

Best Cases of the AIRP

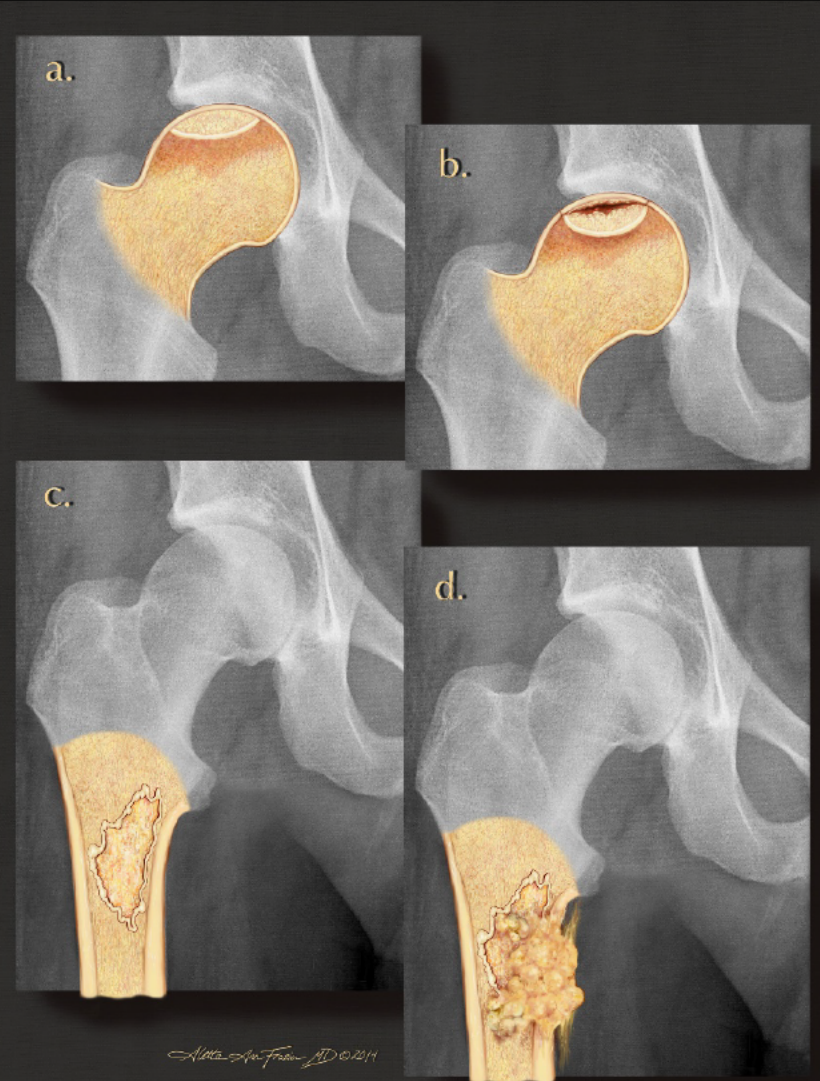
March - April, 2021

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Musculoskeletal Best Case



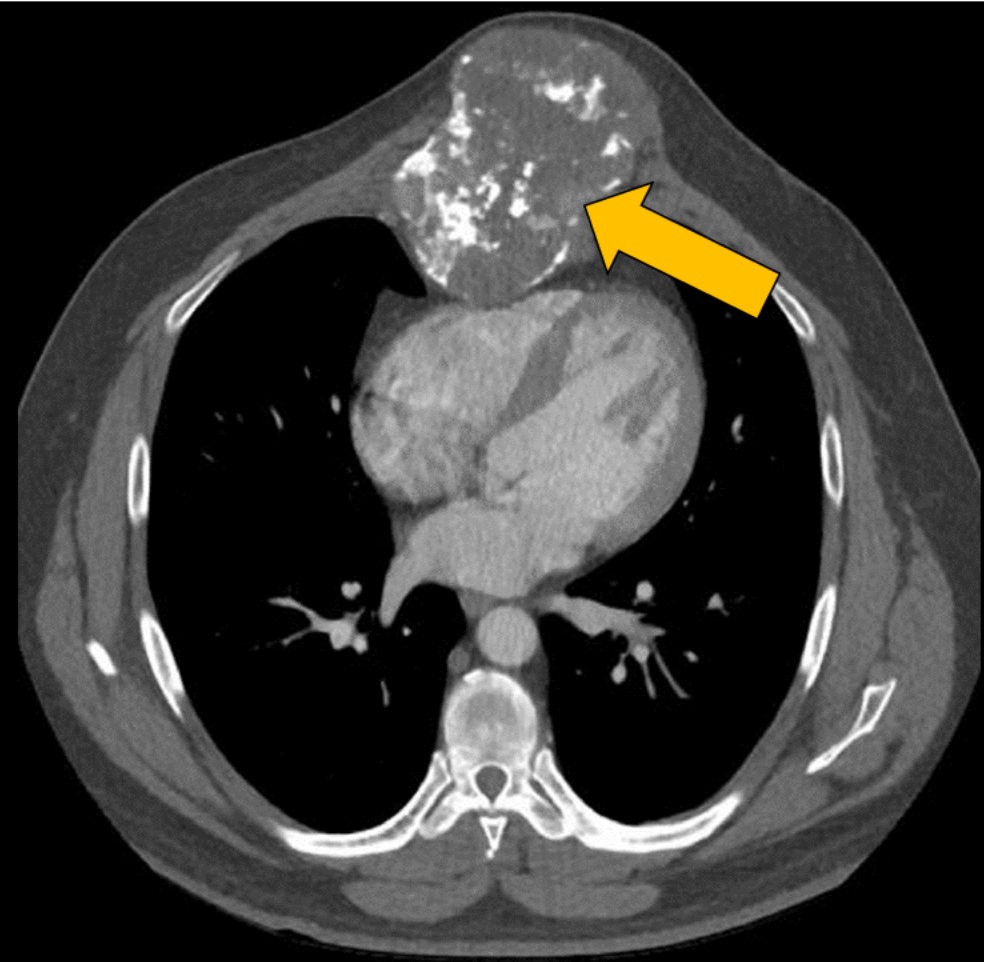
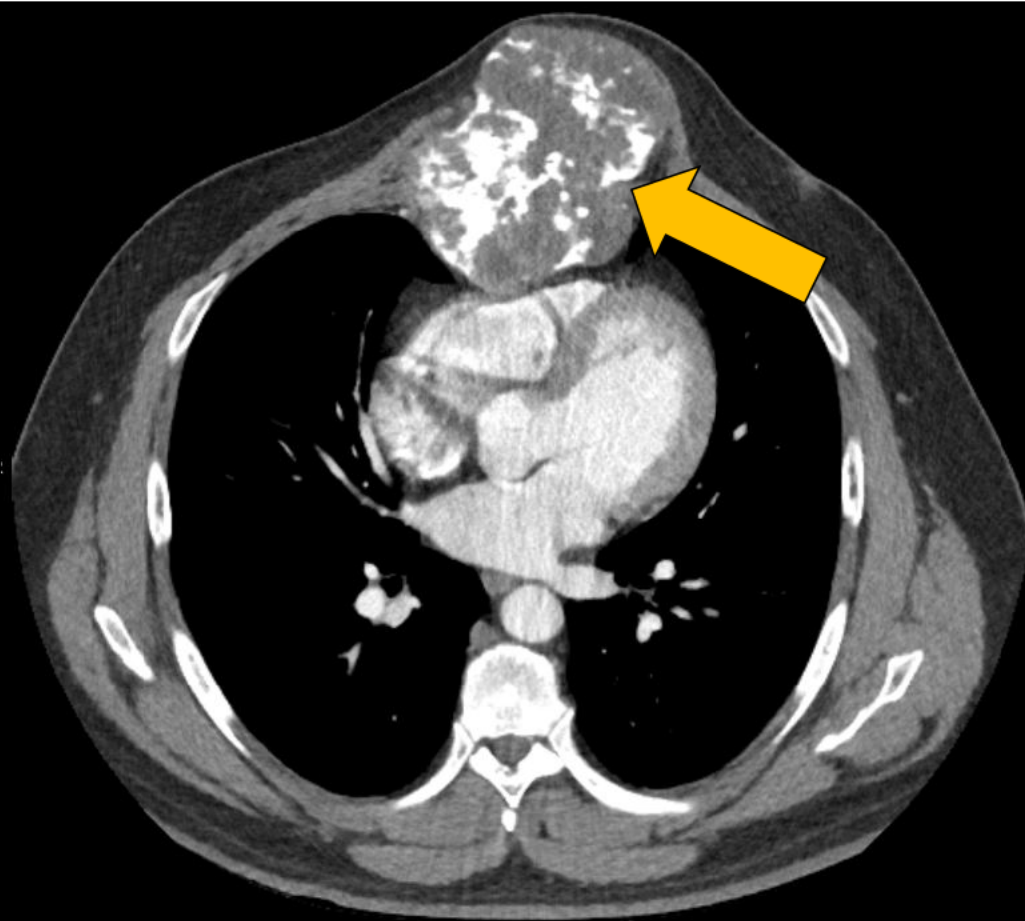
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CLINICAL INFORMATION

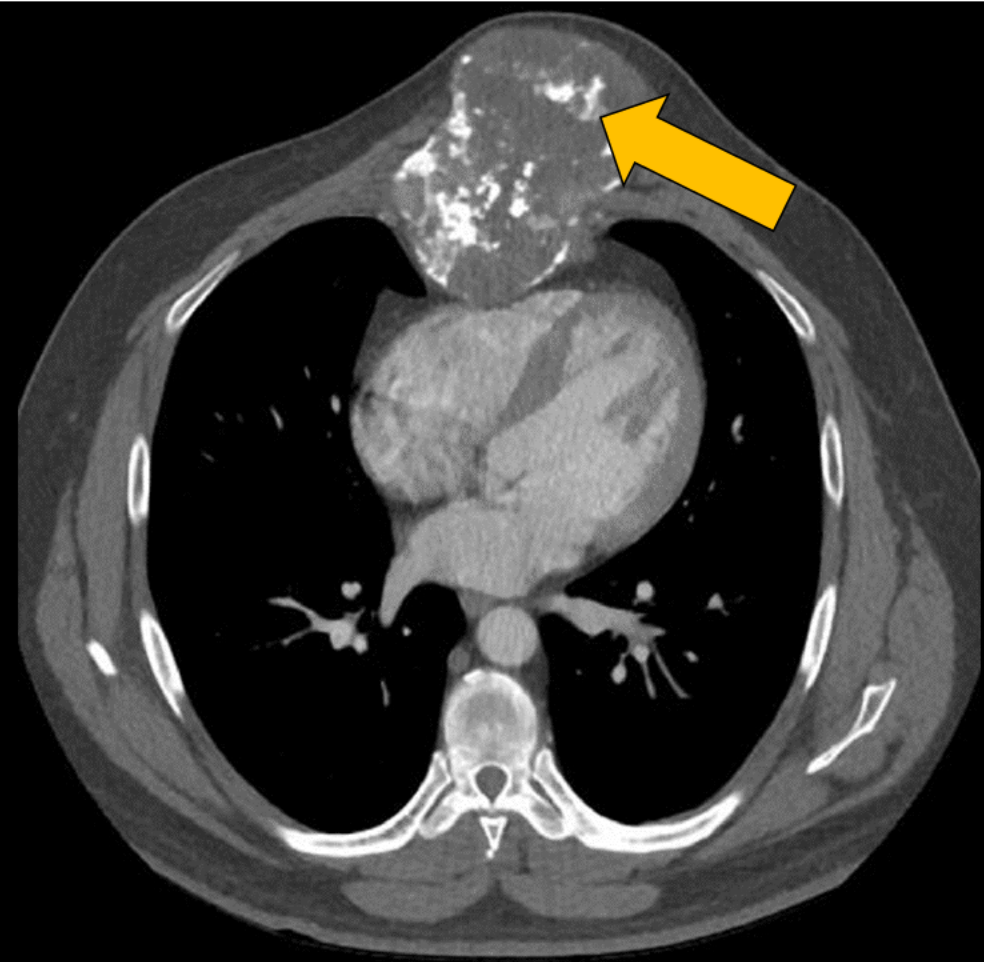
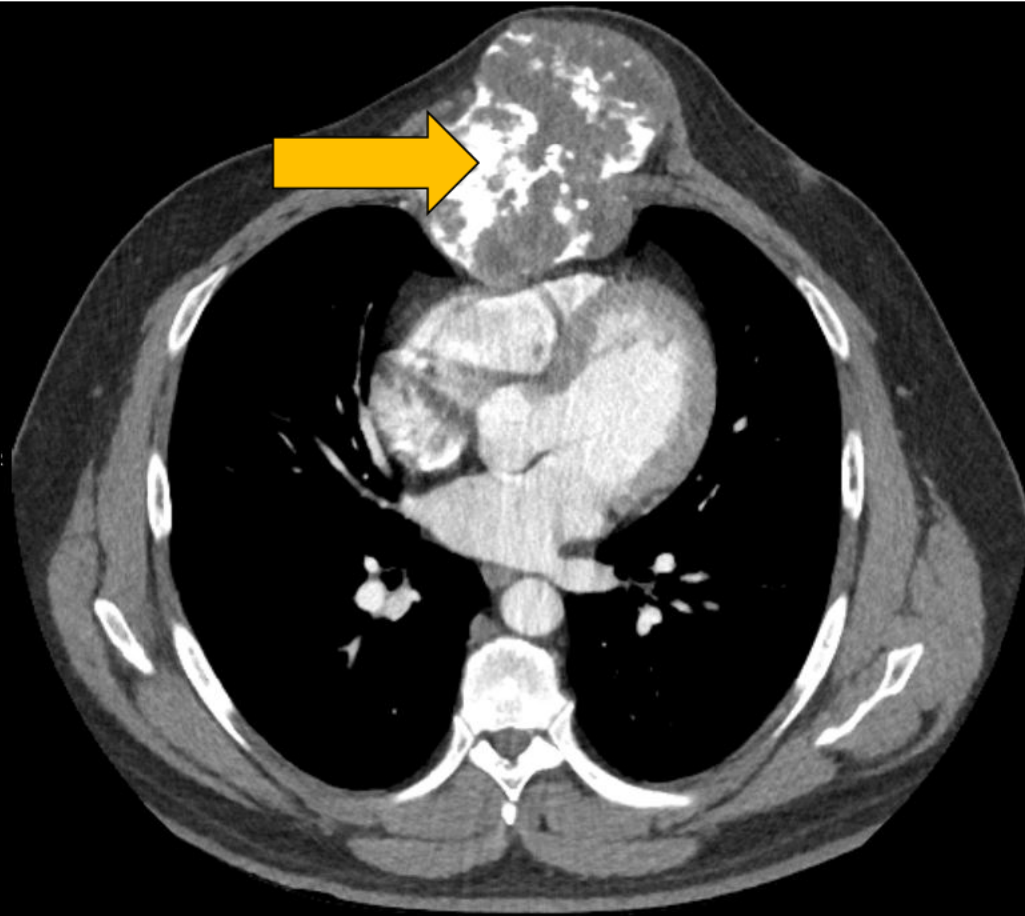
46-year-old male presented with worsening chest pain and mild shortness of breath secondary to a chronic chest wall mass



