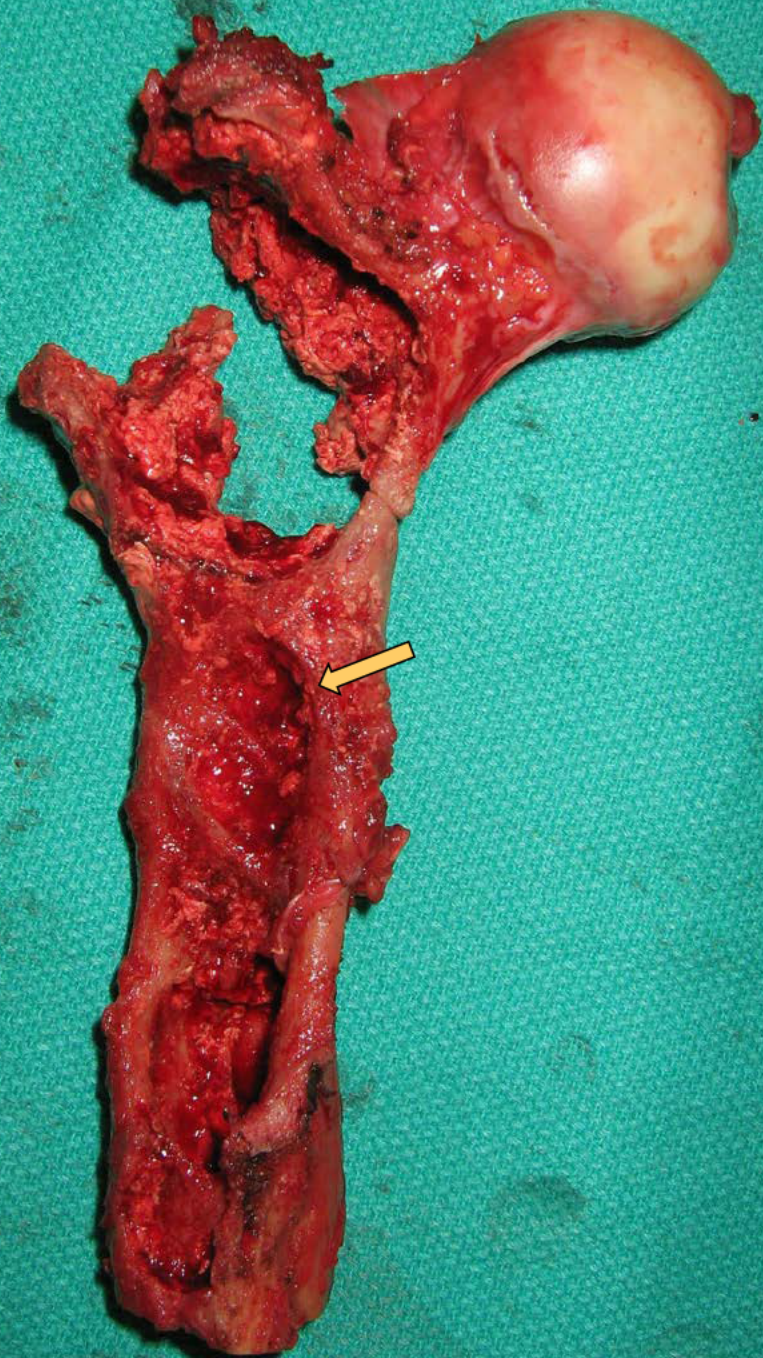


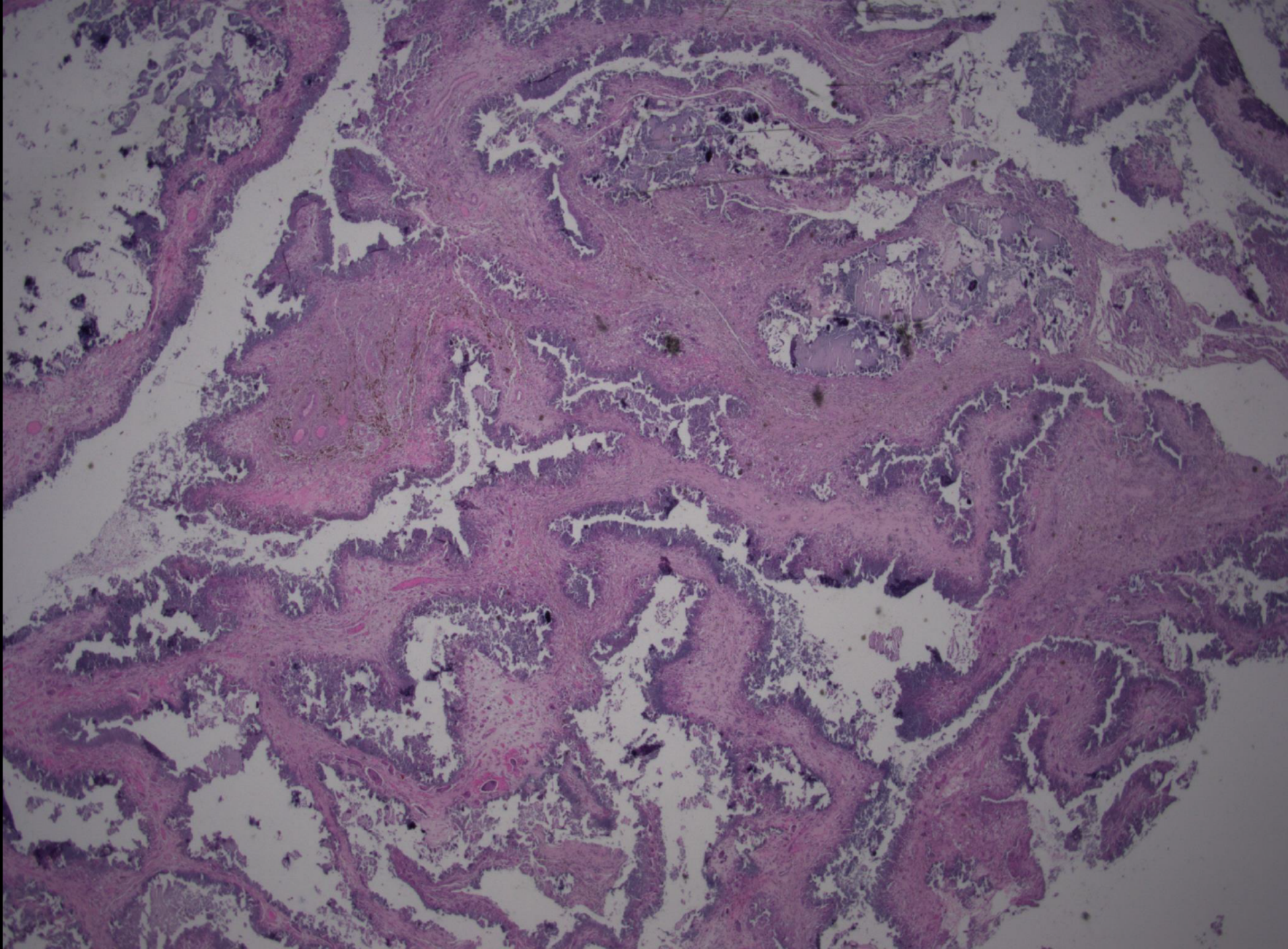


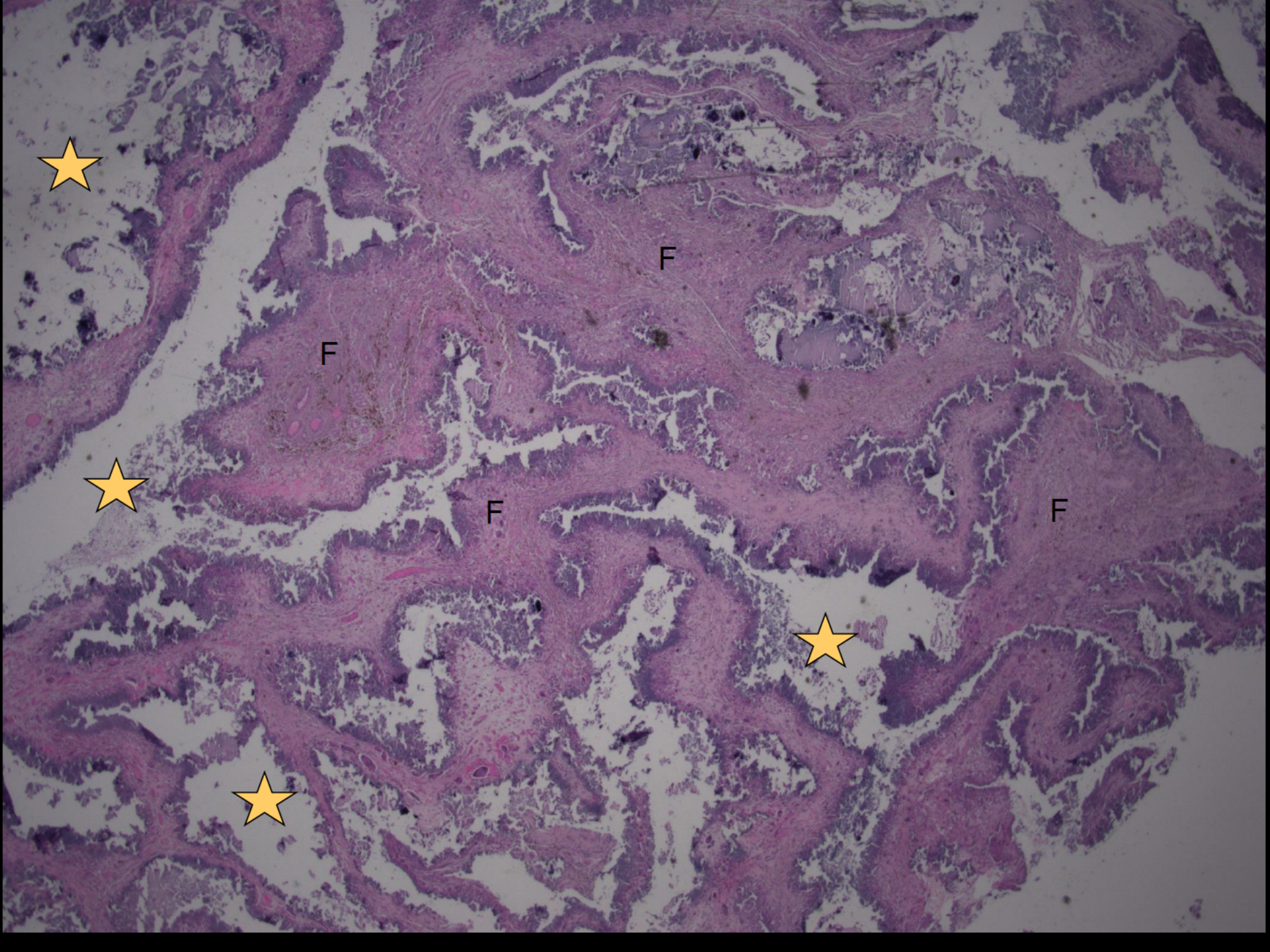


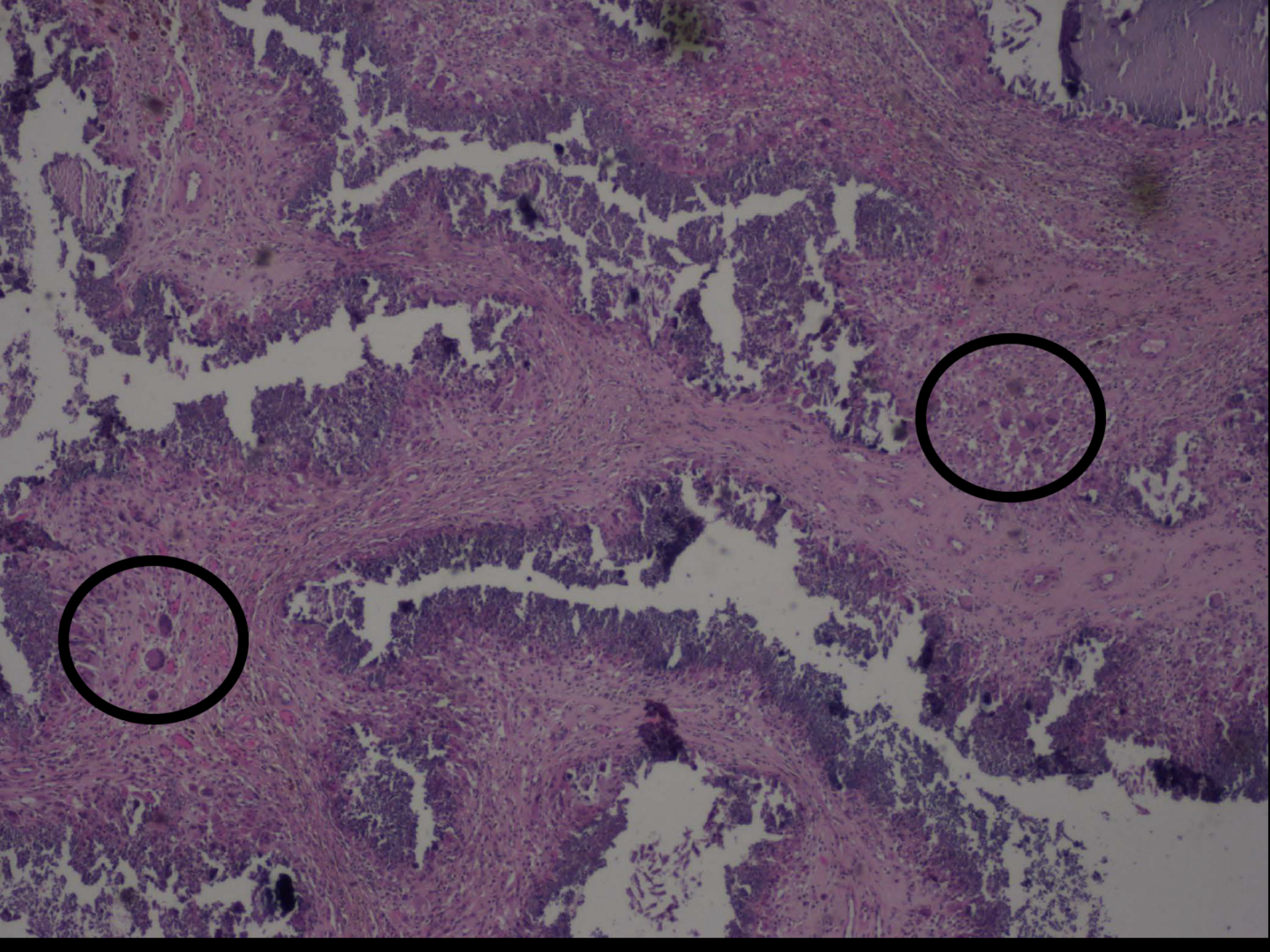


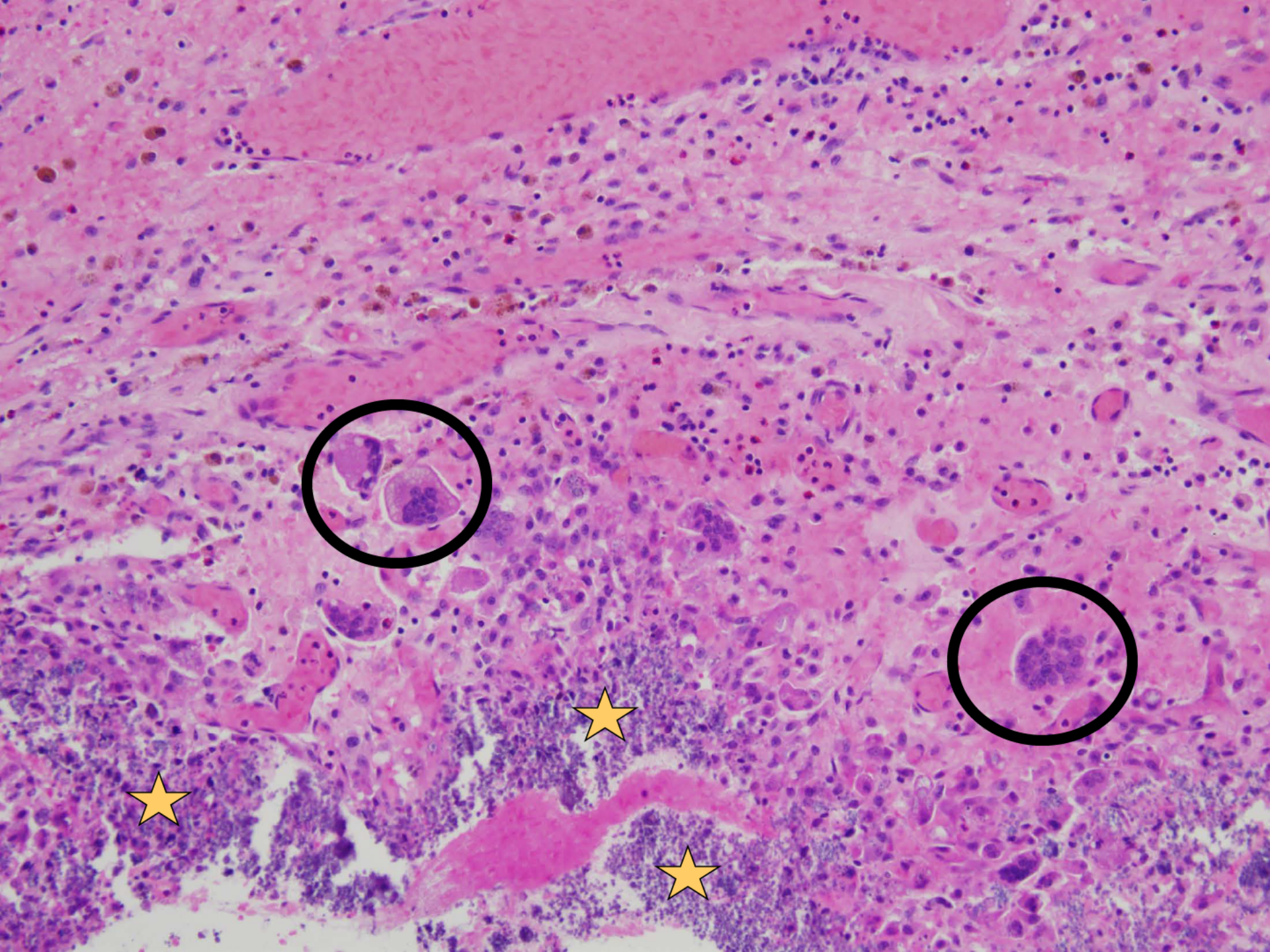












Companion Images







Secondary Tumoral Calcinosis related to ESRD with bone involvement and resultant fracture

Dr. Bhargav Raman
Santa Clara Valley Medical Center
Santa Clara, California

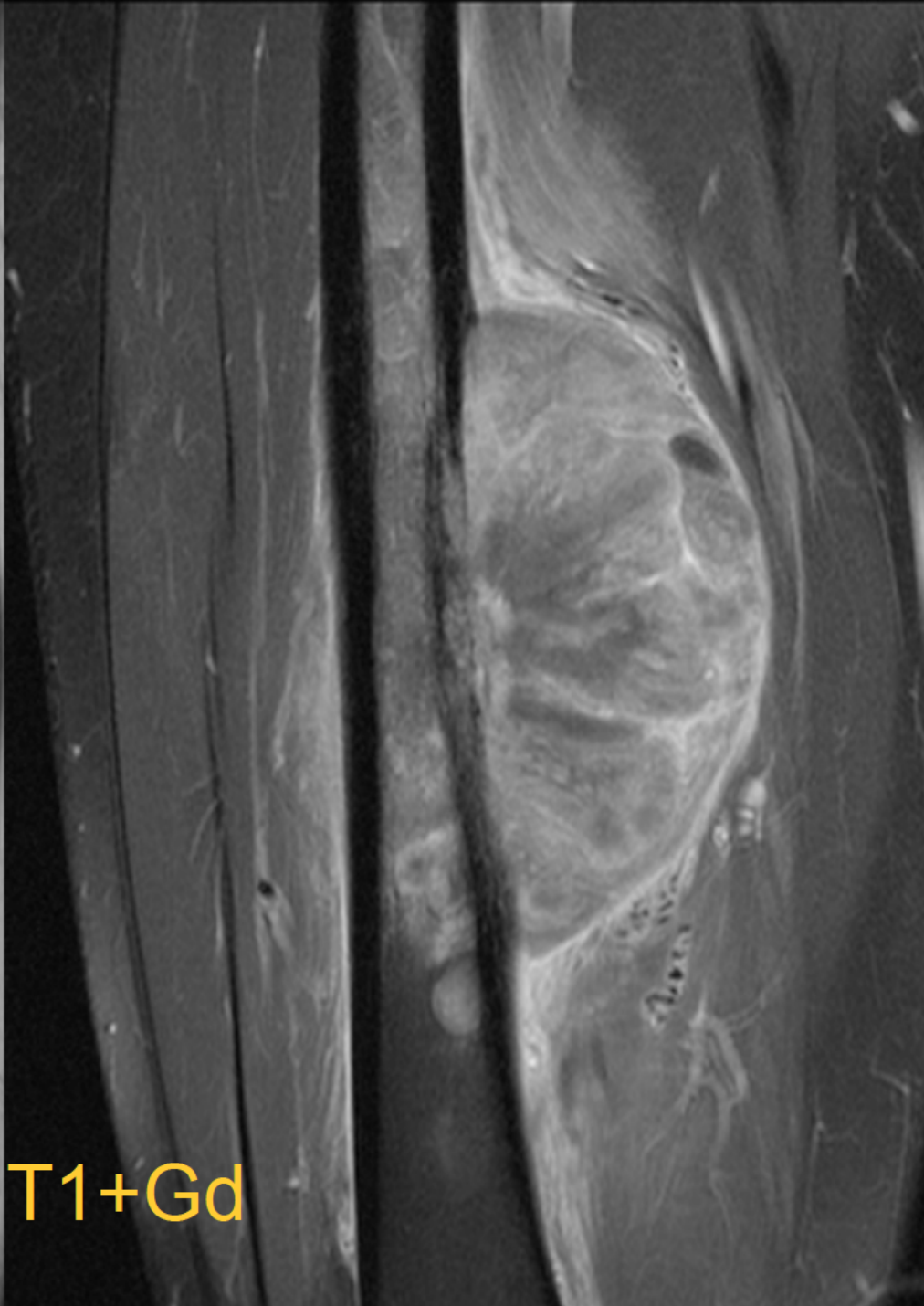
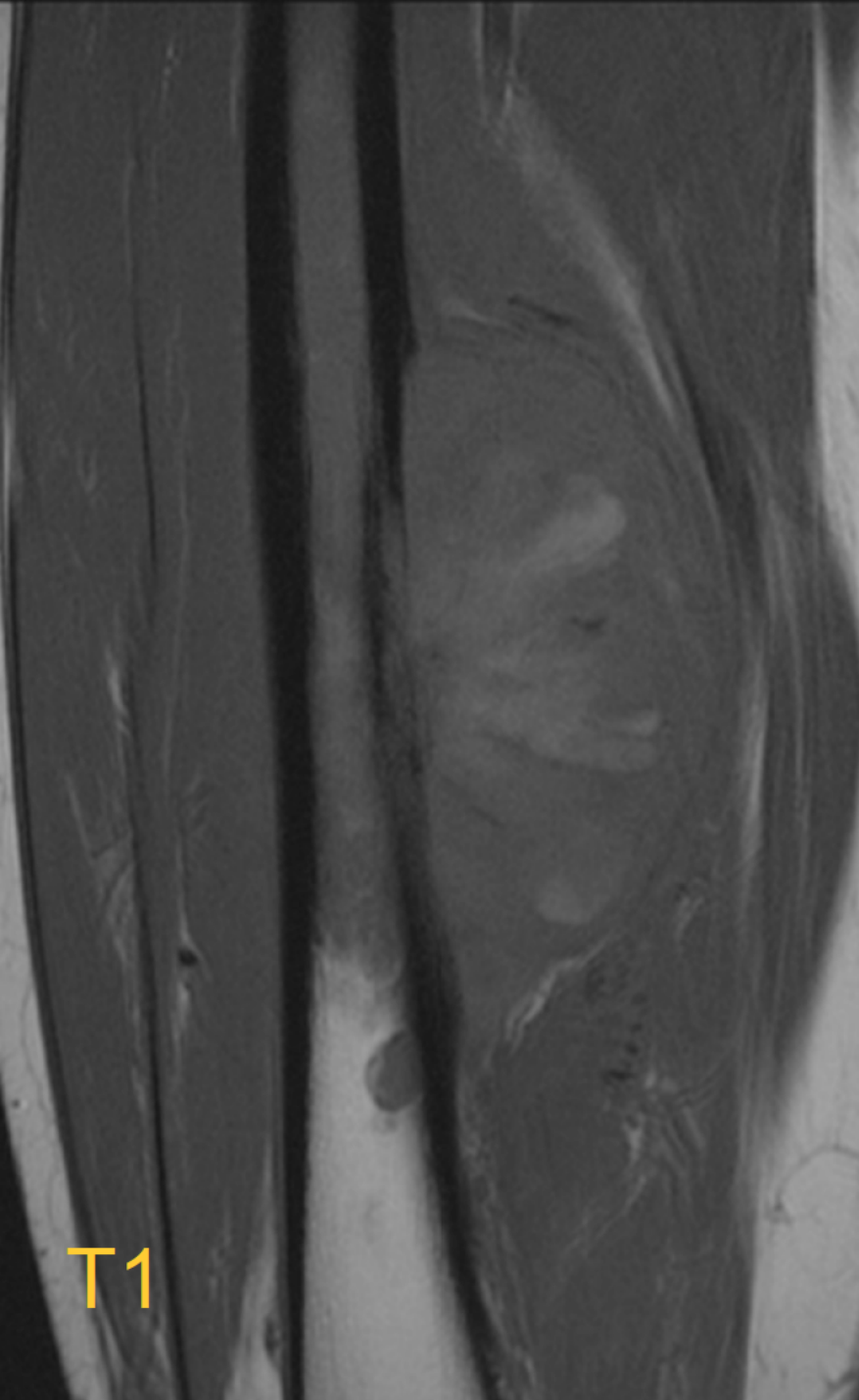
HONORABLE MENTION

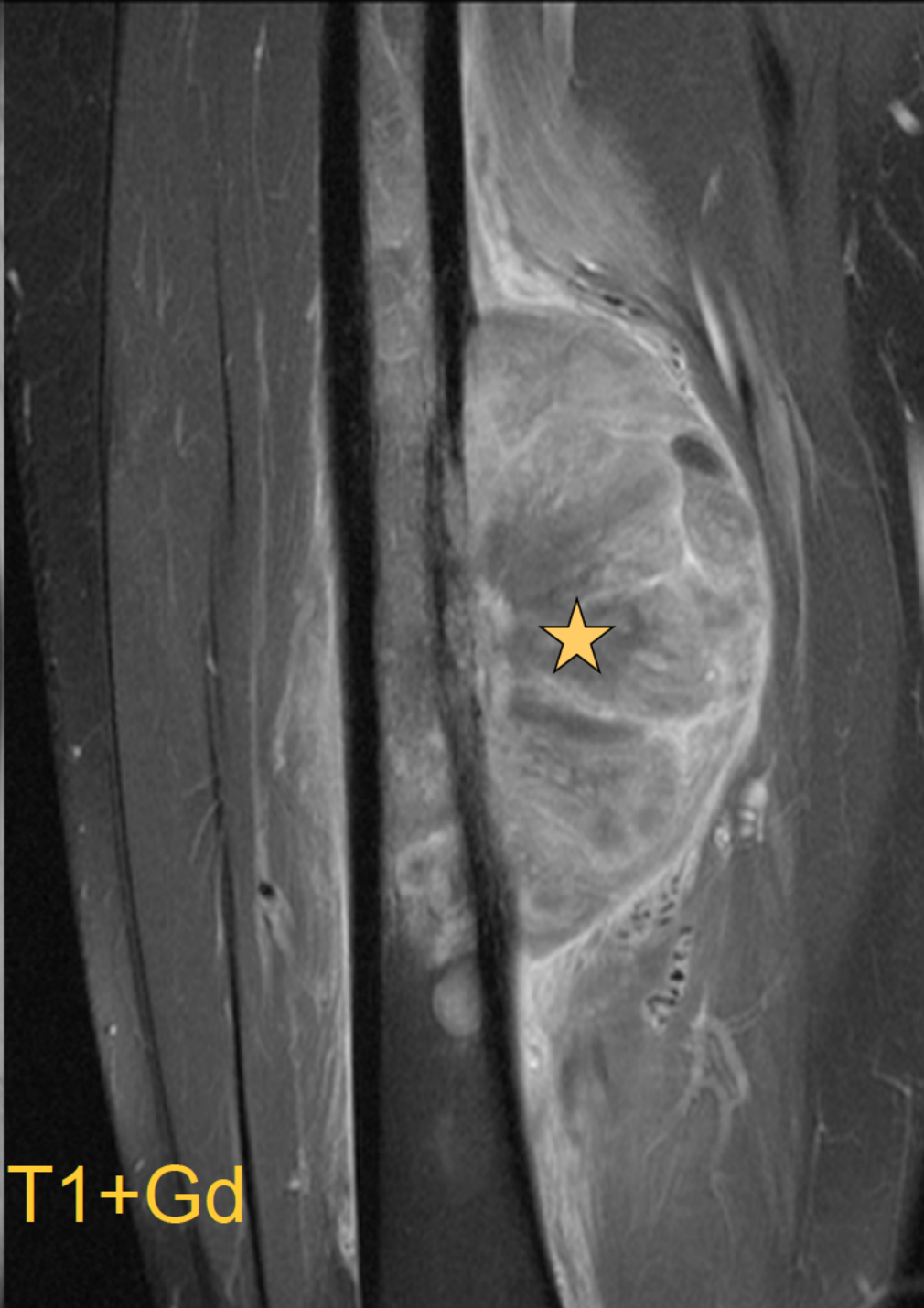
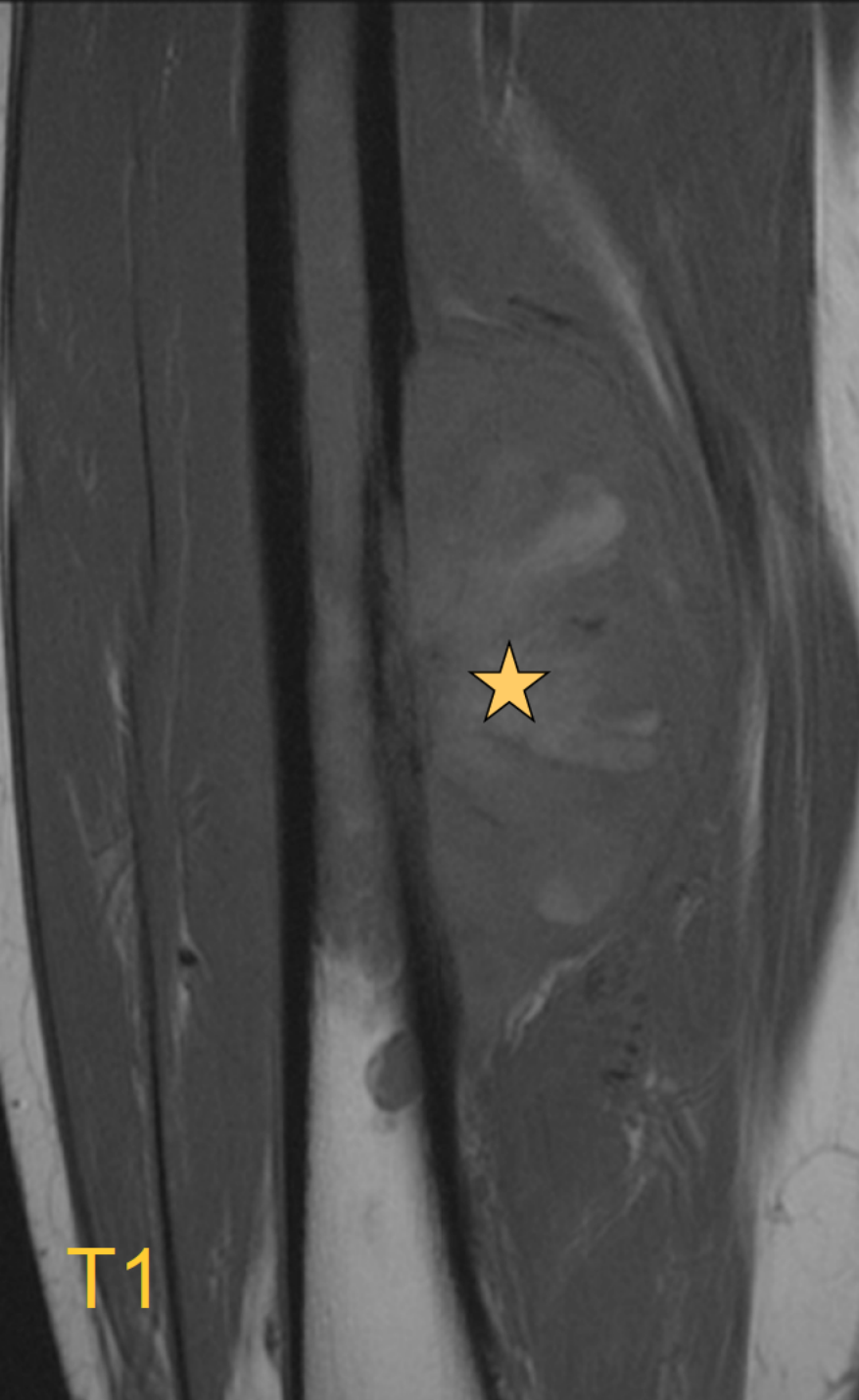
21 year old male with two year
history of progressive right leg pain.