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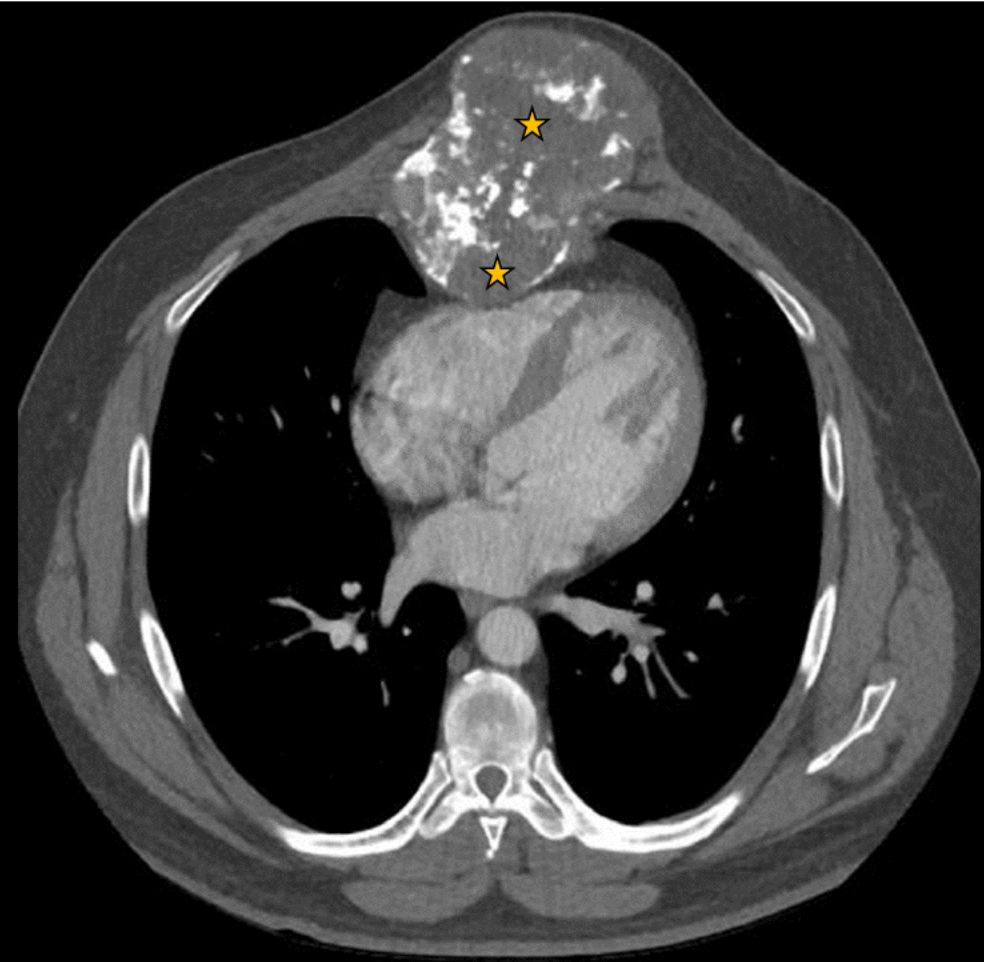
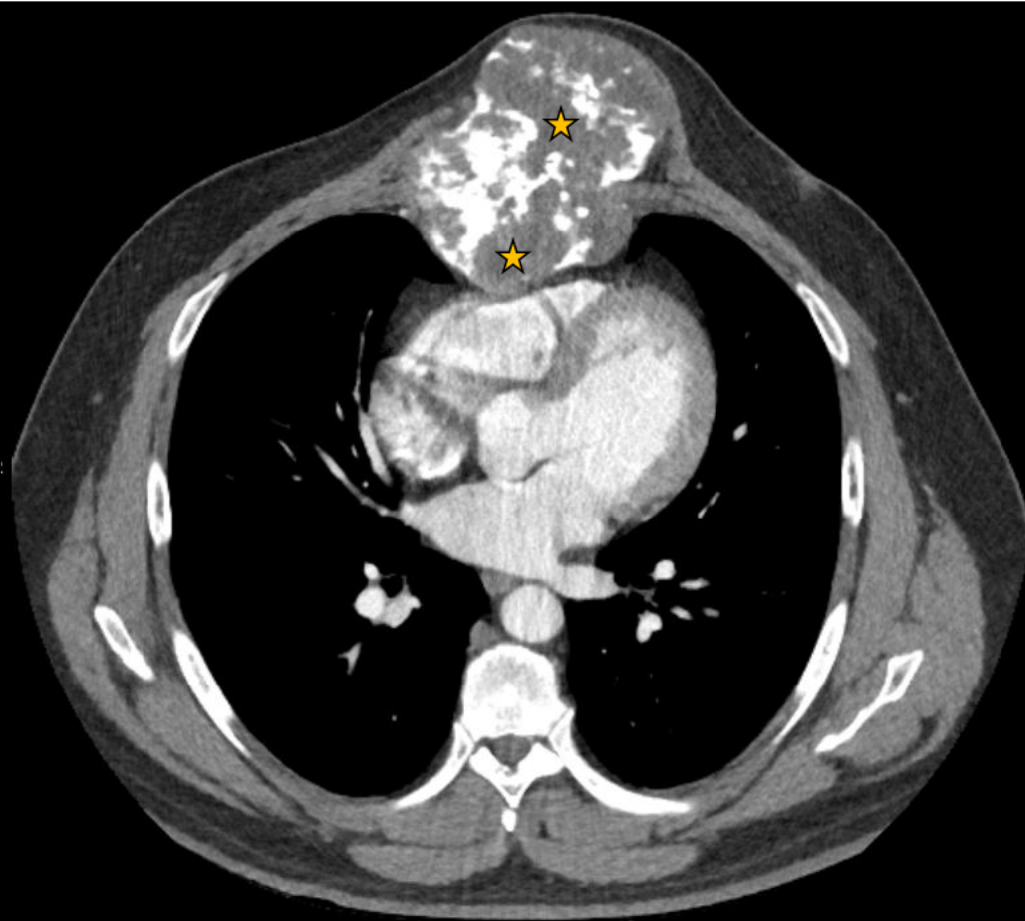
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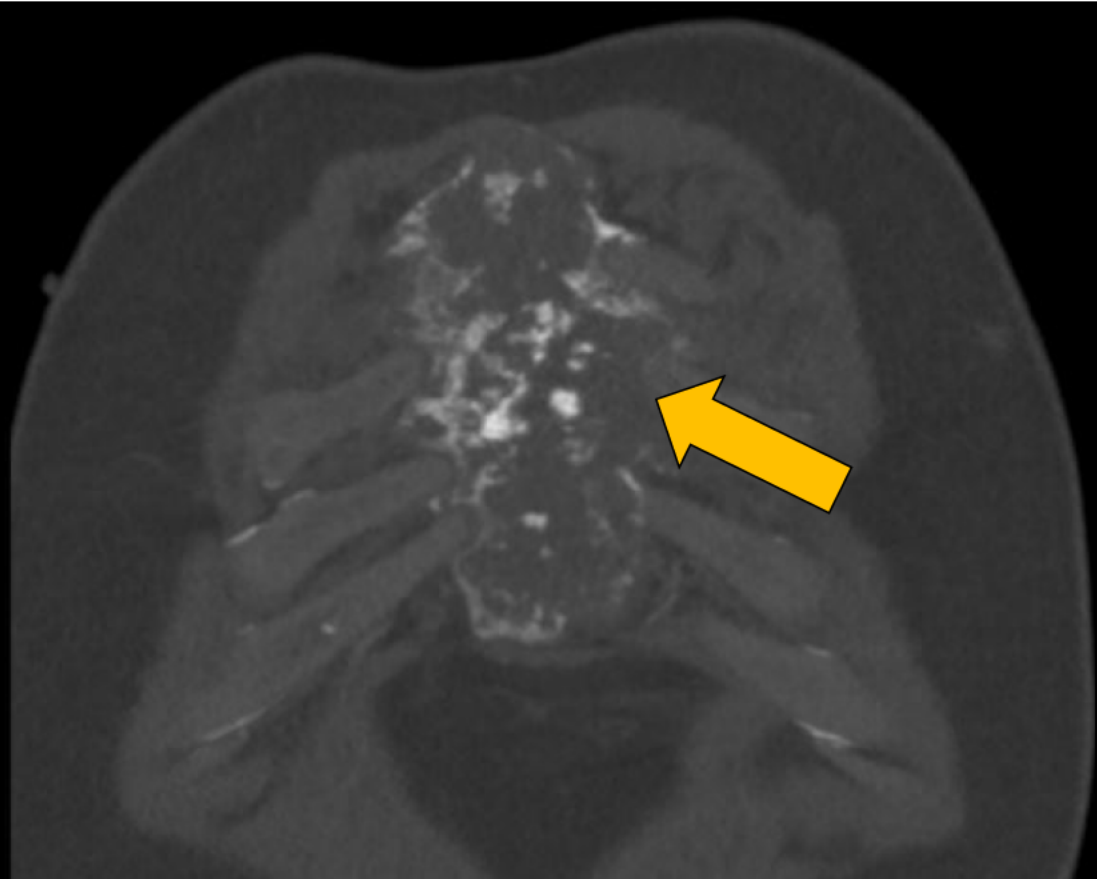
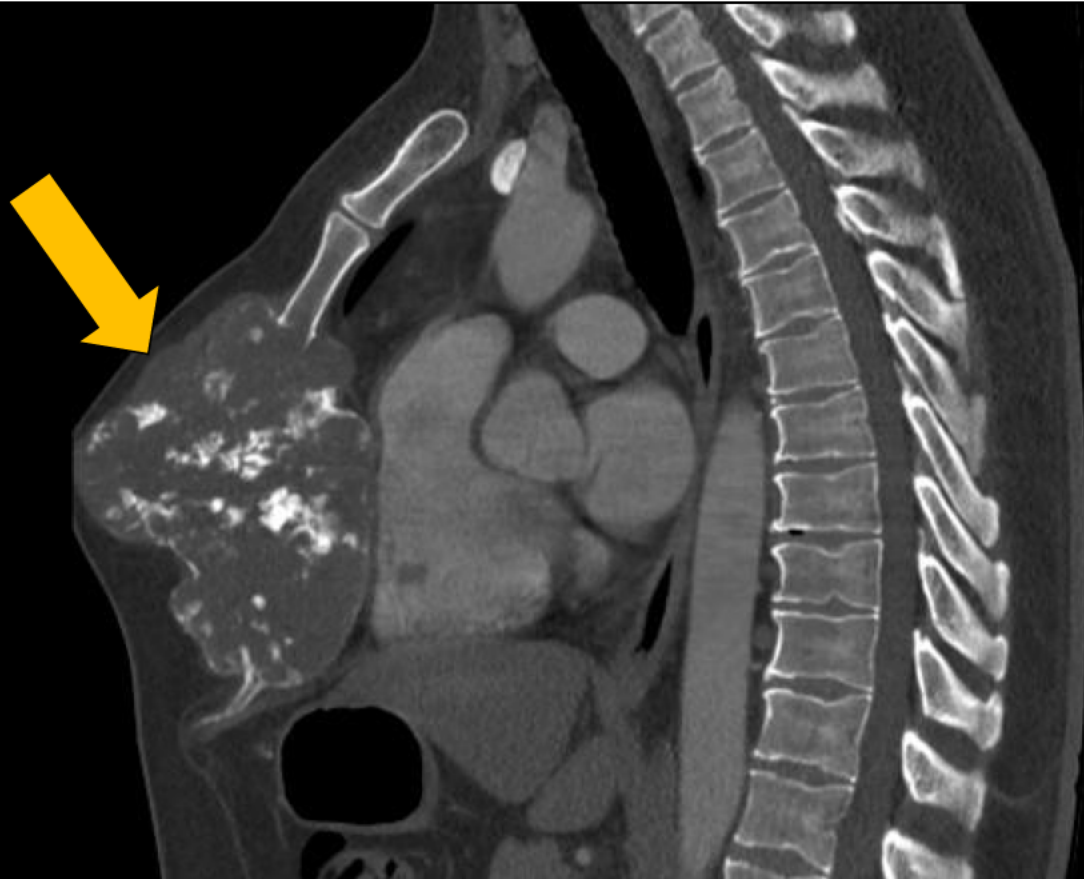
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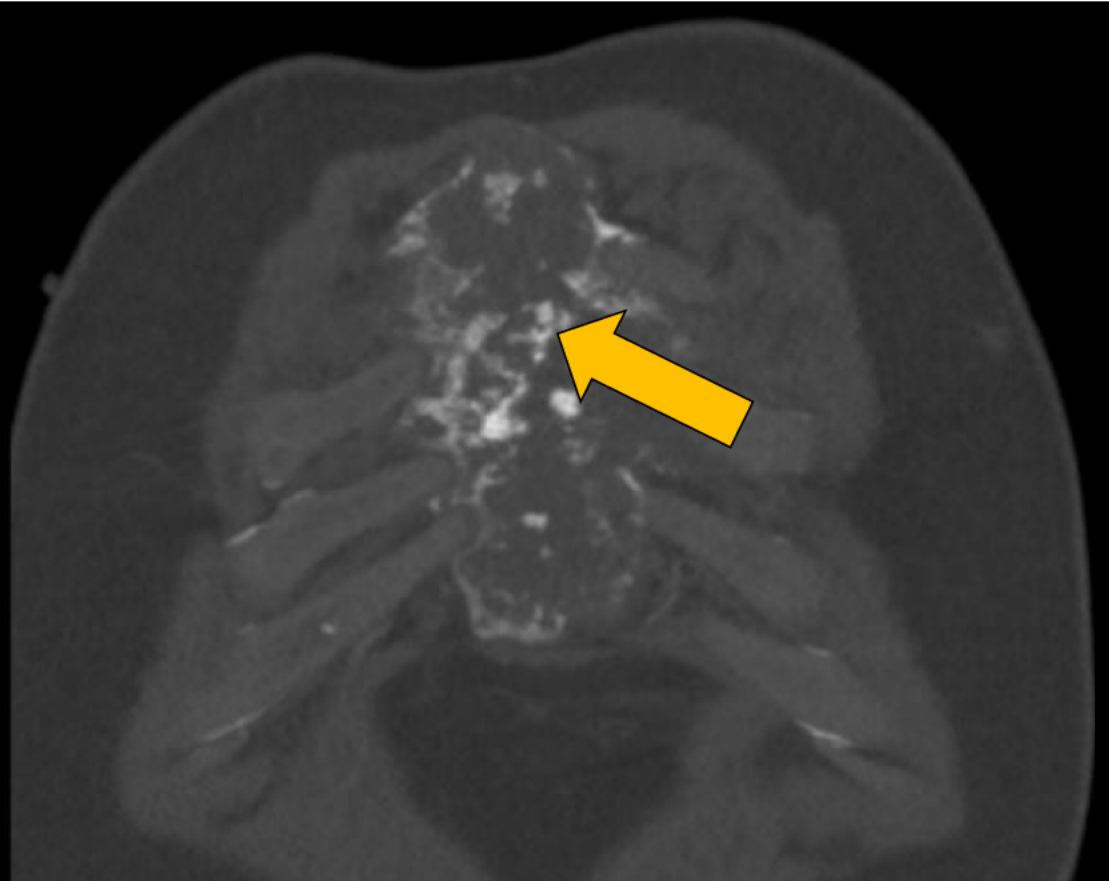
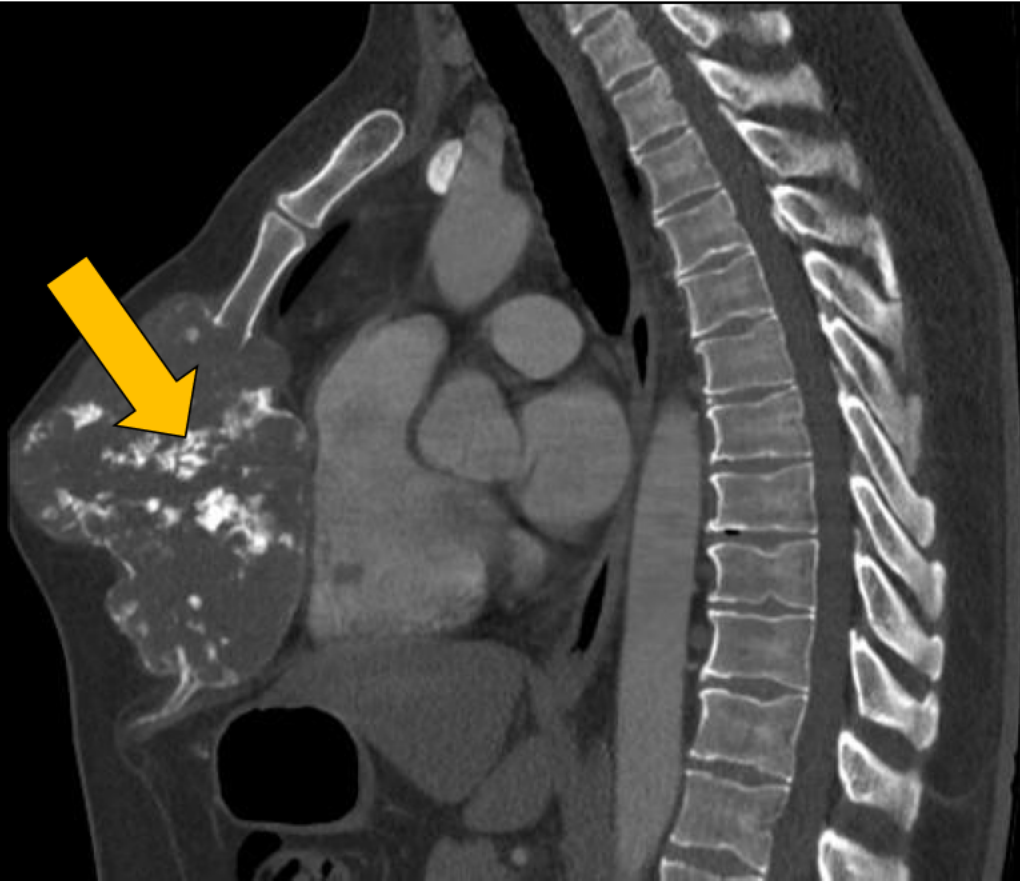
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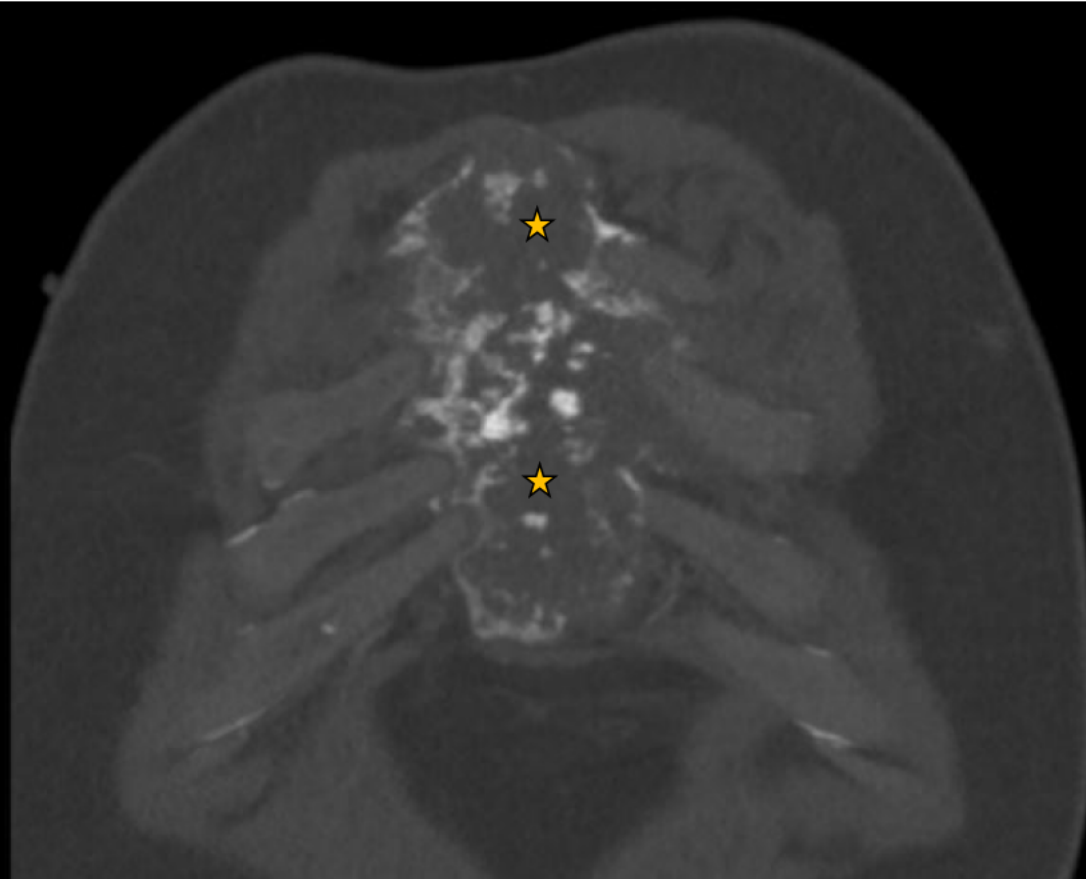
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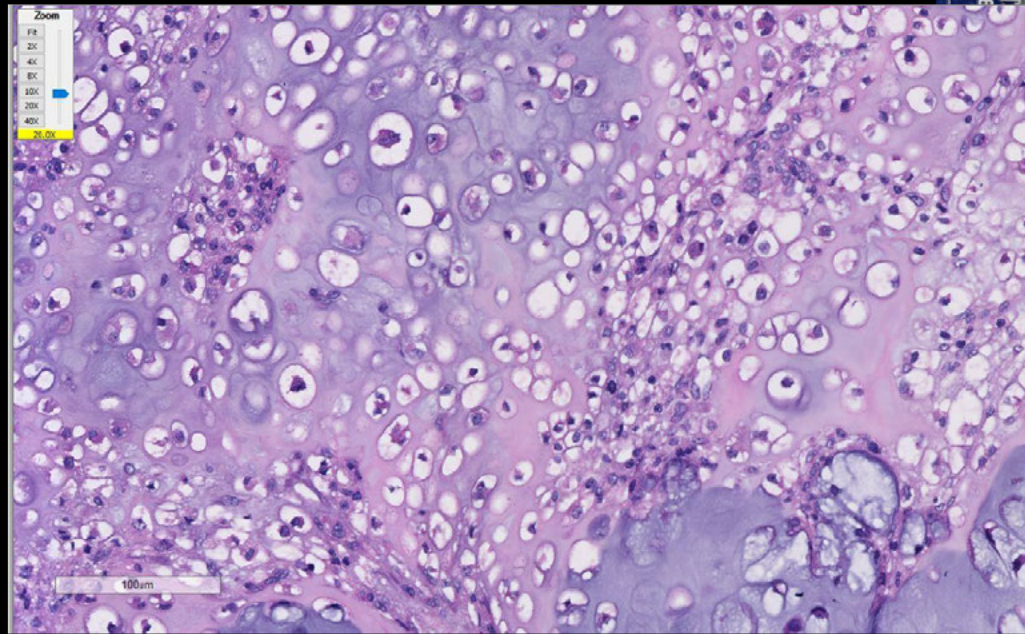
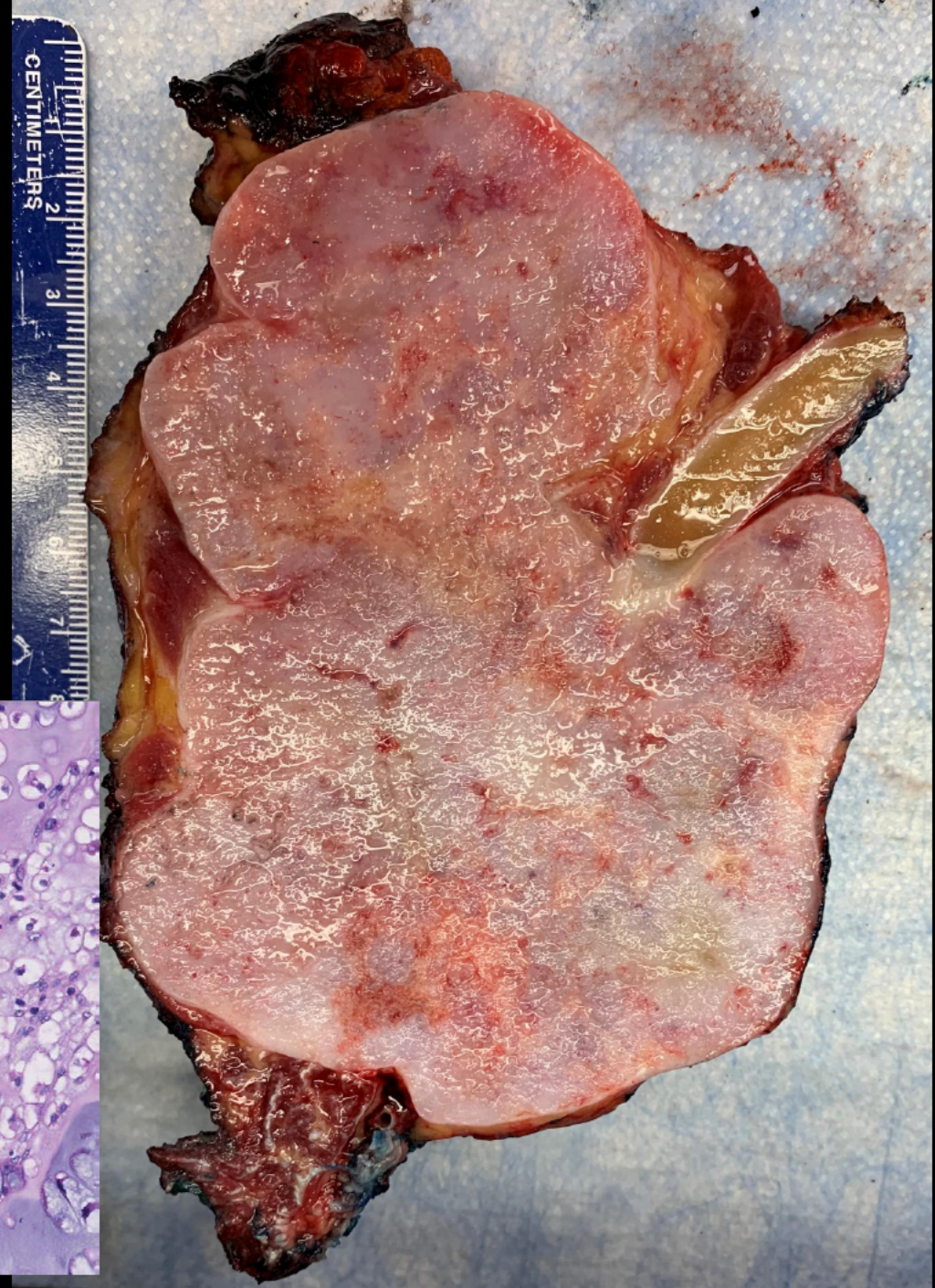
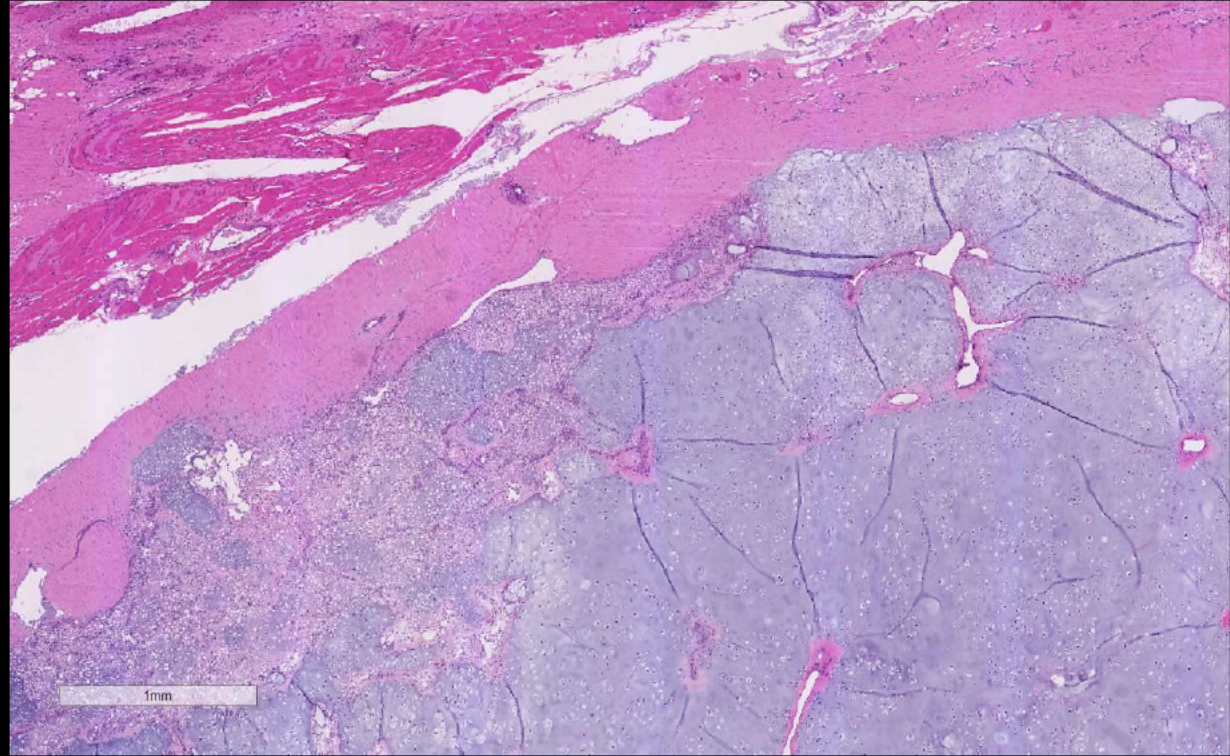
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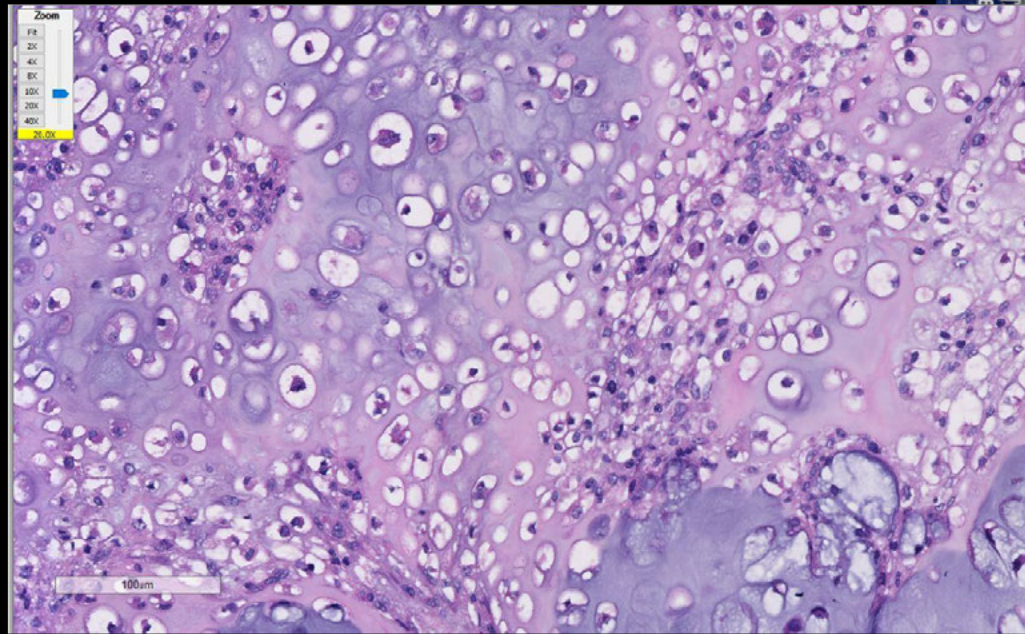
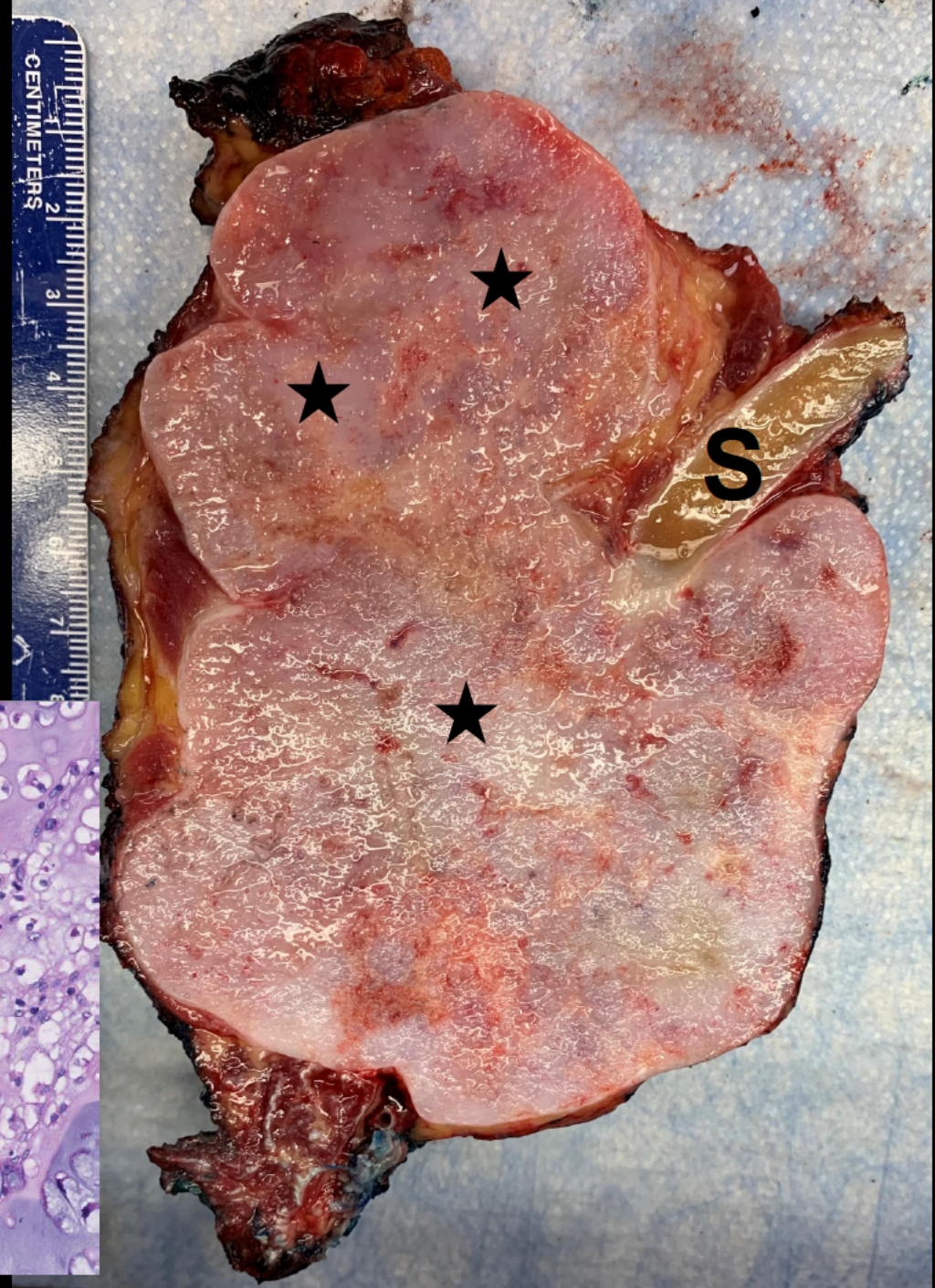
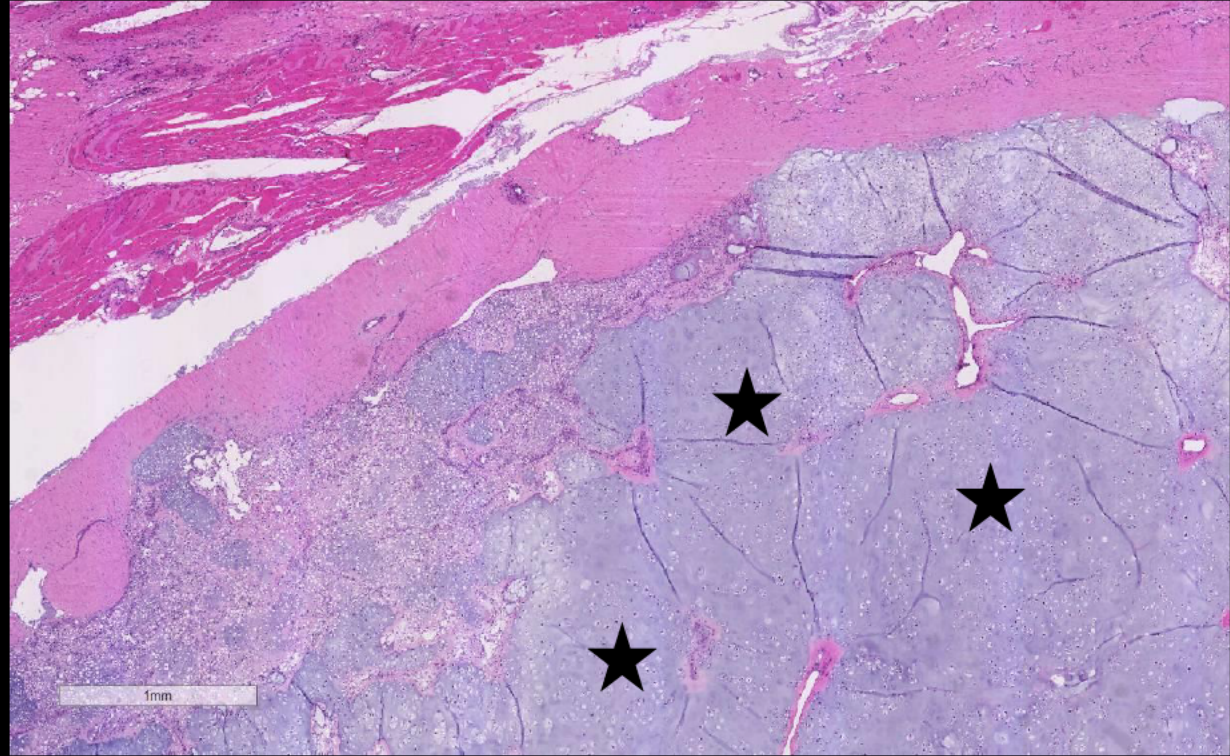
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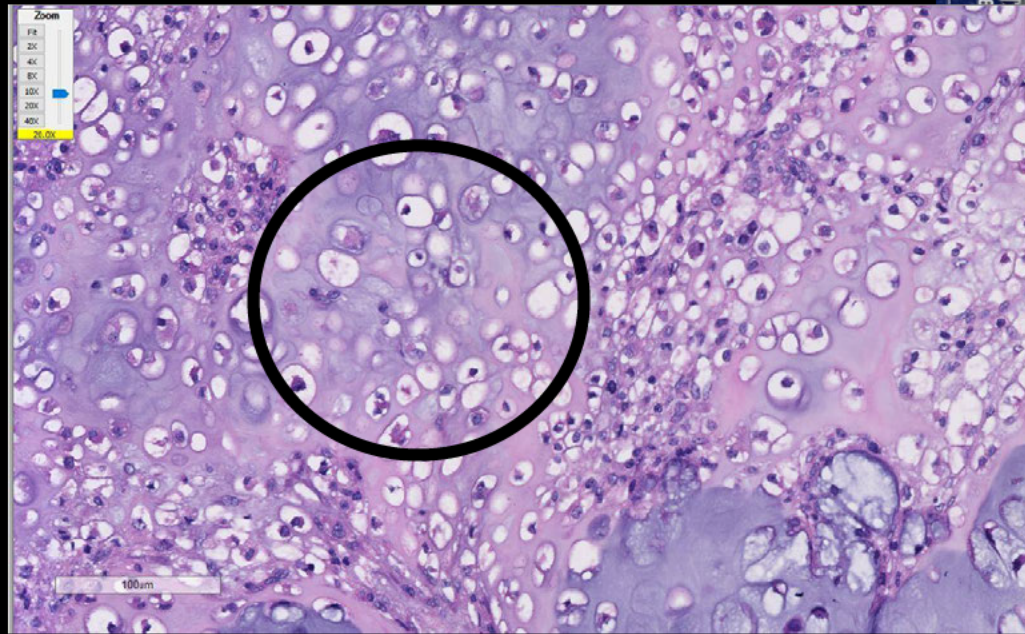
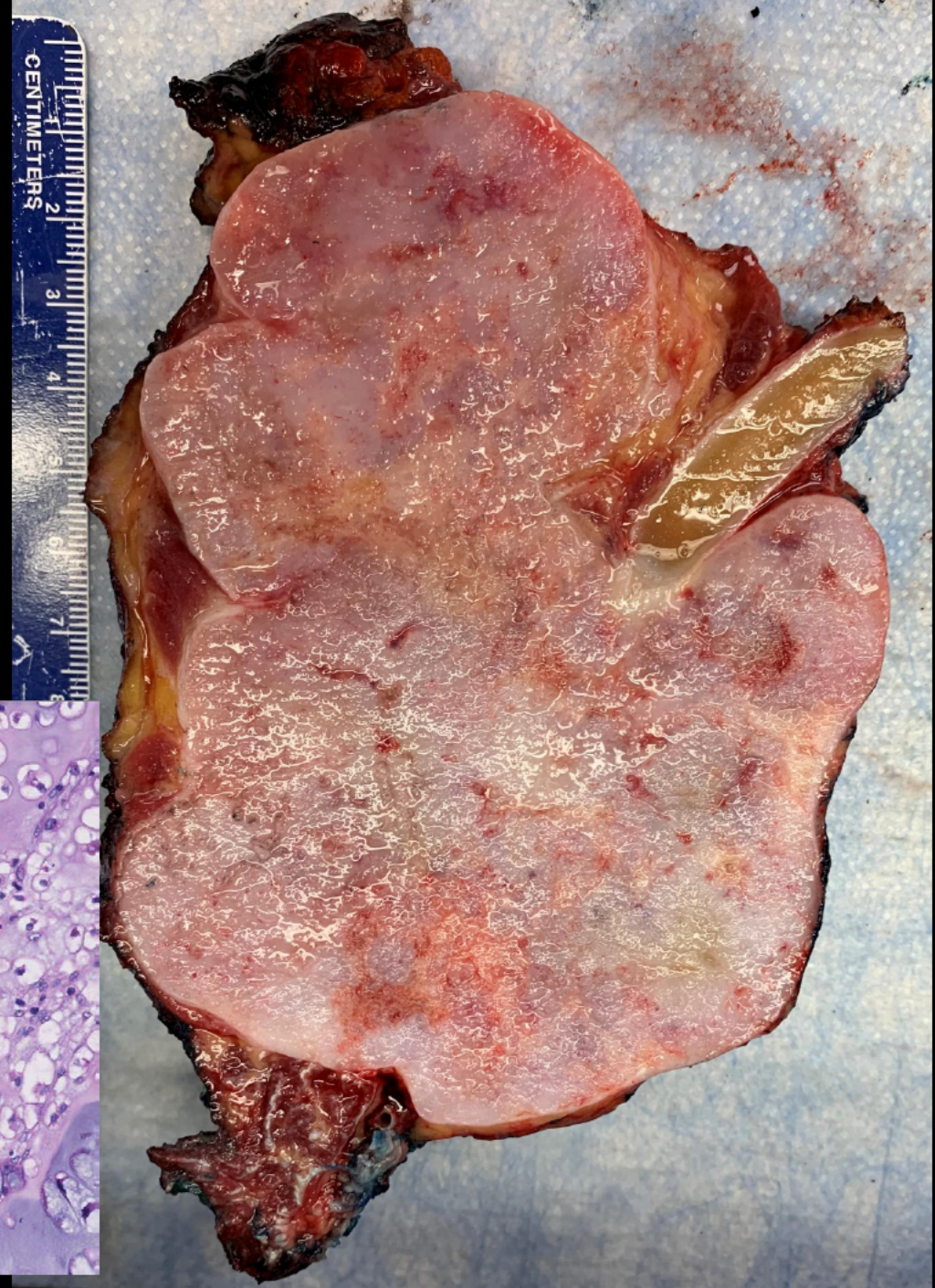
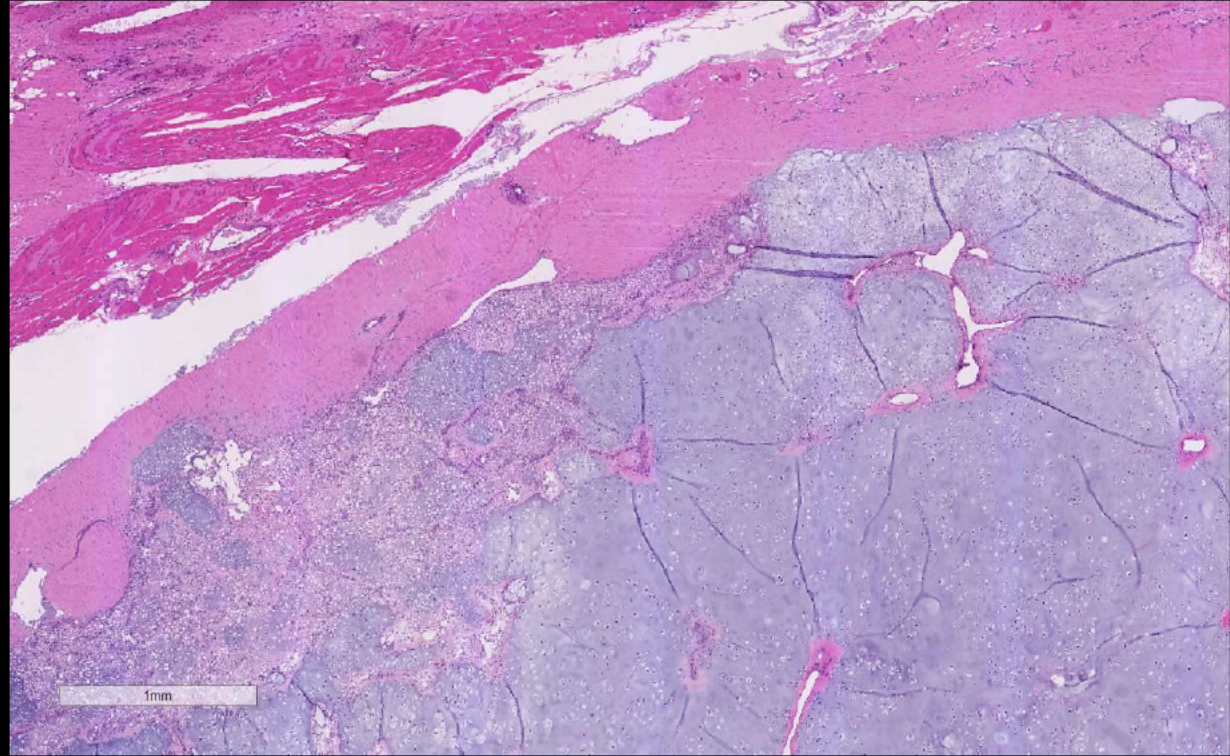
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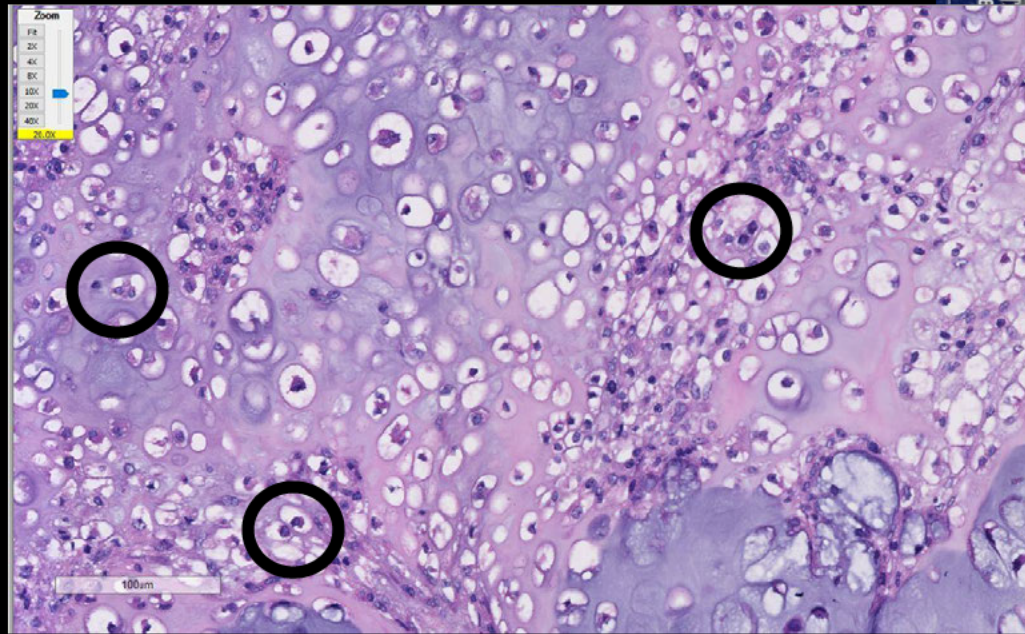
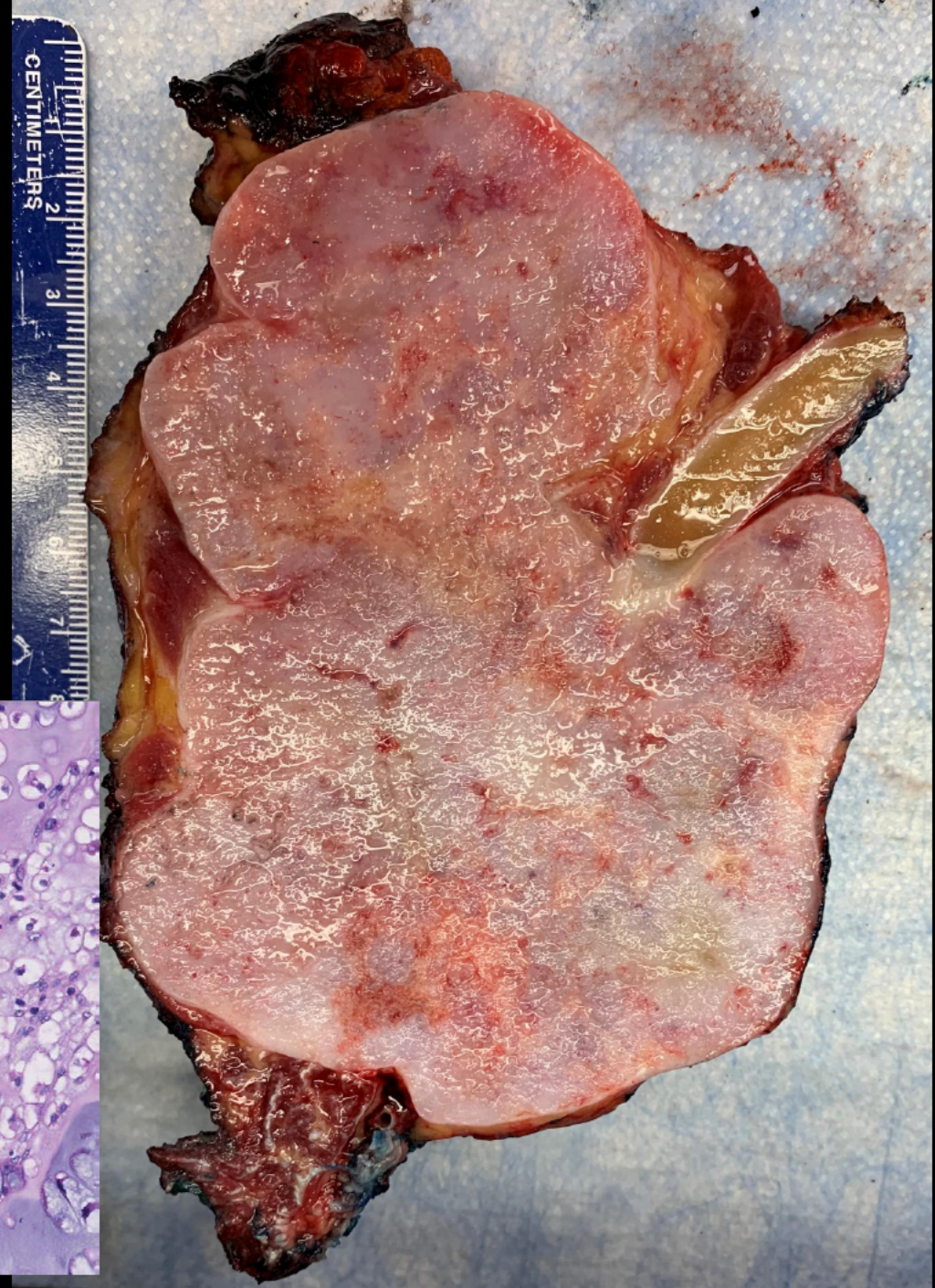
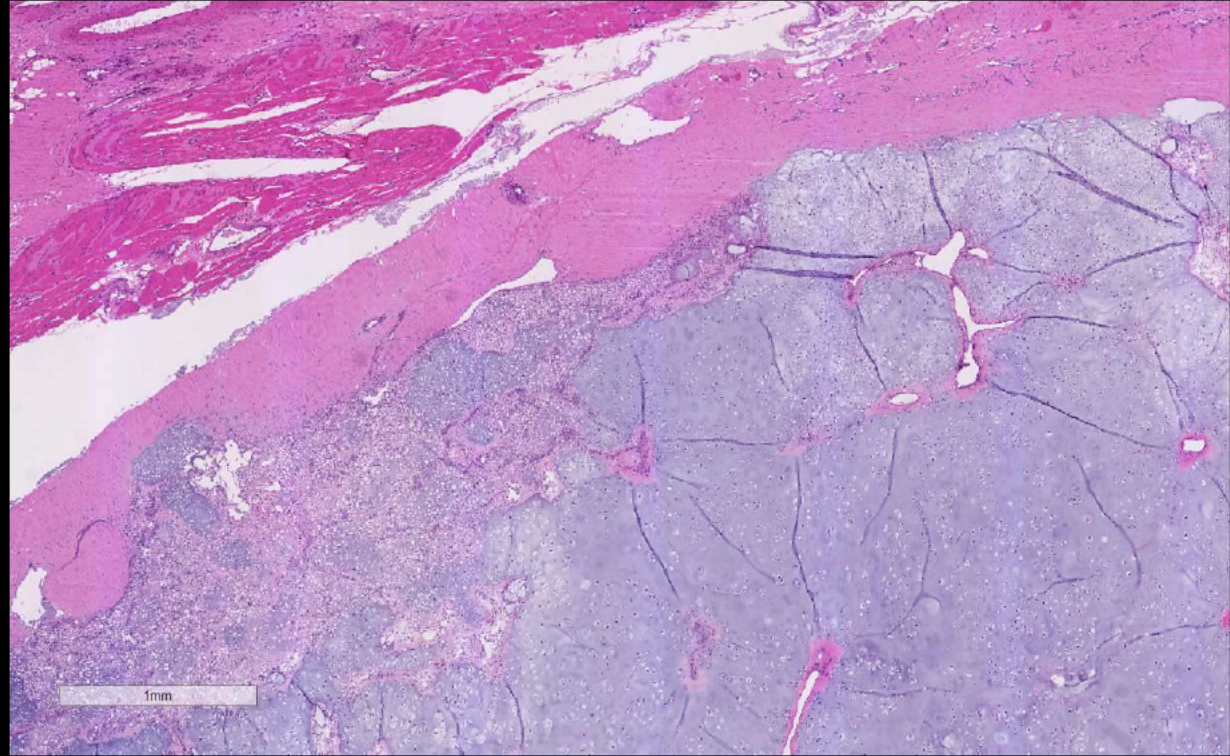
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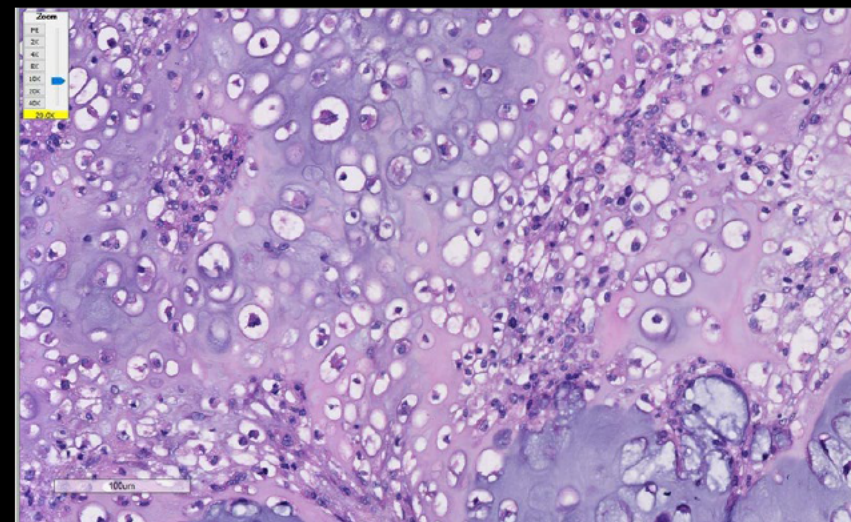
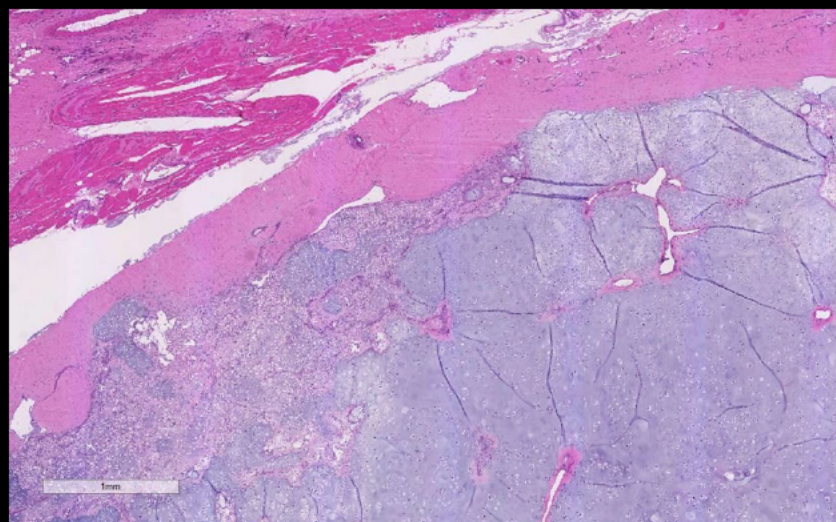
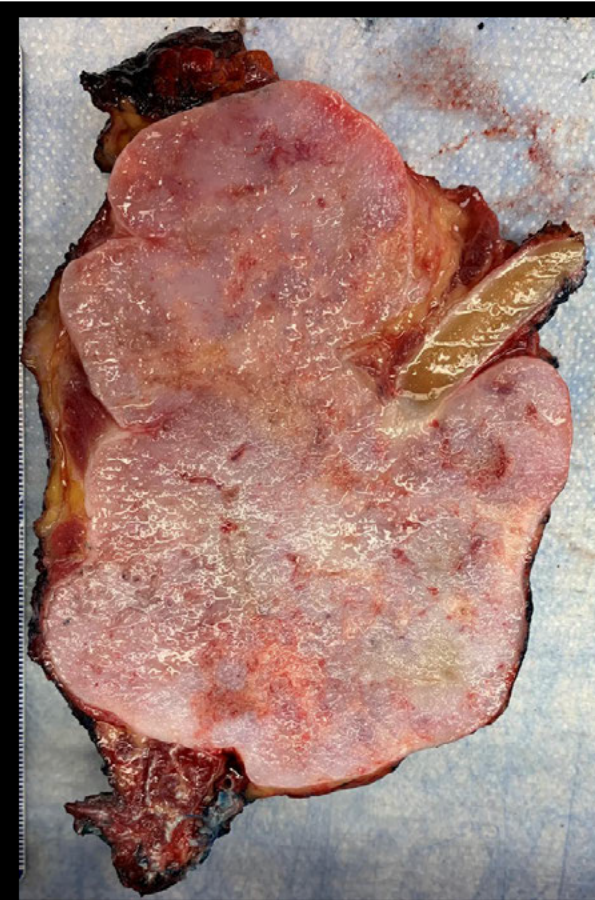
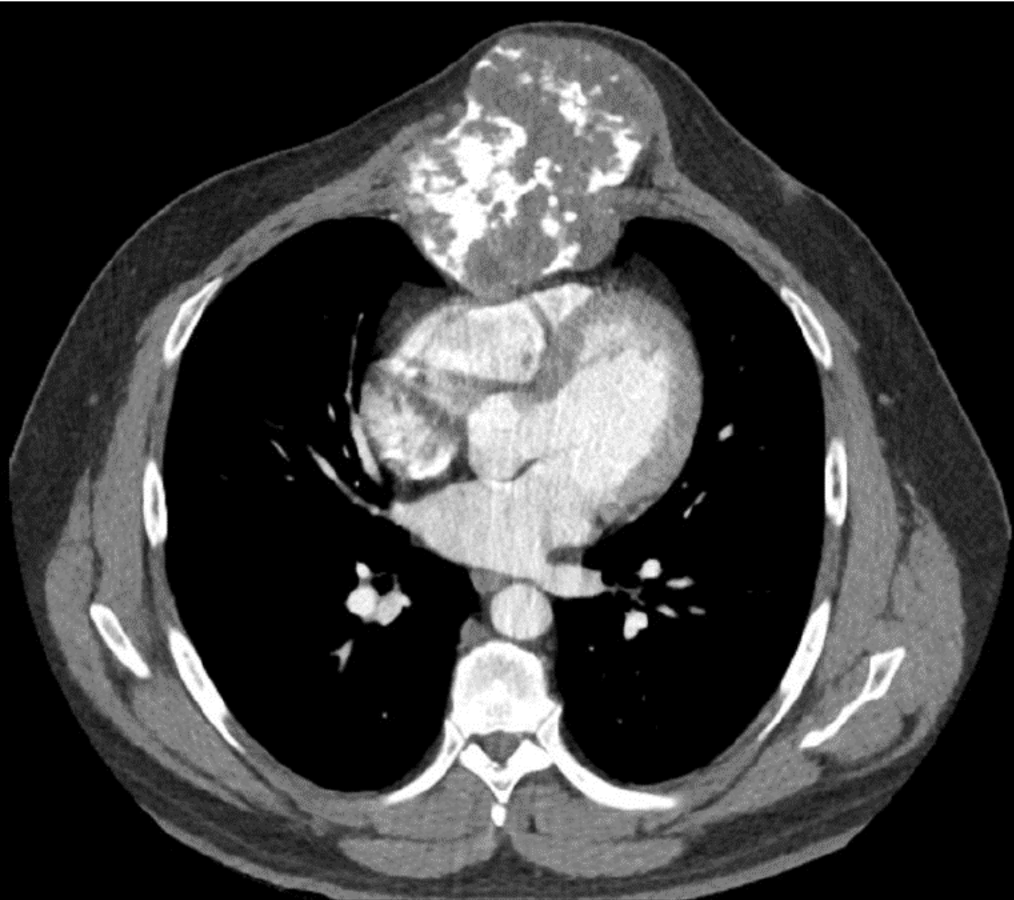




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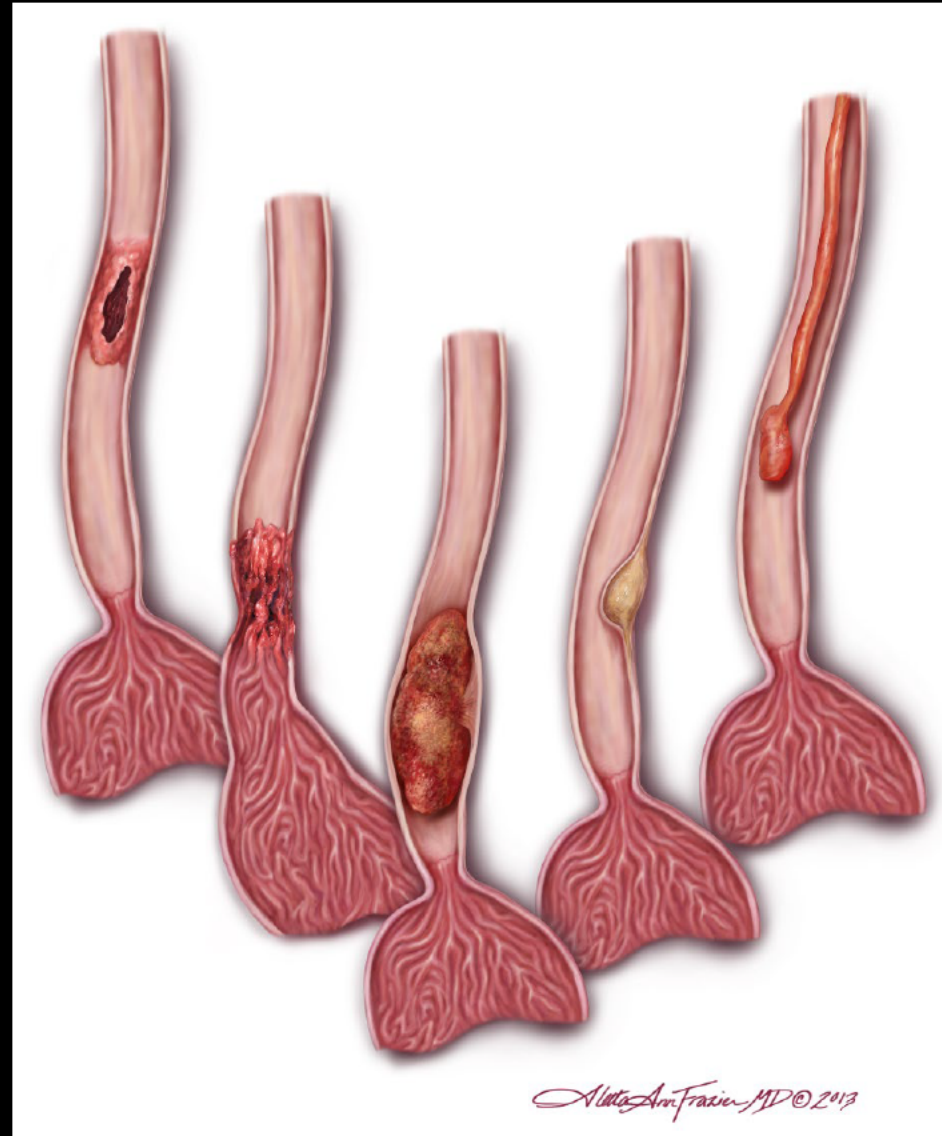
Dr. Kennedy Wirtz