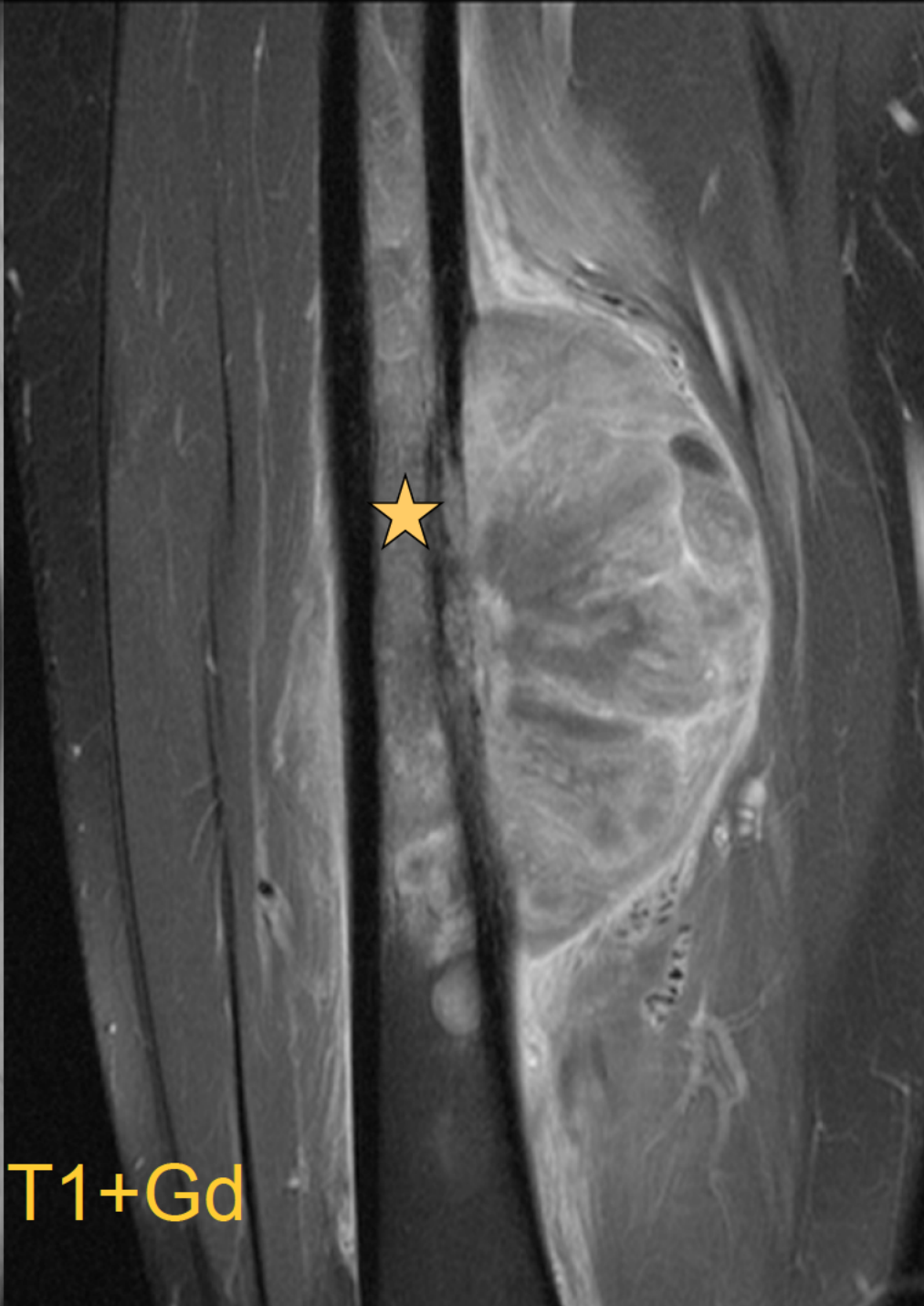
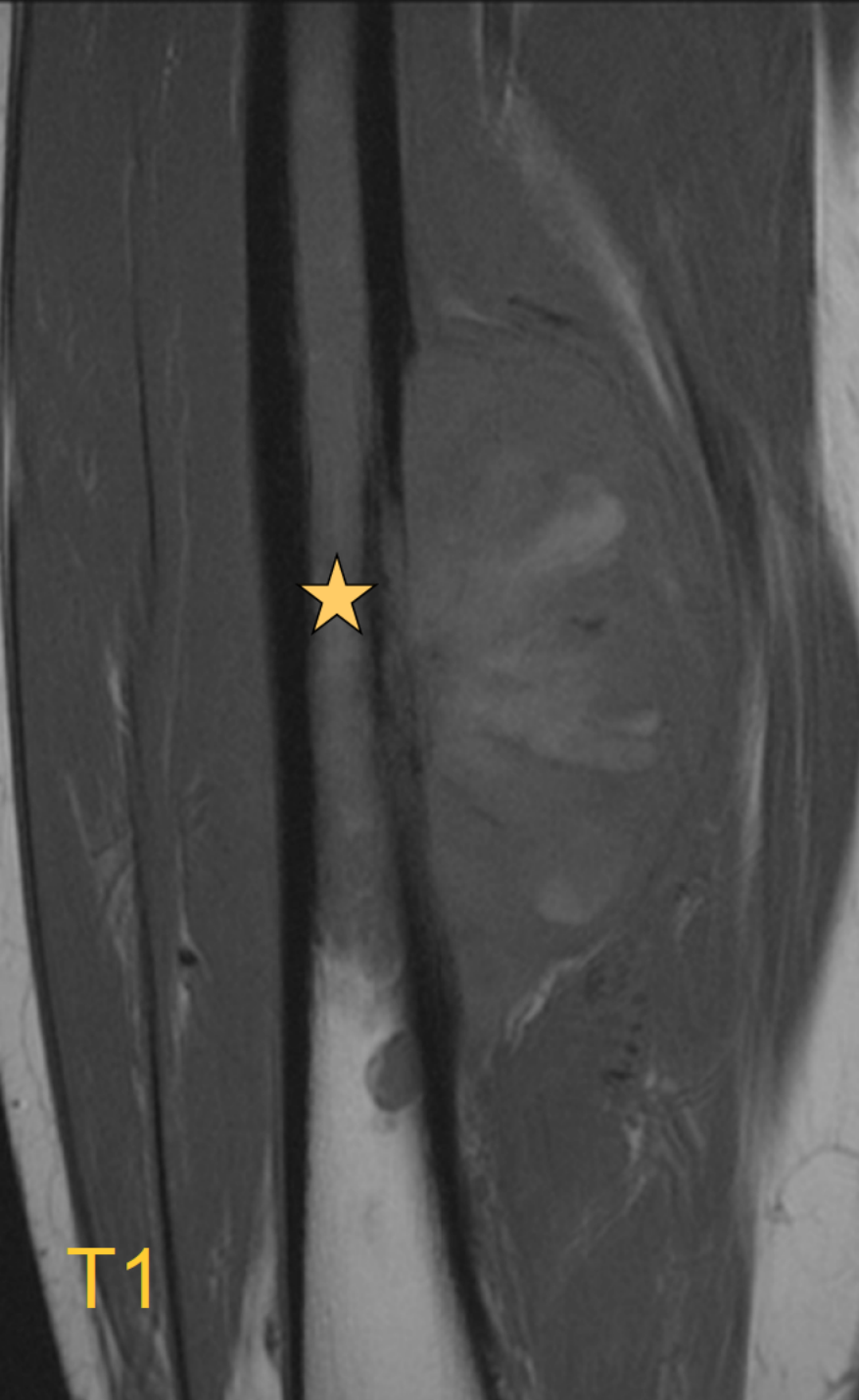


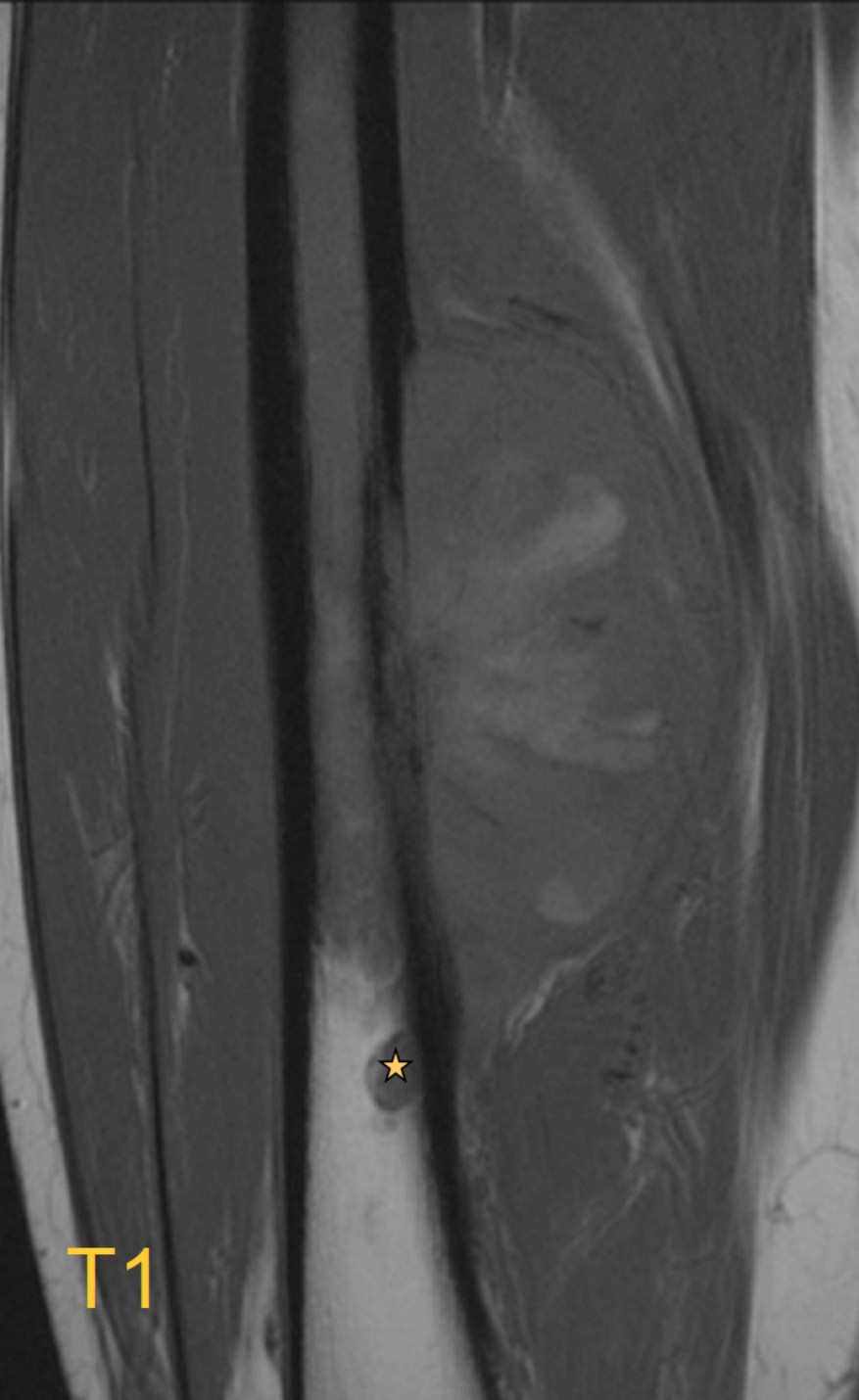


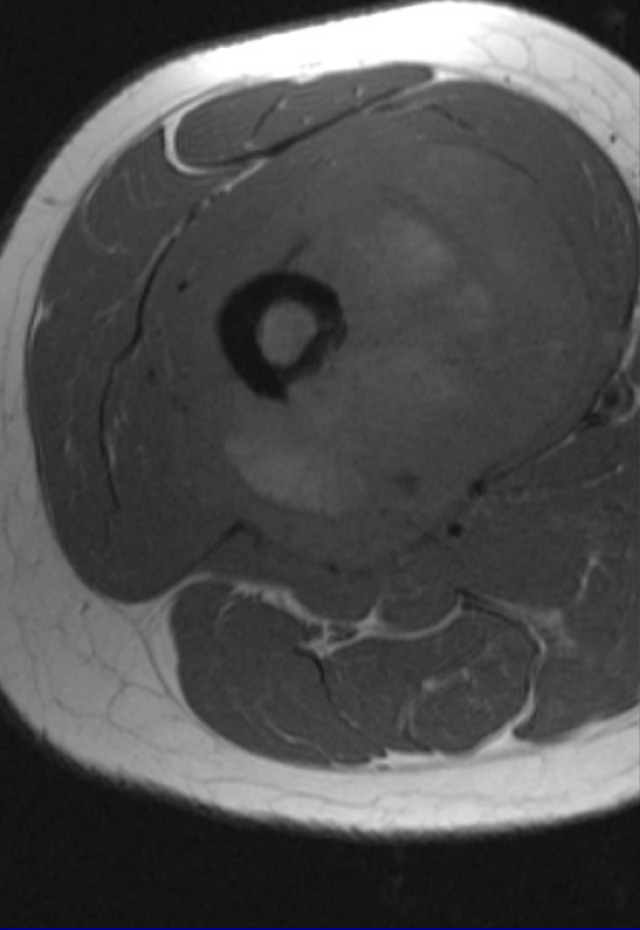




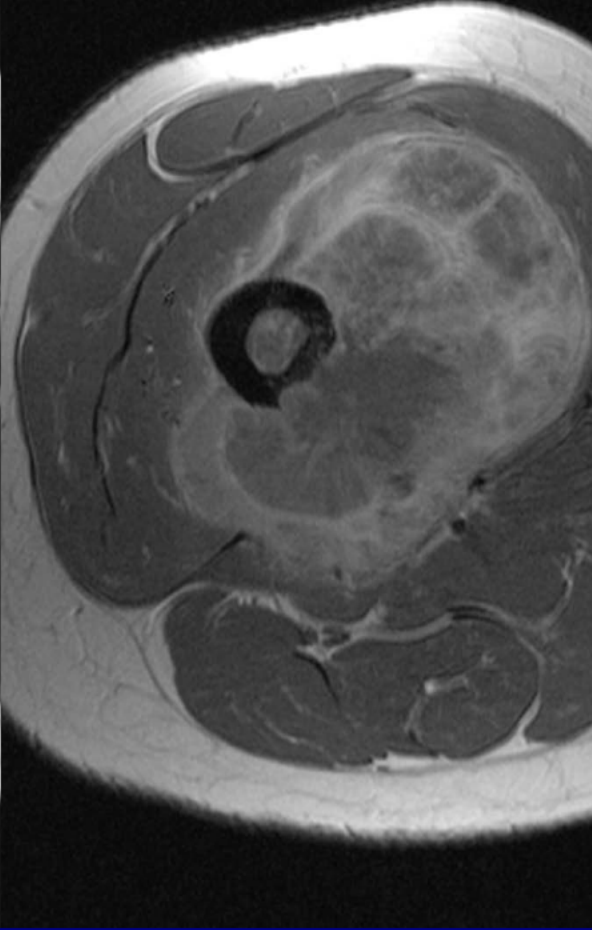




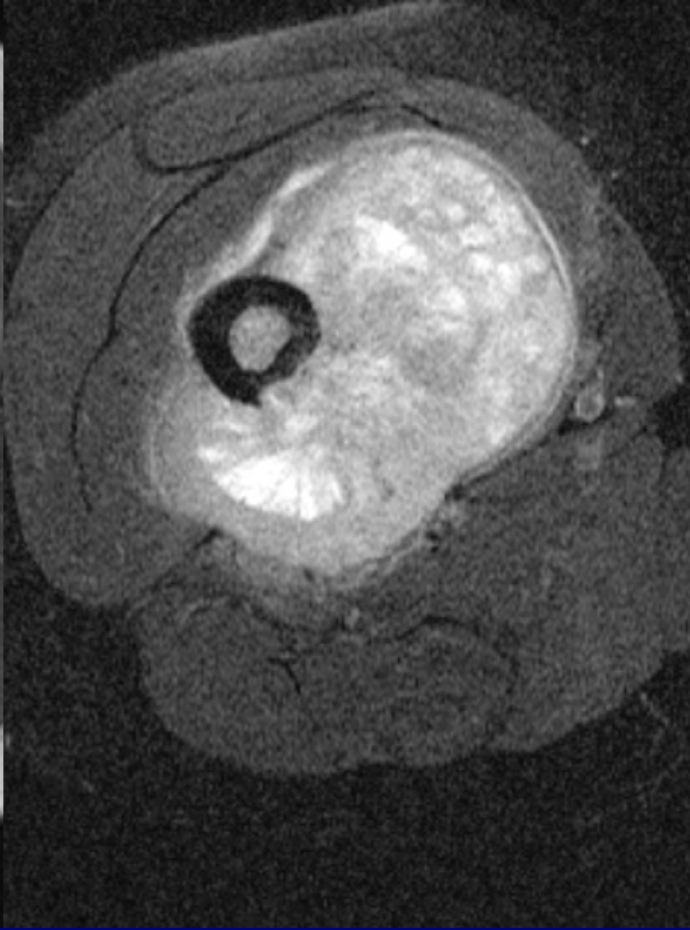




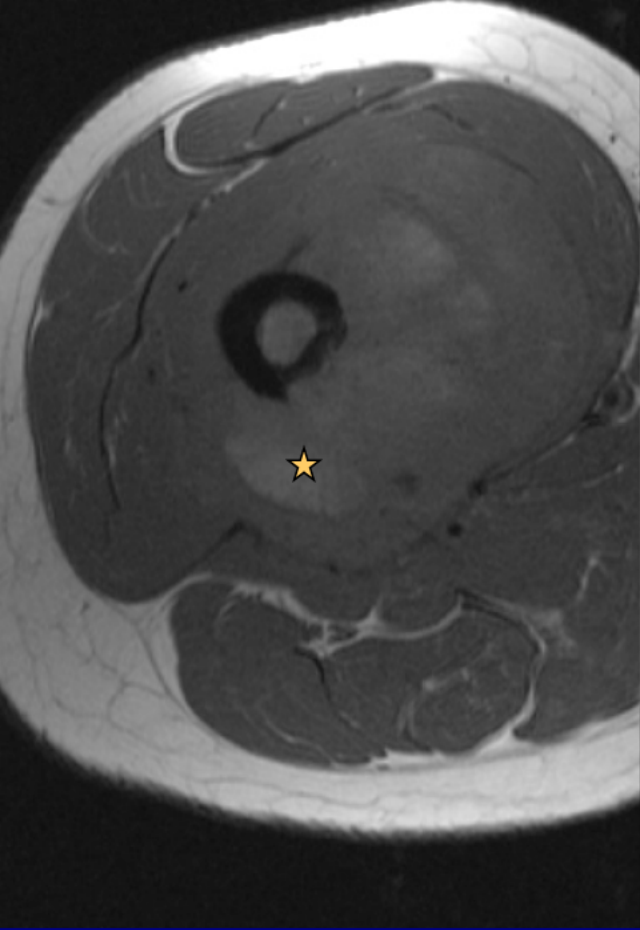
T1



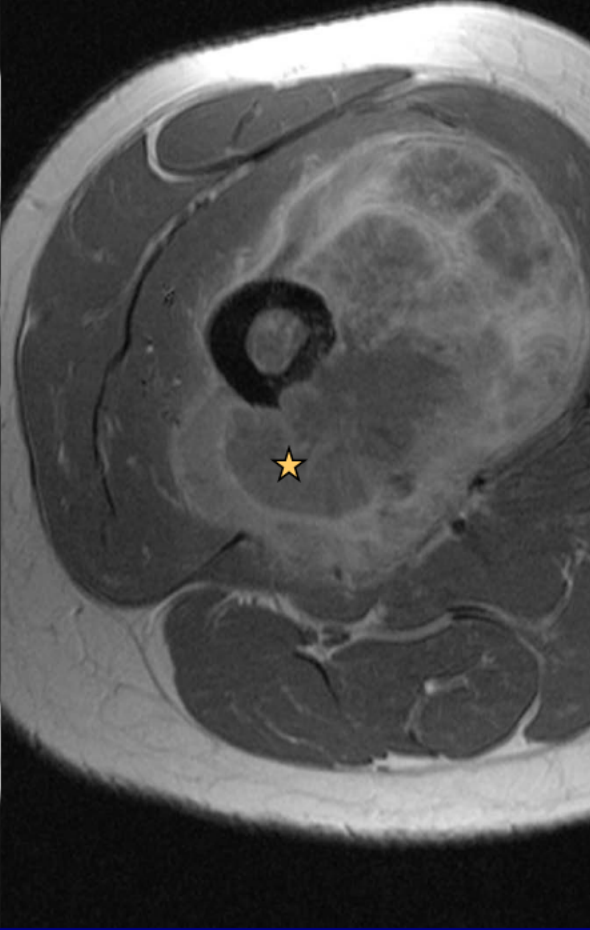
T1+Gd



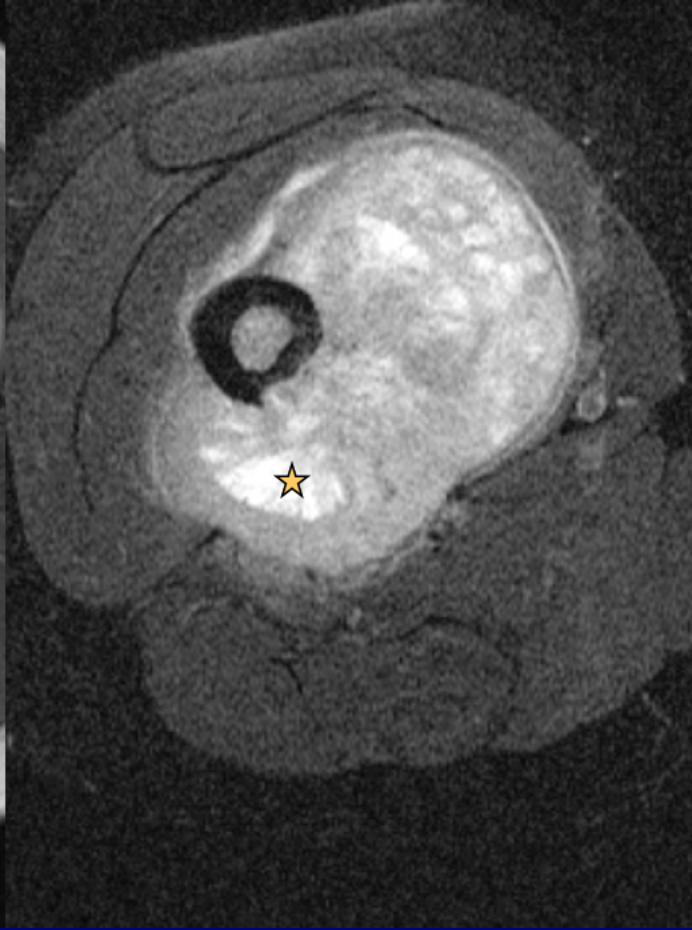
T2FS



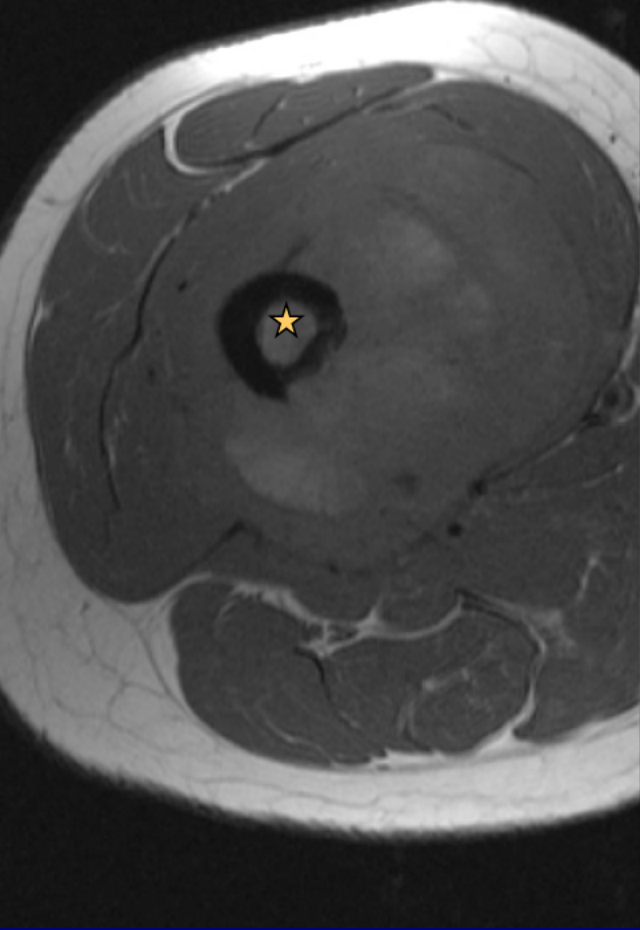
T1



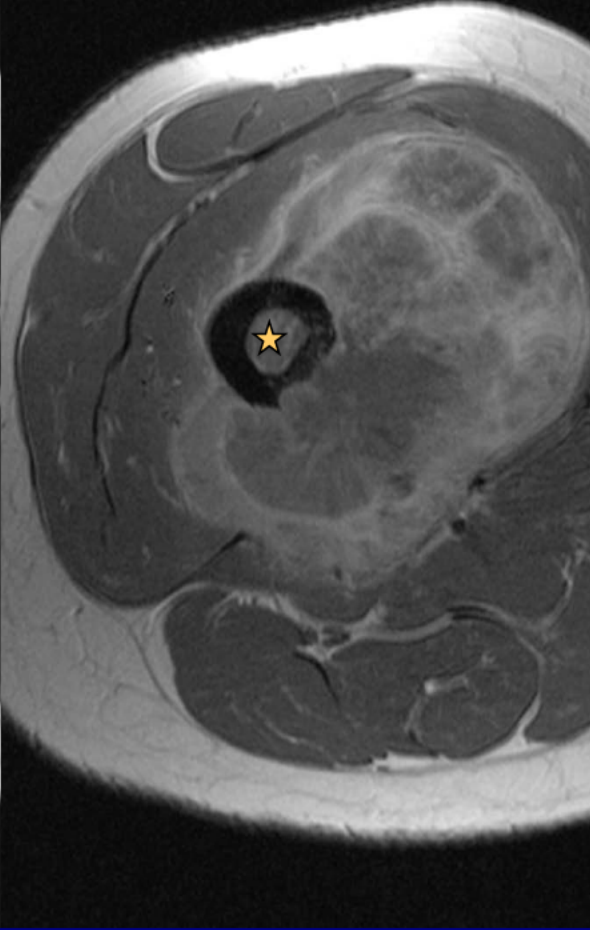
T1+Gd



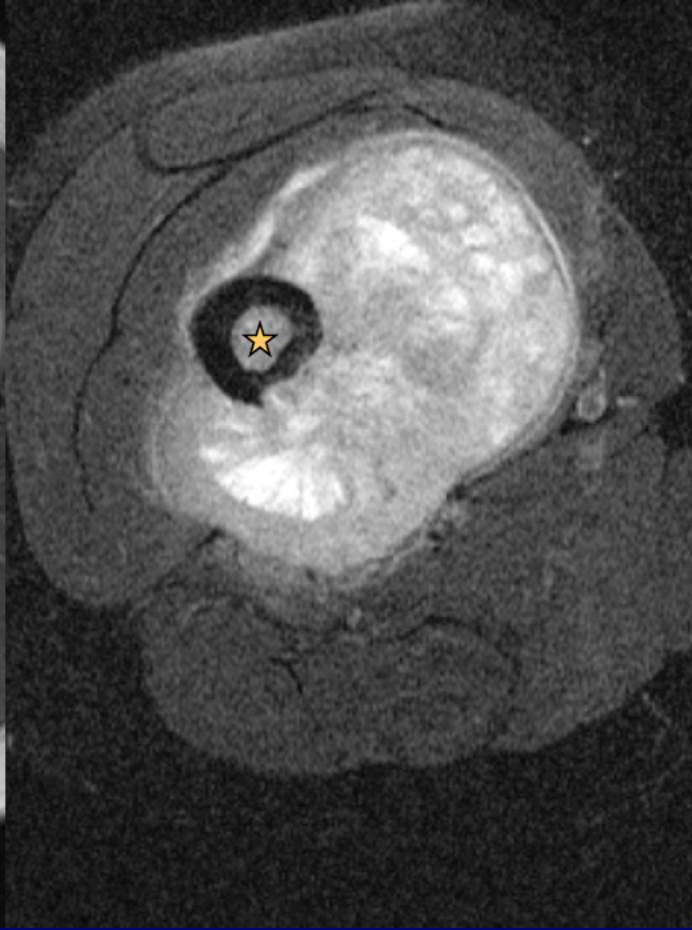
T2FS



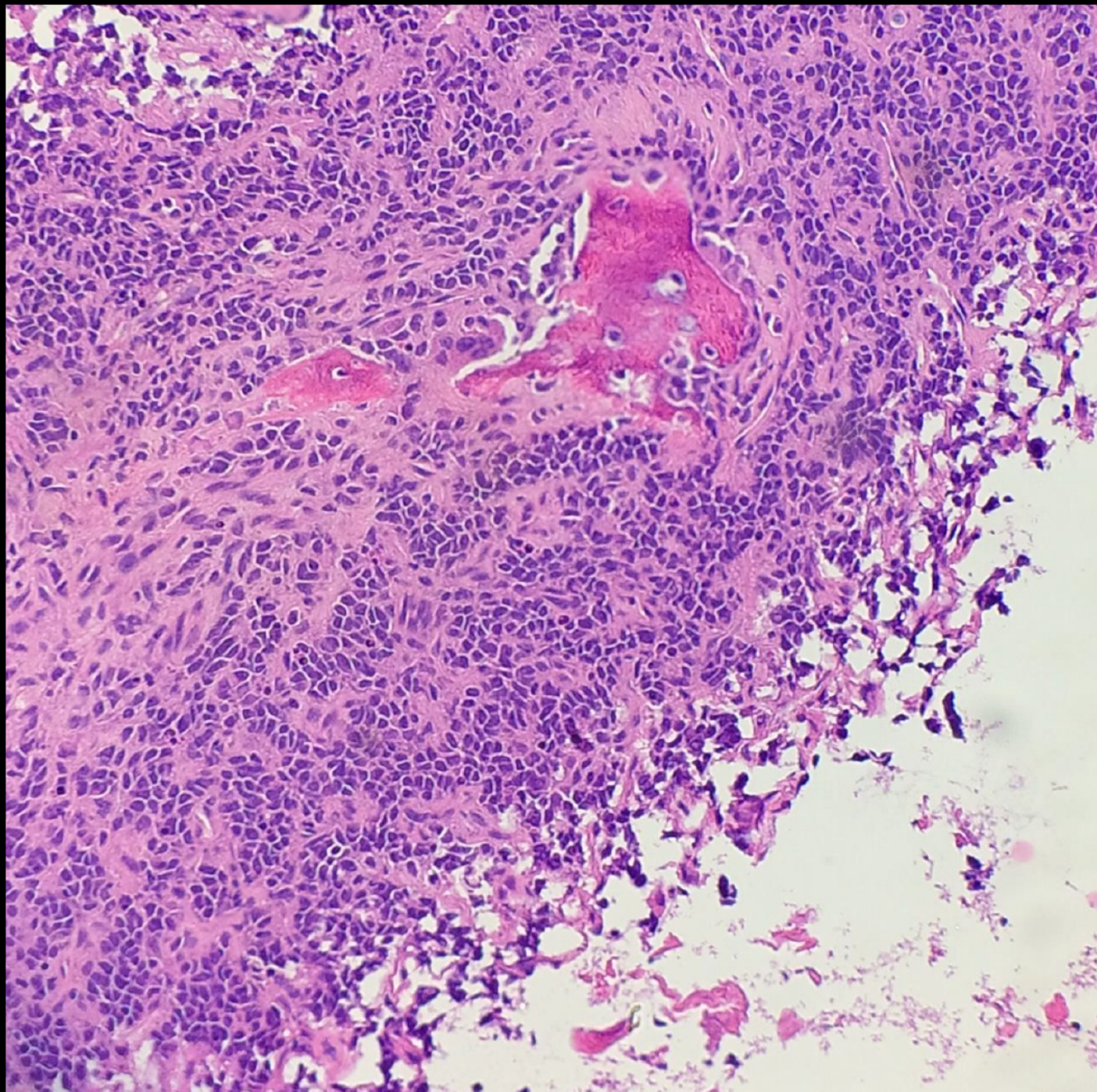
T1



T1+Gd



T2FS

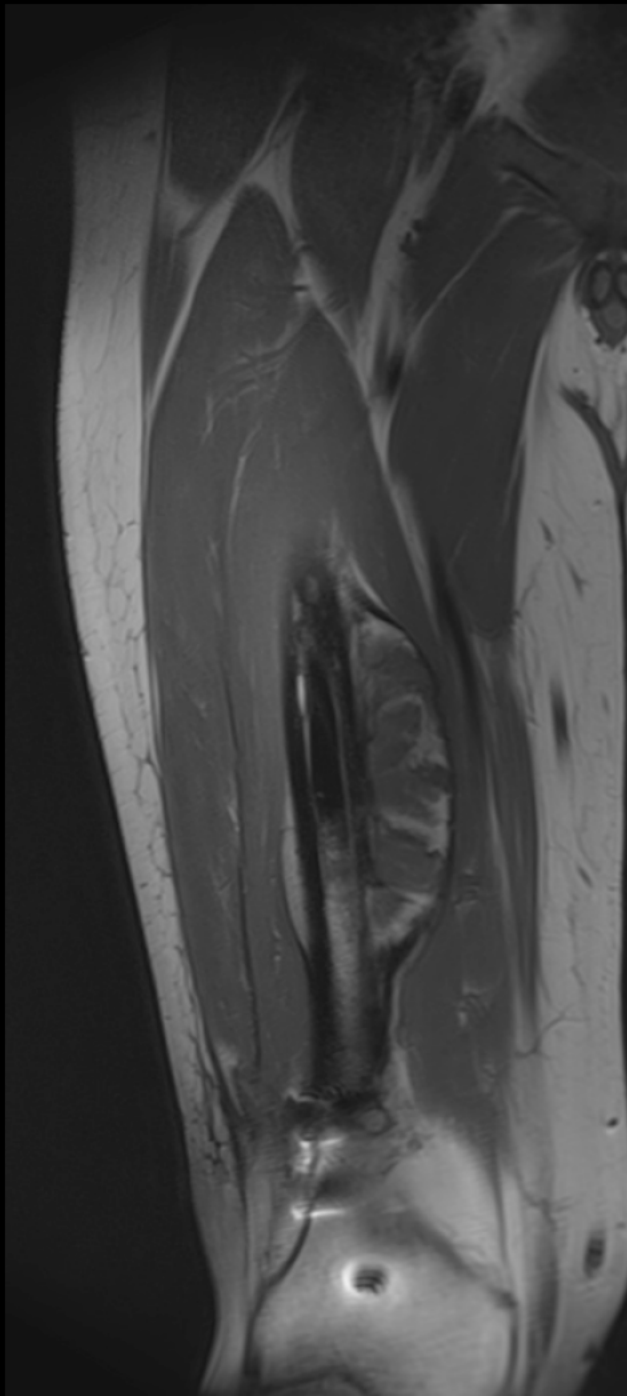


9 month followup imaging
after chemotherapy, radiation
and prophylactic
intramedullary rod placement





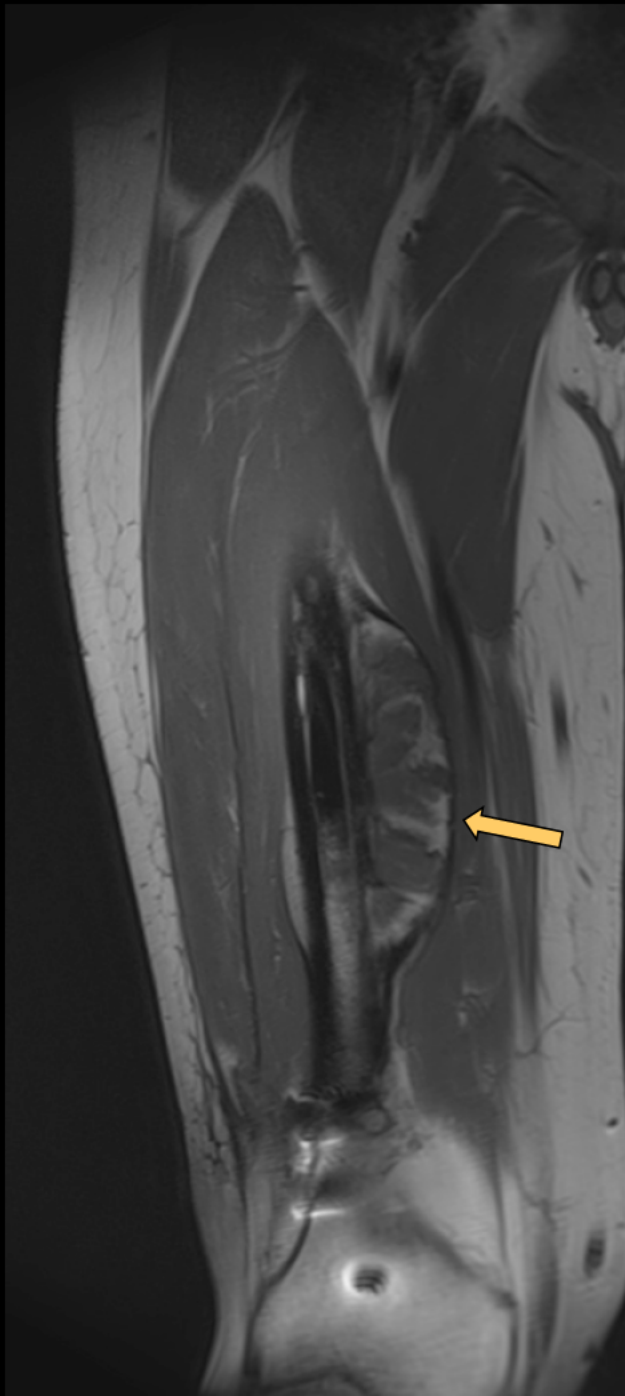
T1



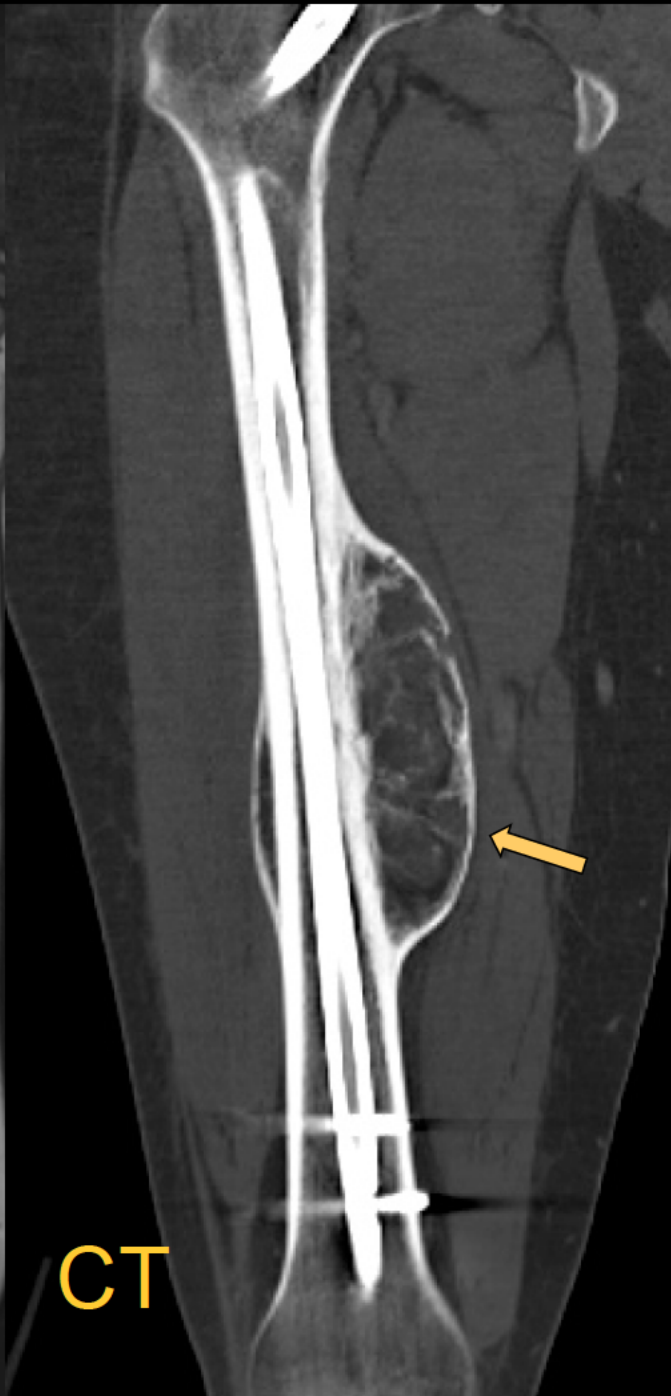
CT

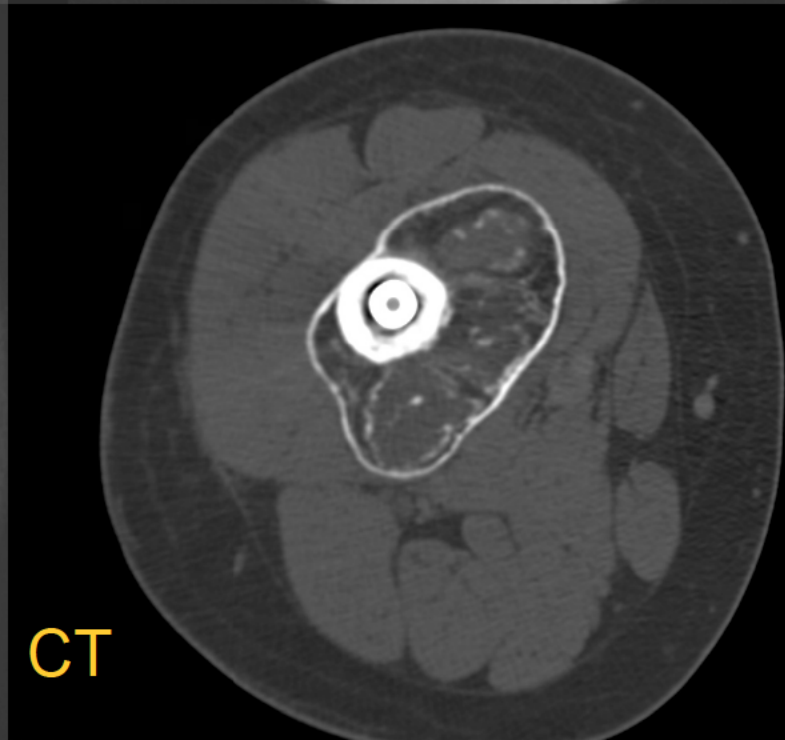
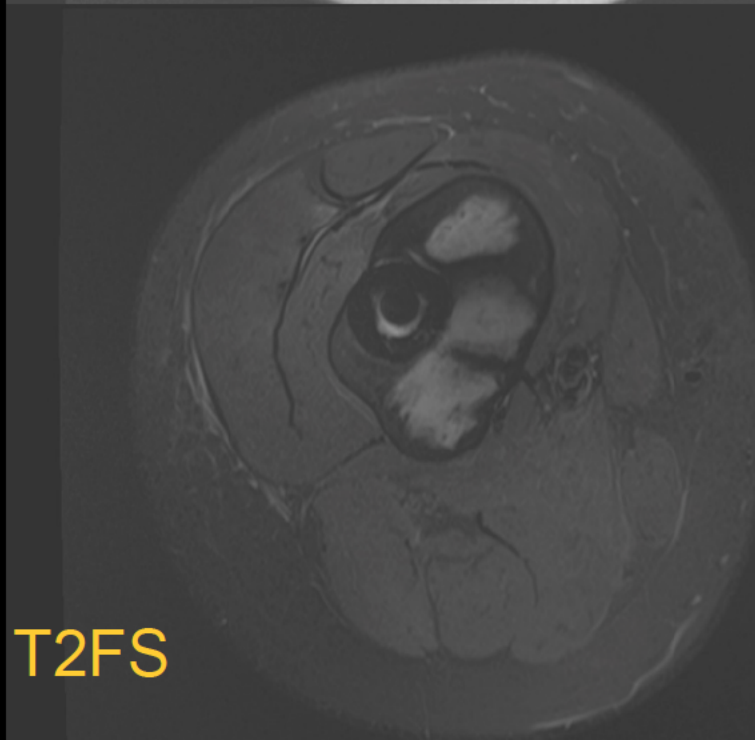
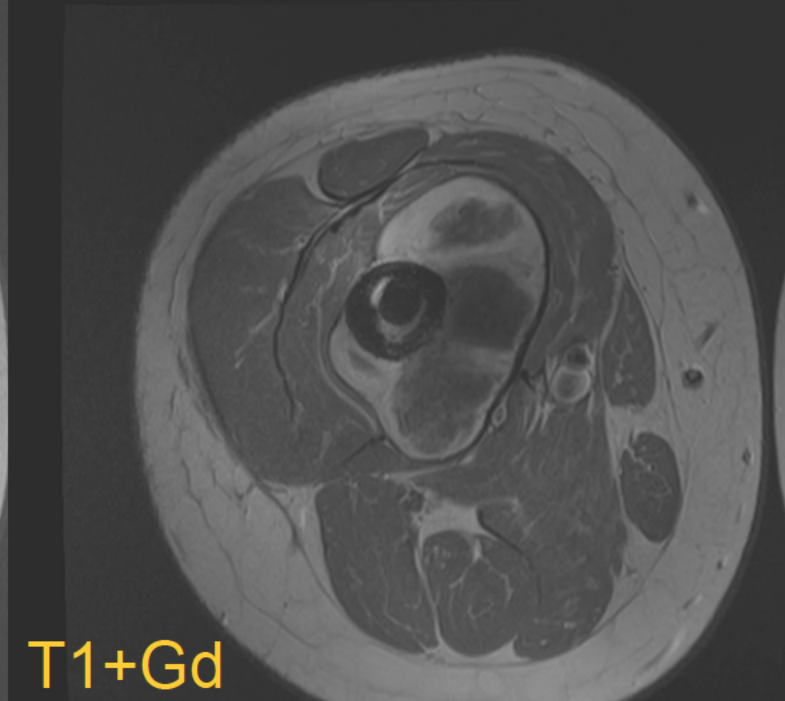
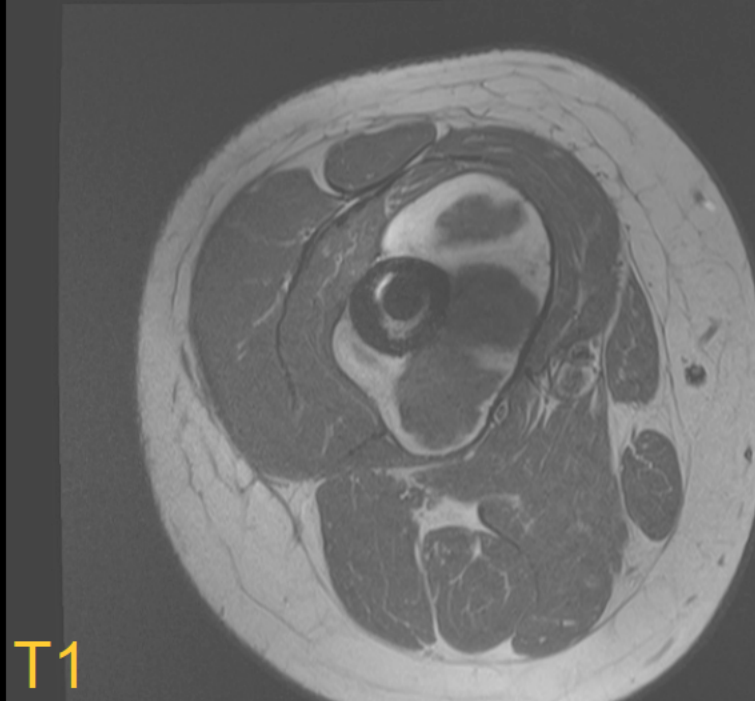


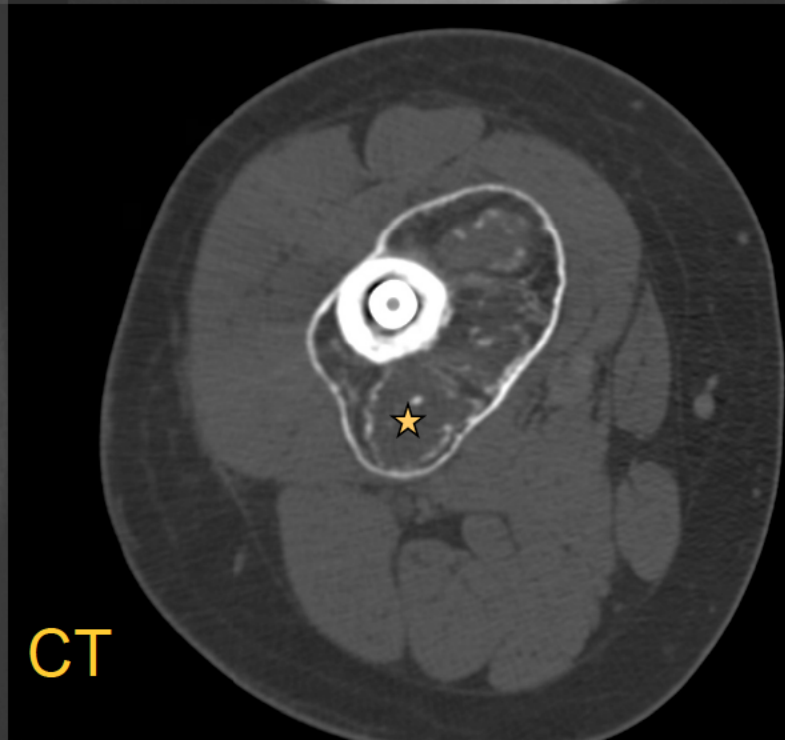
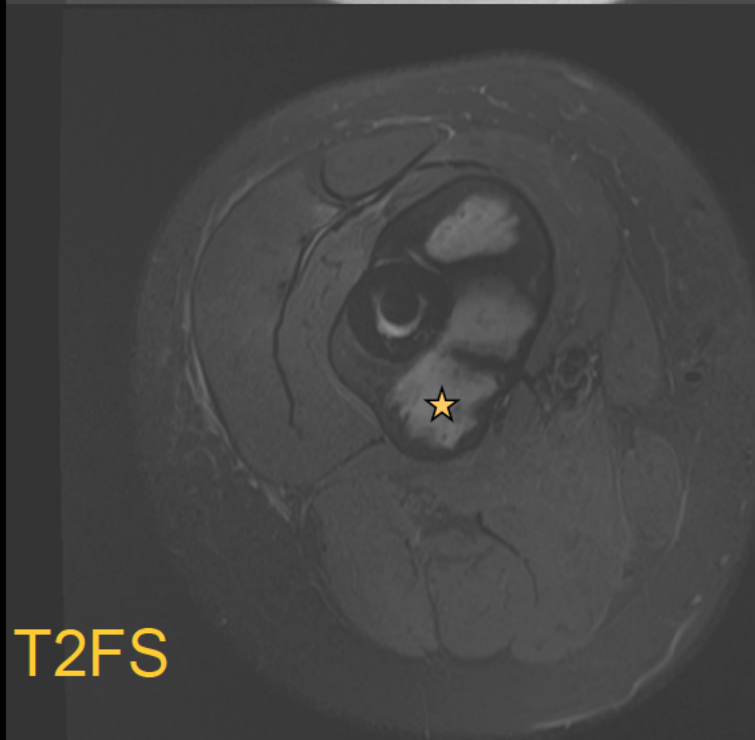
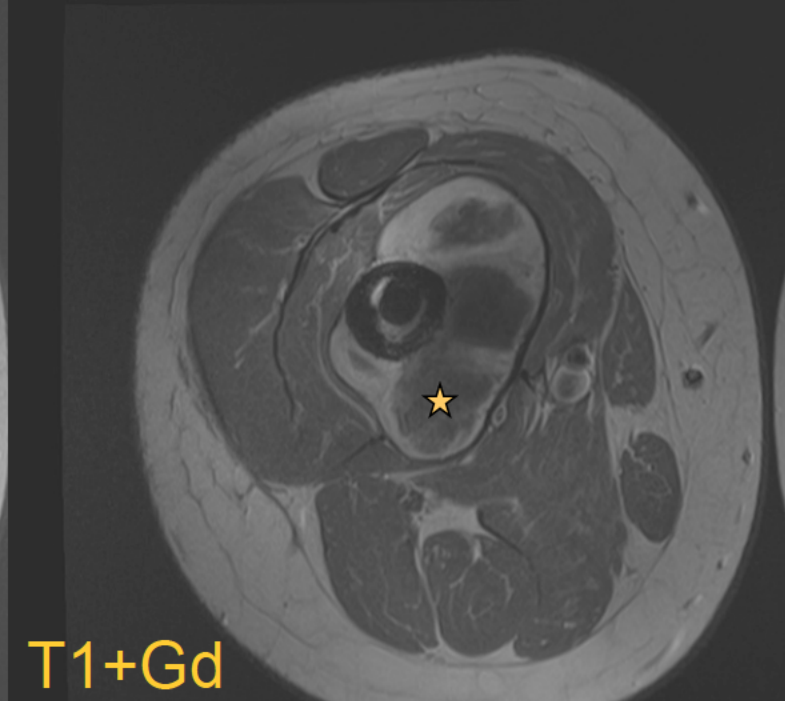
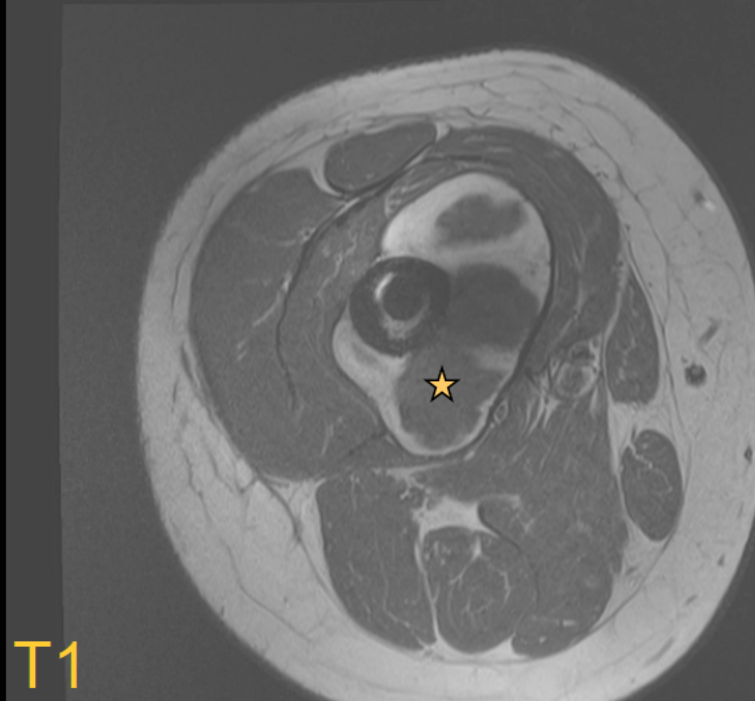
T1

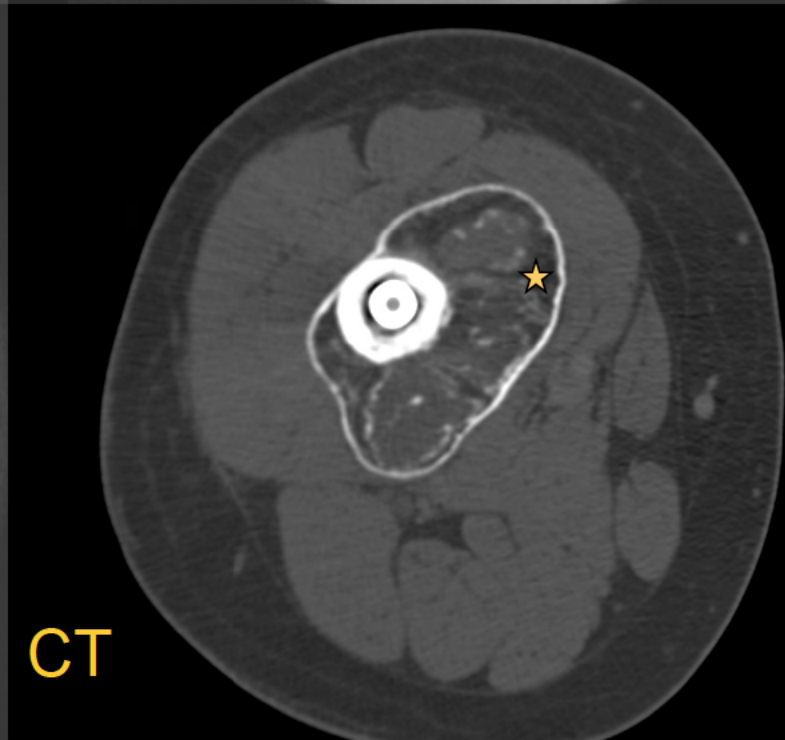
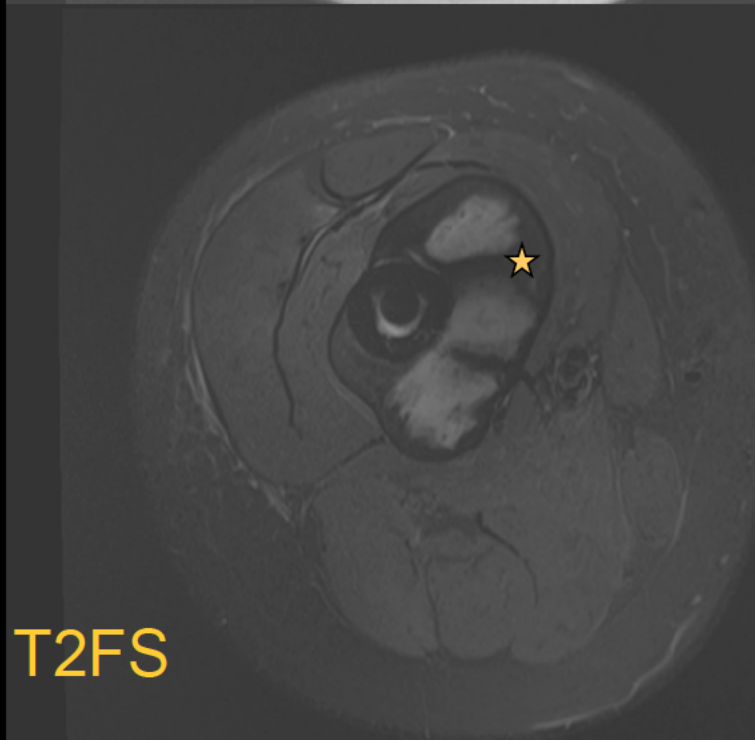
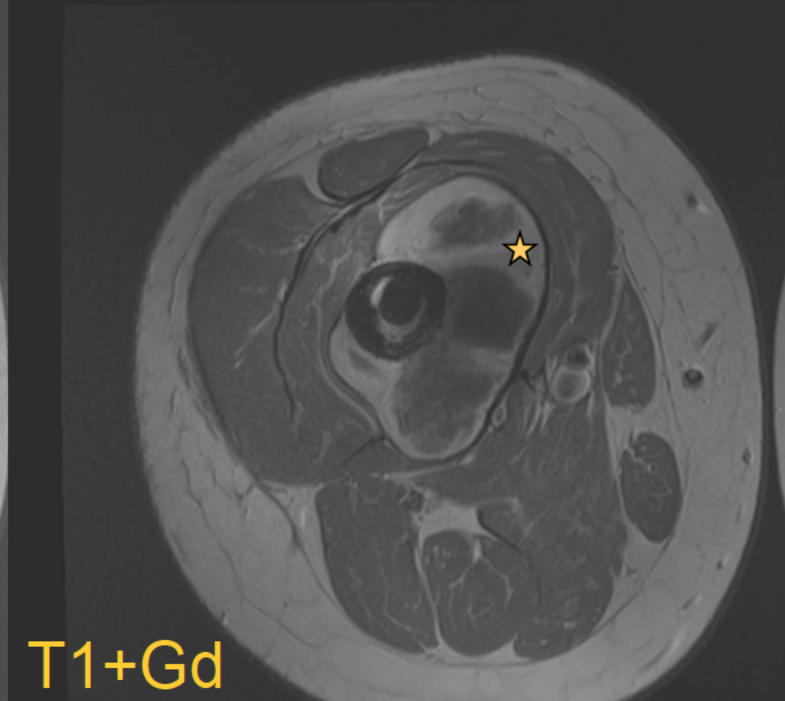
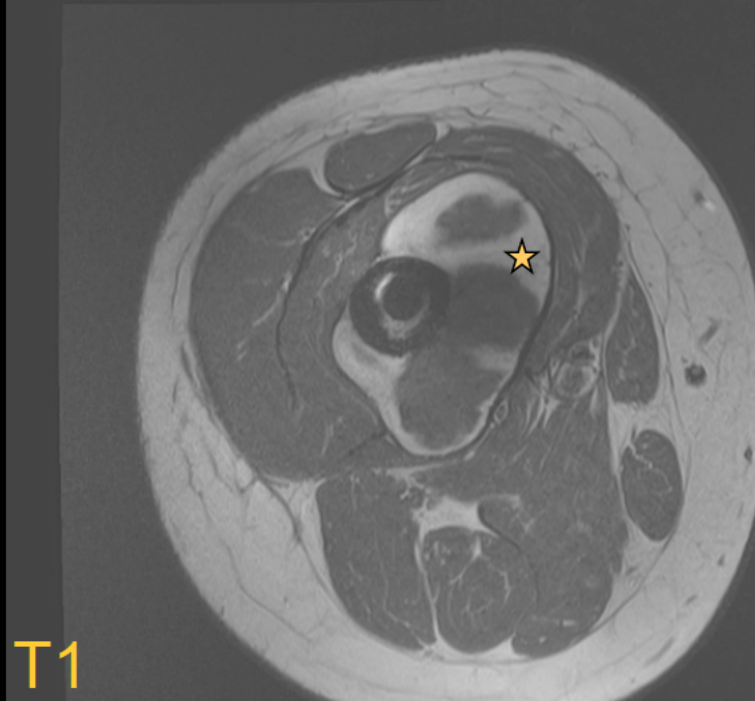