**Medical College of Wisconsin
Diagnostic Radiology Residency
Milwaukee, WI**

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Gastrointestinal Best Case



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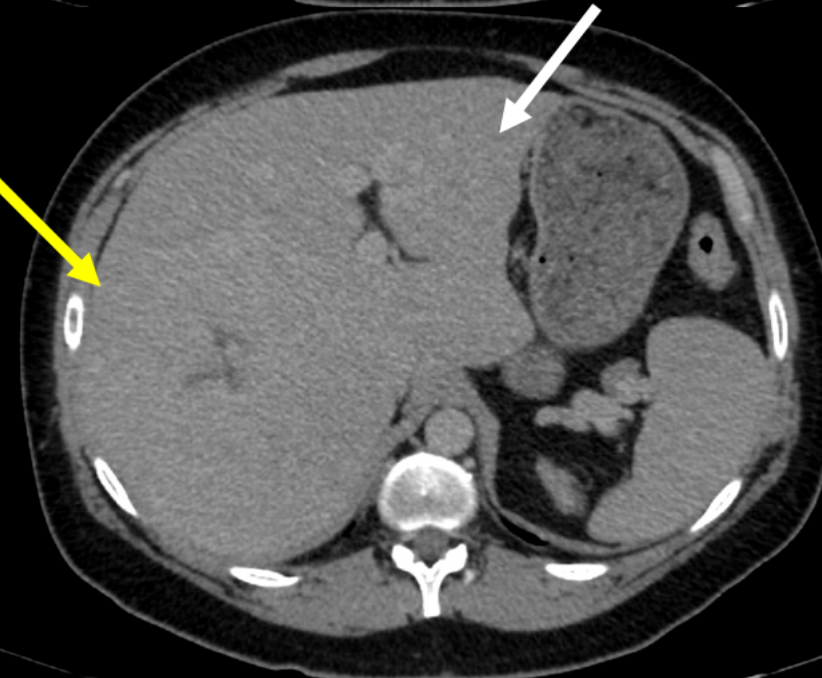
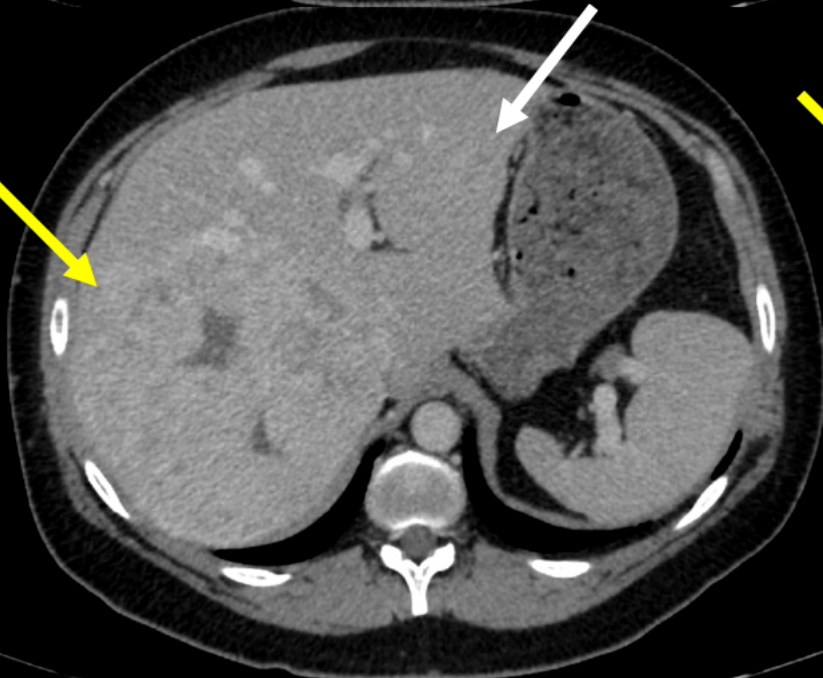
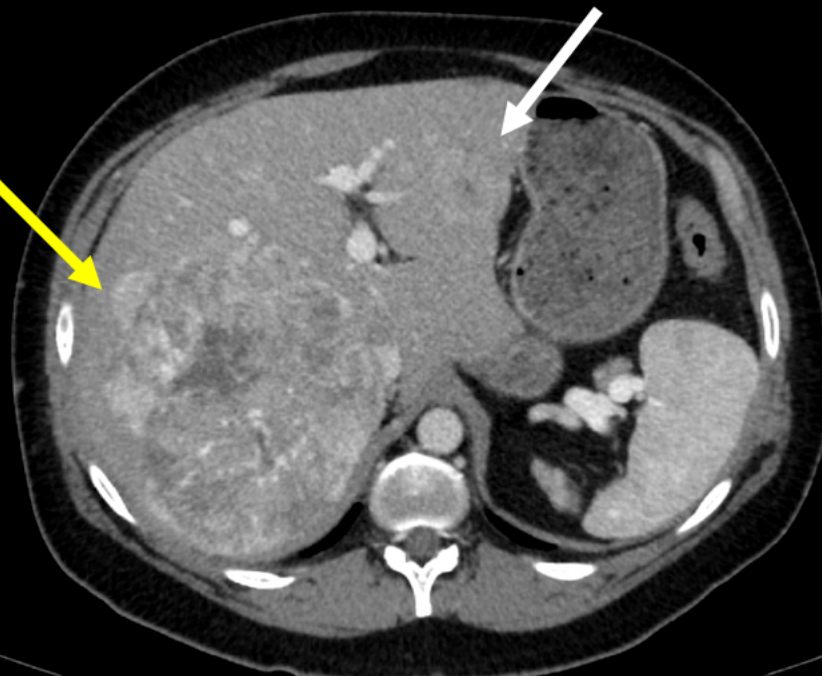
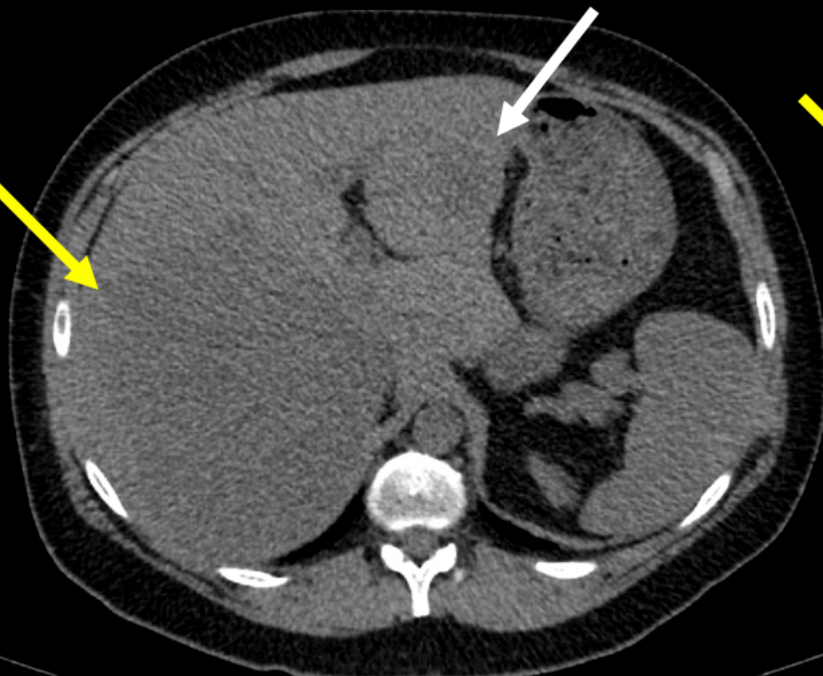
Clinical information

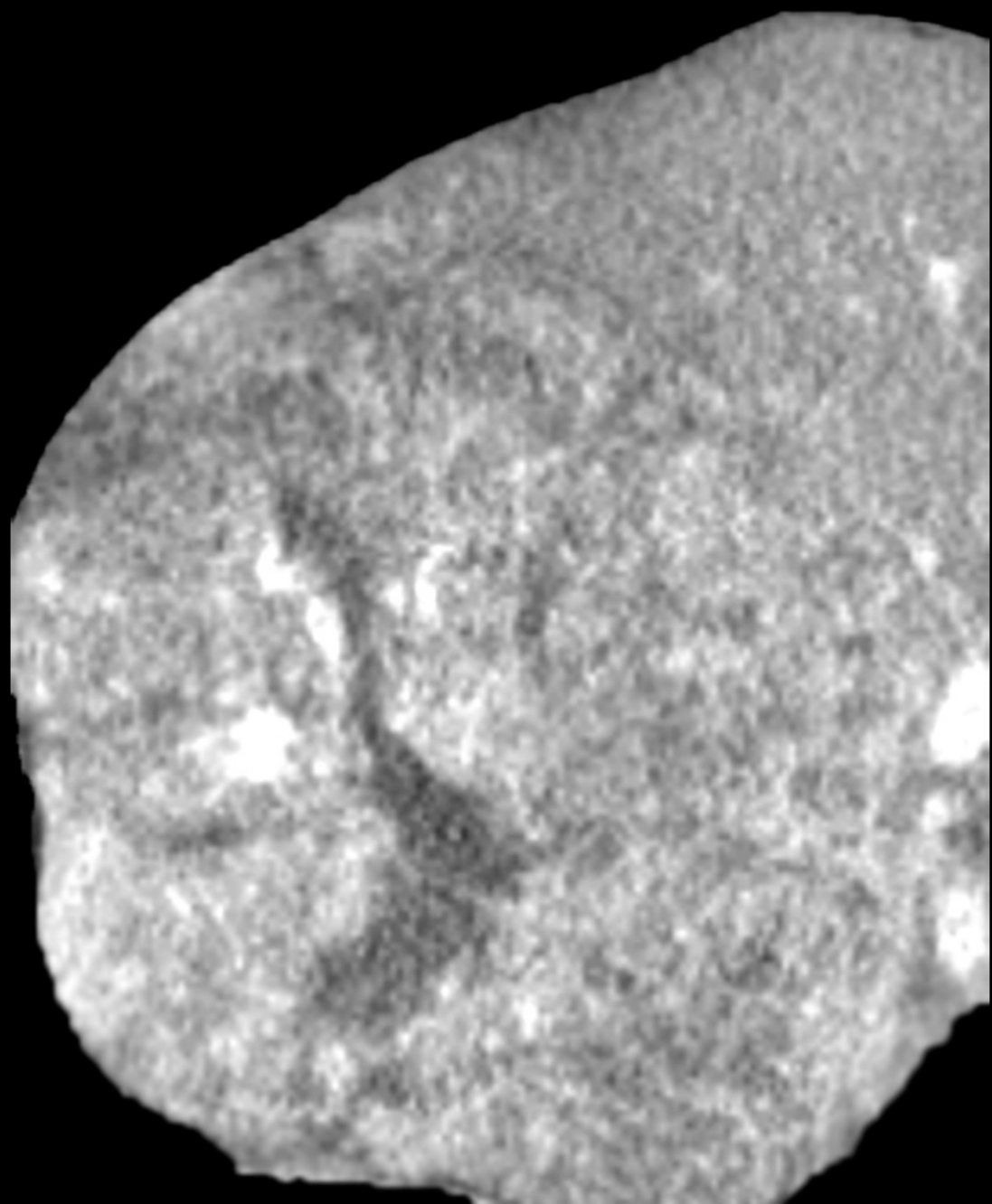
30-year-old male with history of childhood AML, multiple skin lesions on his trunk and extremities, and a large liver mass (initially dx benign hepatic hemangioma, followed x 10 years) now with significant right sided abdominal pain. Of note, the patient had no known risk factors for HCC and serology for Hepatitis B and C were negative.