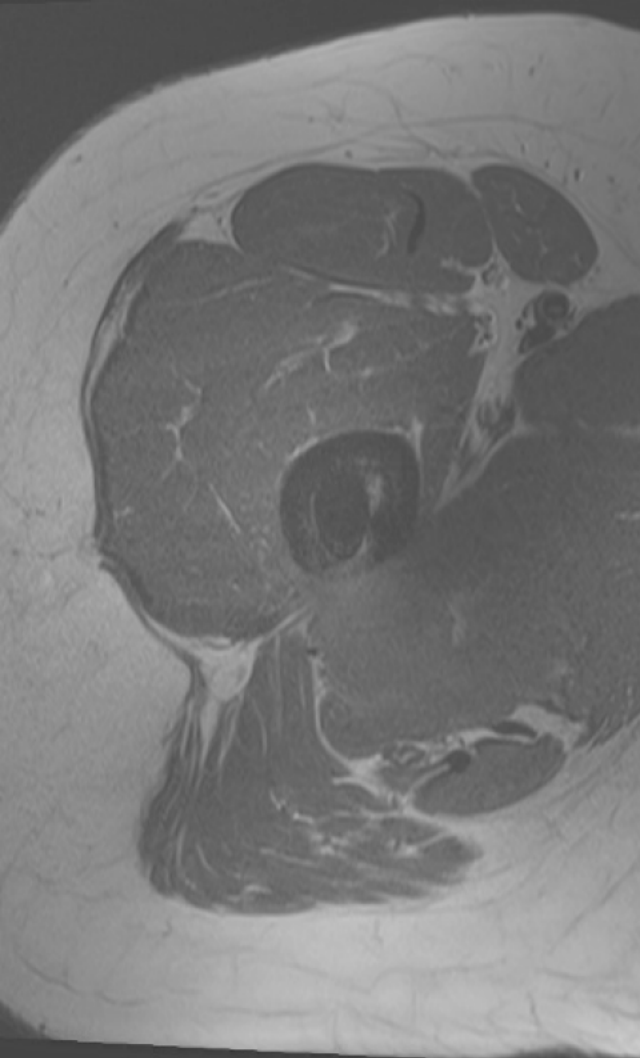
CT



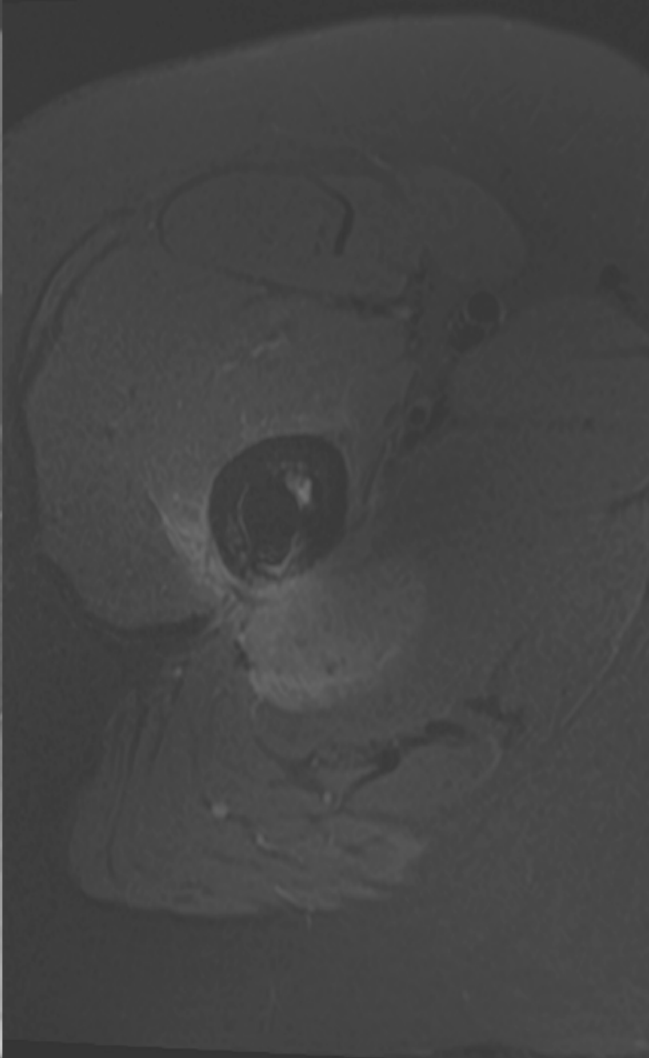




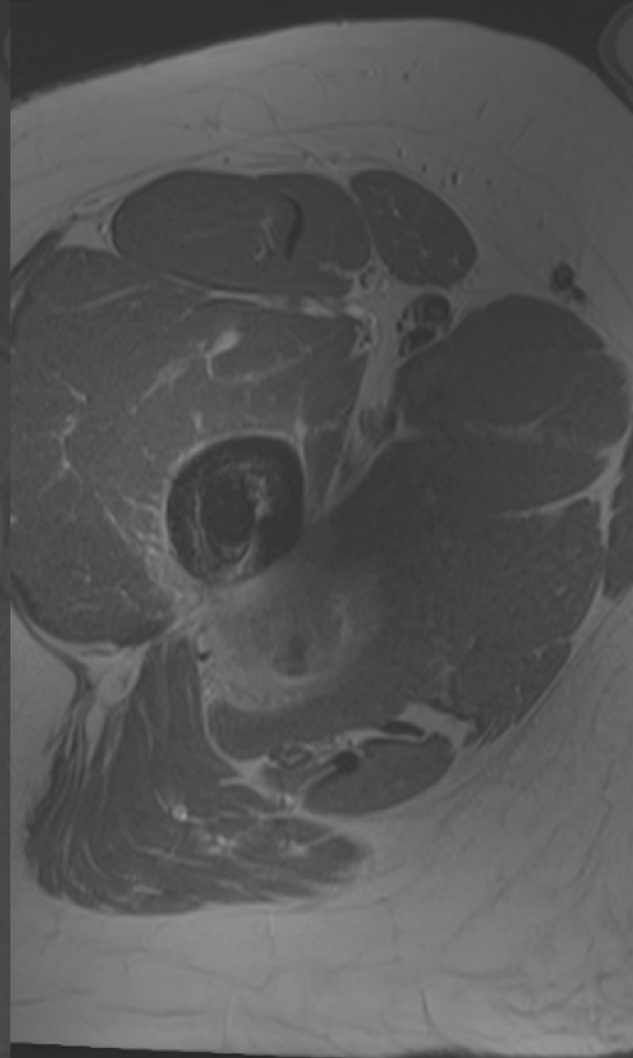




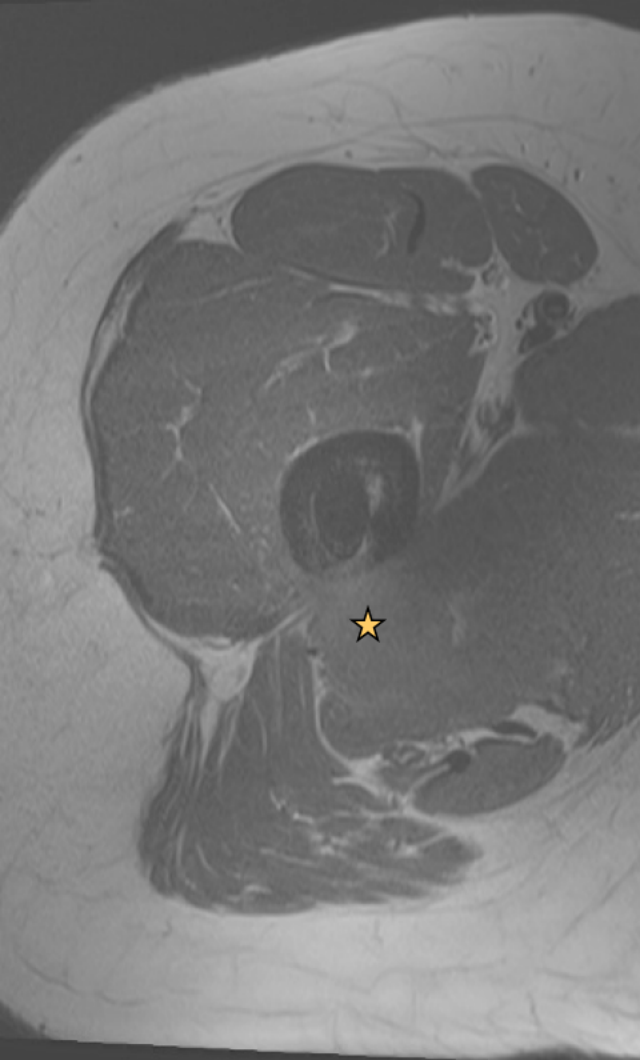
T1



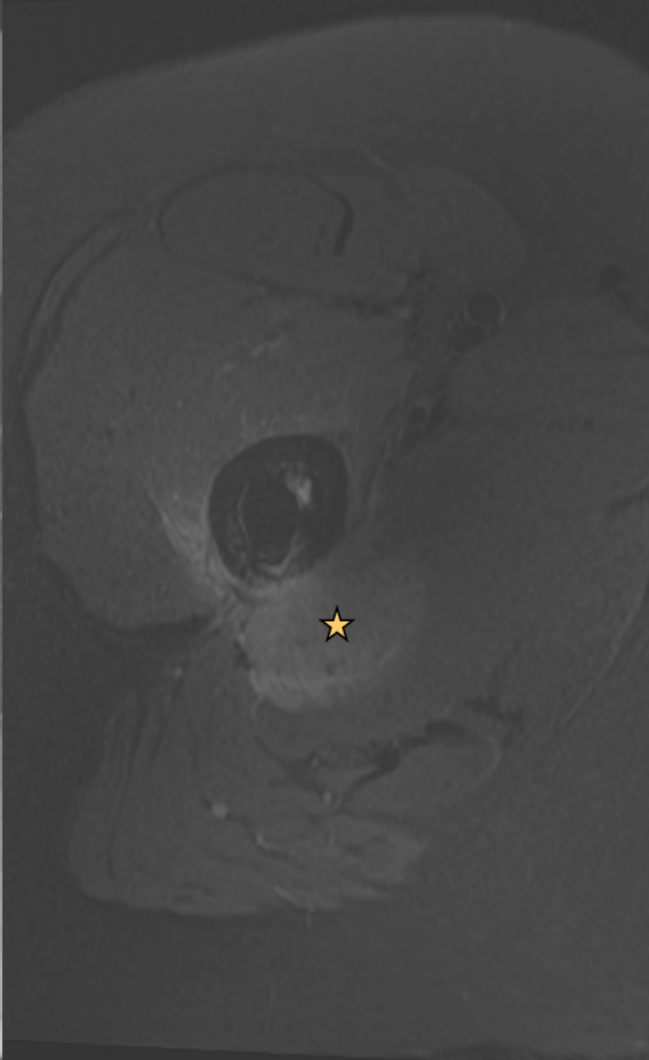
T1+Gd



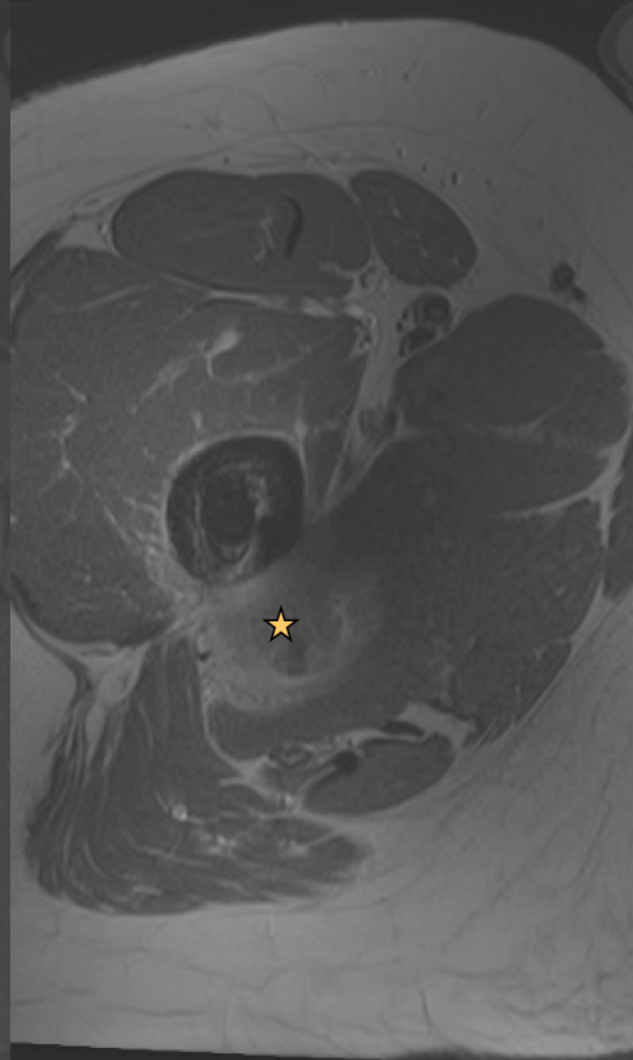
T2FS



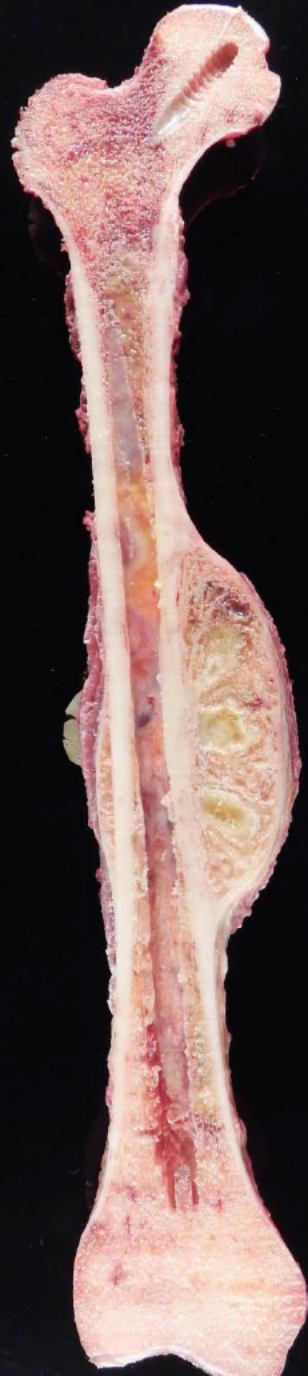
T1



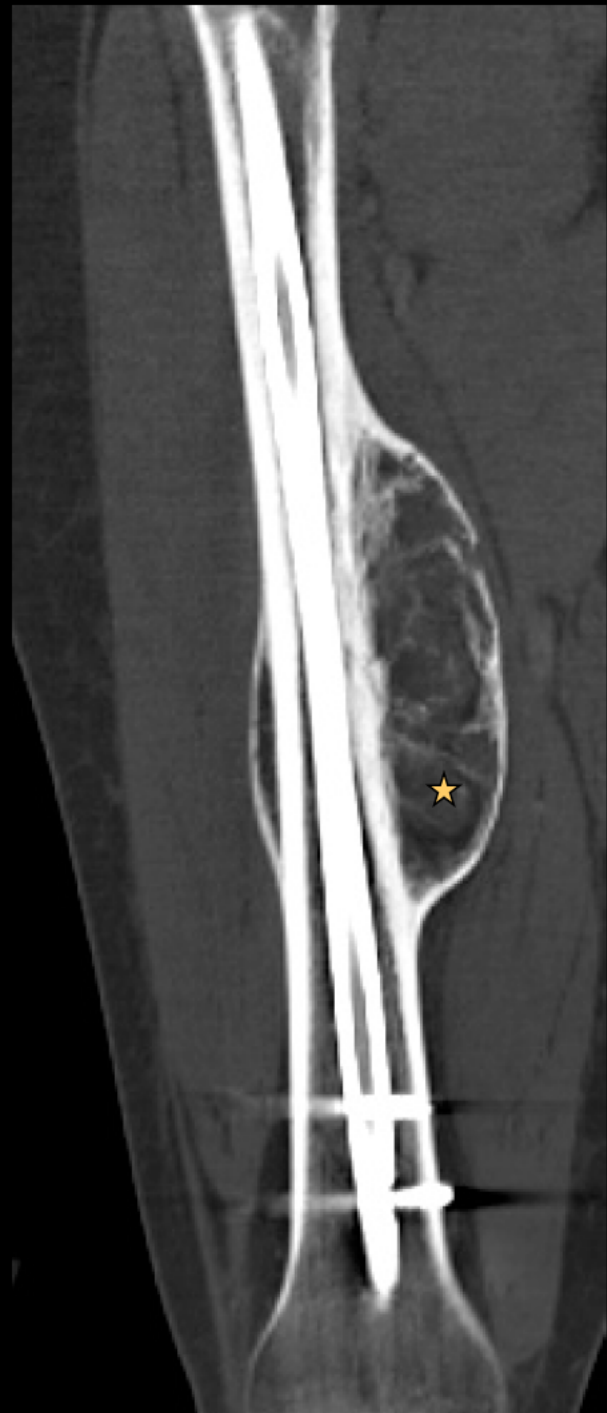
T1+Gd



T2FS



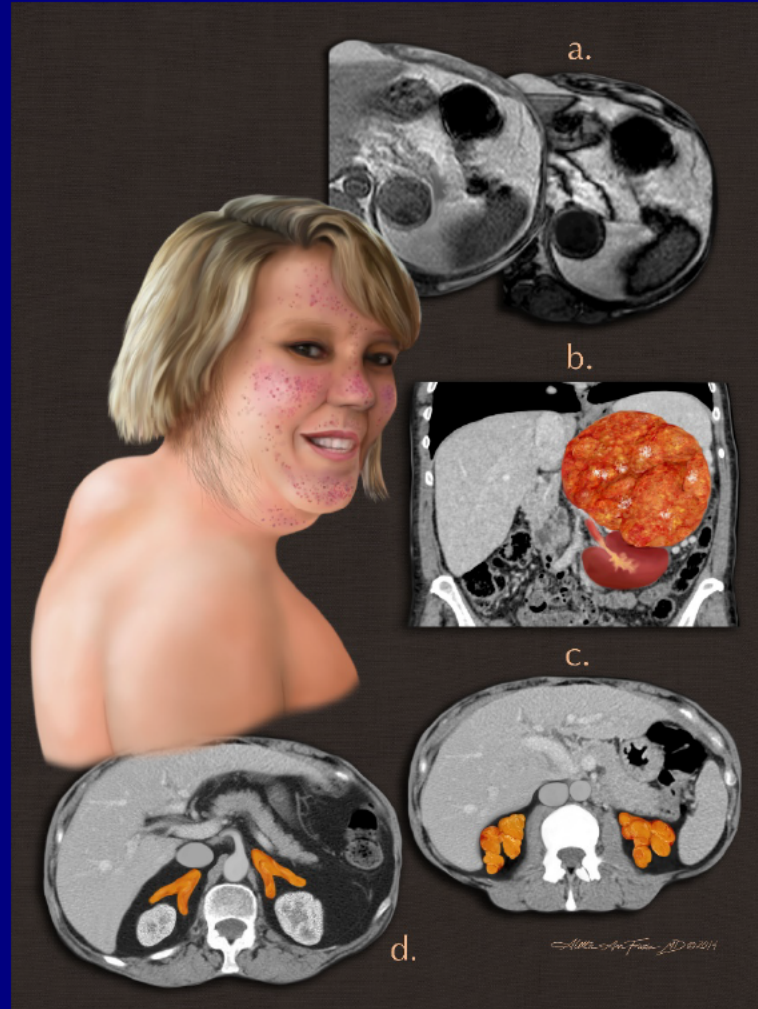




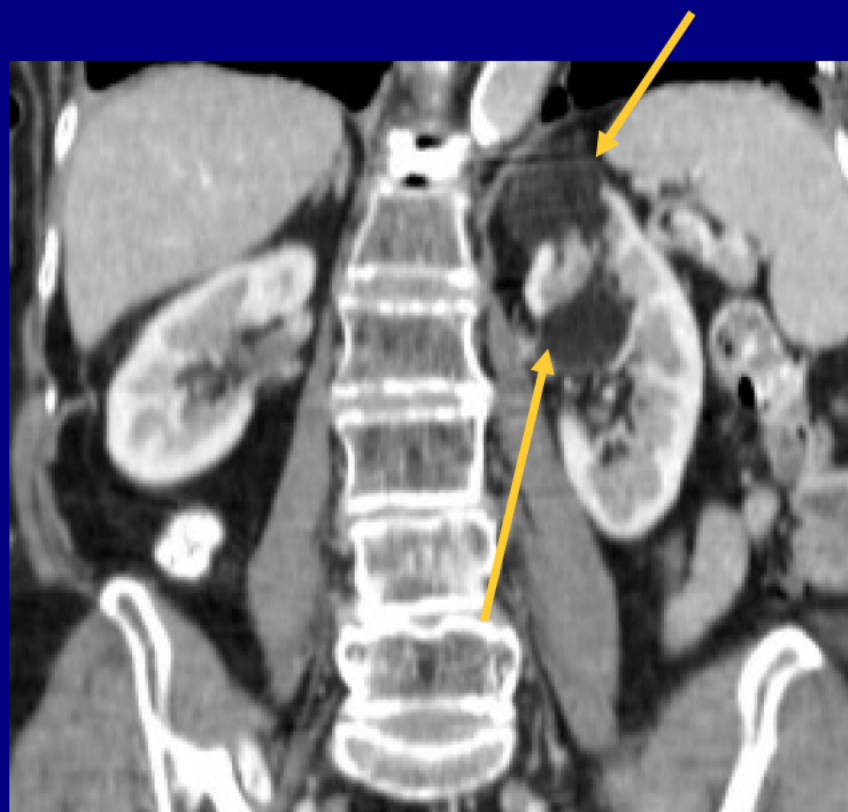
Ewing Sarcoma with recurrence

Dr. Phillip Bates
University of Florida Medical Center
Gainesville, Florida

Genitourinary Best Case

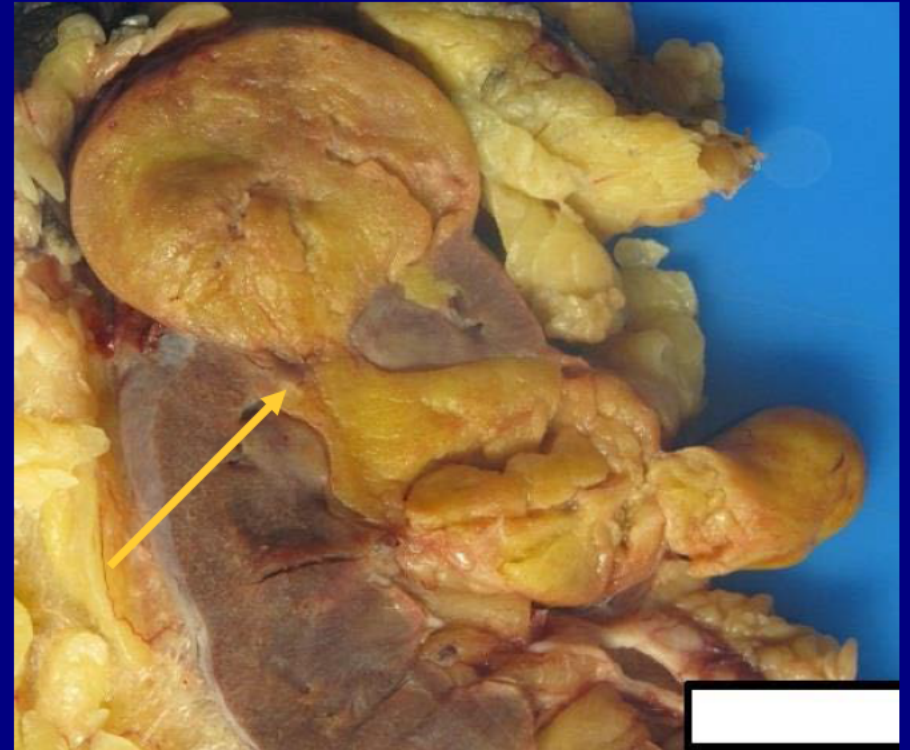


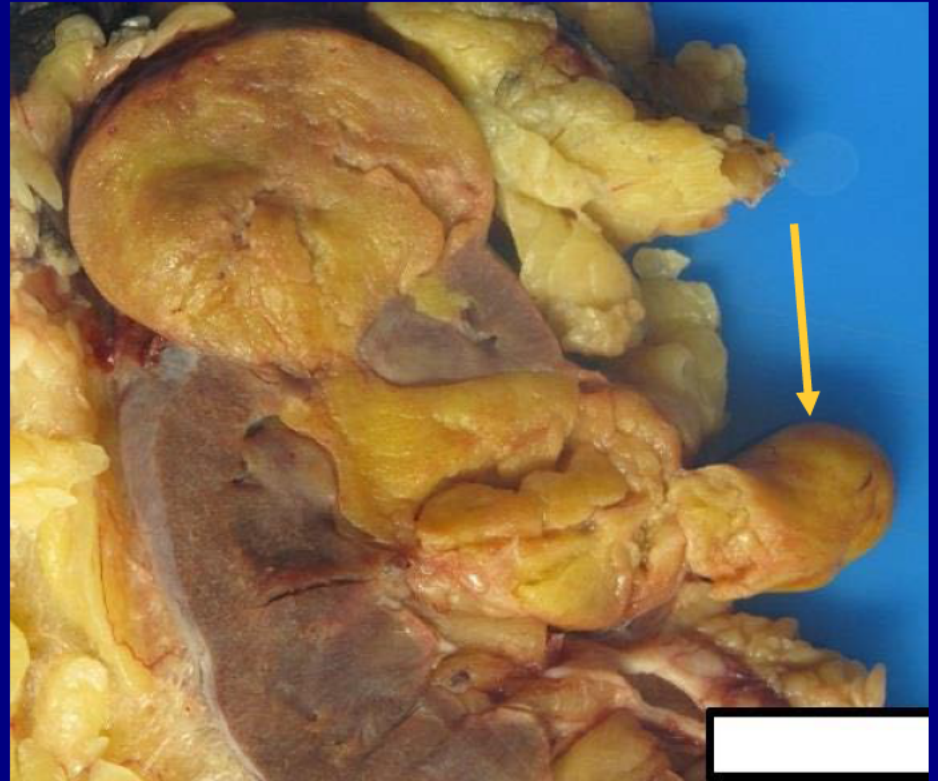
**90 yo female with a renal mass found
on thoracic spine MRI done for
vertebral compression fractures.**

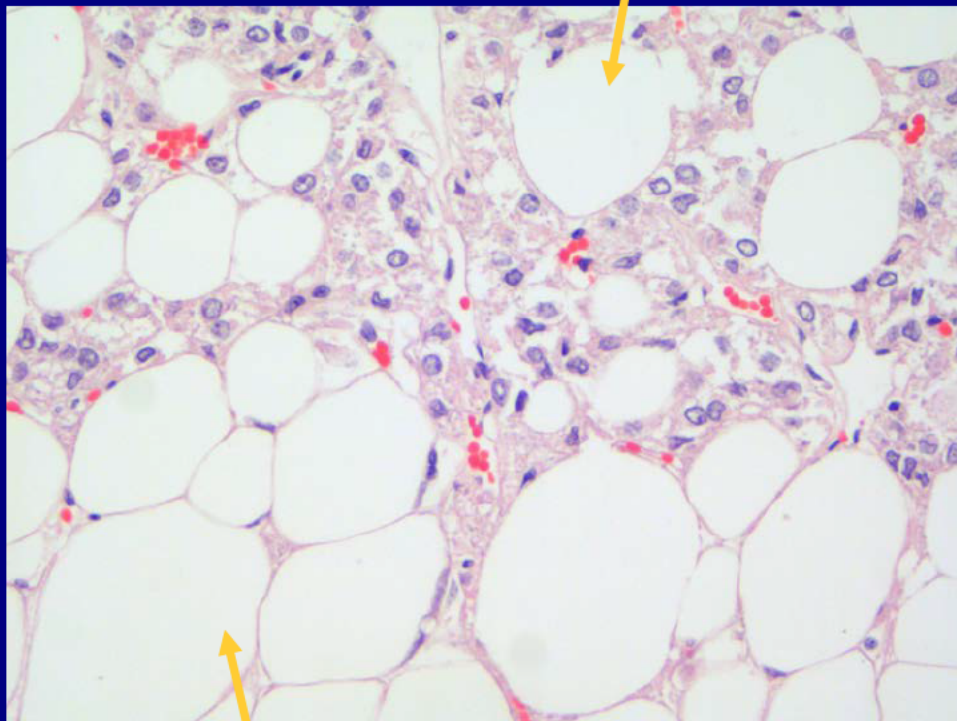












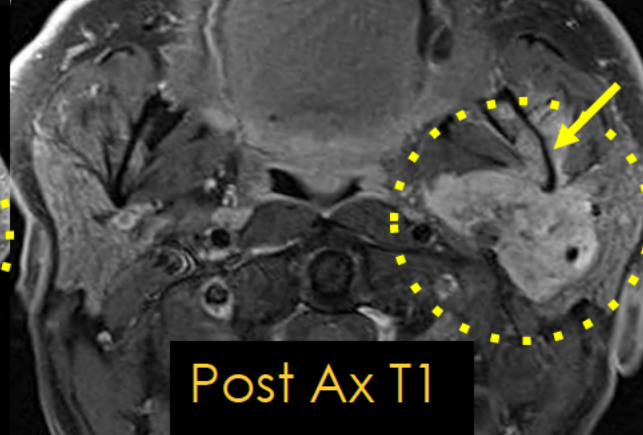
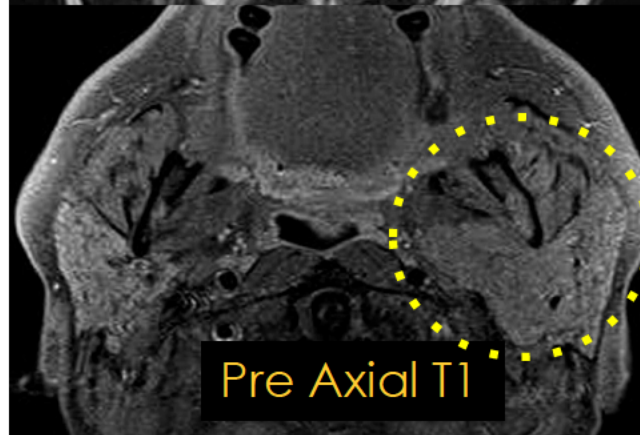
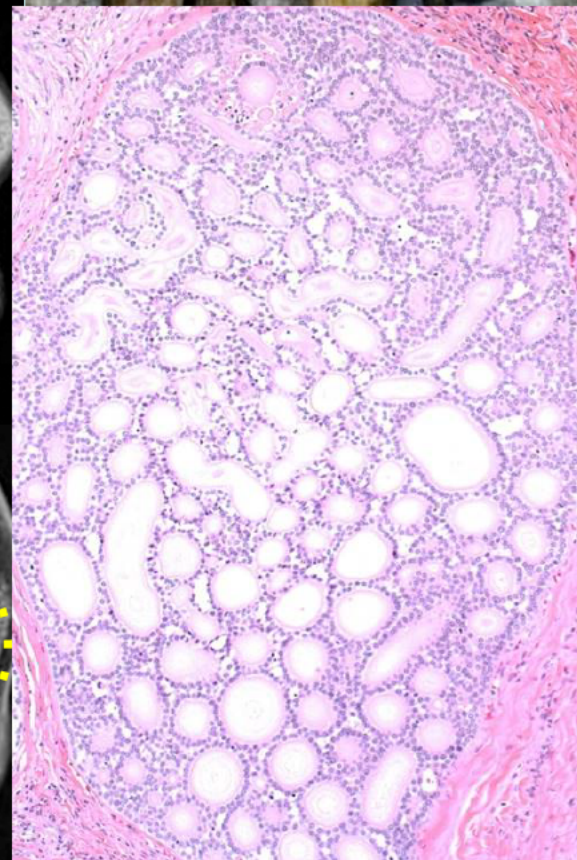
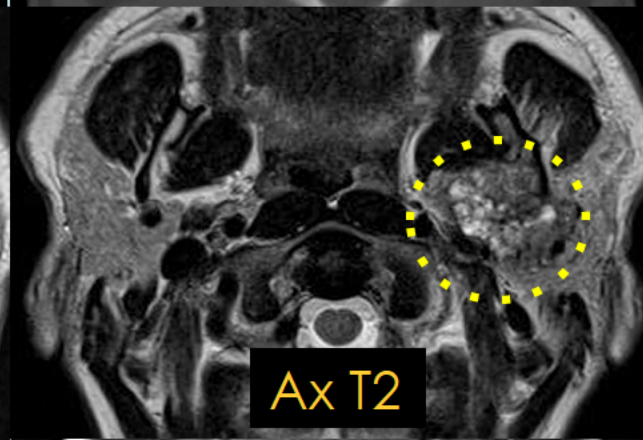
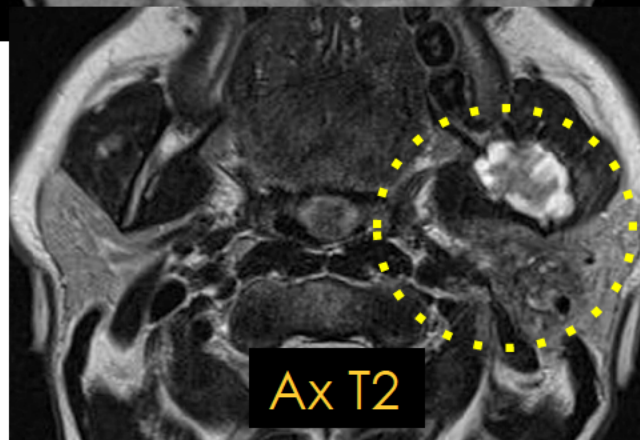
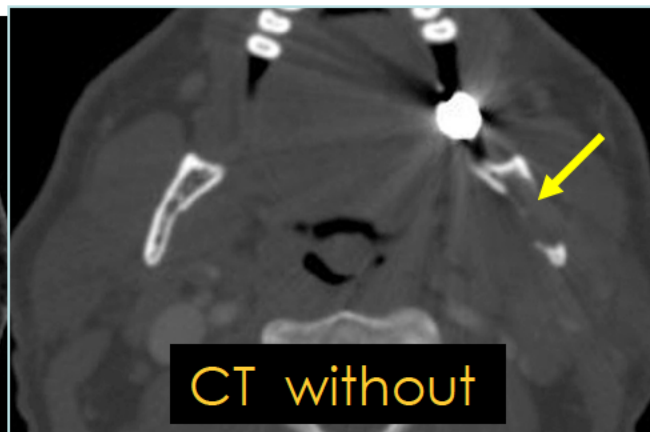
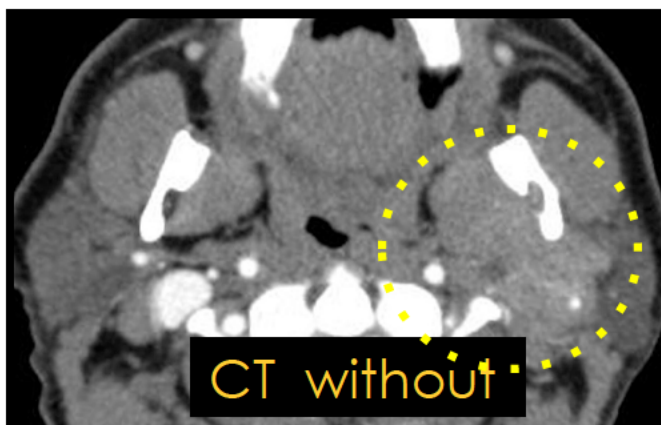
Renal Angiomyolipoma with Extension into the Renal Vein

Paul Aldinger, MD
Toldeo Hospital
Toledo, OH

Neuroradiology Best Case



**48-year-old male with 3-month
history of progressive left facial
numbness and pain**

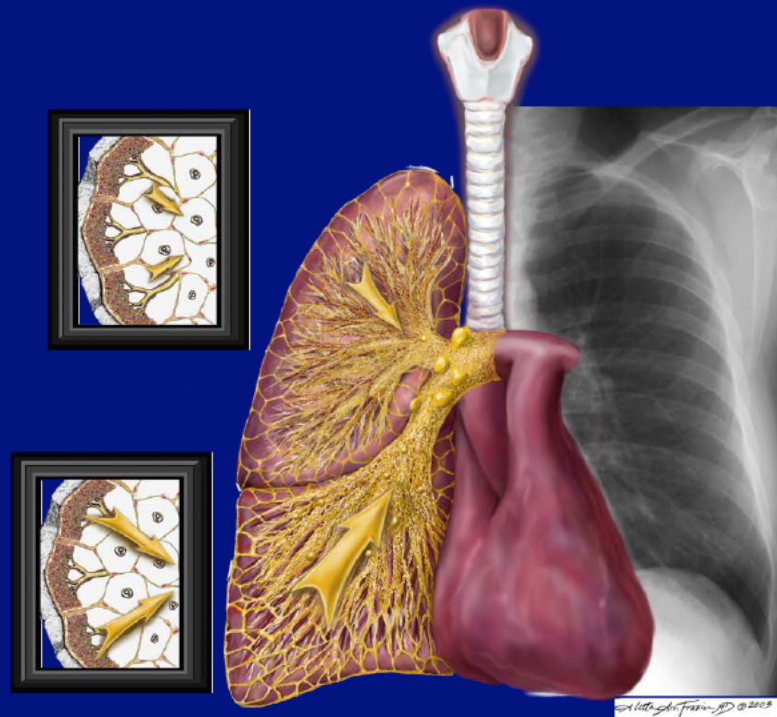


Adenoid Cystic Carcinoma

Tyler Rust, MD

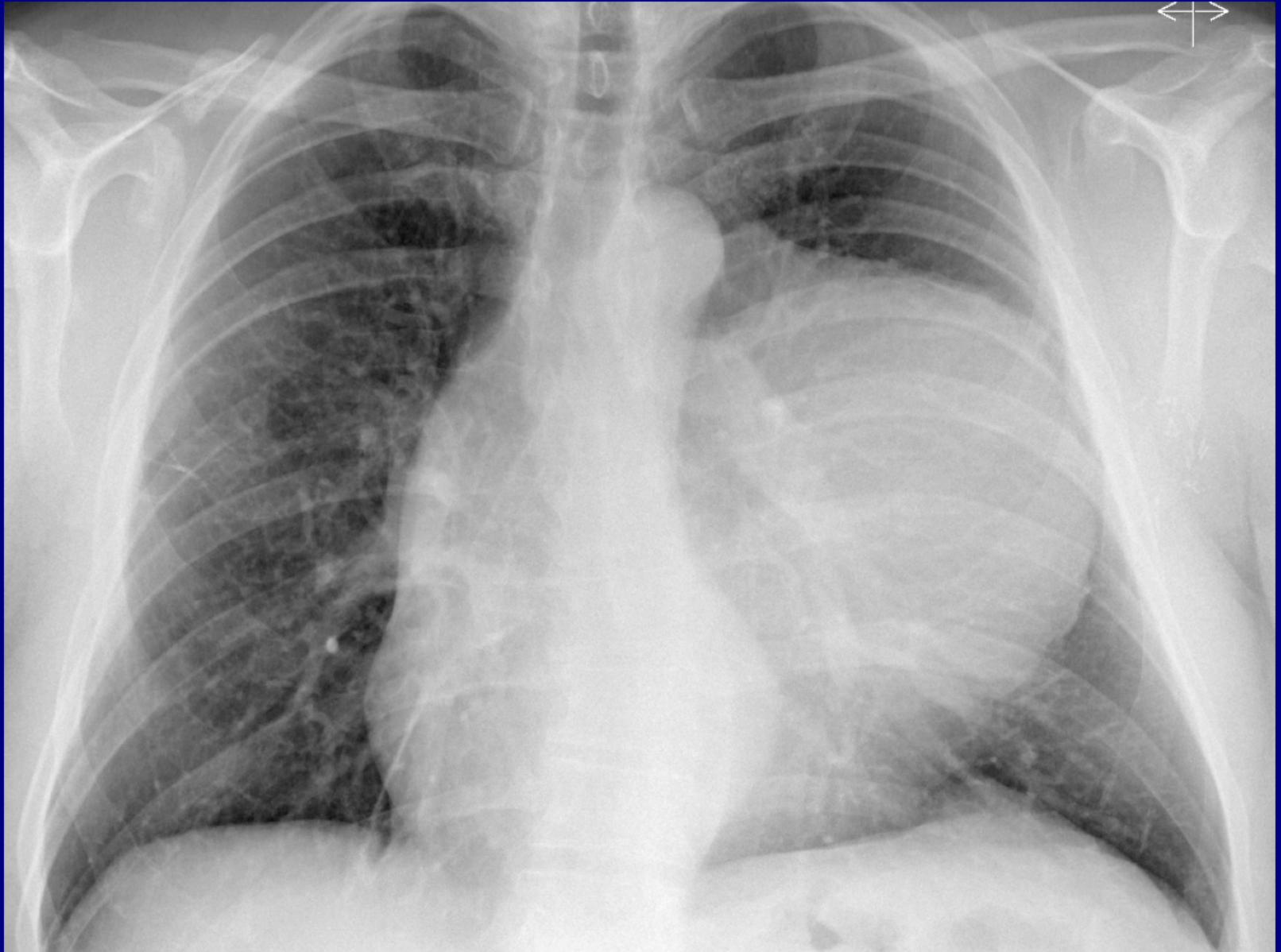
**San Antonio Military Medical Center
Fort Sam Houston, Texas**

Pulmonary and Mediastinal Best Case



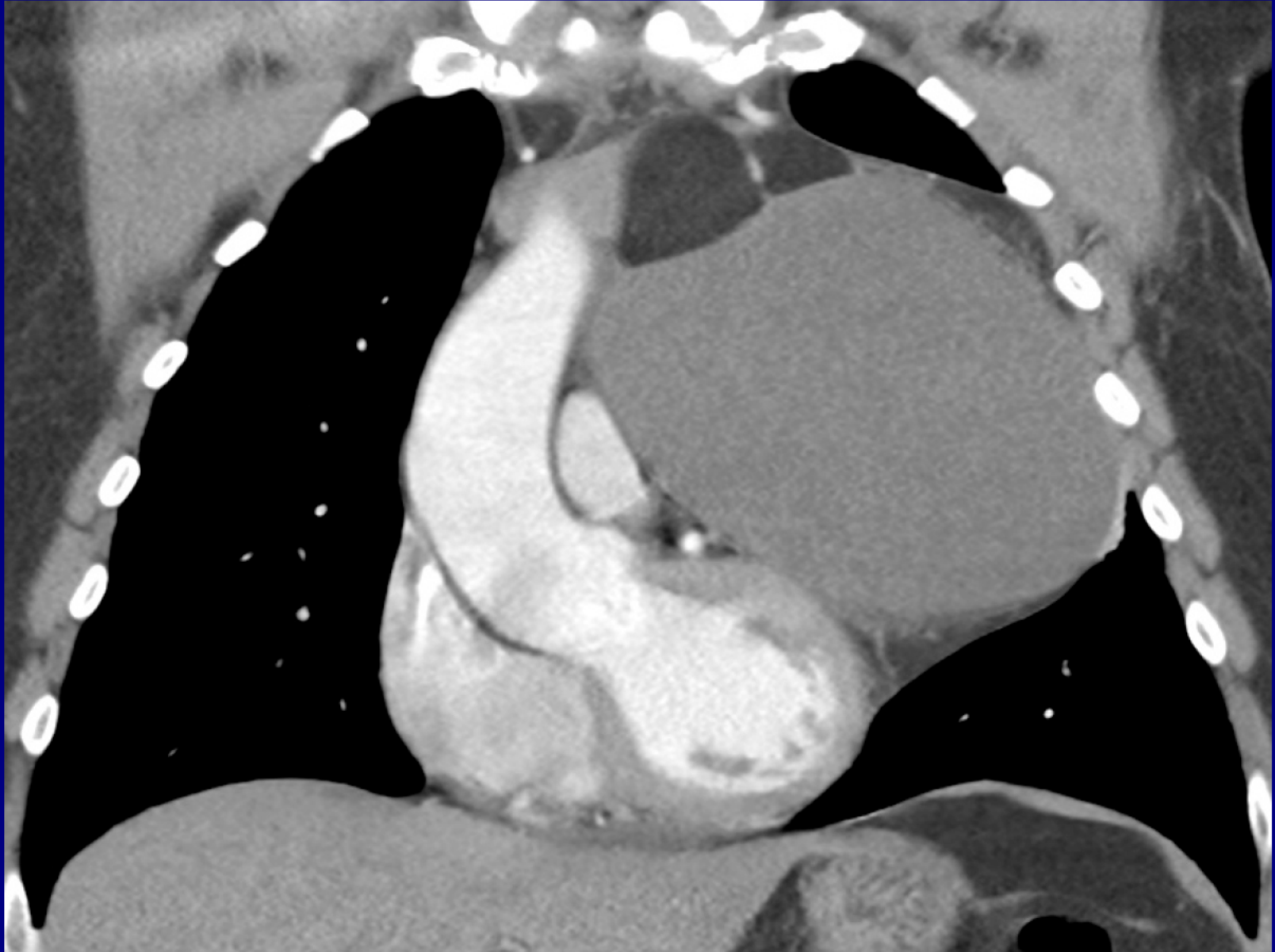
45 year old male with a non productive cough and fatigue. The patient has a past history of a melanoma with axillary lymph node metastasis in 2005.

Anterior mediastinal mass

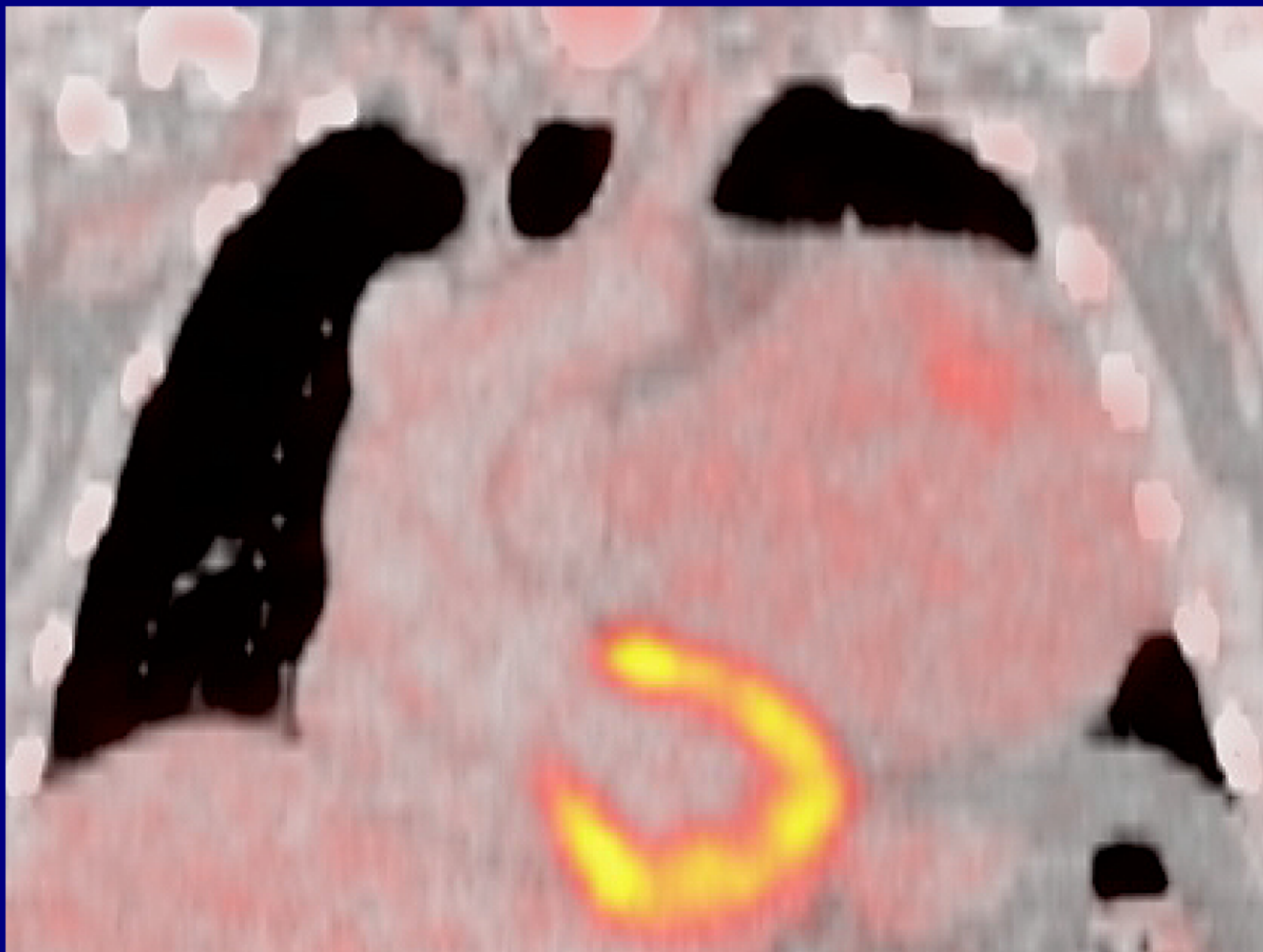


Anterior mediastinal mass

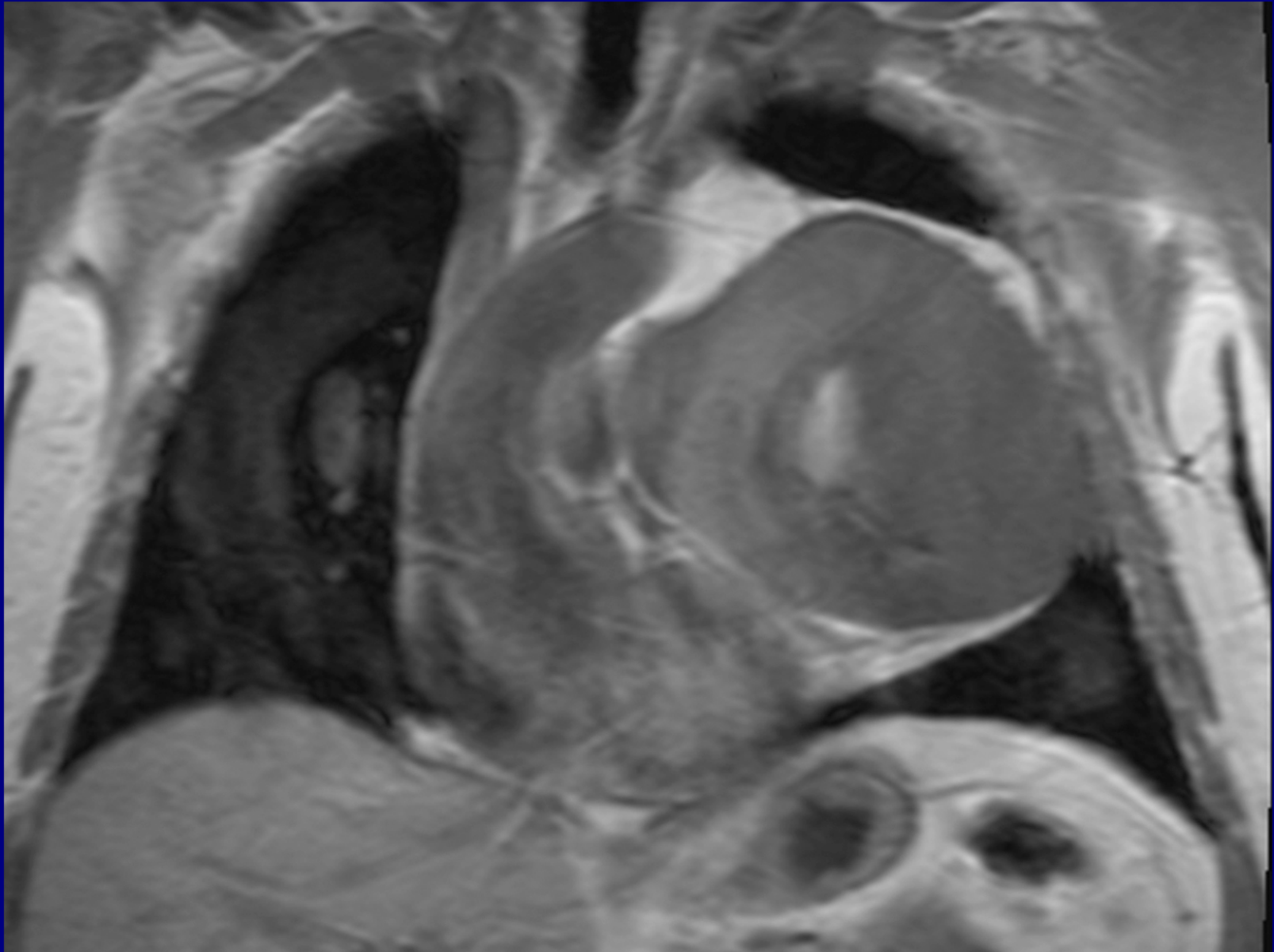


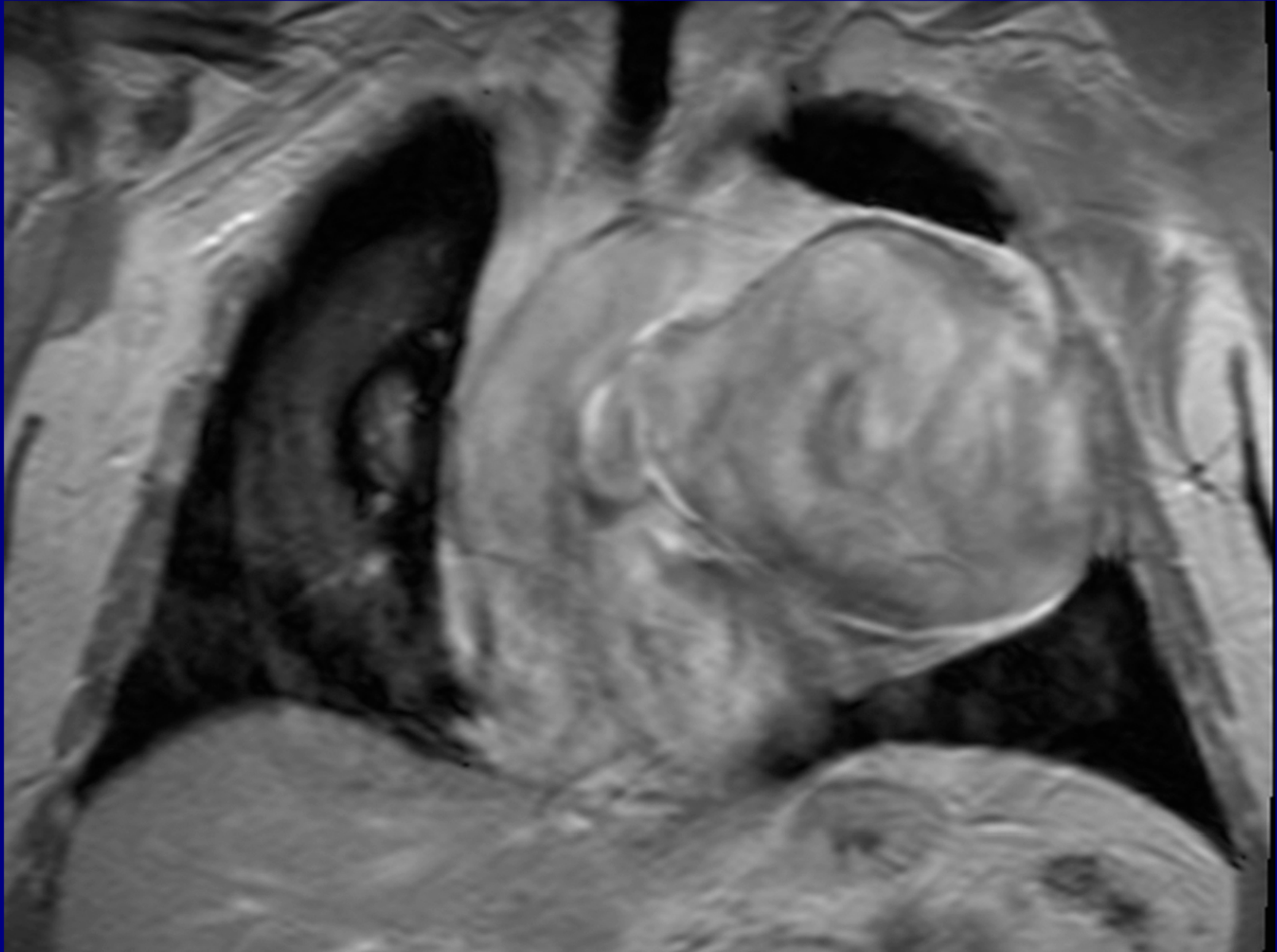


Max SUV: 2.8

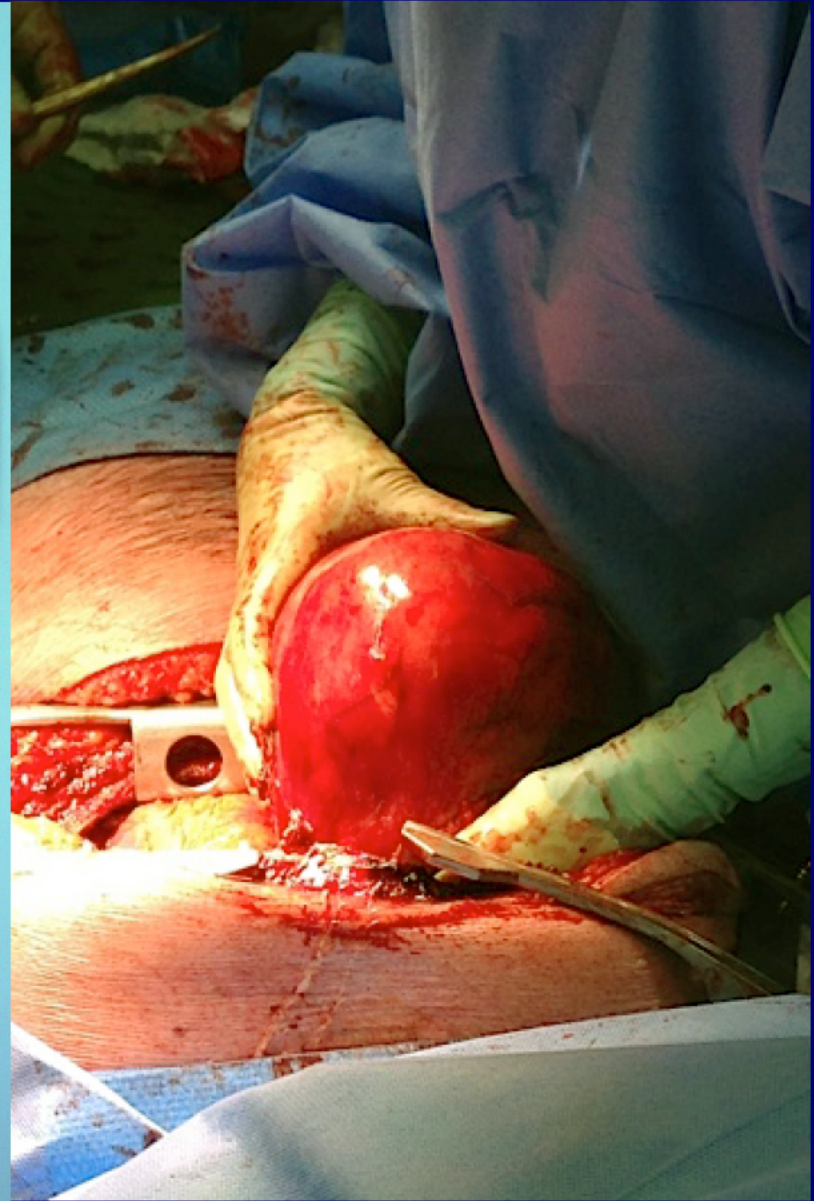
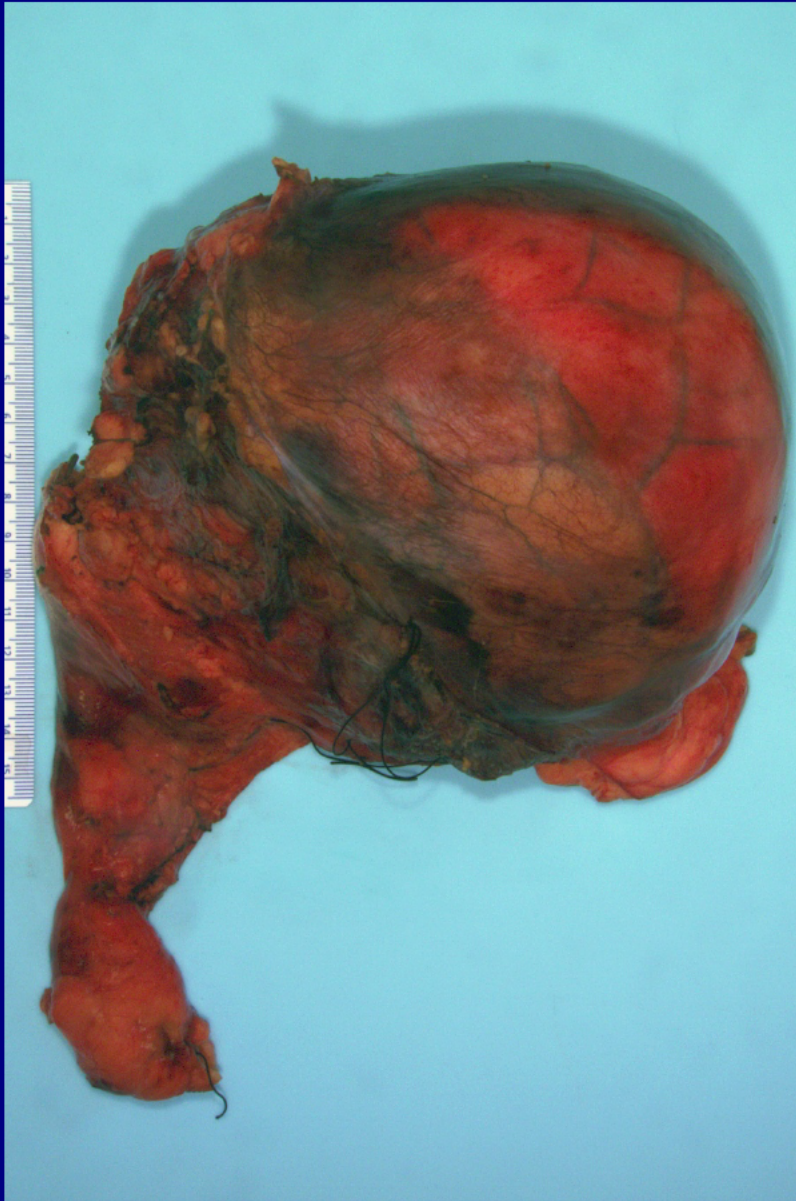


MRI T1: hypointense

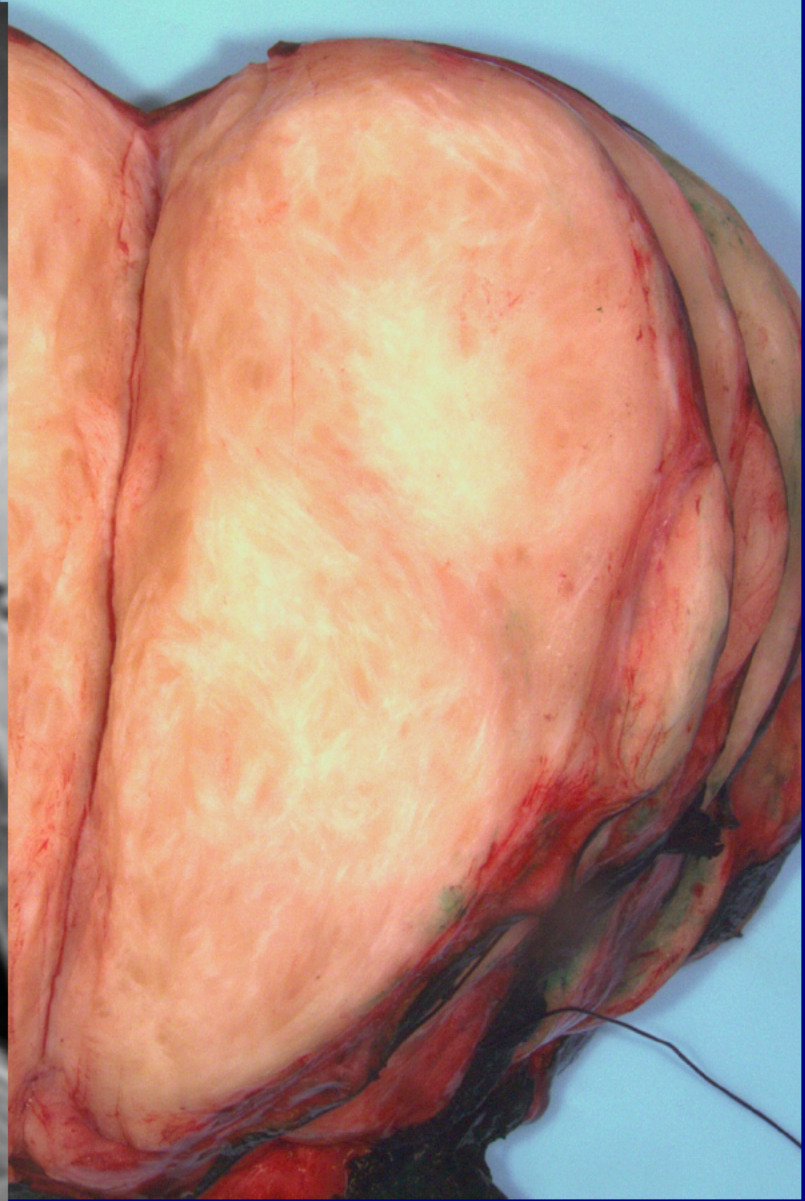
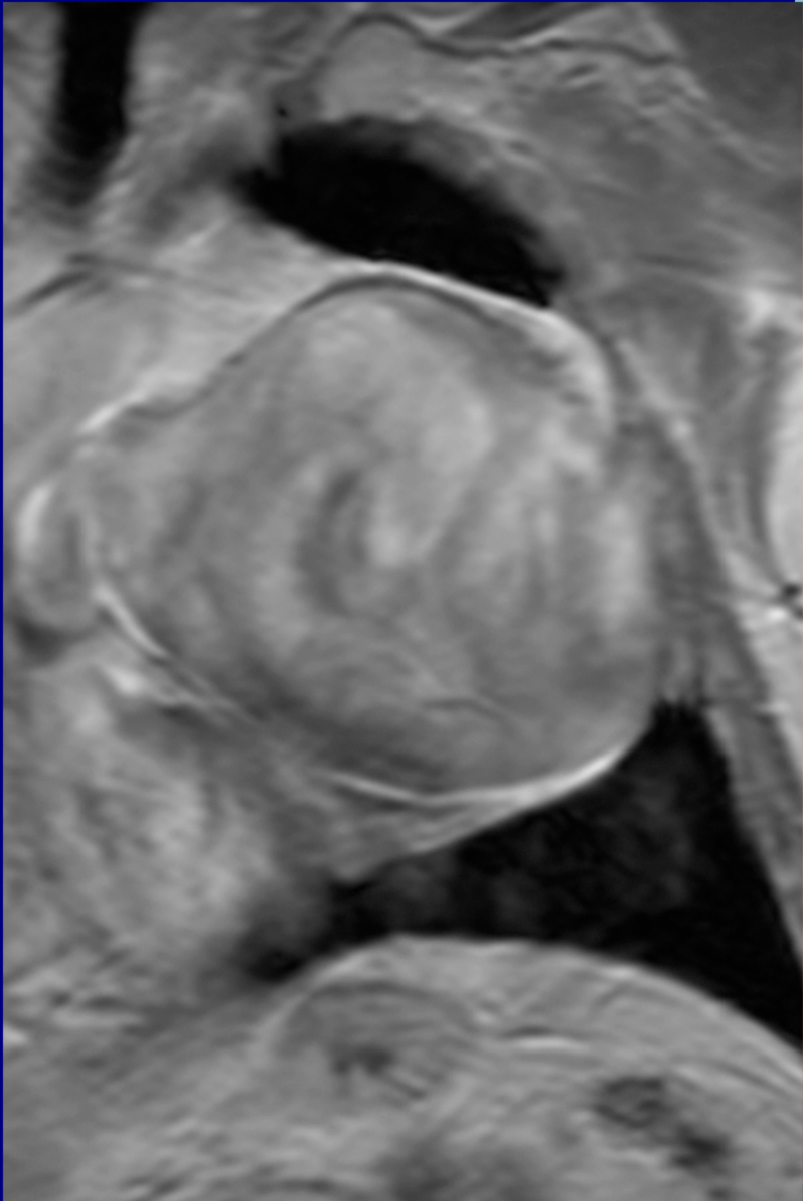