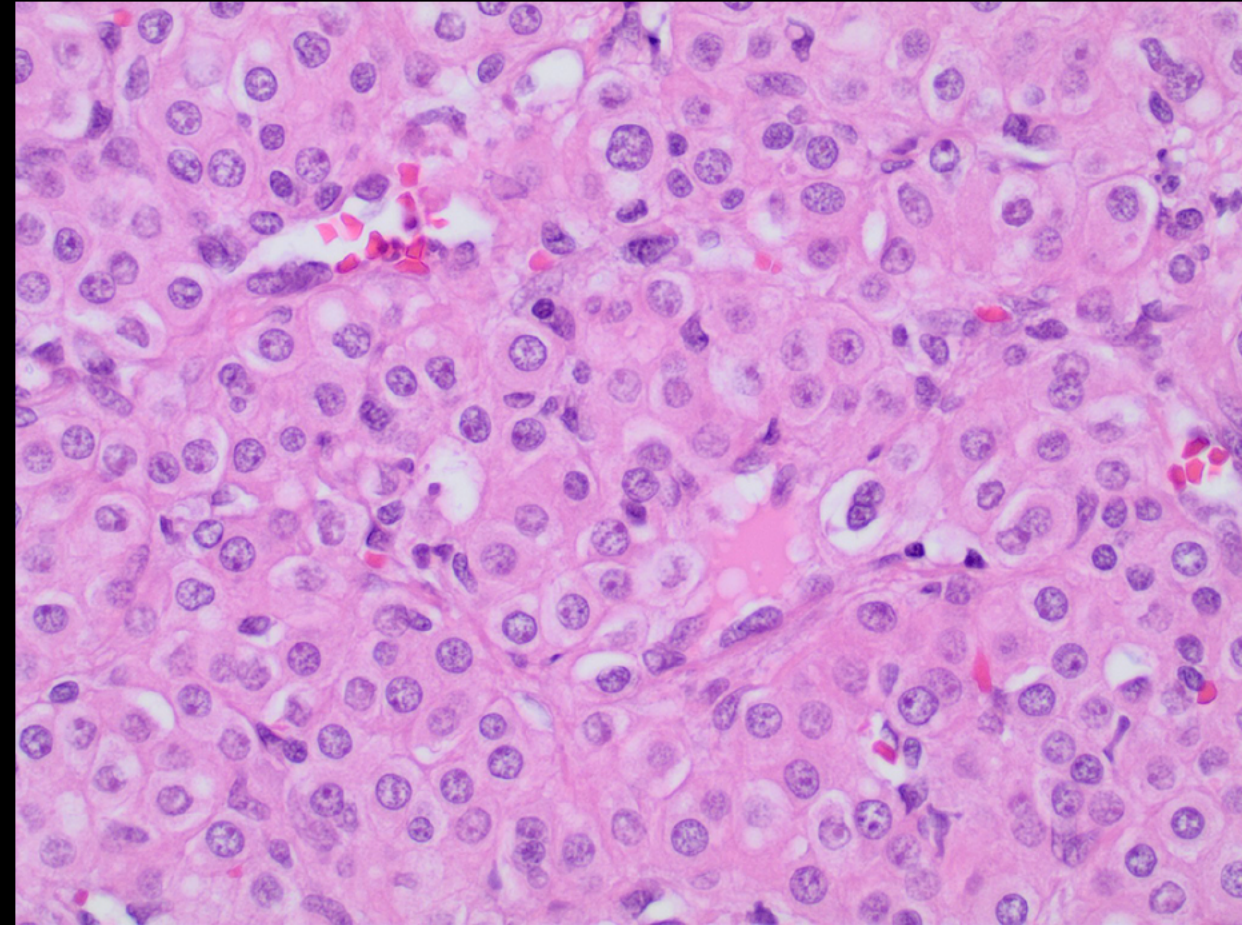
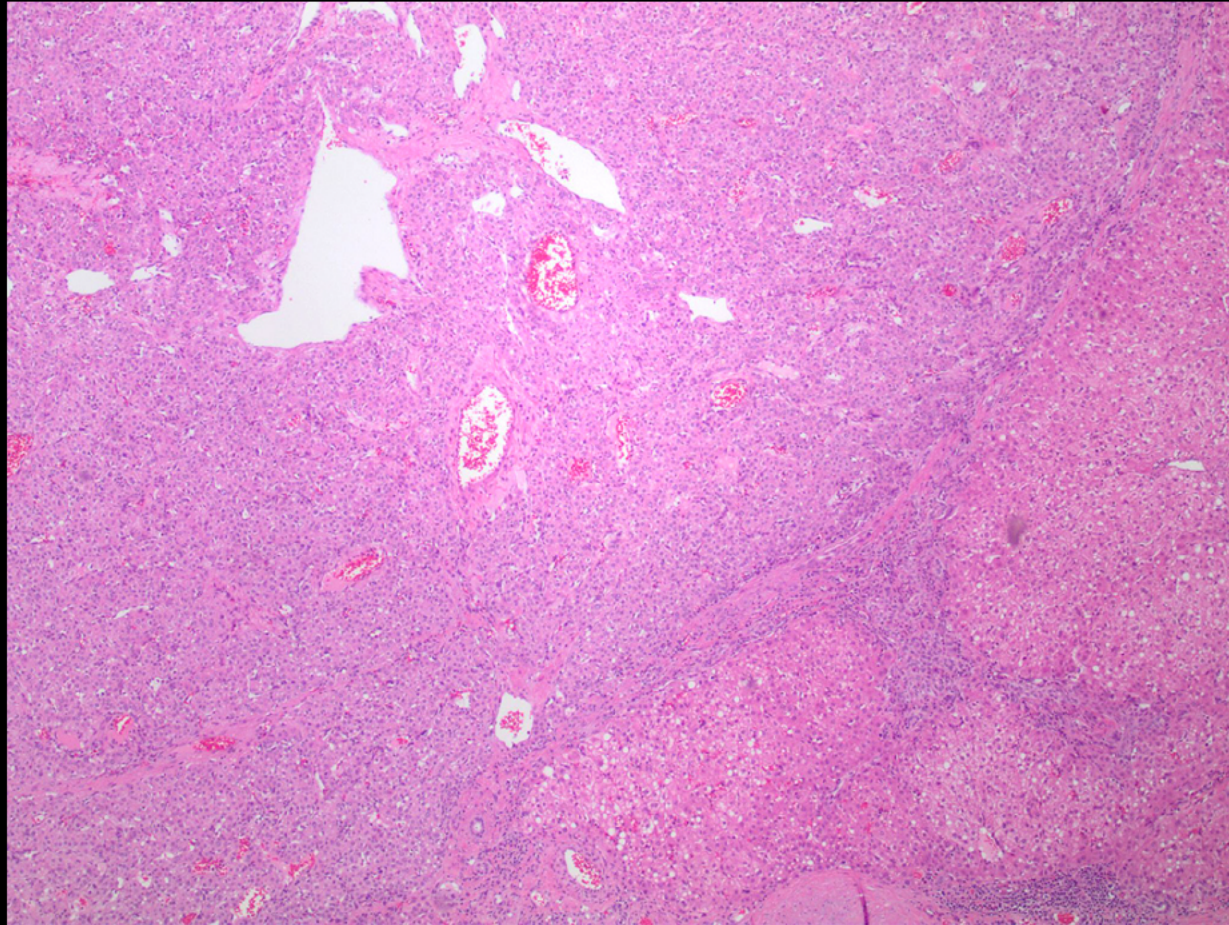


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Immunohistochemistry: Expression of smooth muscle actin (SMA) and vimentin. No expression of S-100 protein, desmin, Hep Par-1, GPC-3, Arginase1, synaptophysin and chromogranin.

Glomus tumor

Ksenia Skorohodova, MD
Virginia Mason Medical Center
Seattle, Washington



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Neuroradiology Best Case



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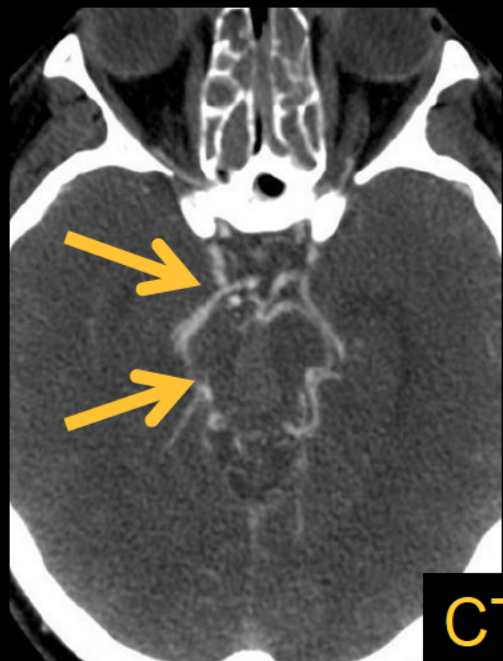
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Clinical Information

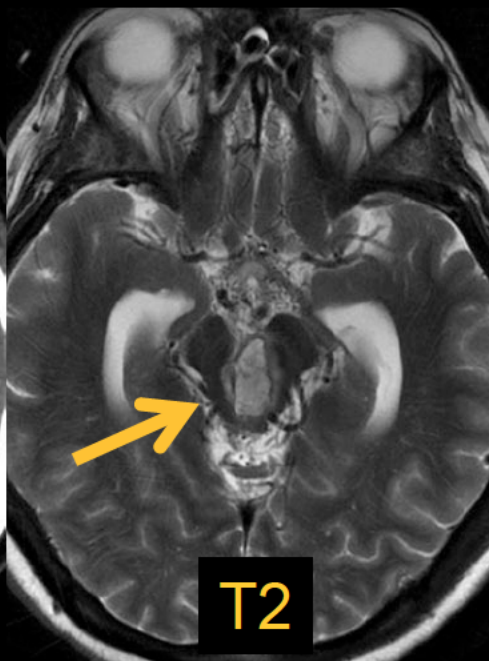
47-year-old female found unresponsive at home



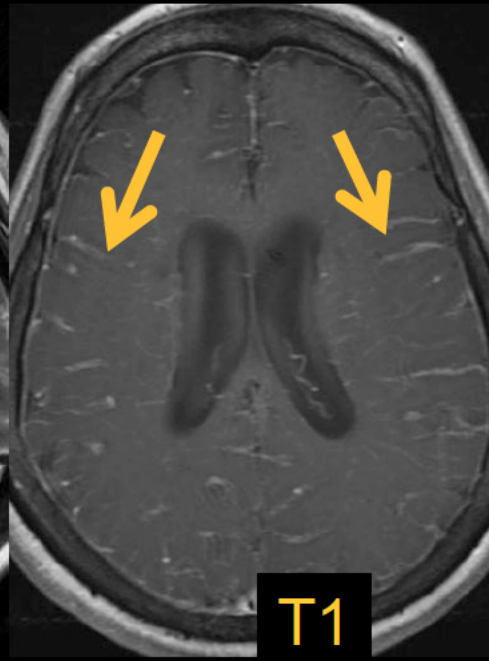
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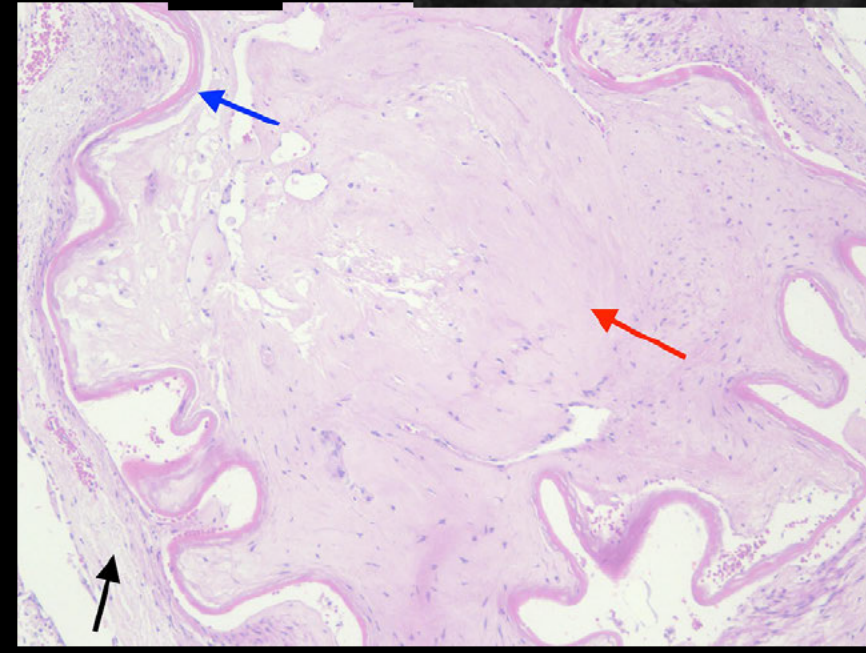
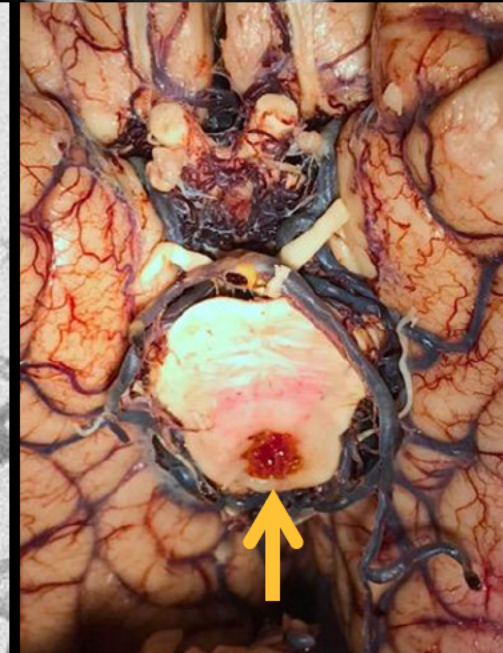
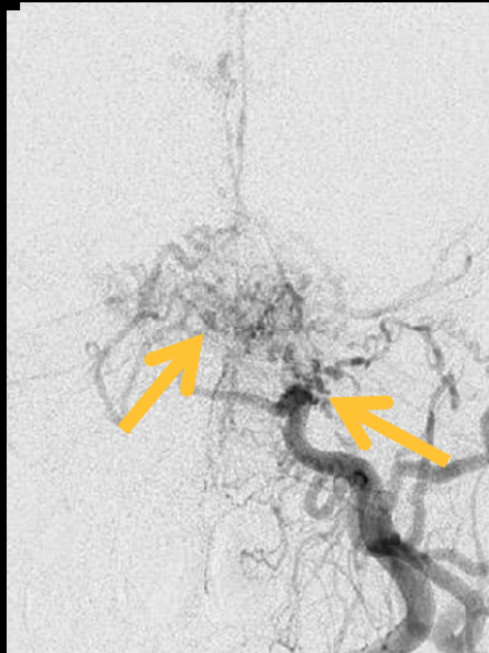
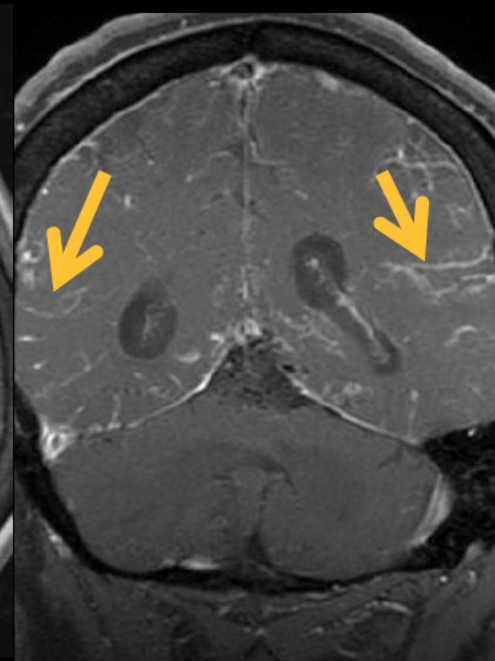
CTA



T2



T1



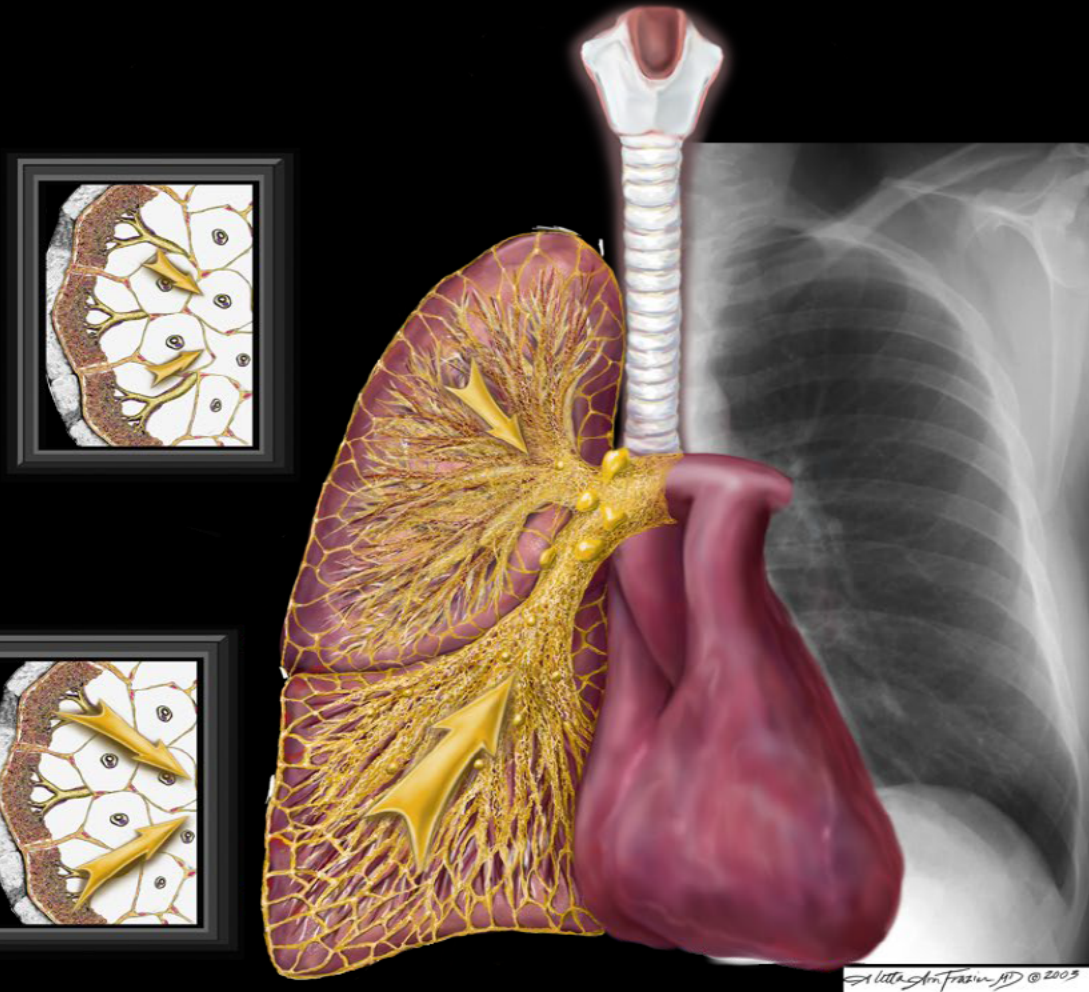
Moyamoya Disease

Christopher Byers, M.D.
University of Nebraska
Omaha, Nebraska



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Thoracic/Chest Best Case



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Alita San Francisco MD © 2003

Clinical information

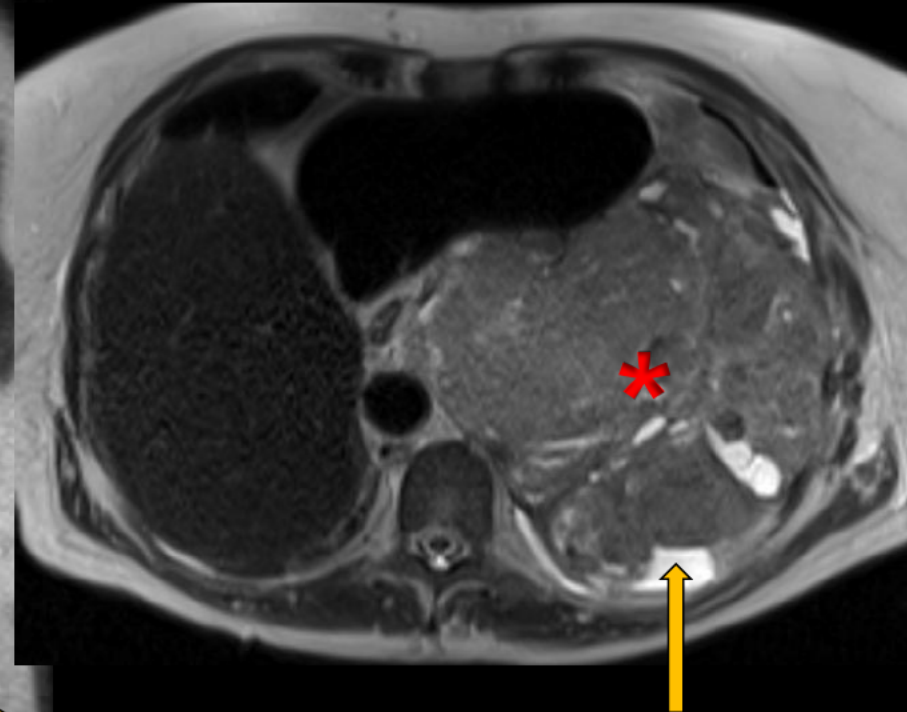
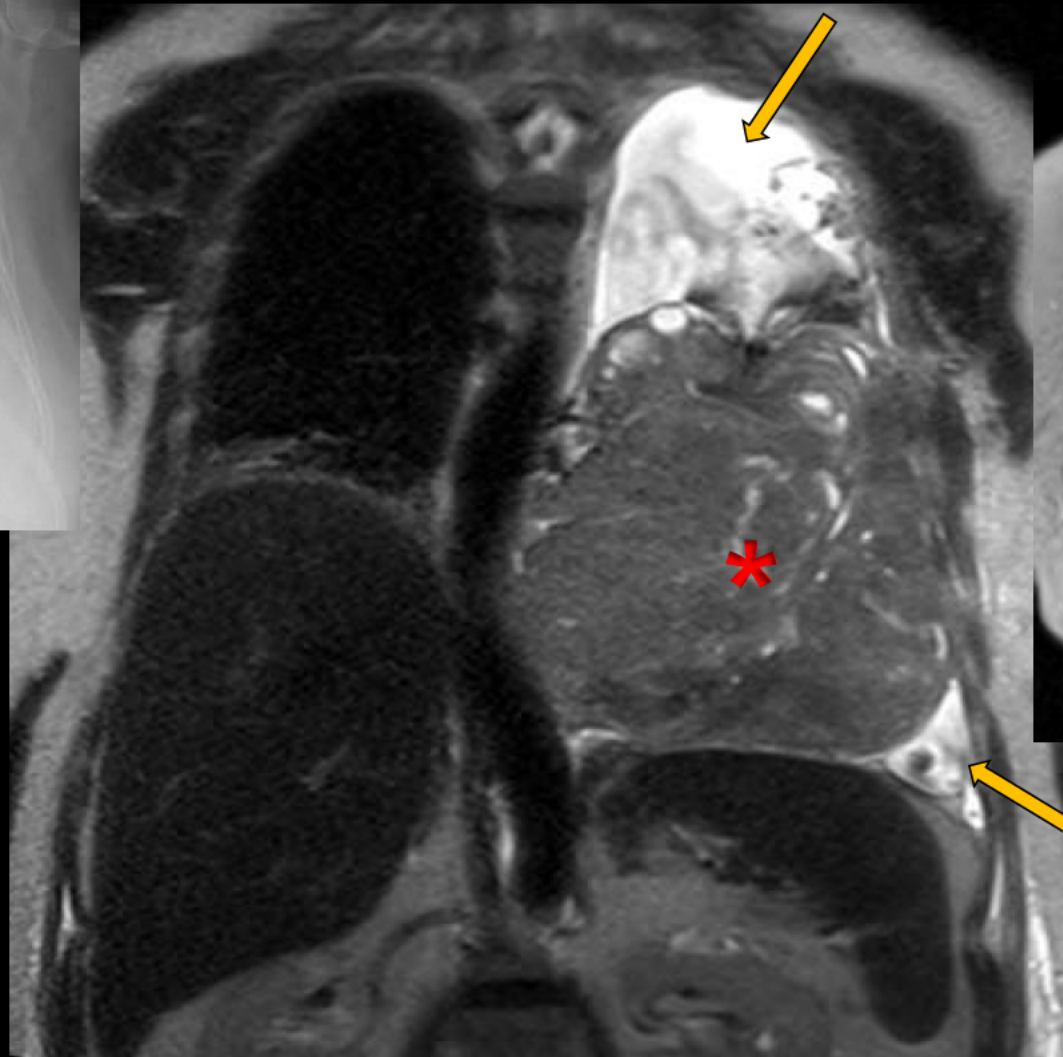
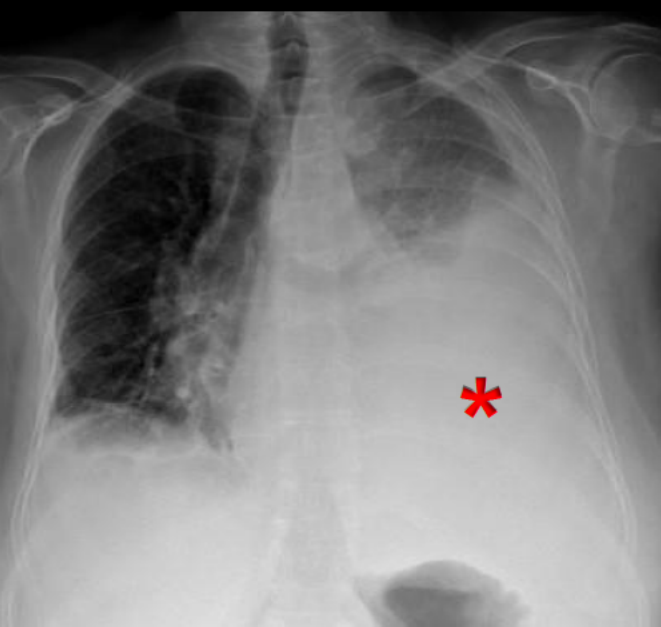
**64-year-old male with shortness of breath,
hypoxia, and finger clubbing.**



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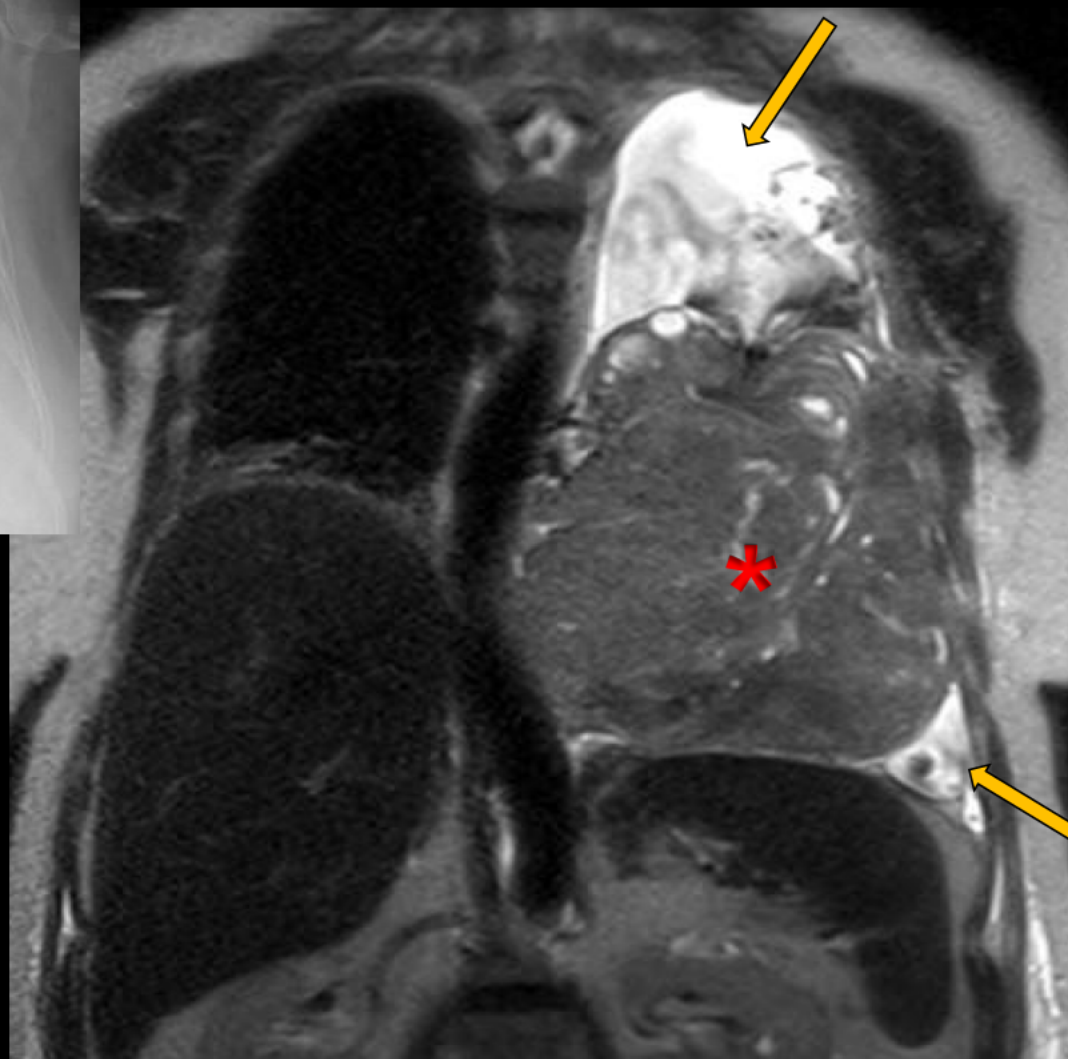
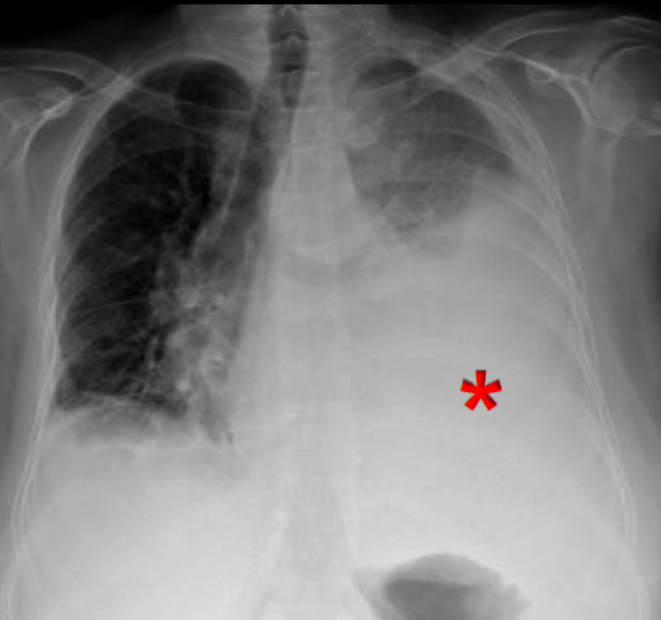


T2W MR: Coronal & Axial

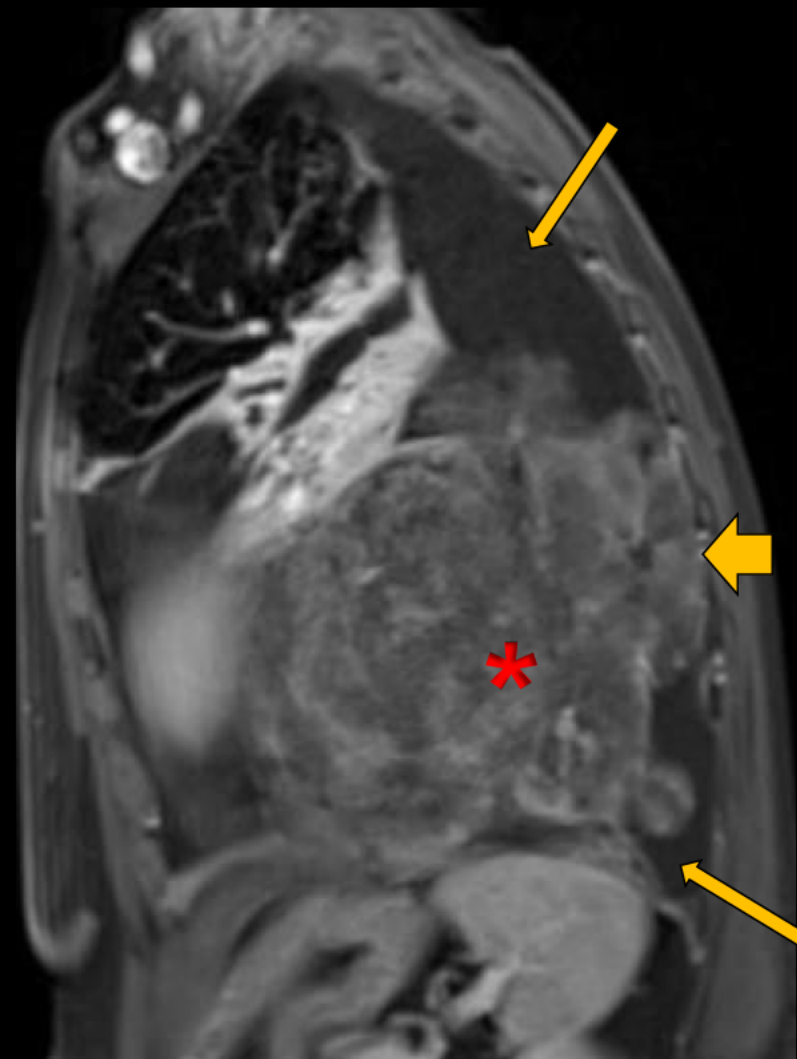
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T2W MR: Coronal

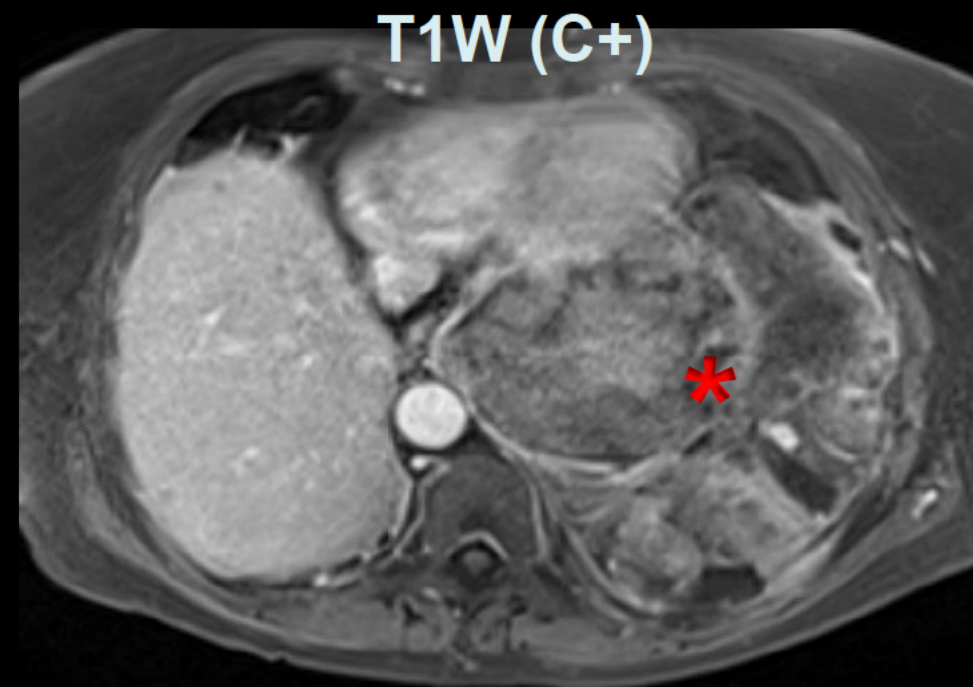
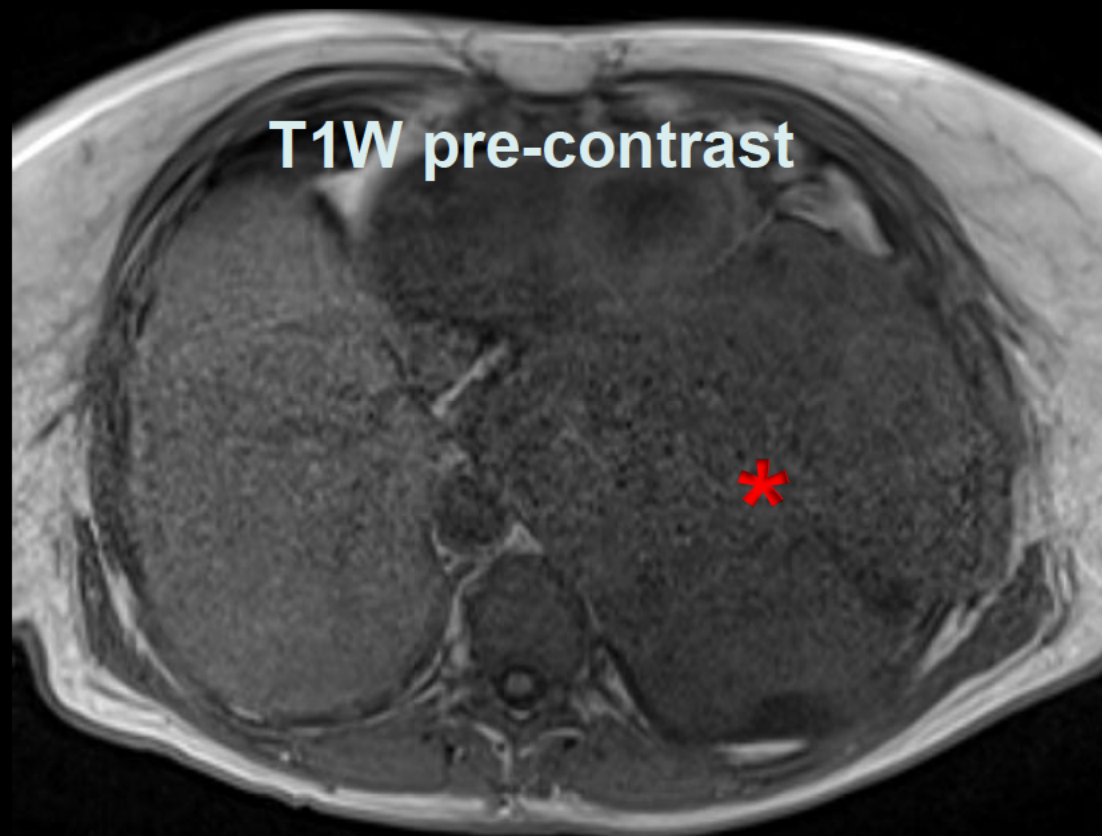


T1W (C+) MR: Sagittal

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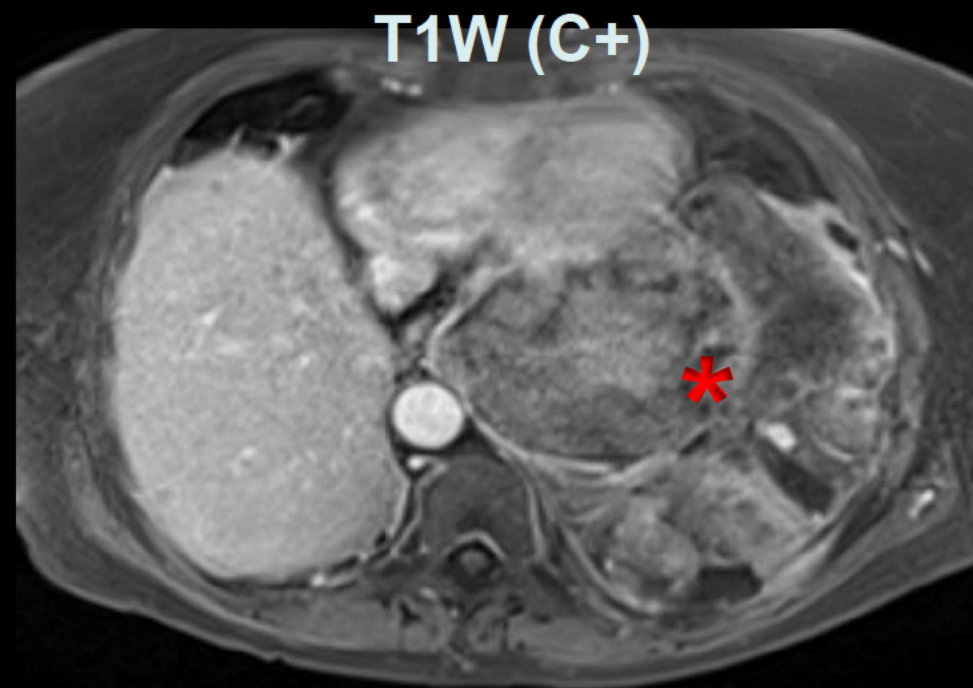
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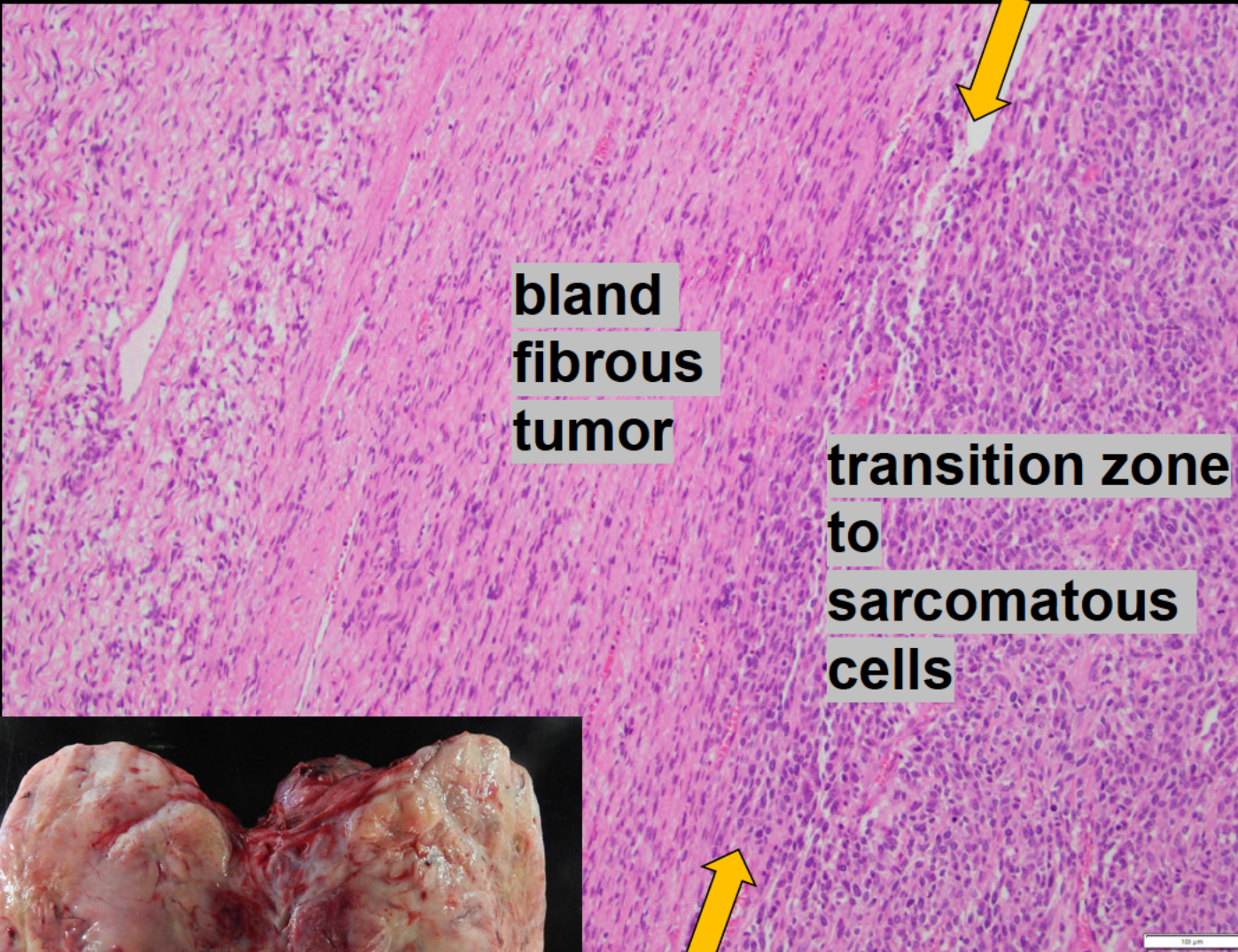


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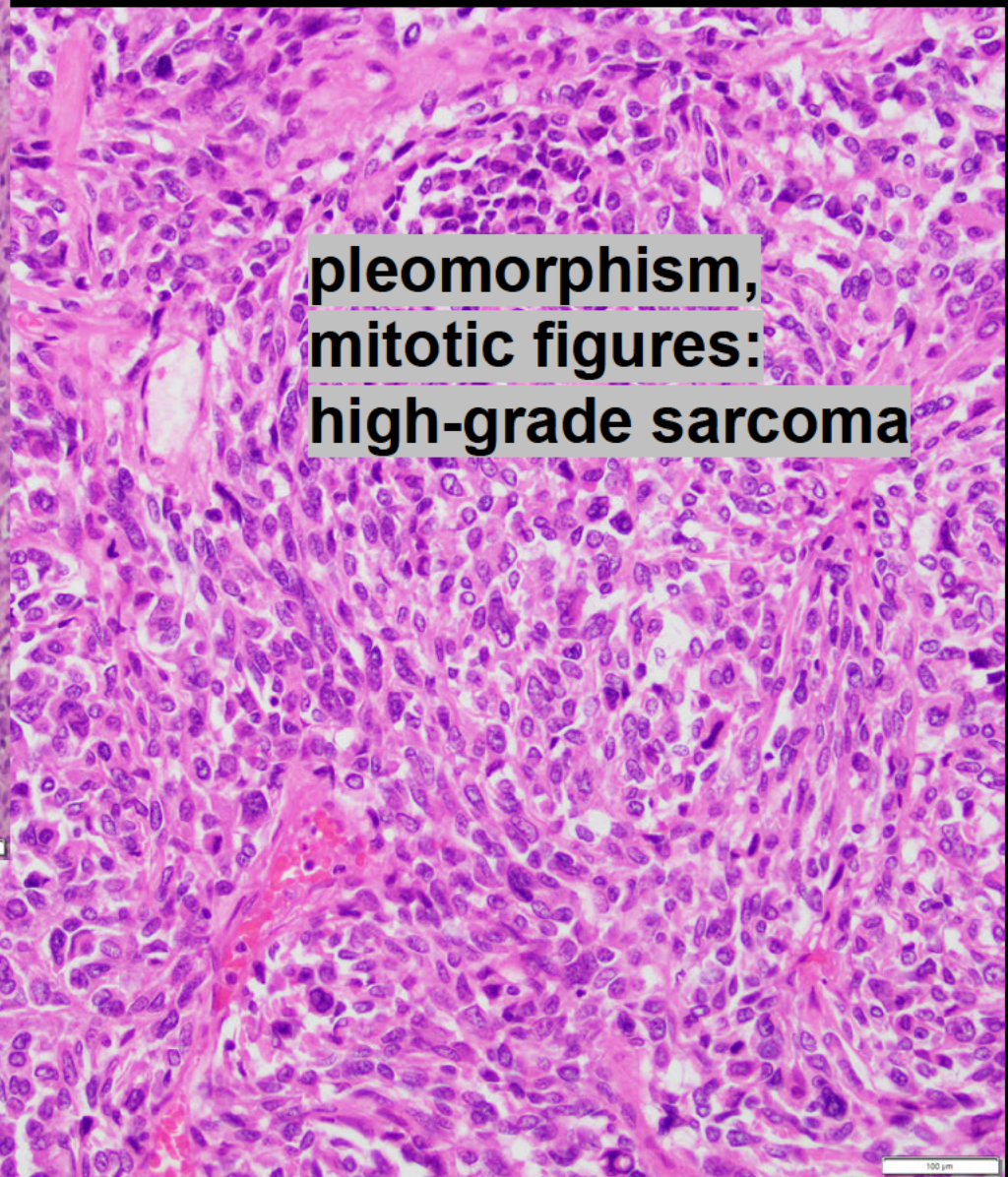


**bland
fibrous
tumor**

This histological slide shows a transition from a bland fibrous tumor on the left to a transition zone with sarcomatous cells on the right. A yellow arrow points to the transition zone.