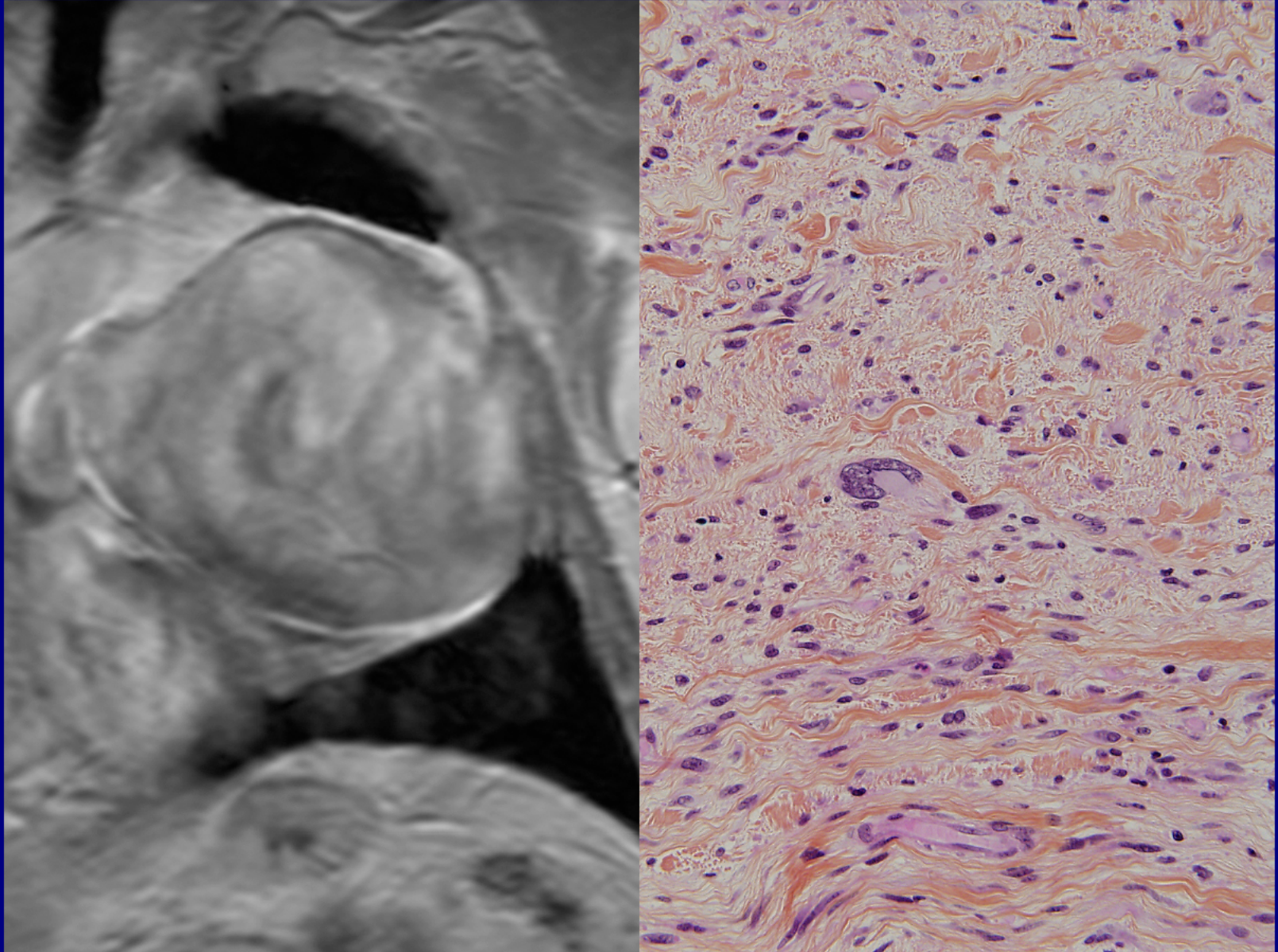
Surgical removal



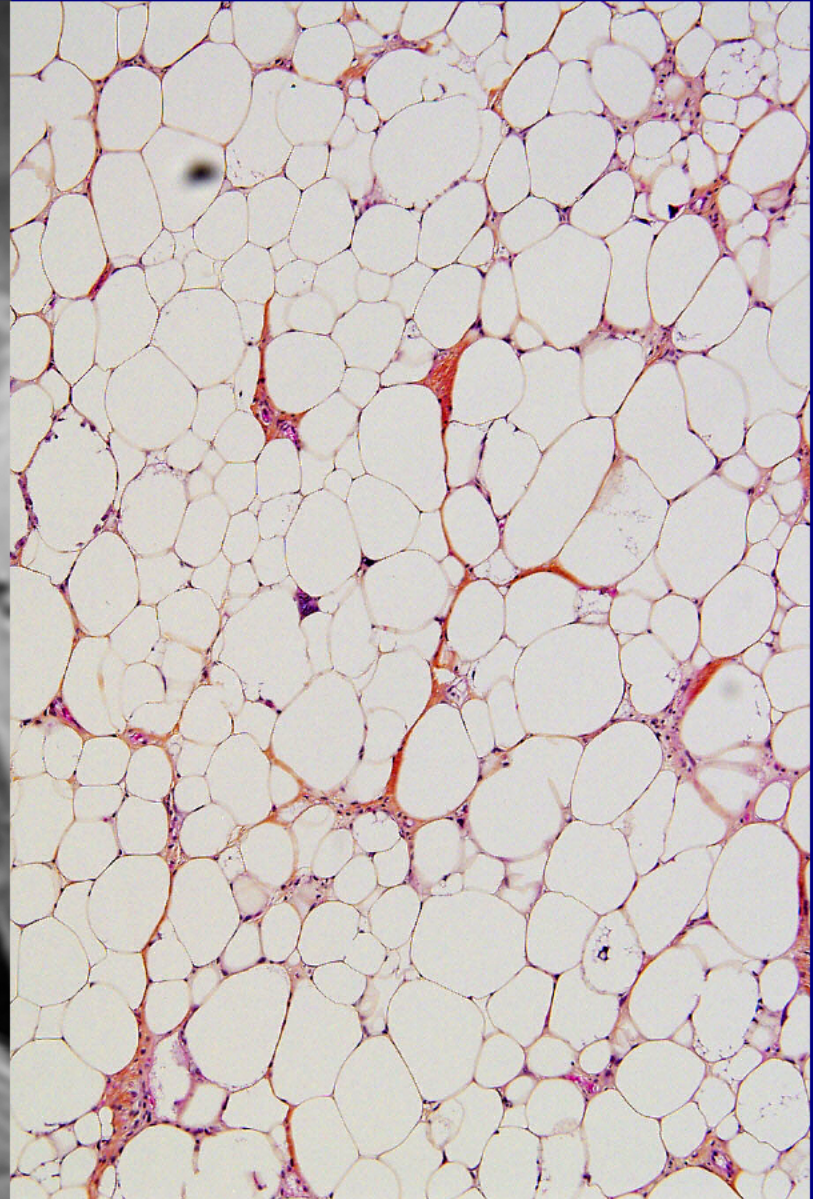
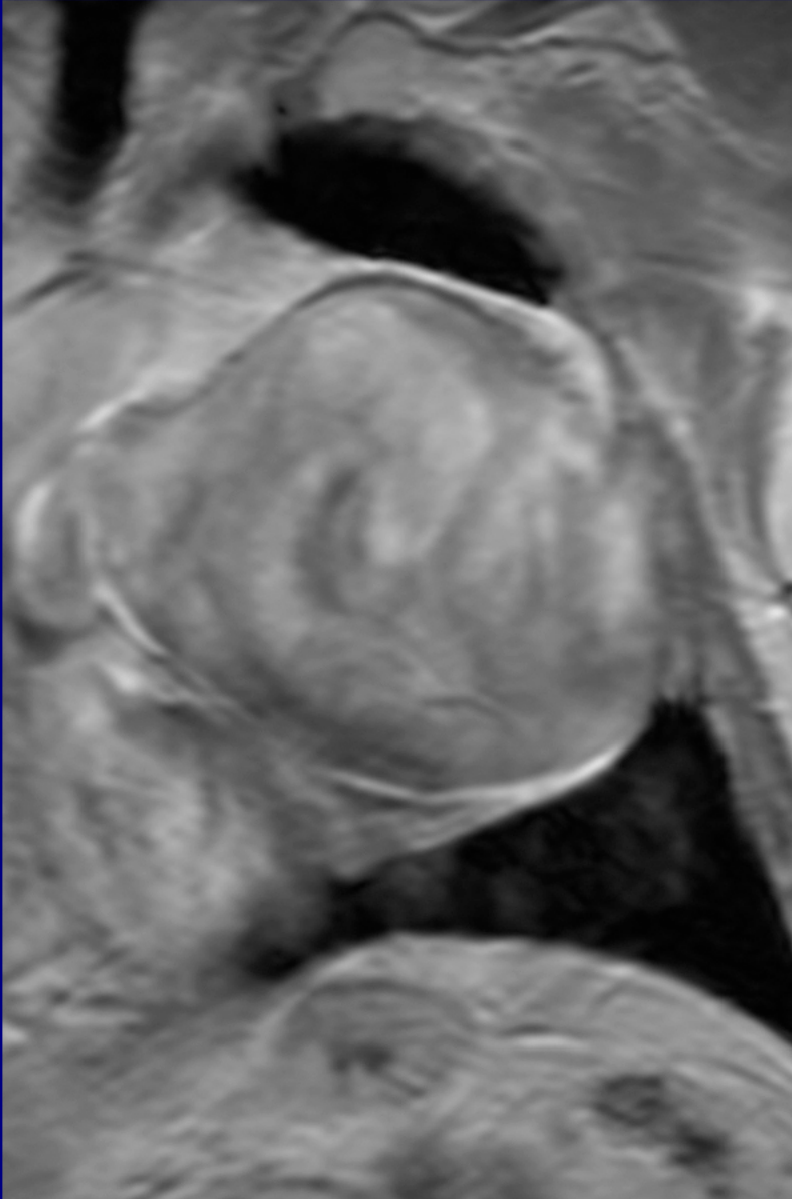
Heterogeneous mass



Fusiform atypical cells



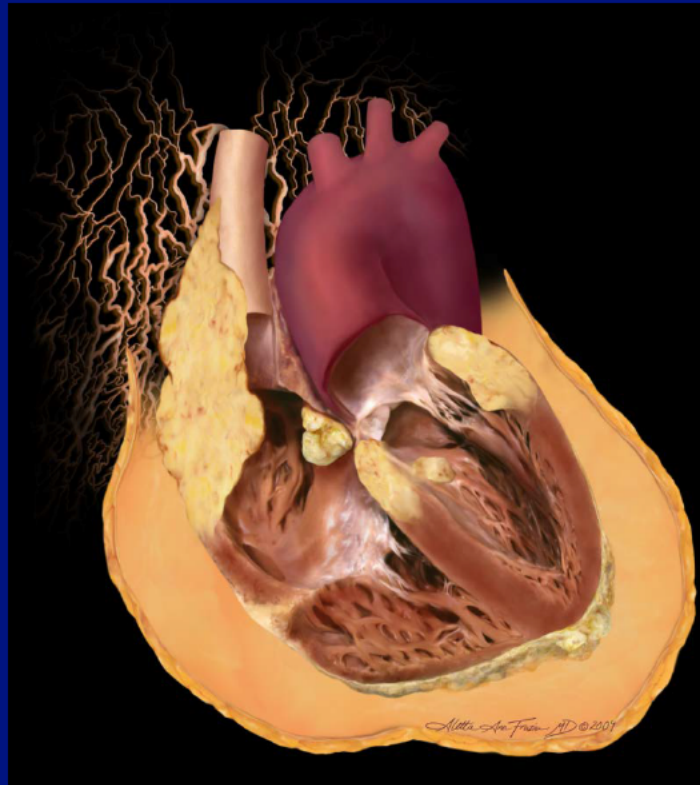
Adipose tissue



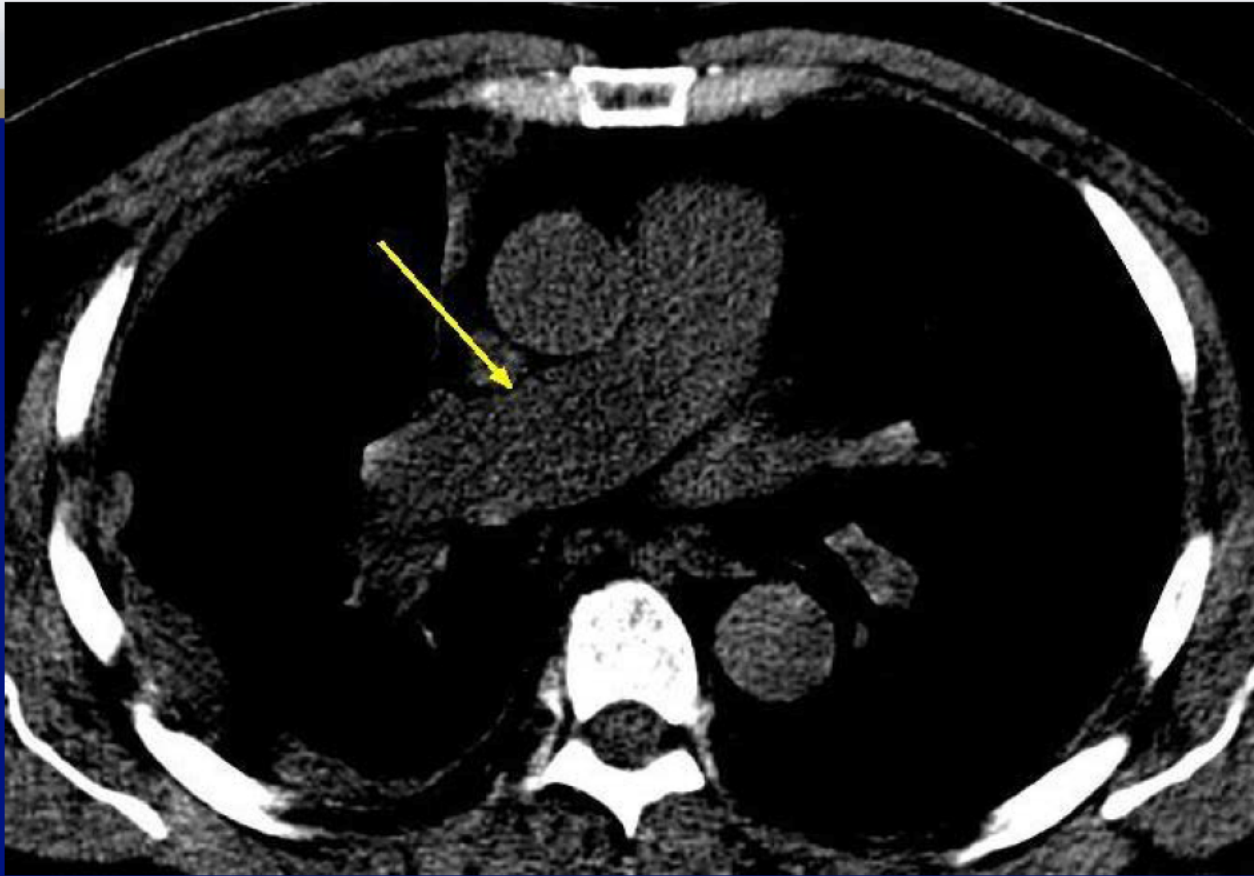
Mediastinal Liposarcoma

Denis Theriault, MD
Hospital Notre-Dame
Montreal, Quebec, Canada

Cardiovascular Best Case



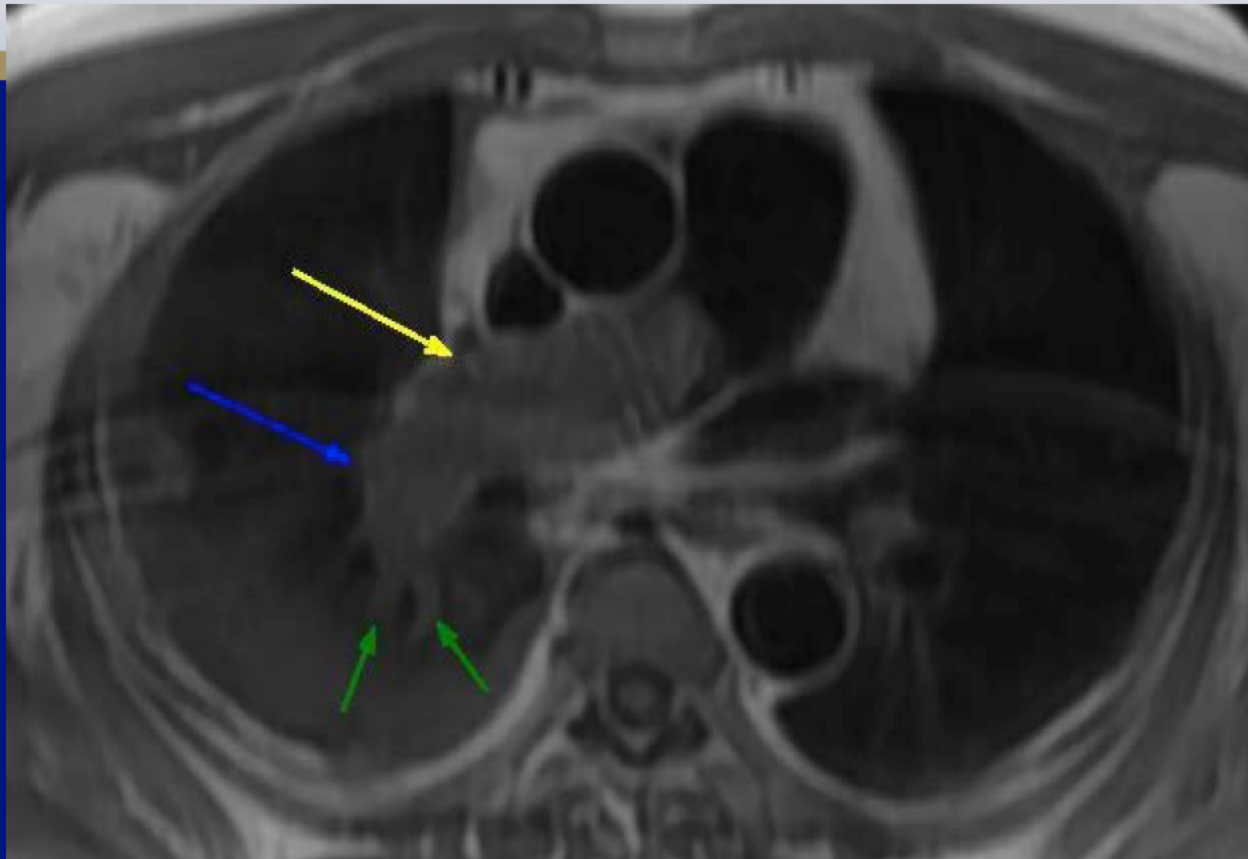
**59 yo sedentary truck driver presents
with three-week history of progressive
dyspnea.**



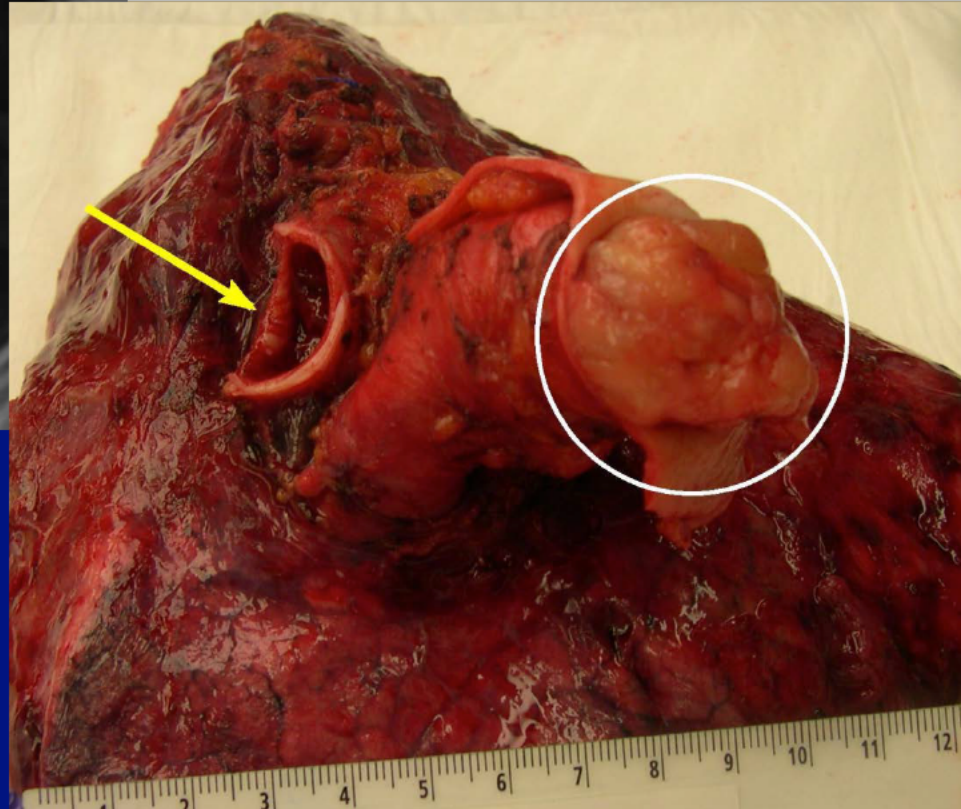
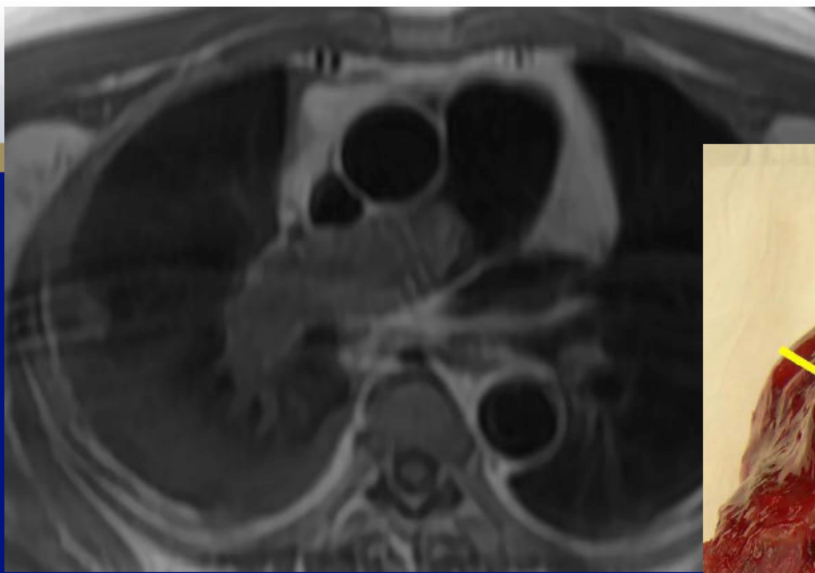
Non-contrast CT of the chest demonstrates subtle but large low attenuation filling defect (yellow arrow) within the right pulmonary artery.



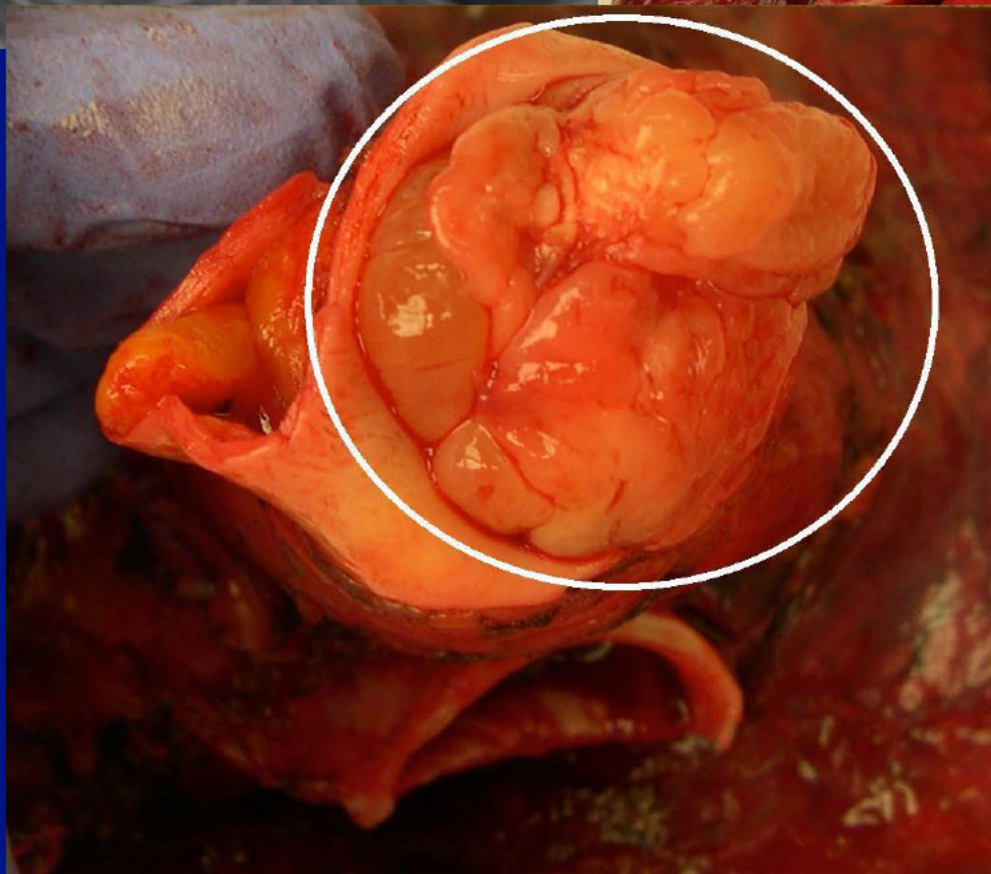
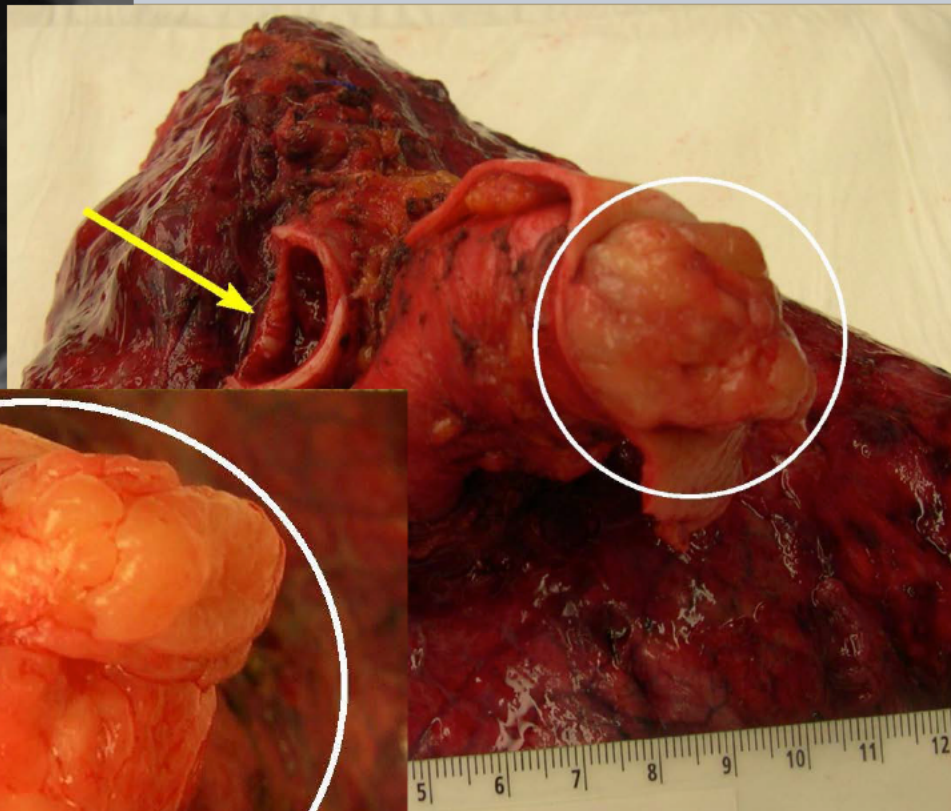
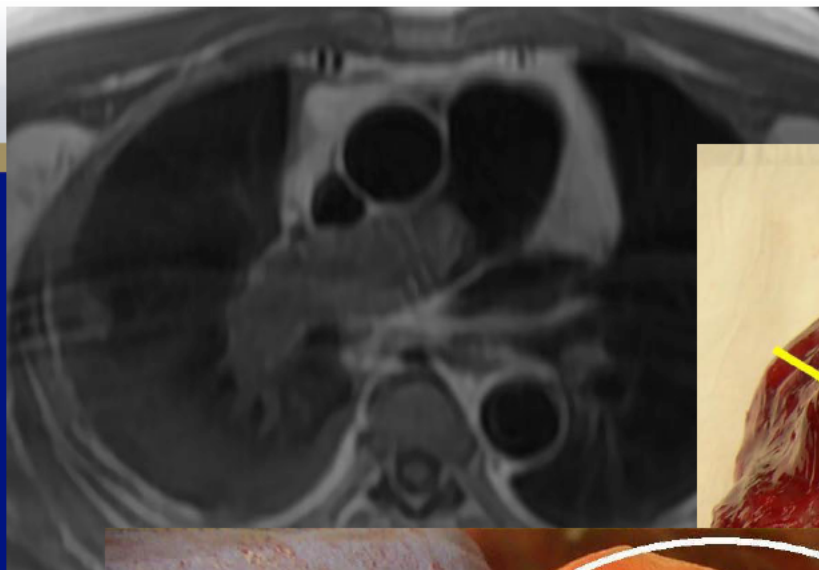
Fused PET-FDG CT axial image shows hypermetabolic activity throughout the intravascular mass (green arrow). There is a small right pleural effusion noted (yellow arrow).

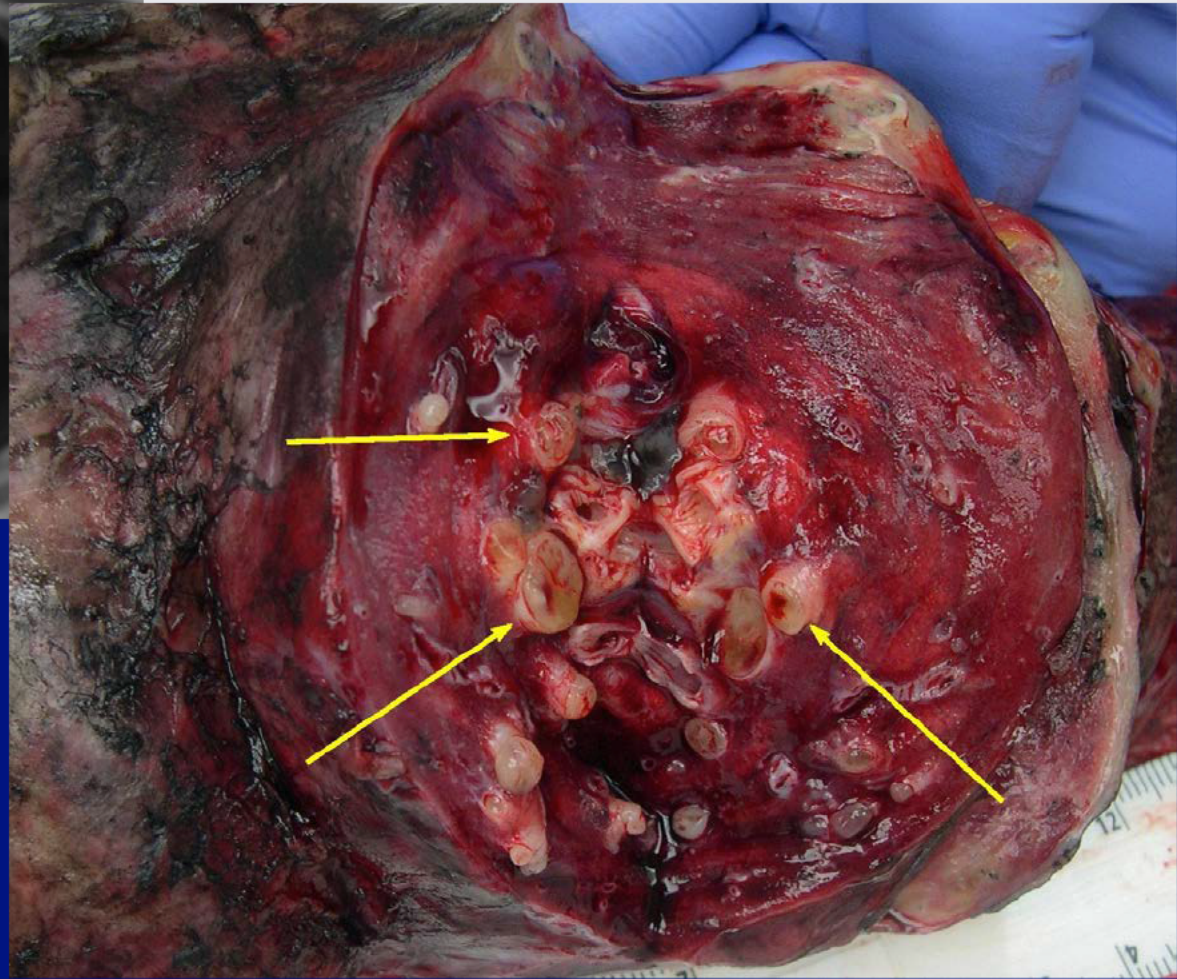
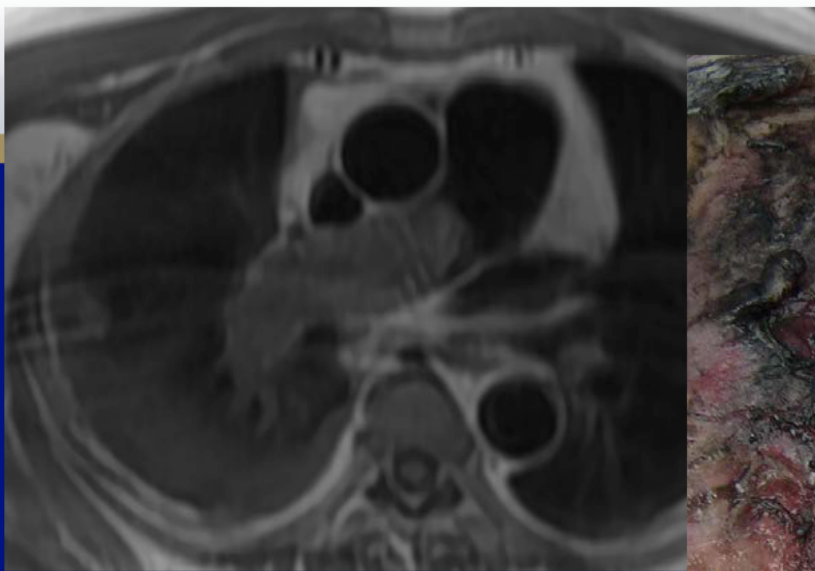


Axial T1-weighted inversion recovery MR image shows hyperintense mass filling the lumen of right pulmonary artery (yellow arrow), with extension into right lower lobe lobar (blue arrow) and segmental (green arrow) arteries.