**transition zone
to
sarcomatous
cells**

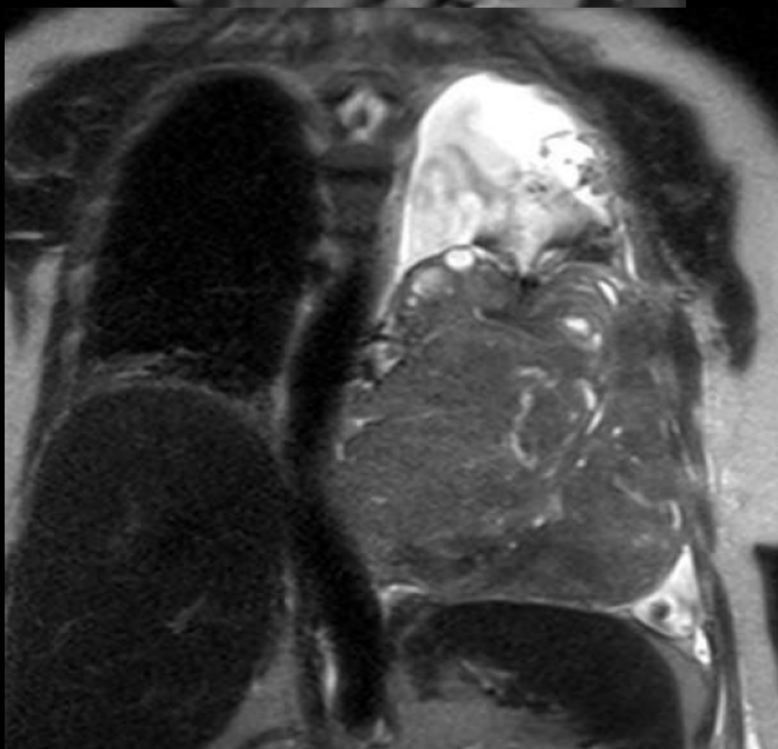
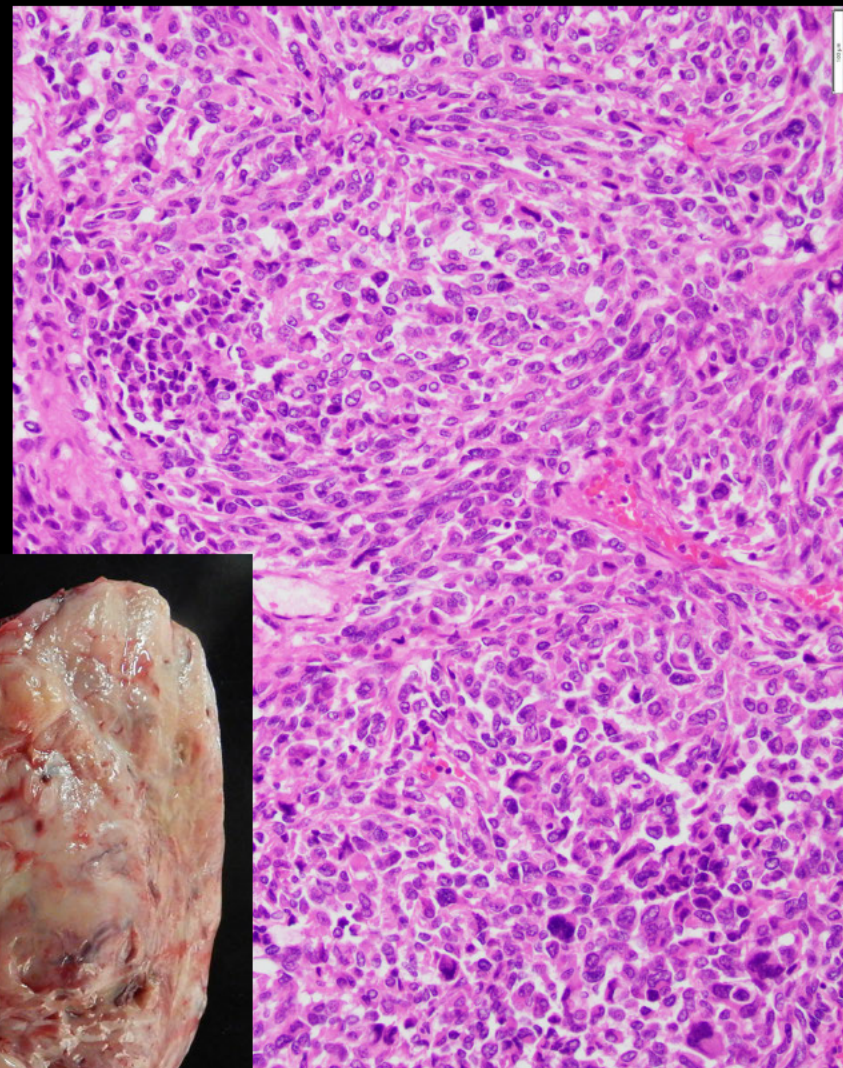
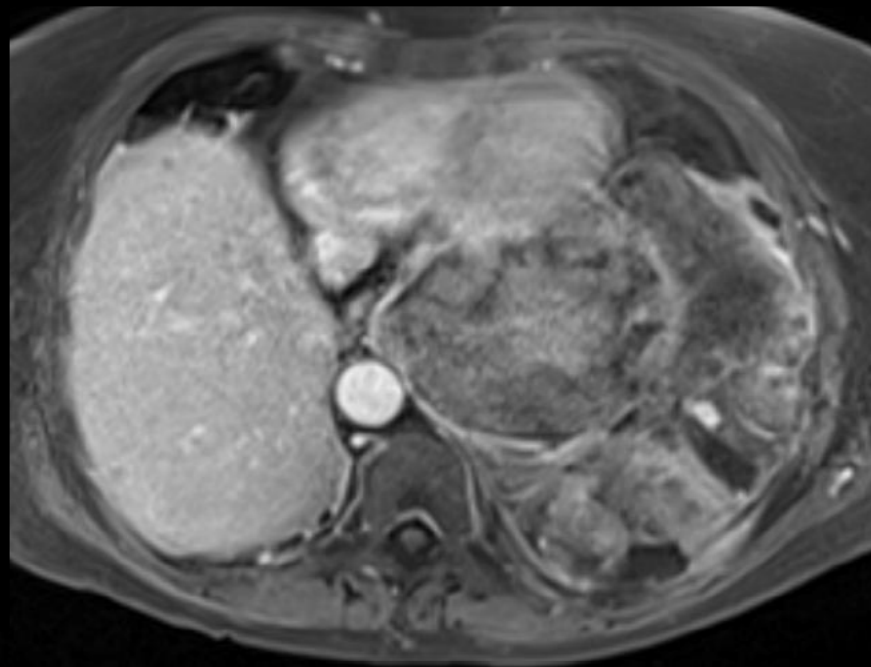
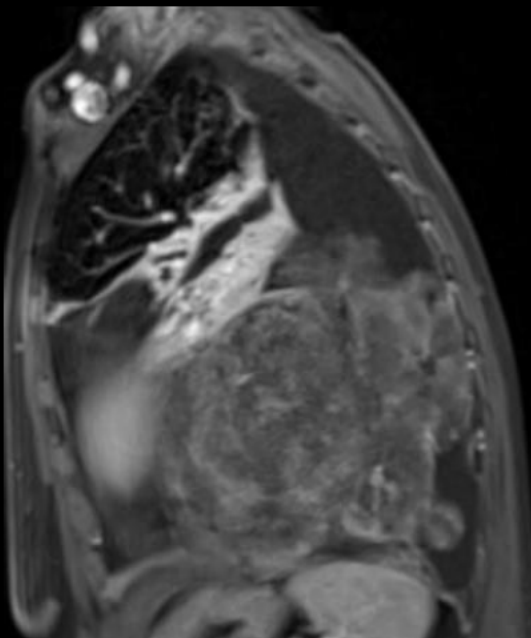
This histological slide shows a transition from a bland fibrous tumor on the left to a transition zone with sarcomatous cells on the right. A yellow arrow points to the transition zone.



**pleomorphism,
mitotic figures:
high-grade sarcoma**

This histological slide shows a high-grade sarcoma with pleomorphism and mitotic figures. A yellow arrow points to the transition zone.





**Solitary Fibrous Tumor of the Pleura
with
dedifferentiation into
*Pleomorphic High-grade Sarcoma***

Johnny Wright

University of Florida (Shands Hospital)

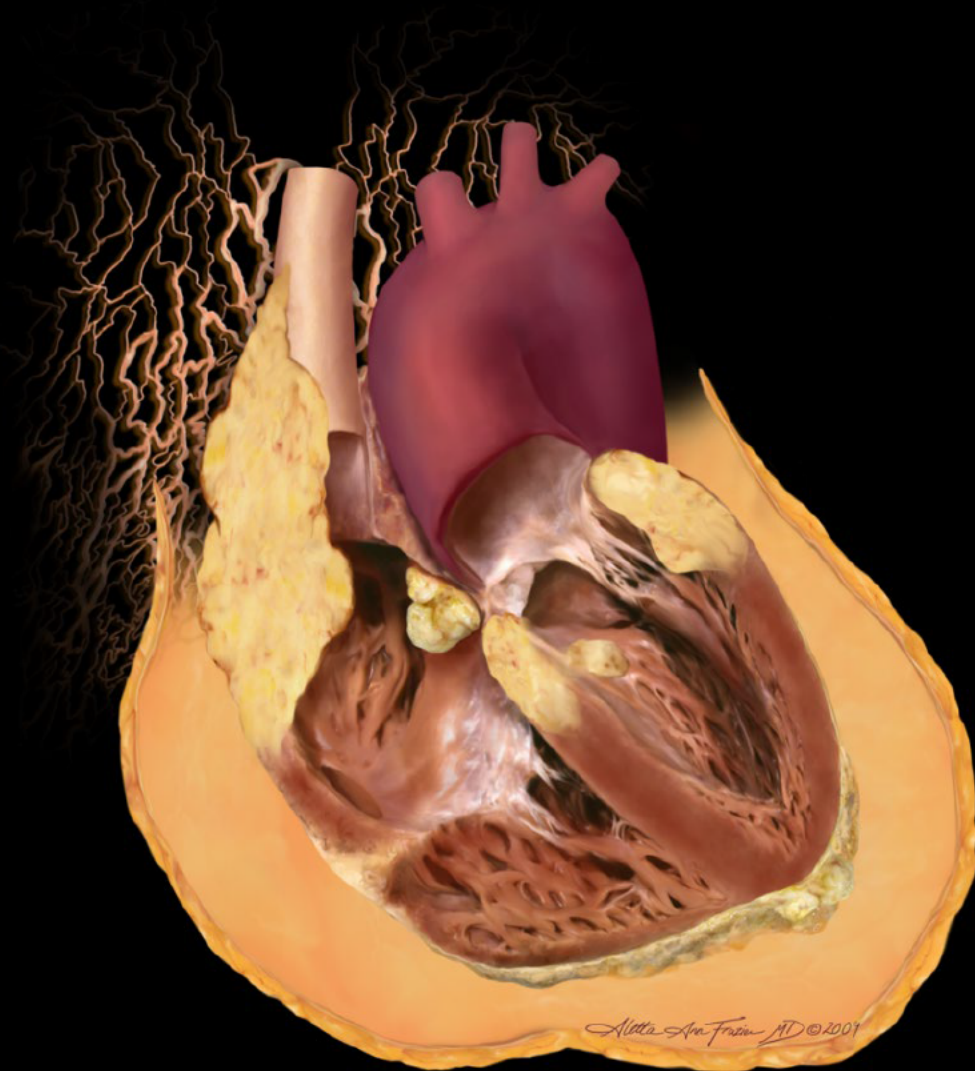
Gainesville, Florida

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Cardiovascular Best Case



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Alida Ann Frazee MD ©2007

Clinical information

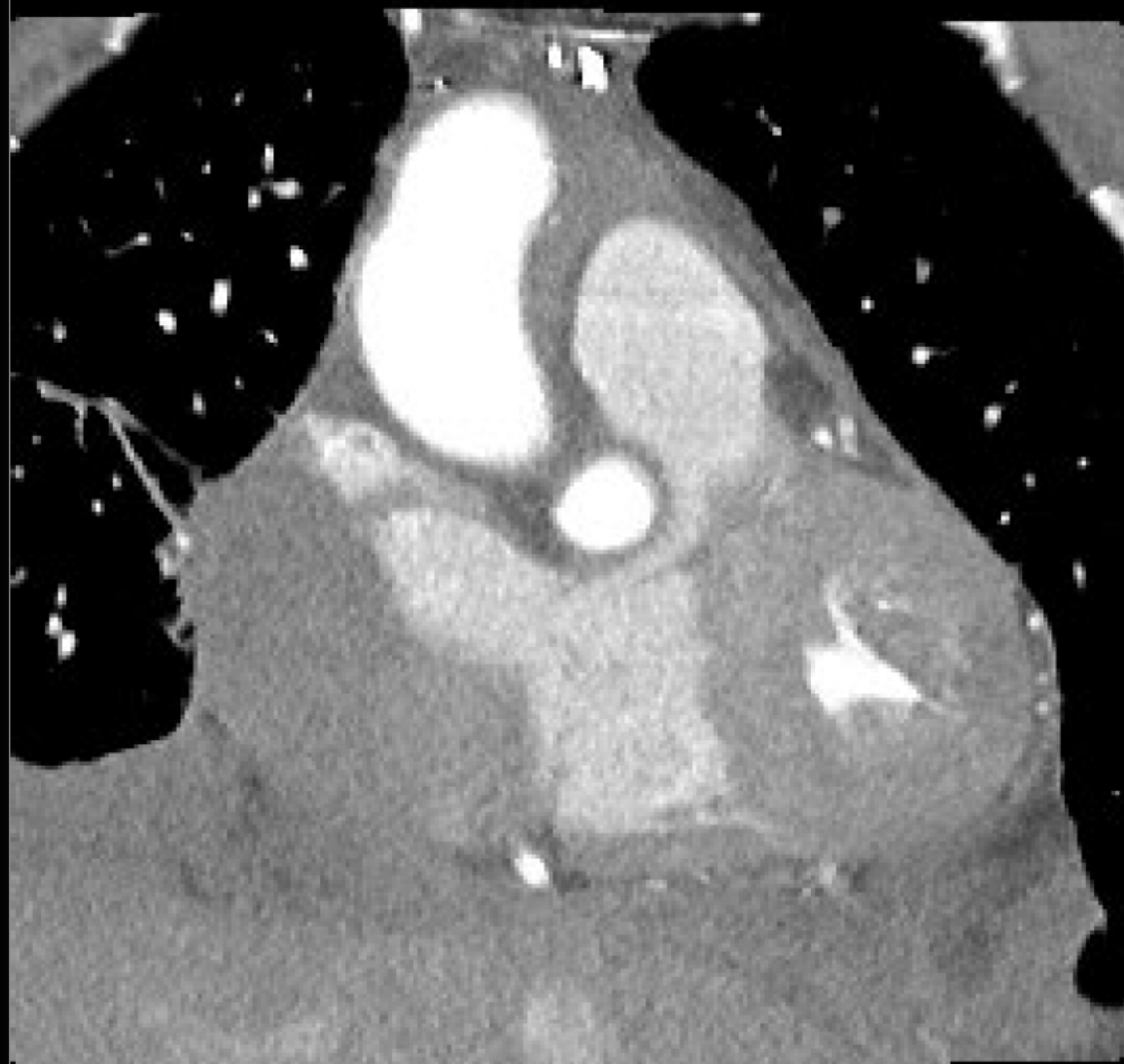
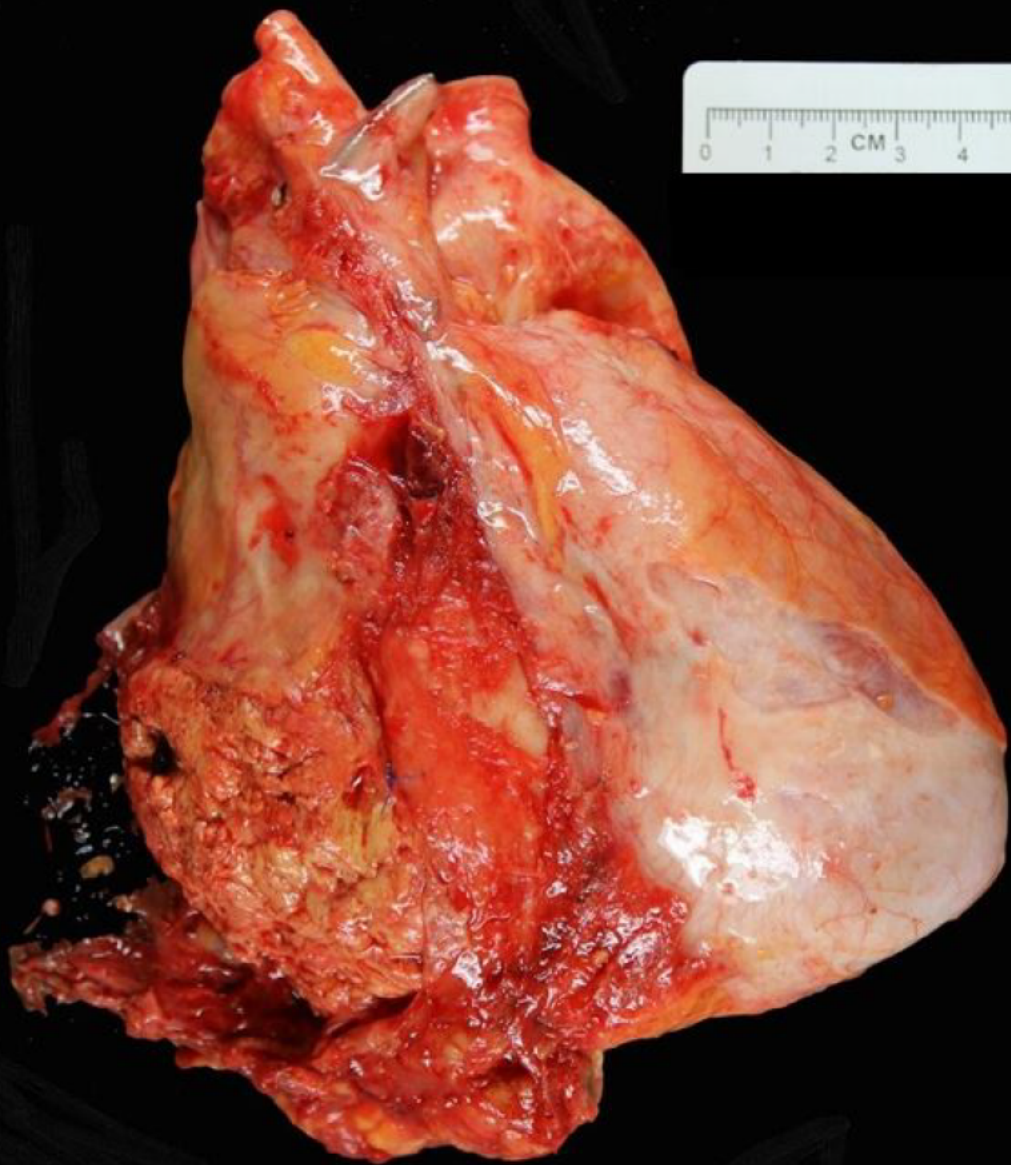
65 year old woman with worsening dyspnea.