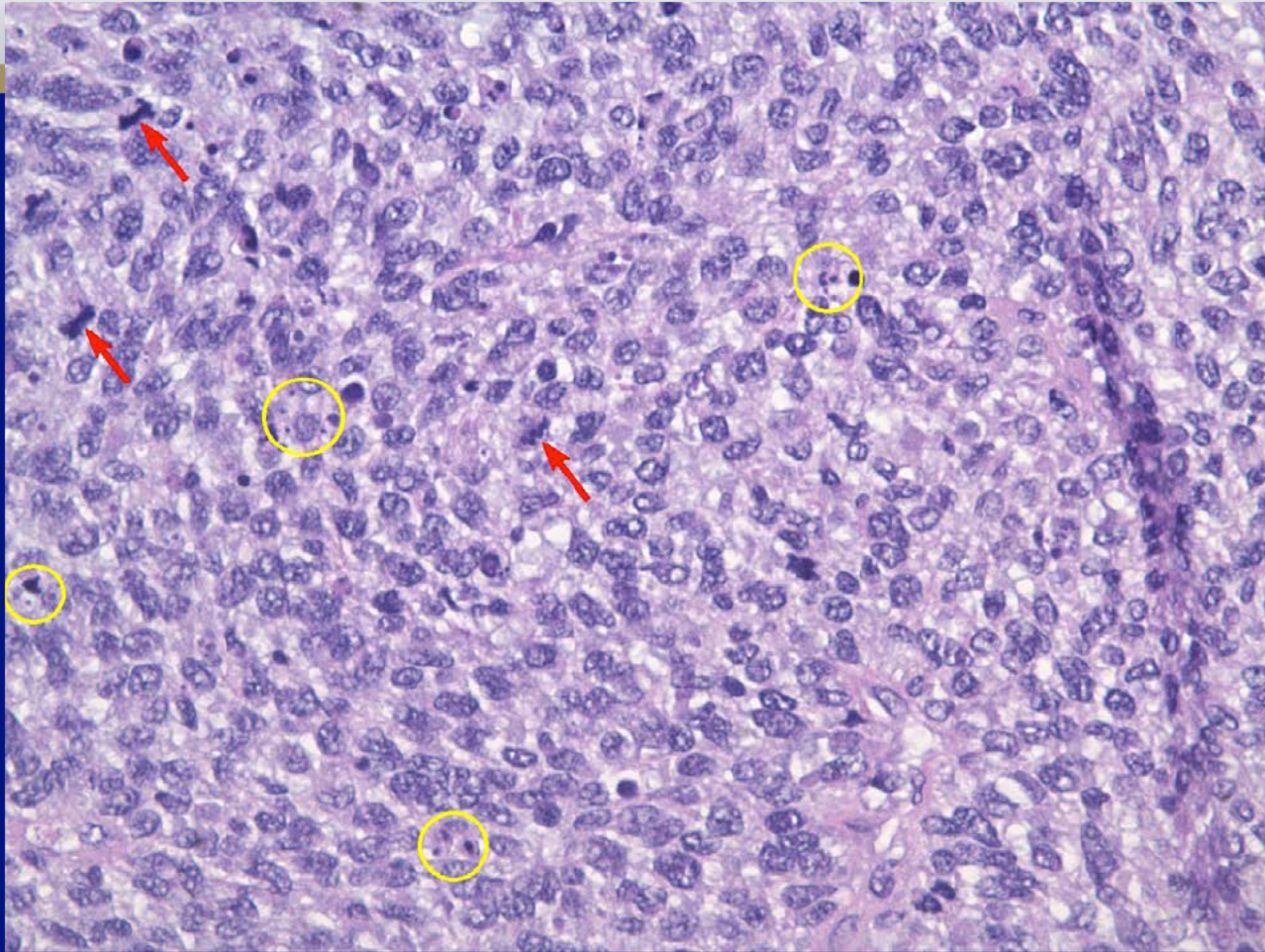


**Transected right pulmonary artery lumen is completely occluded with a tumor mass (white circle).
Adjacent right mainstem bronchus is patent (yellow arrow).**

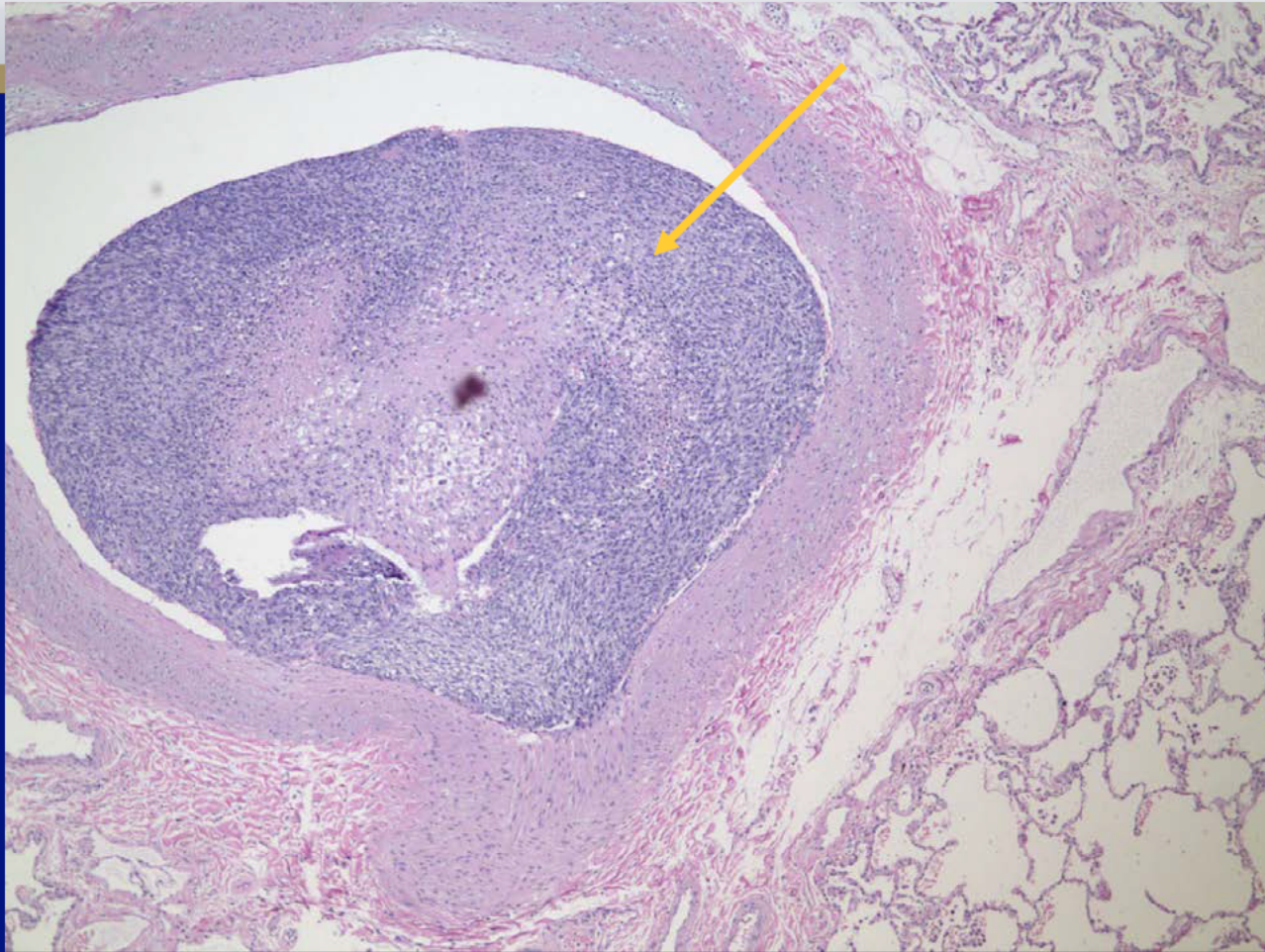




Dissected right lung reveals tumor extension distally into multiple segmental and subsegmental arterial branches (yellow arrows).



High power histology (H&E) shows round cells which contain pleomorphic nuclei & vesicular chromatin. There are numerous mitotic figures (red arrows) and extensive apoptotic debris (yellow circles).

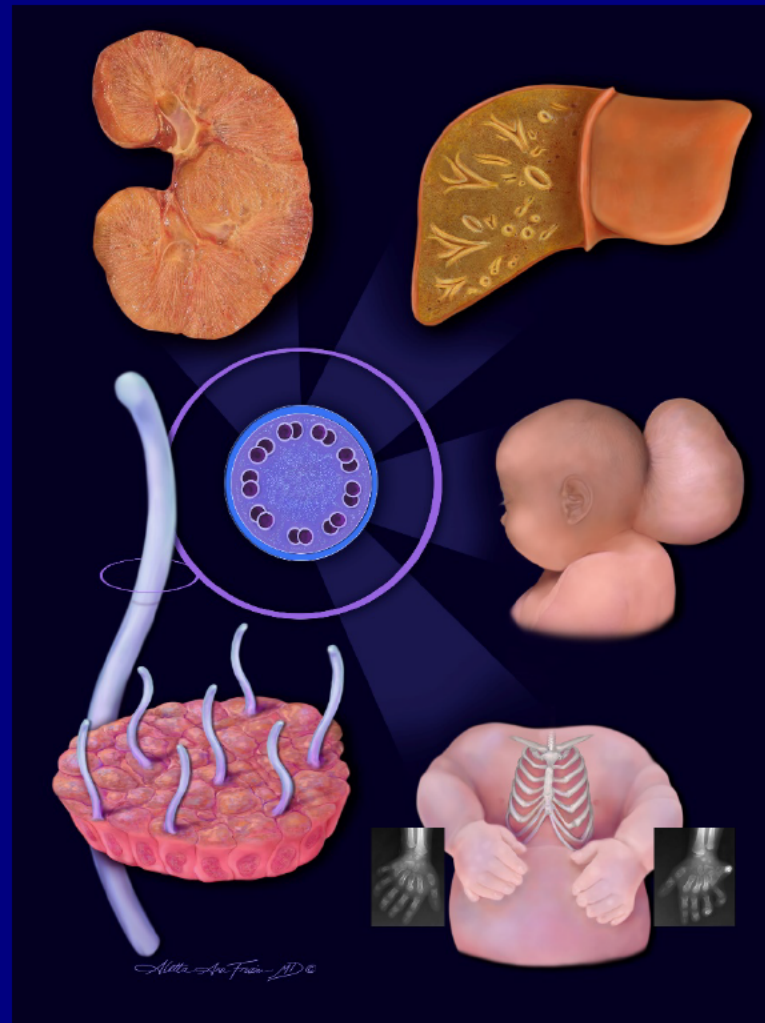


Low power histology (H&E) shows tumor within a peripheral pulmonary artery, without evidence of adjacent parenchymal invasion.

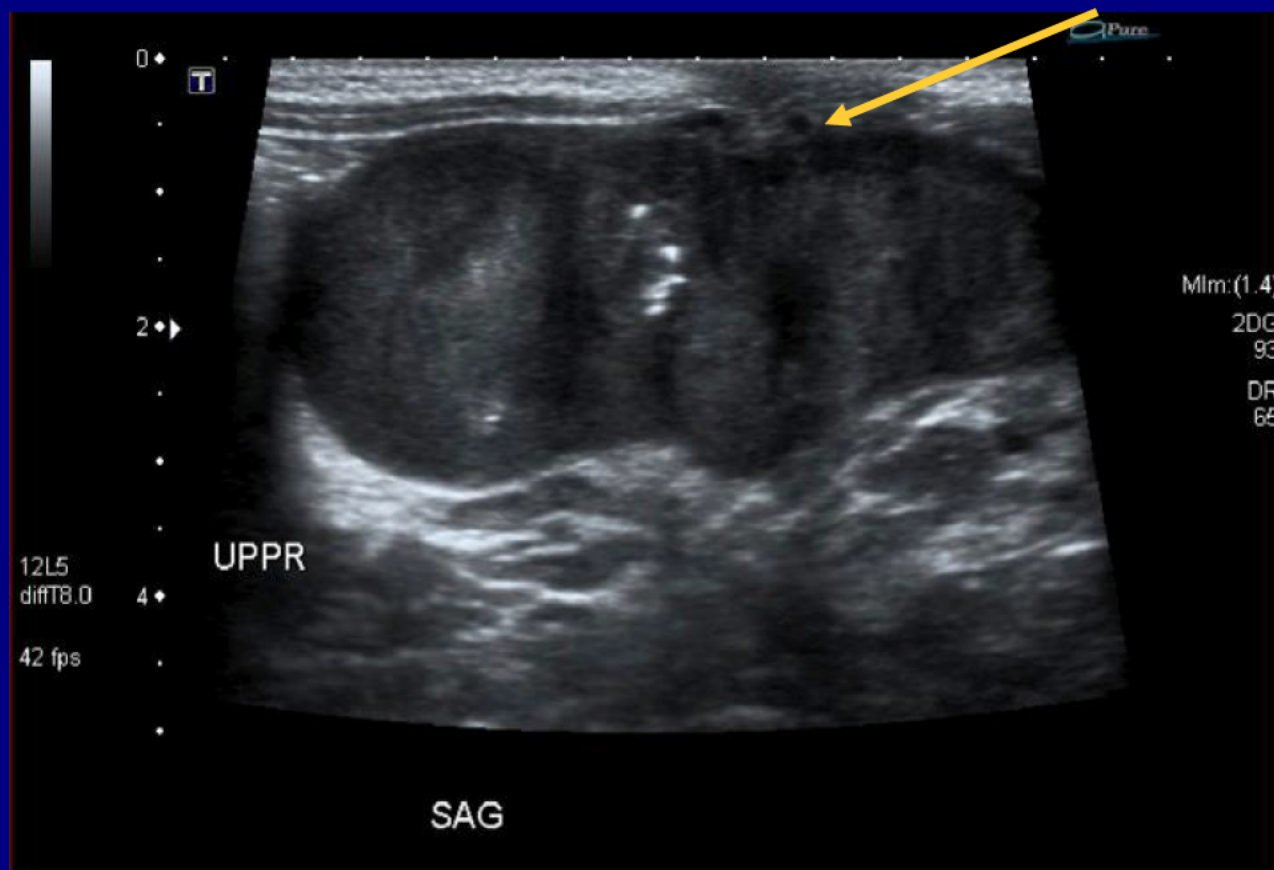
Intimal Sarcoma of the Pulmonary Artery

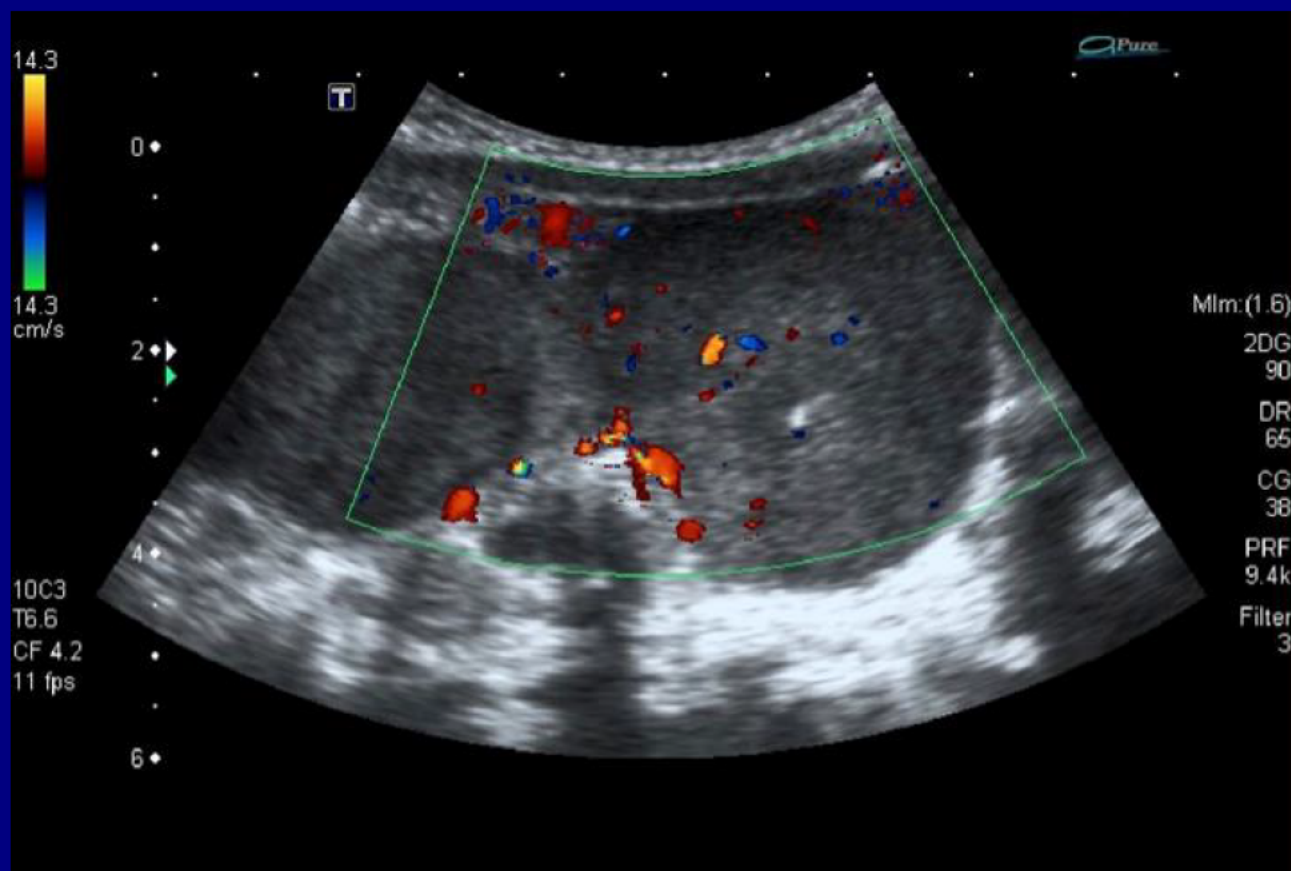
Sheilah Curran-Melendez, MD
Allegheny General Hospital
Pittsburgh, PA

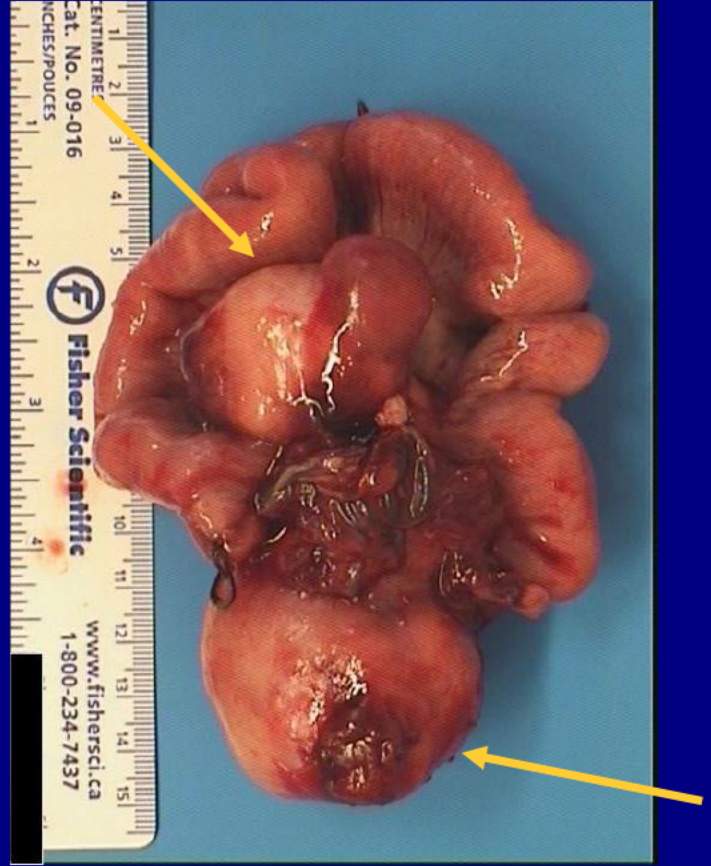
Pediatric Best Case



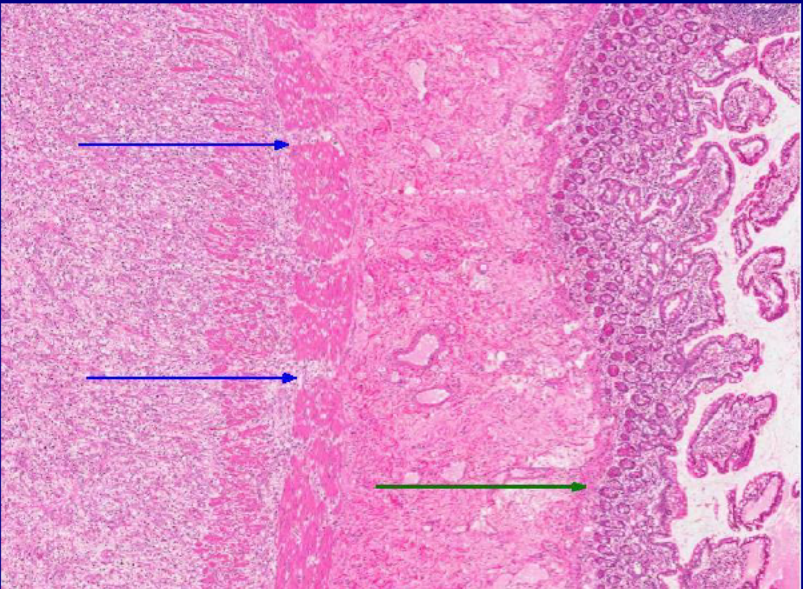
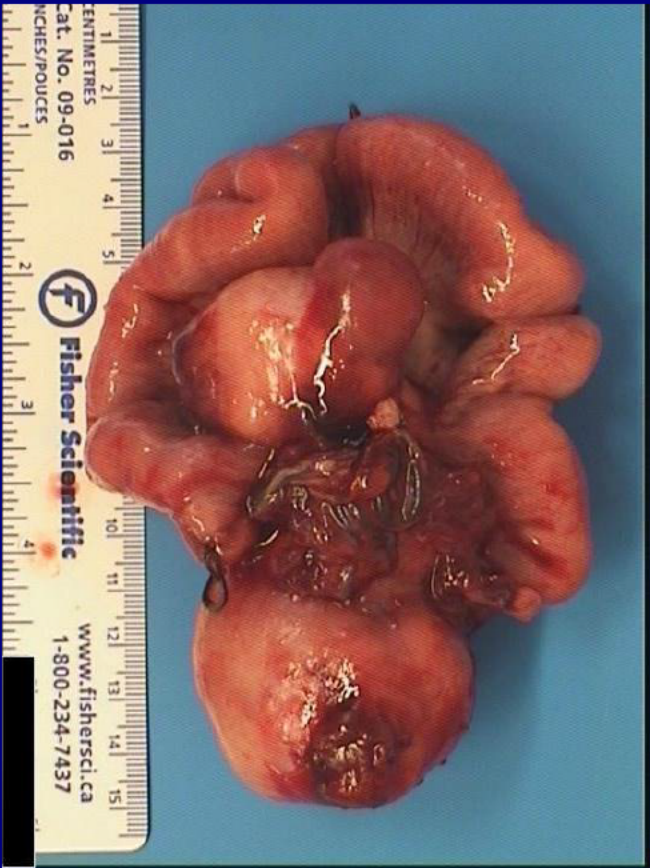
14-months-old girl with known failure to thrive and severe iron deficiency. Her parents noticed an abdominal mass one month ago. She was also having reduced oral intake and weight loss. Otherwise, she was feeling well, no vomiting, no diarrhea. She was still an active child.

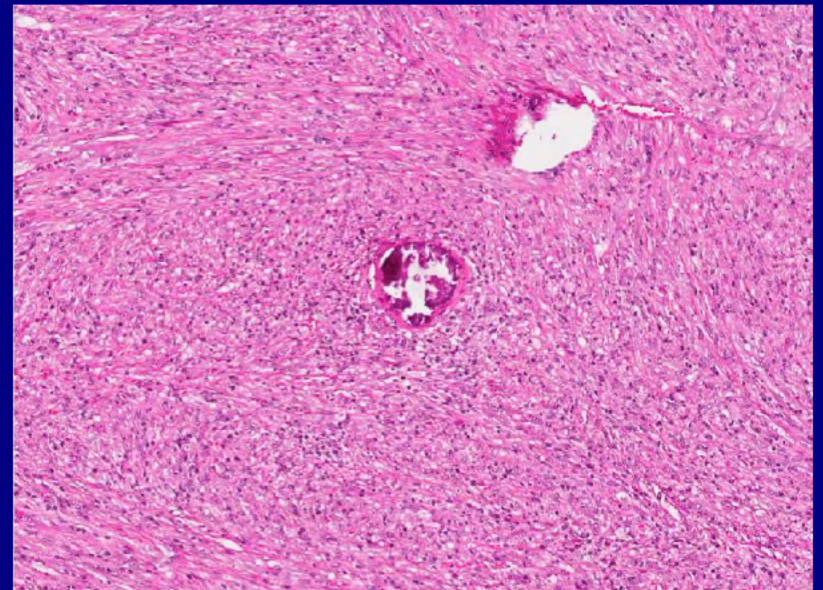
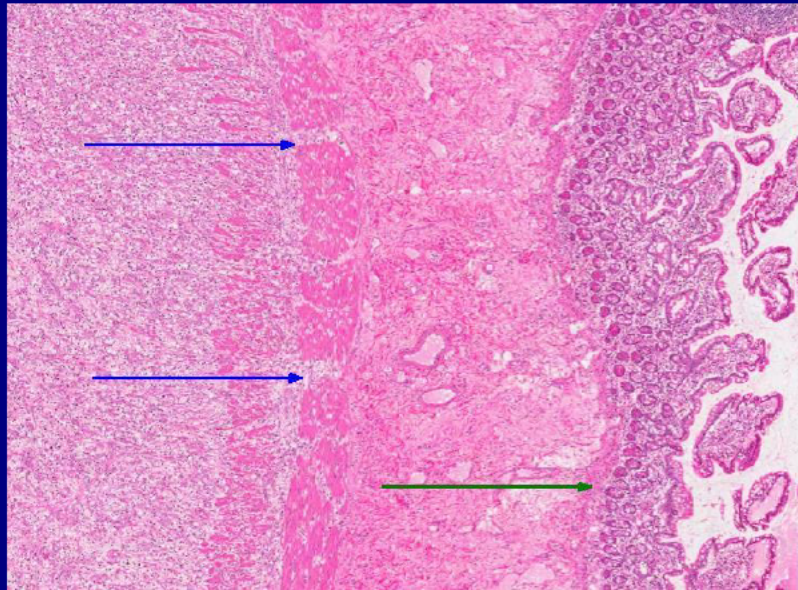








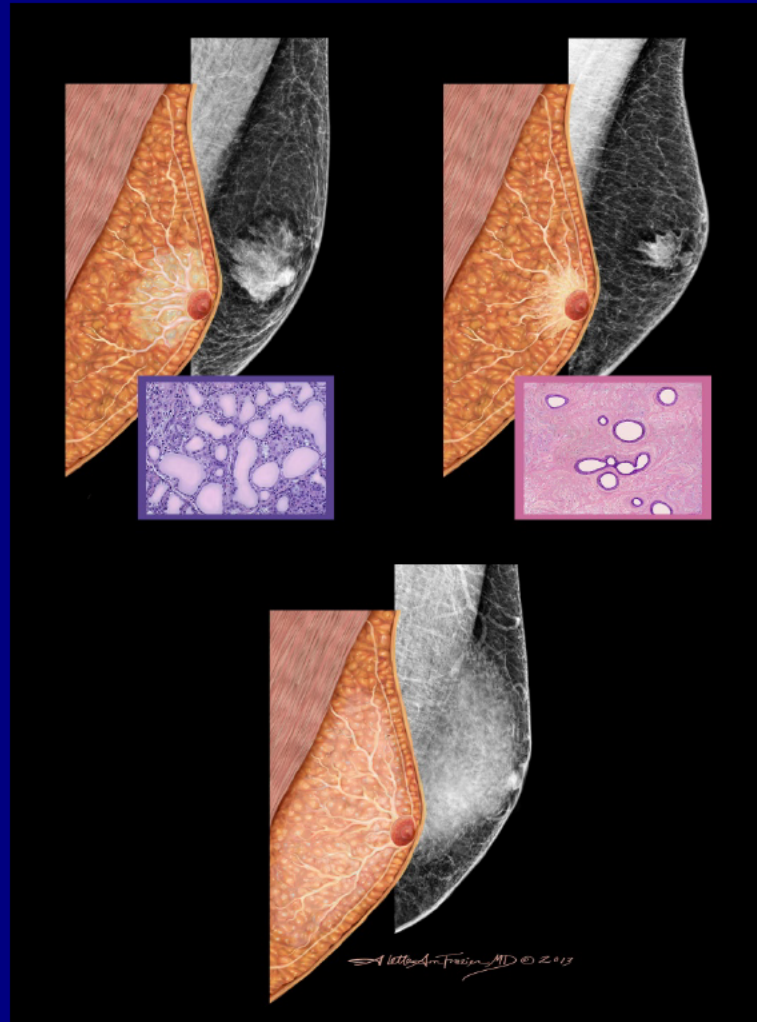




Inflammatory Myofibroblastic Tumor

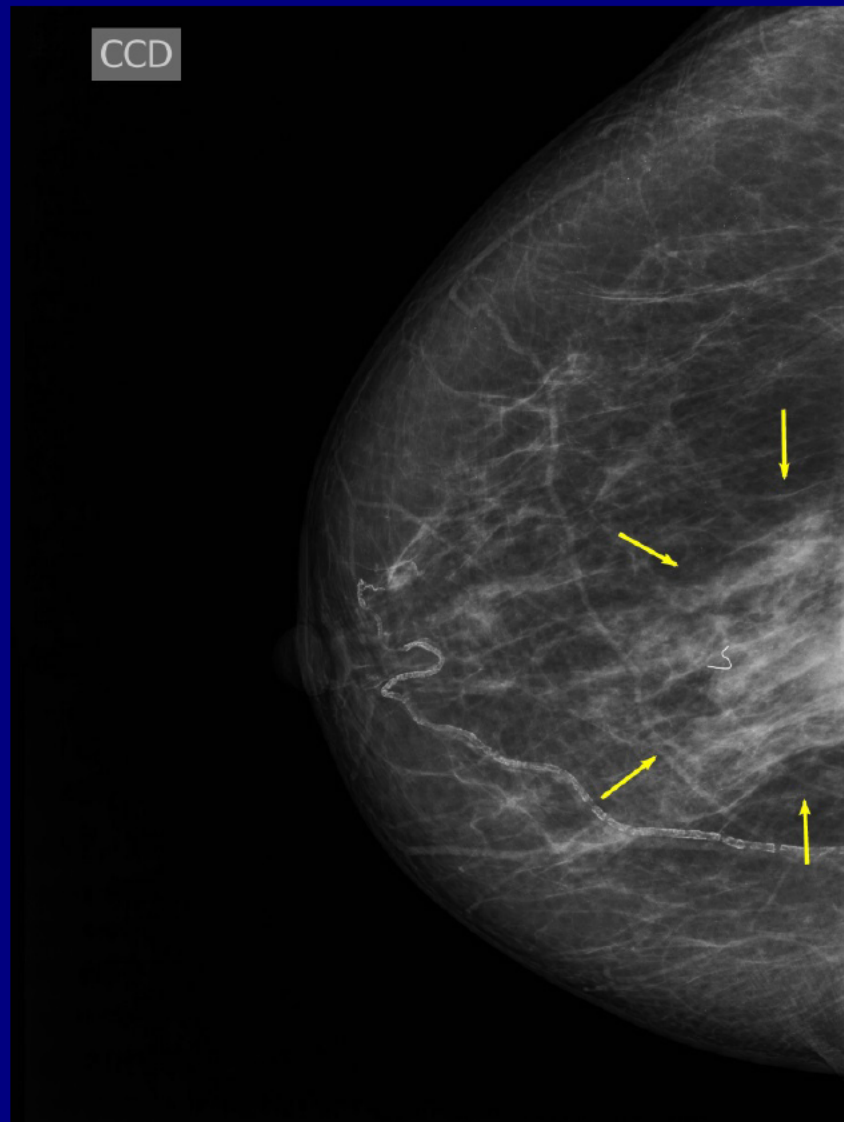
Myriam Irislimane, MD
McGill University Health Centre
Montreal, Canada

Breast Best Case

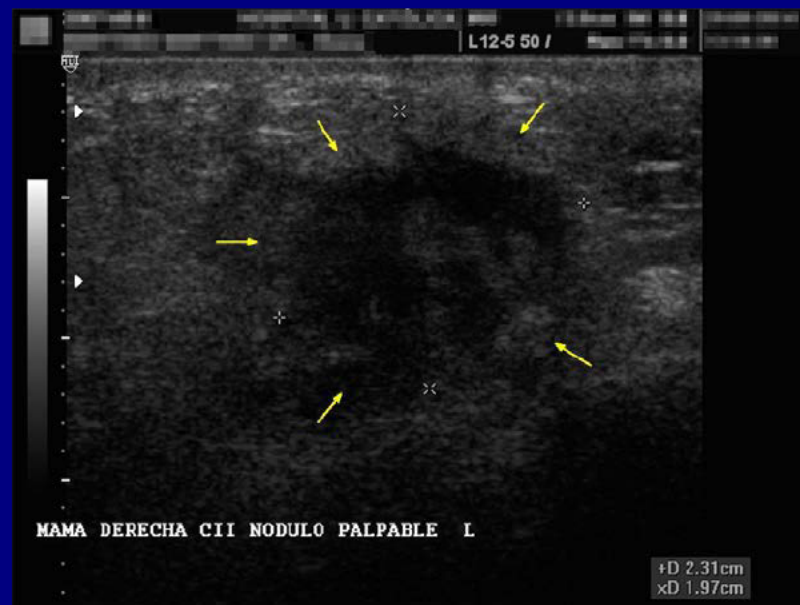
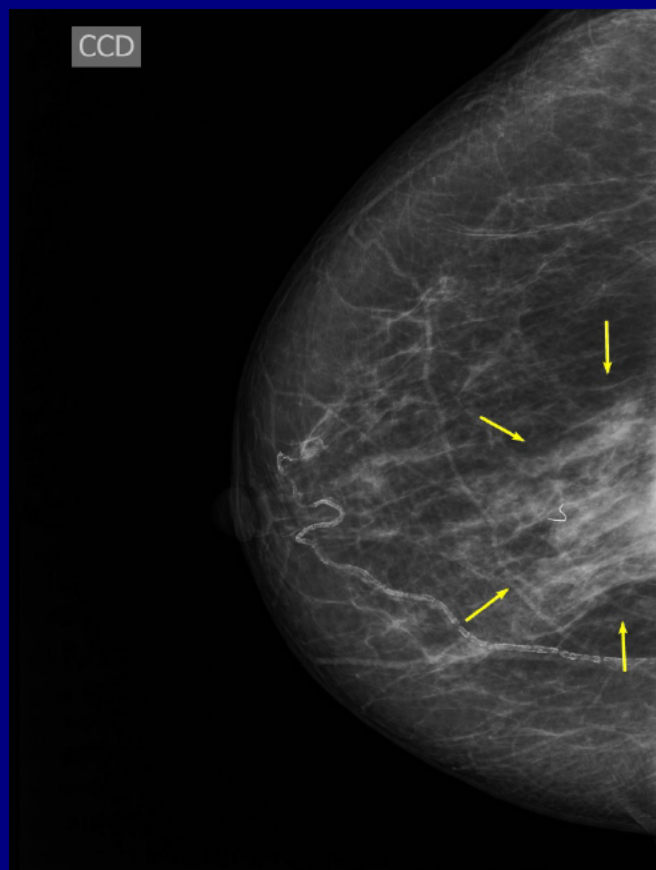


84 yo female with 6 month history of palpable right breast lump. No axillary adenopathy. No other known health issues.

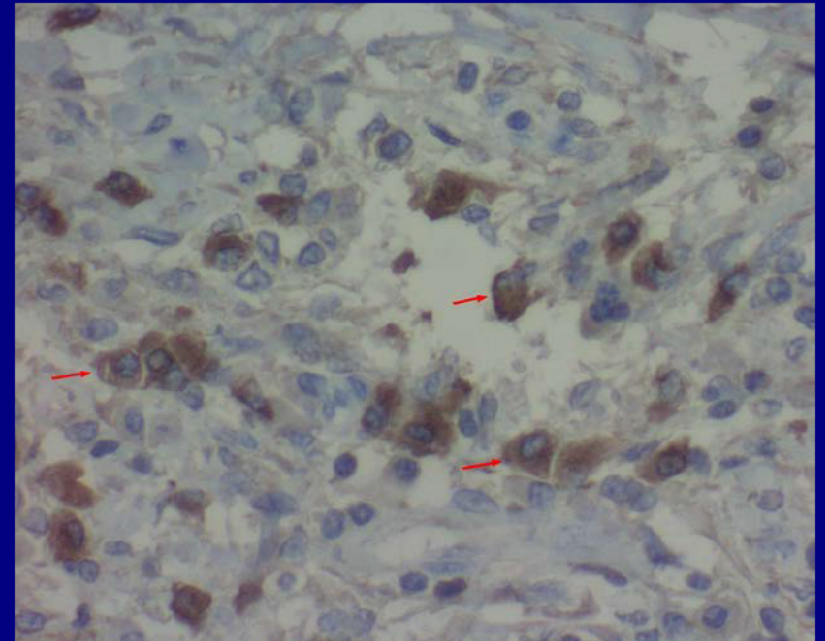
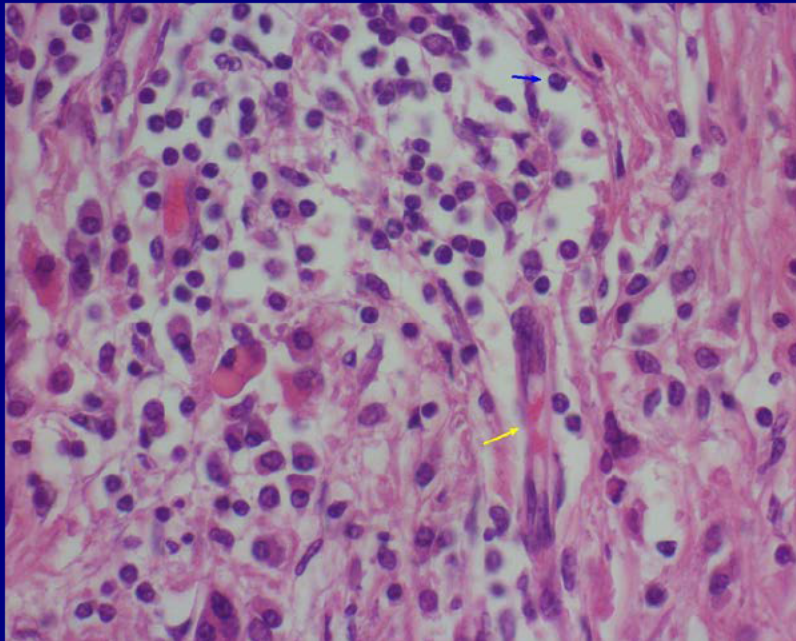
Right



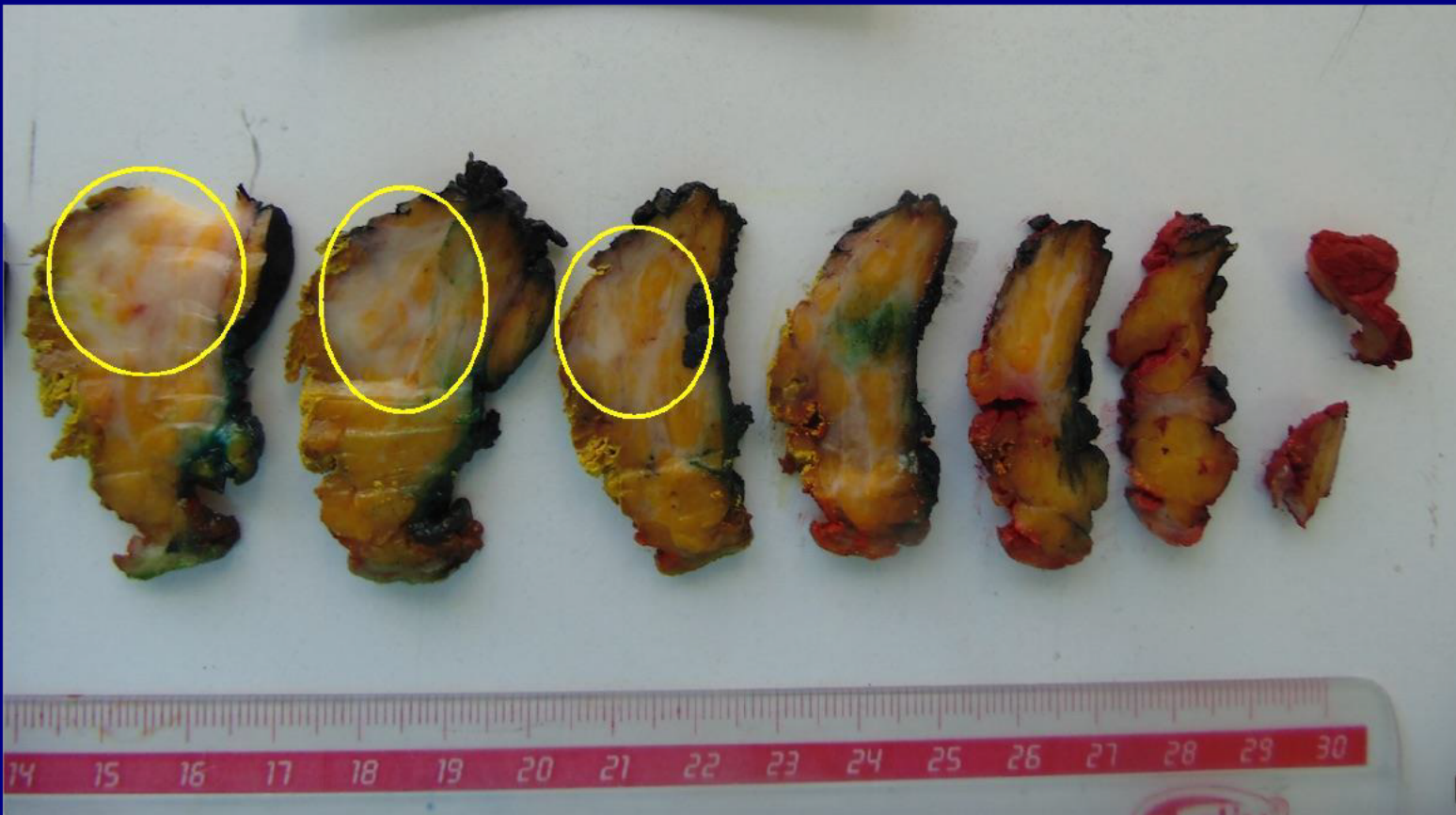
Right



Histology



Gross Pathology



IgG4 Related Sclerosing Mastitis

Eugenio Zalaquett, MD

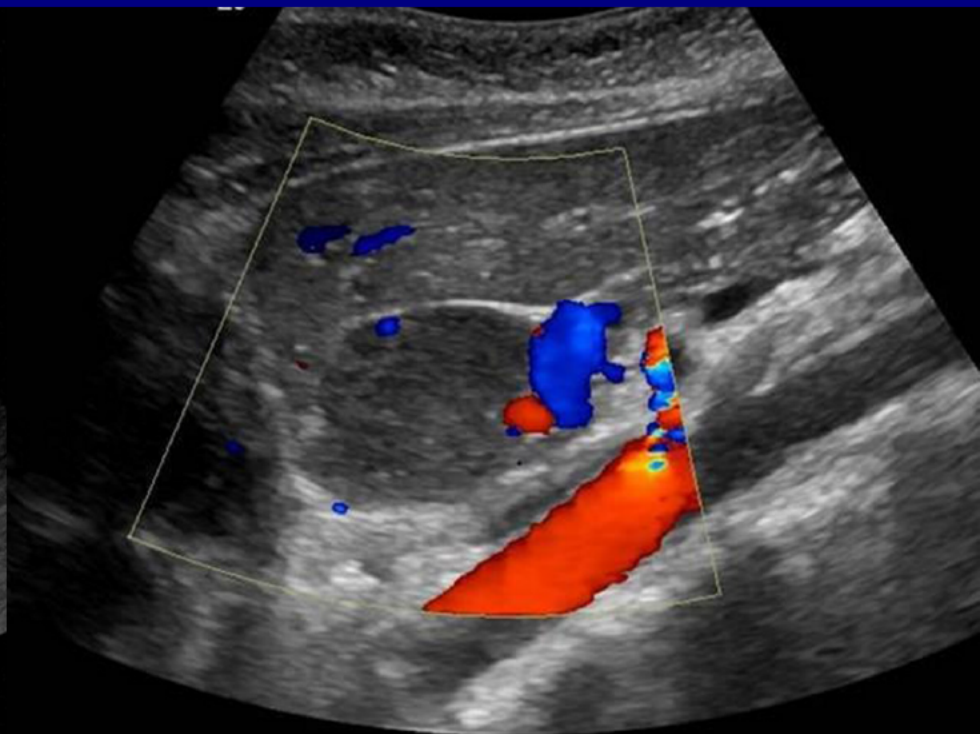
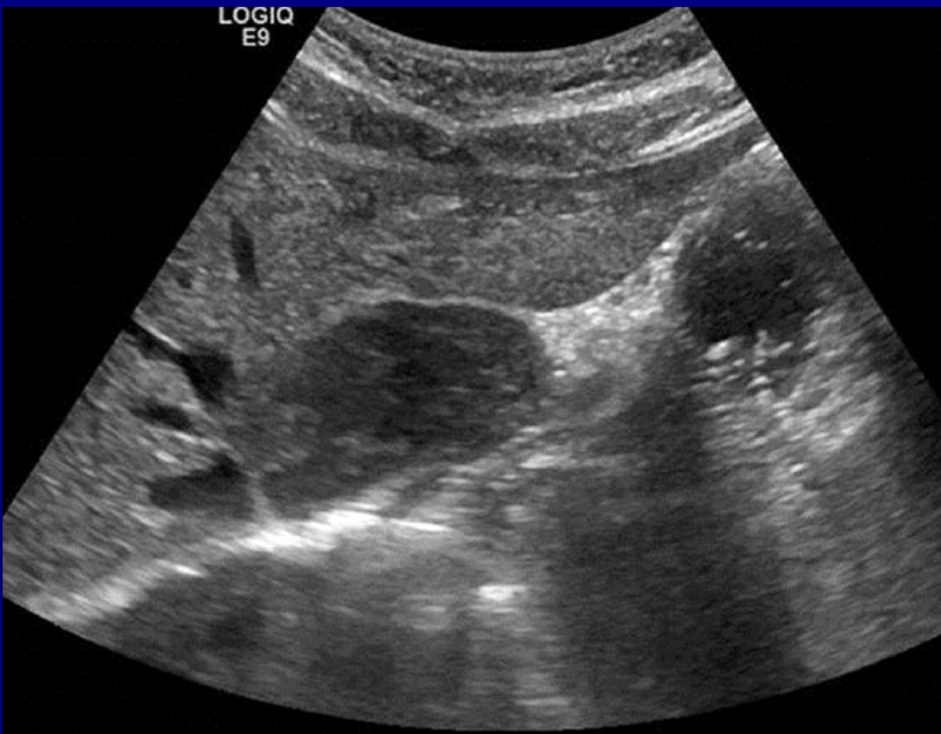
**Hospital Clinico de la Pontificia Universidad
Católica de Chile
Santiago, Chile**

Gastrointestinal Best Case

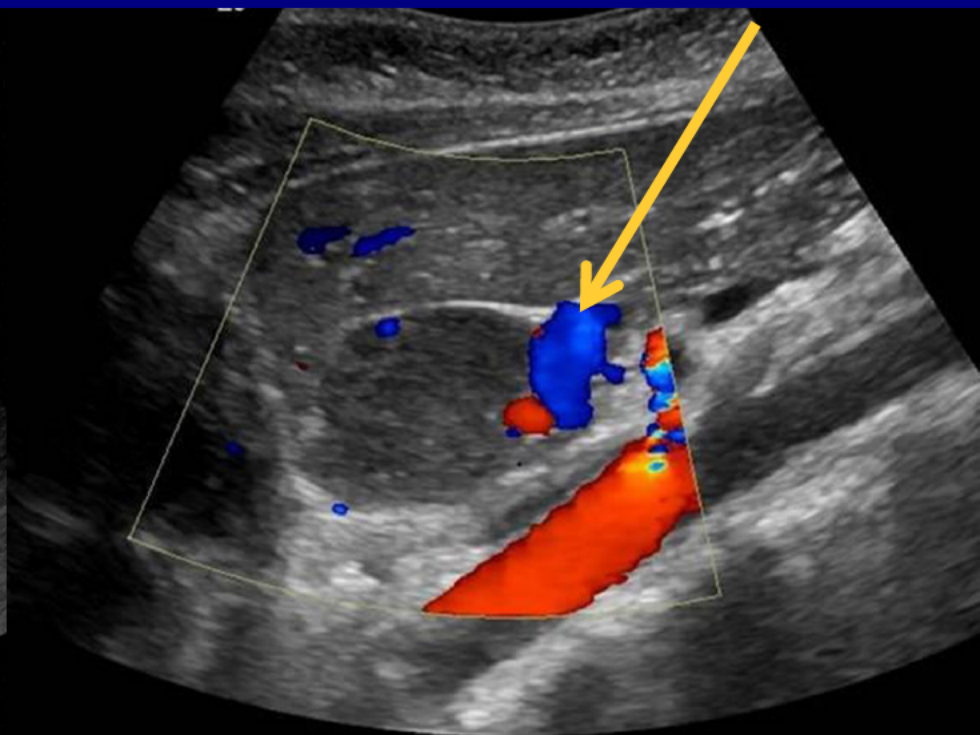
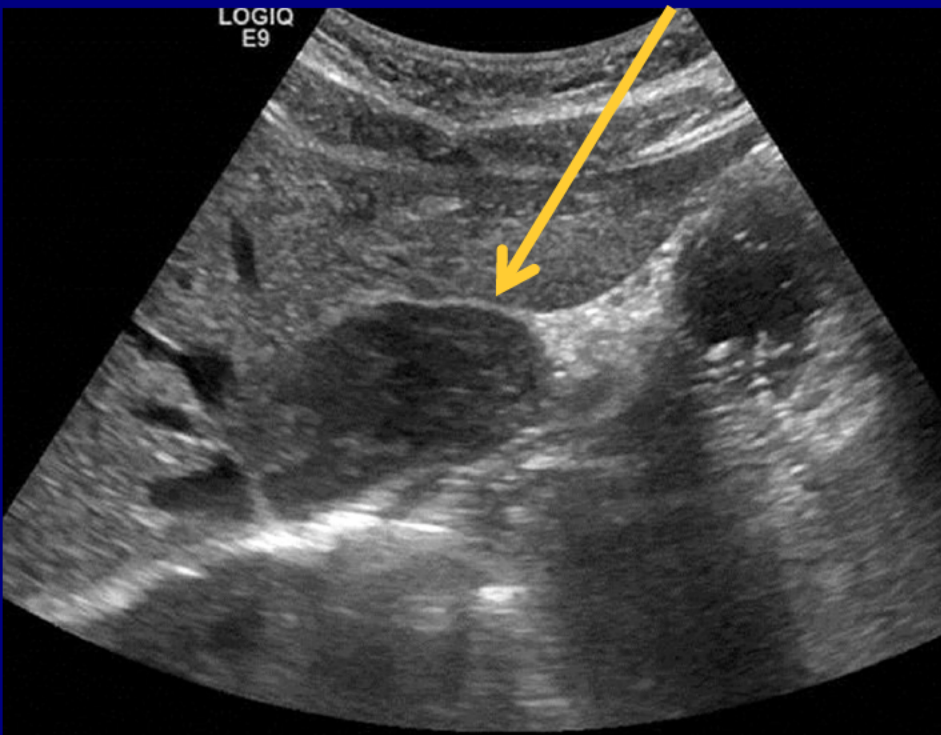


- **20 year old Caucasian female presents with abdominal pain for 10 months.**
- **PMH: Migraine headaches, Factor V Leiden mutation, protein S deficiency**
- **US was requested**

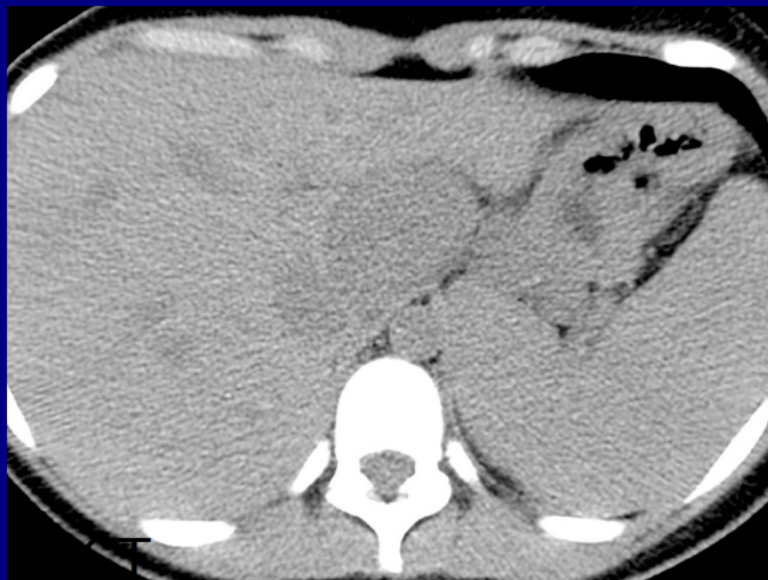
Ultrasound



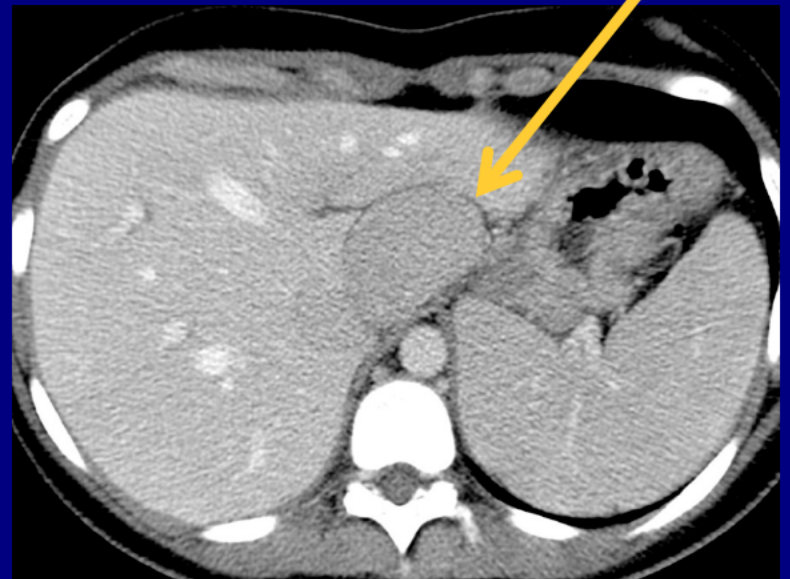
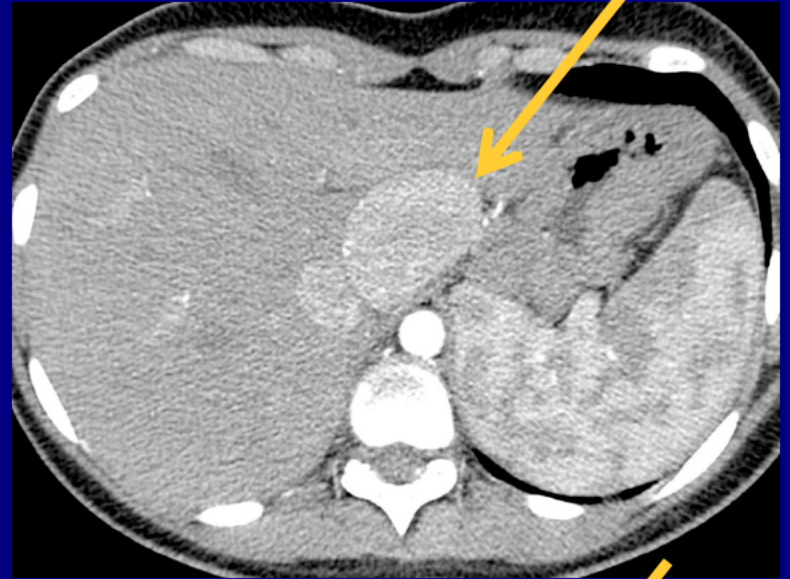
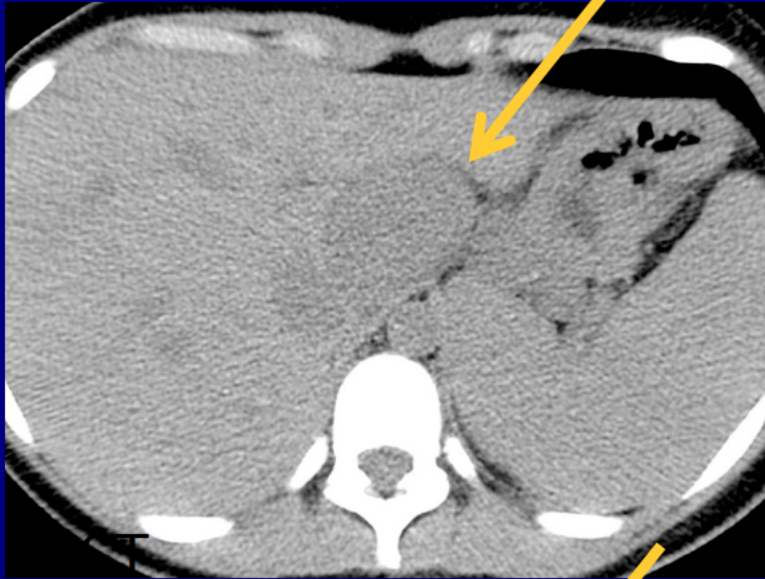
Ultrasound



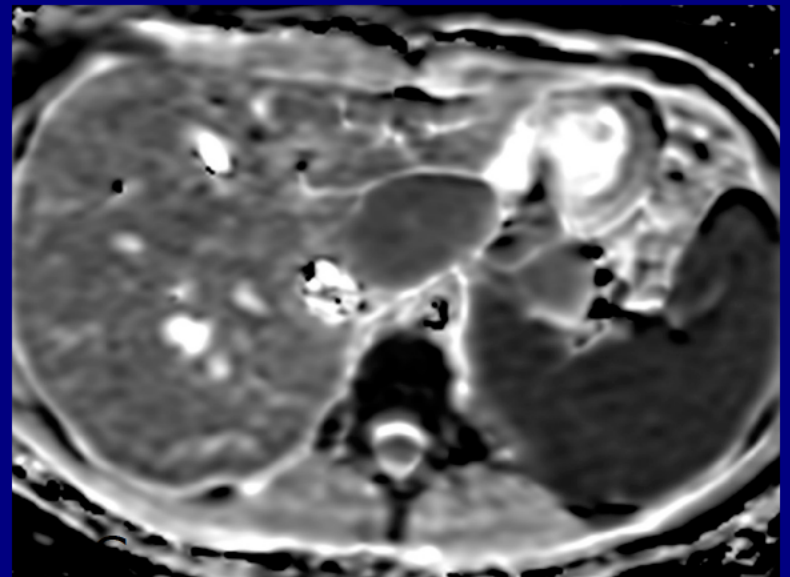
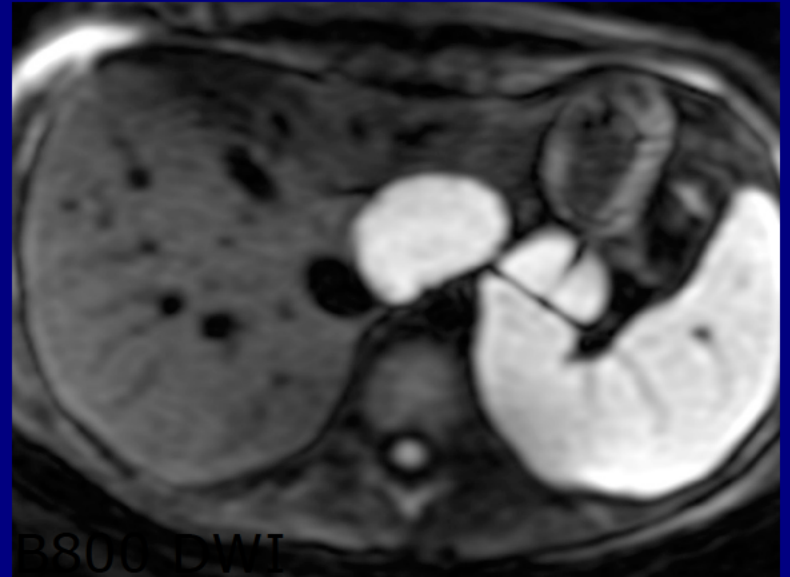
CT

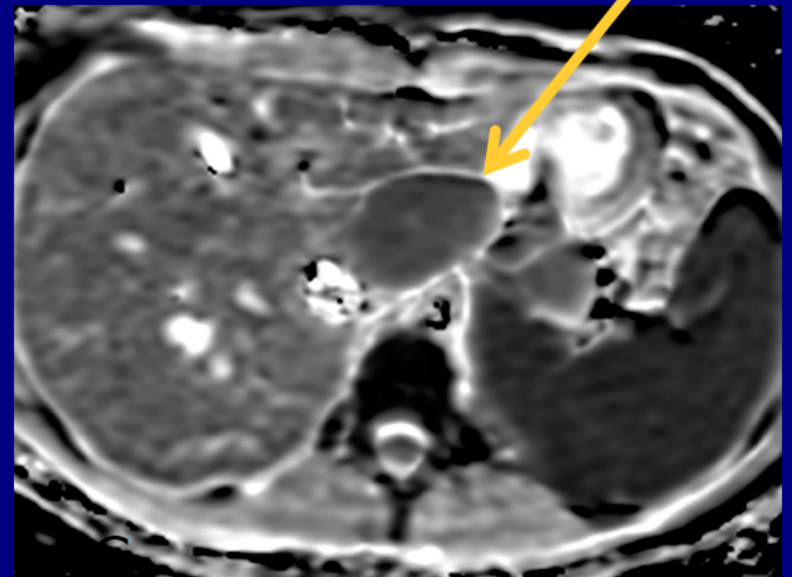
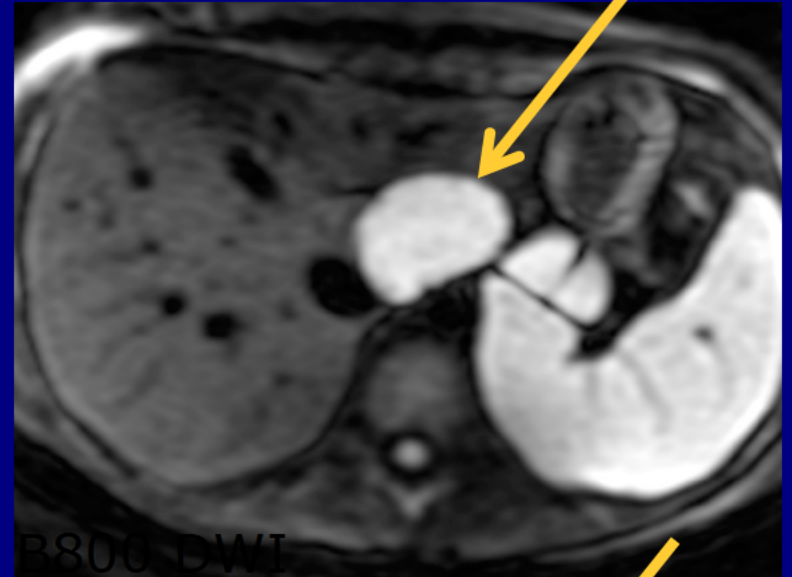


CT

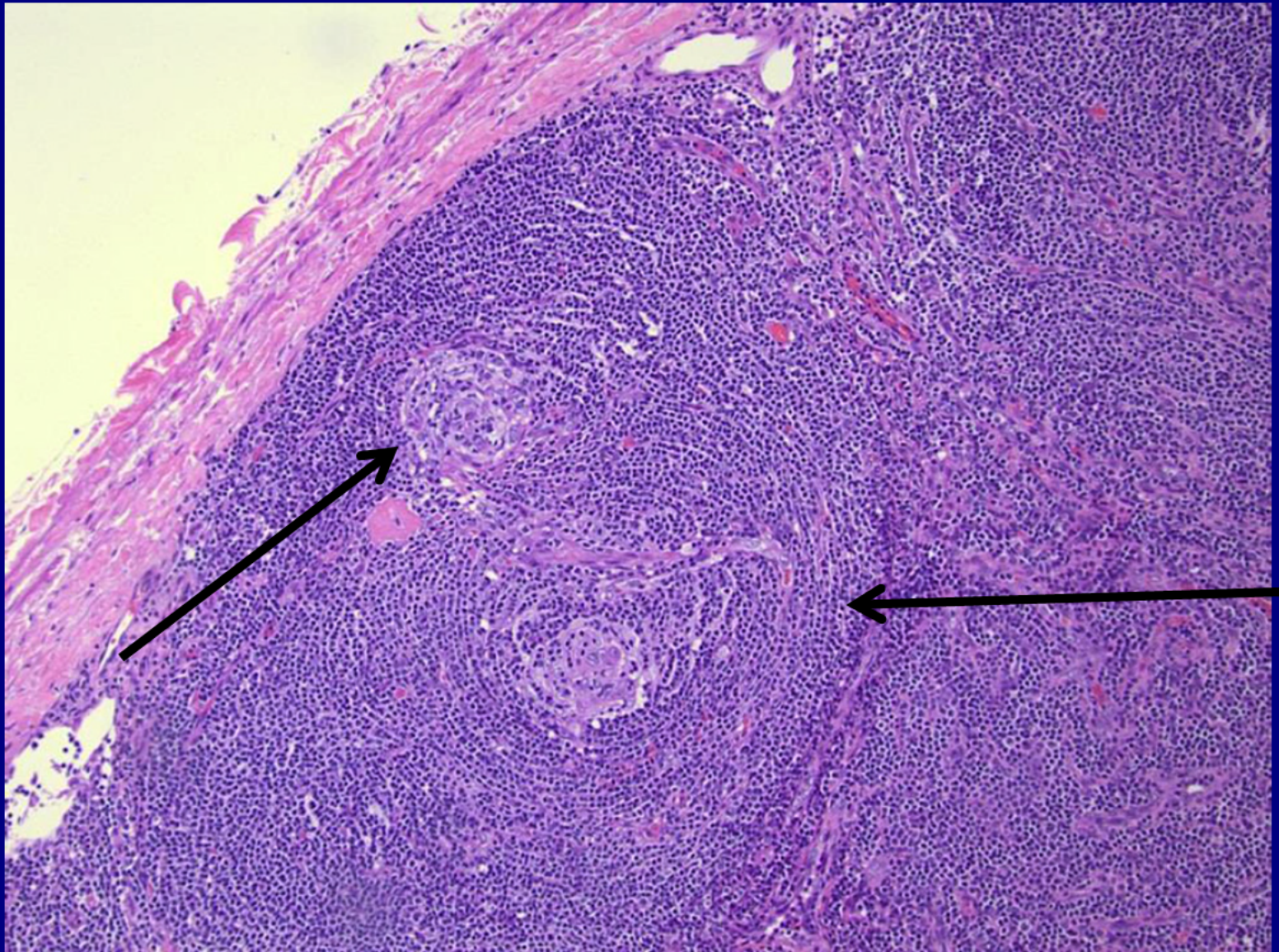


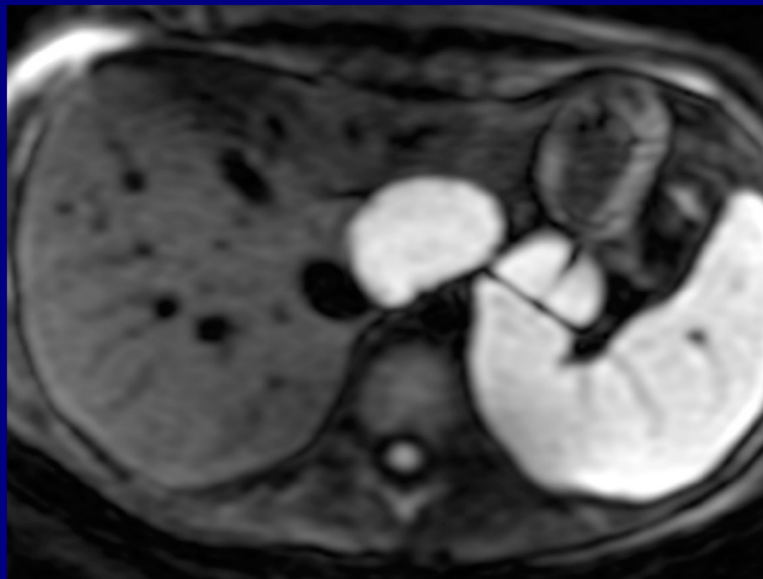
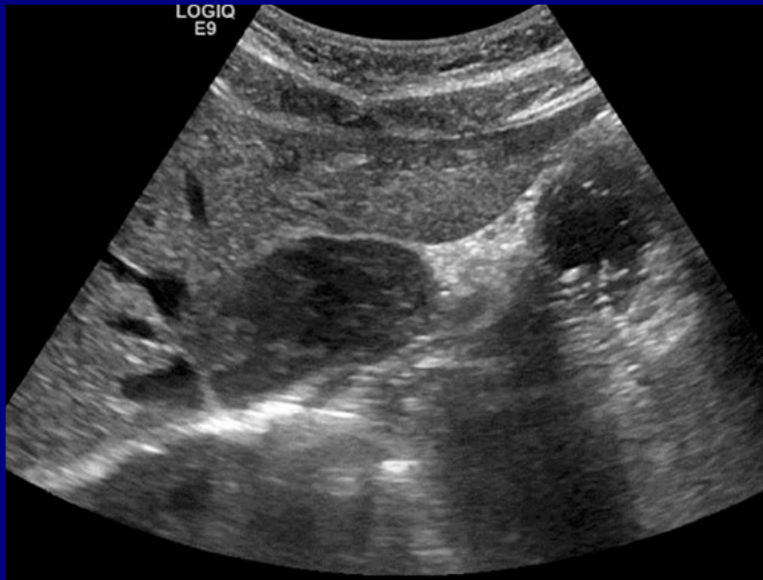
MR











Castleman Disease

Golbahar Houshmand, MD

**Univeristy of Pittsburgh Medical Center
Pittsburgh, PA**

**Many thanks to all of you for
submitting such great cases!
Have a safe trip home**

**From the staff of the
American Institute for Radiologic Pathology**