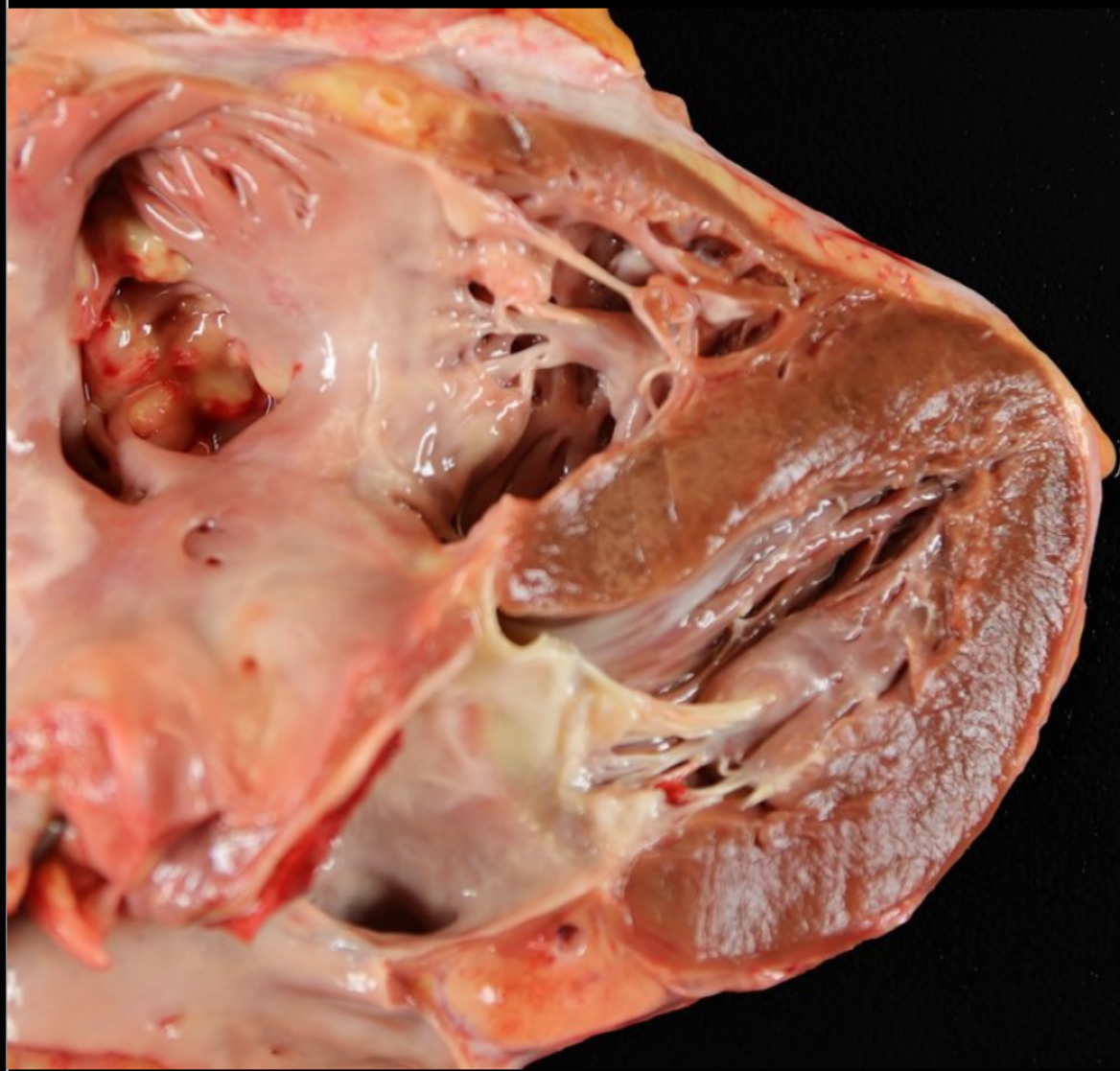
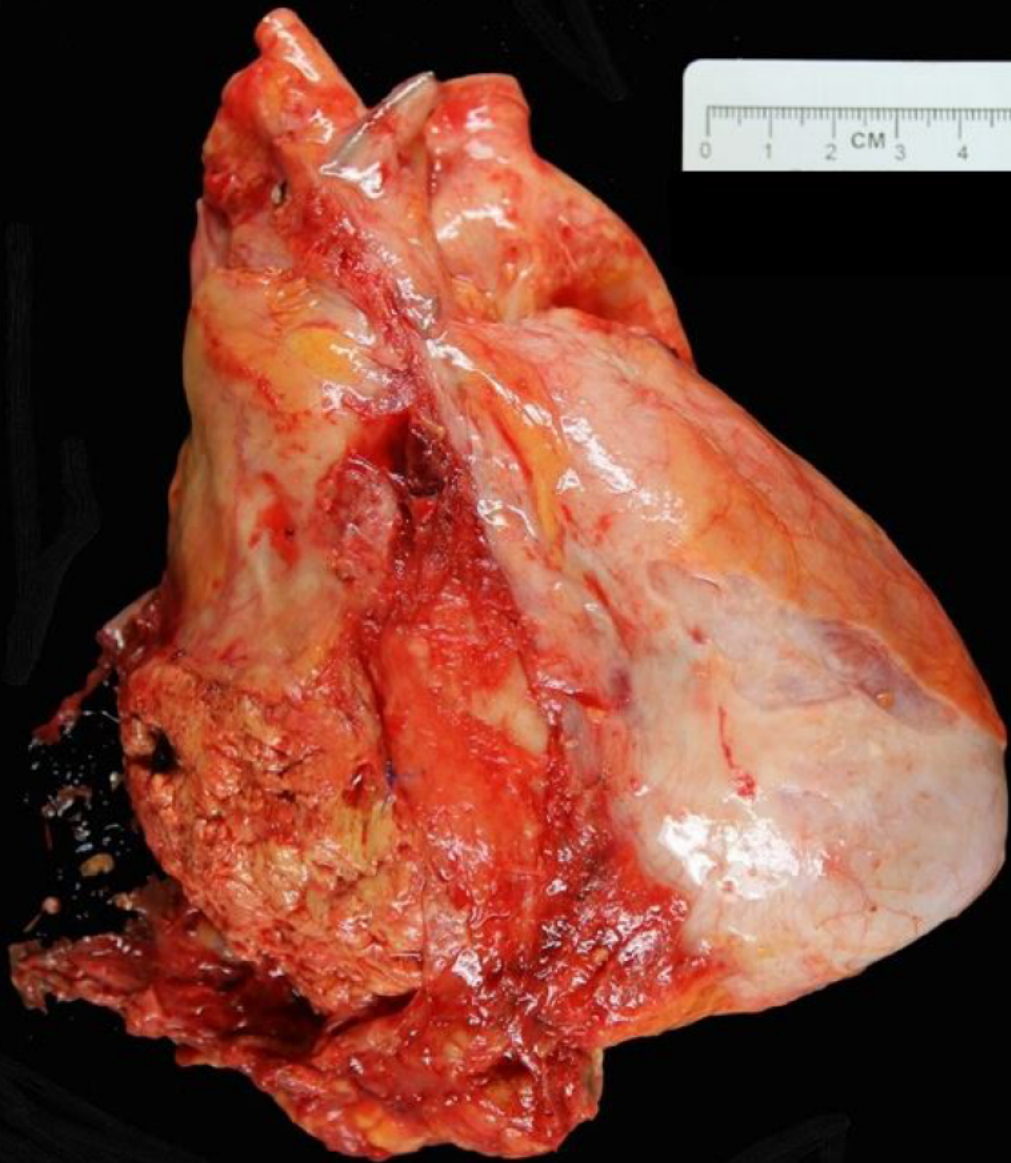


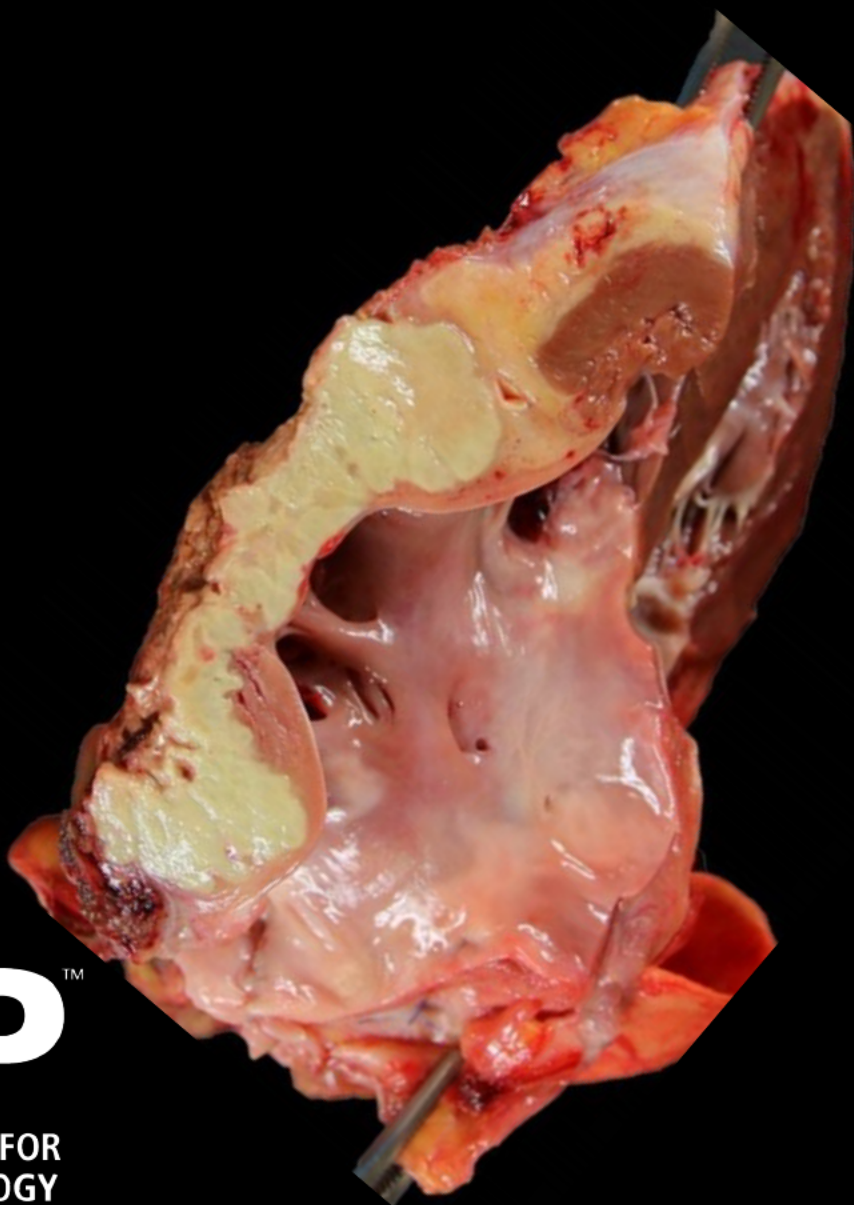
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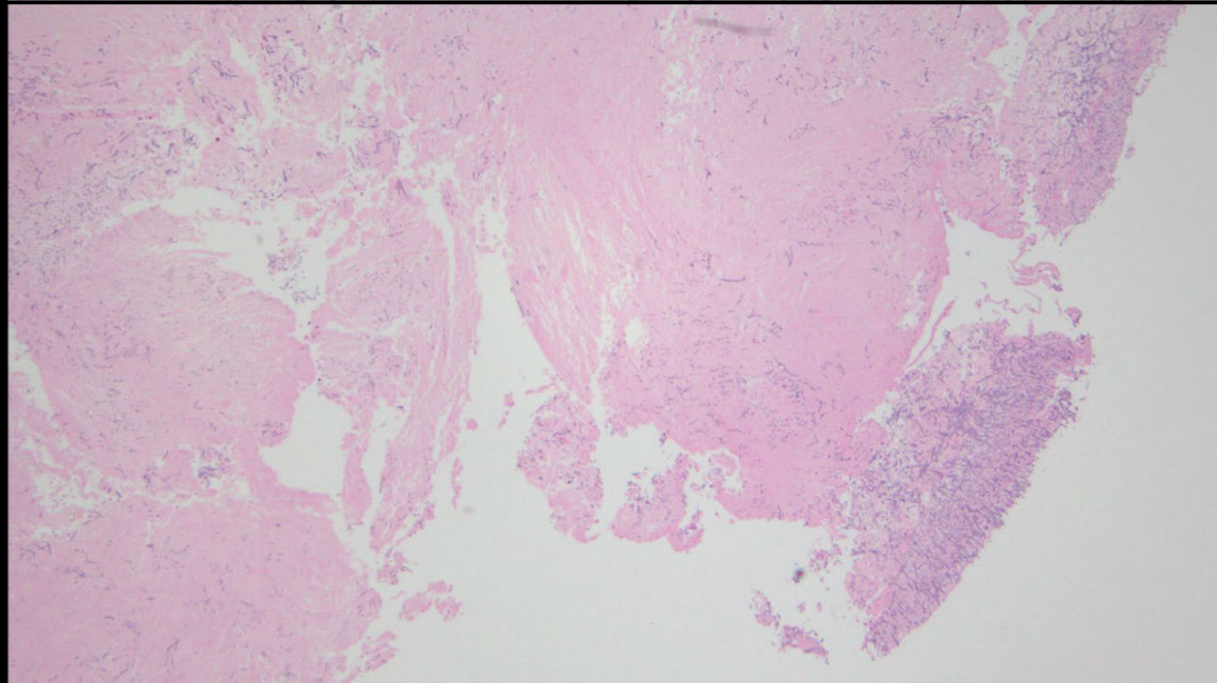
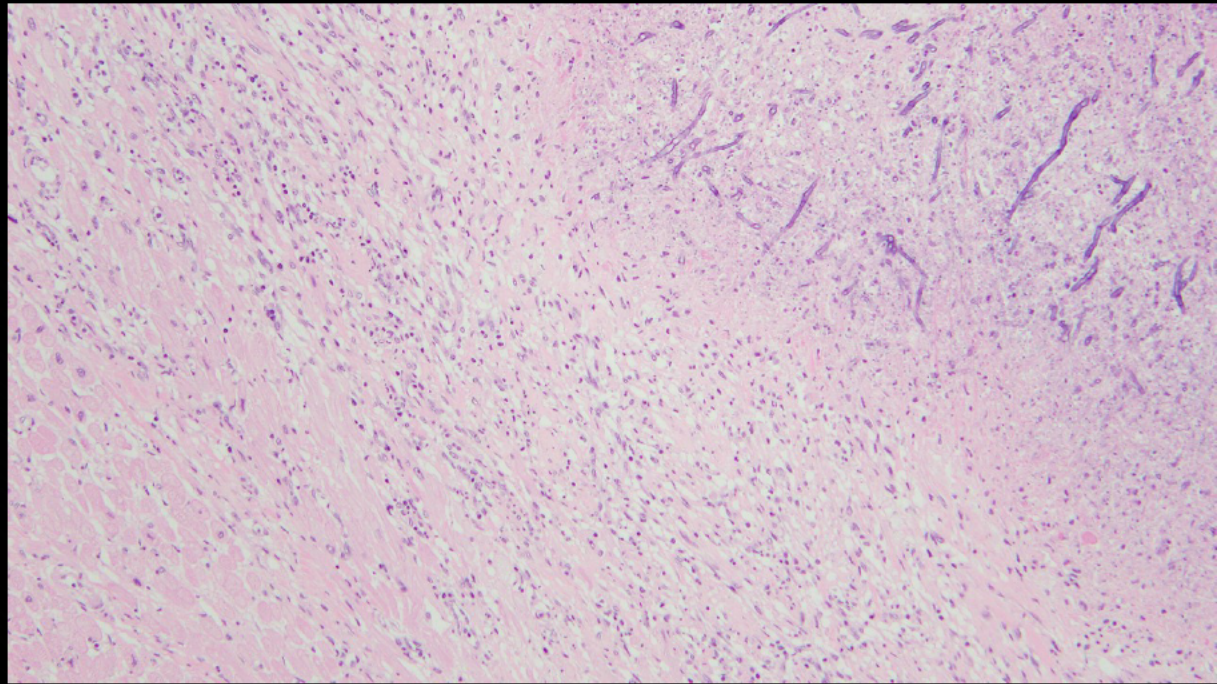
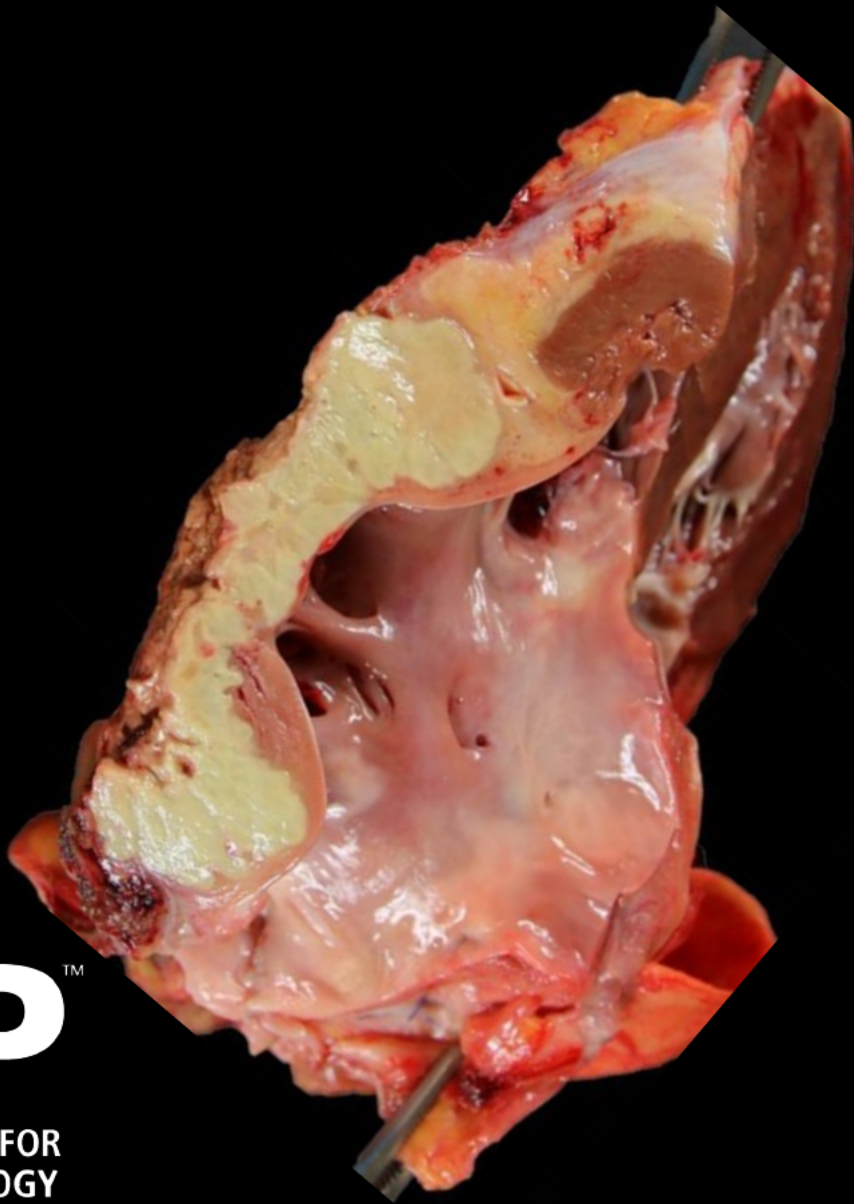
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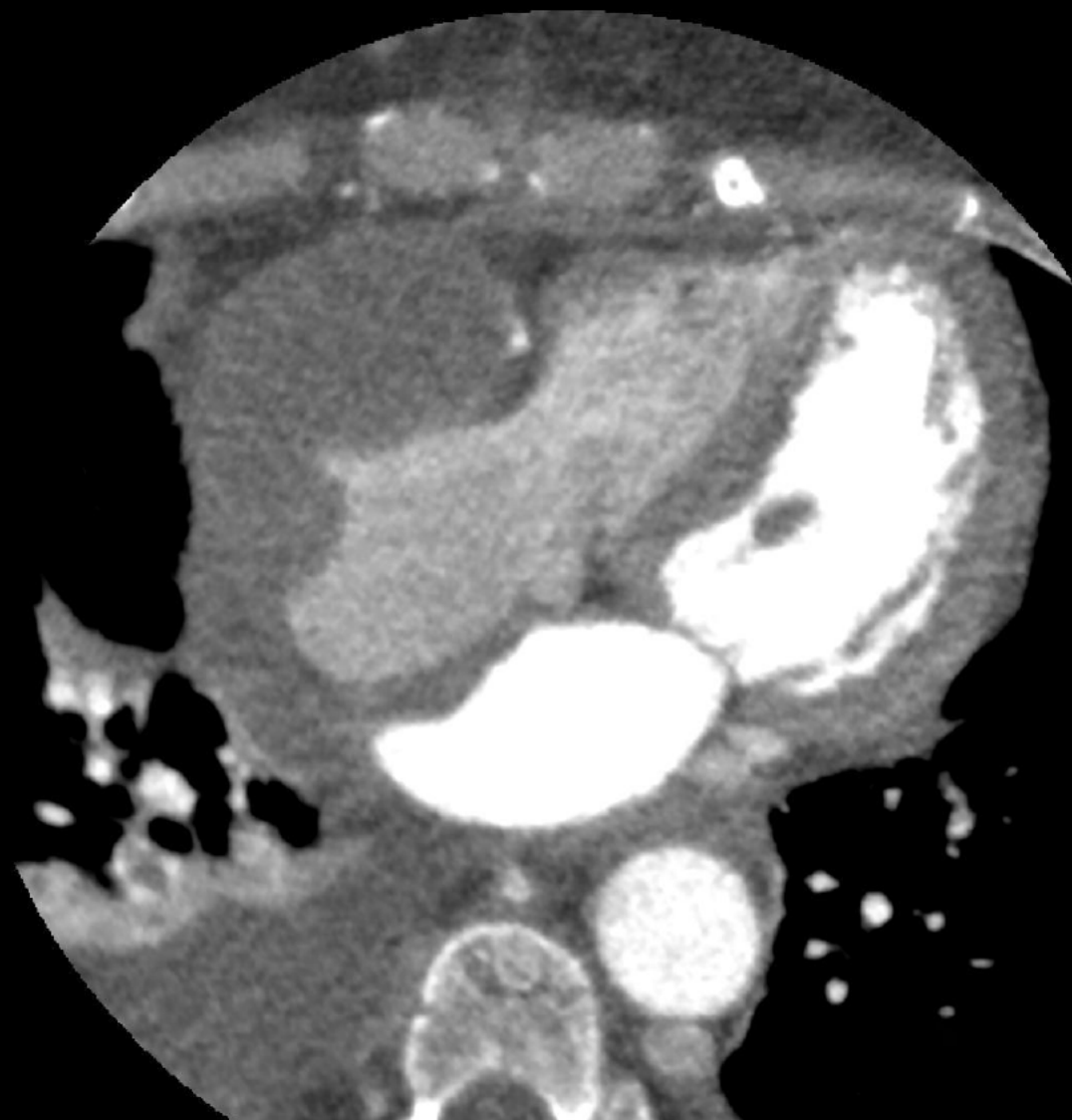
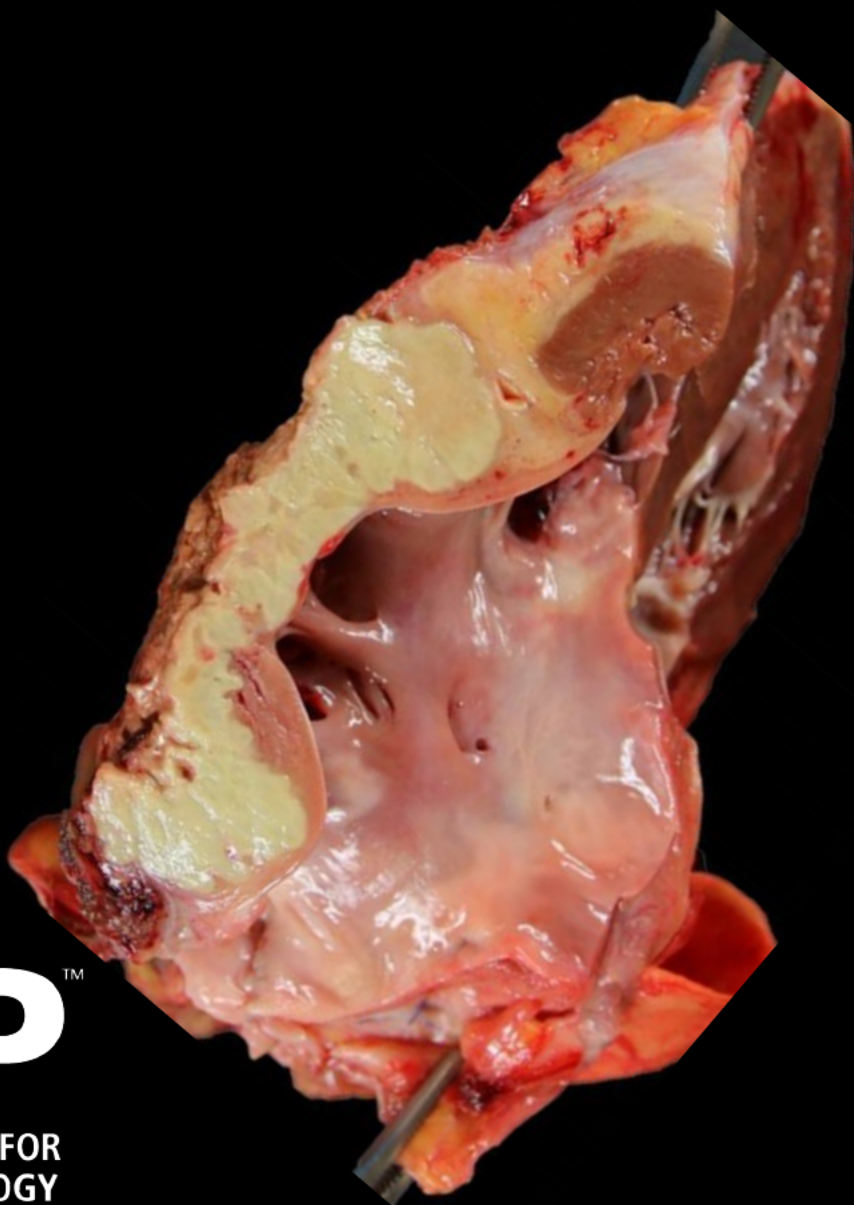
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Pericardial Fungal Abscess

Andrew Wong, MD

Brigham and Women's Hospital

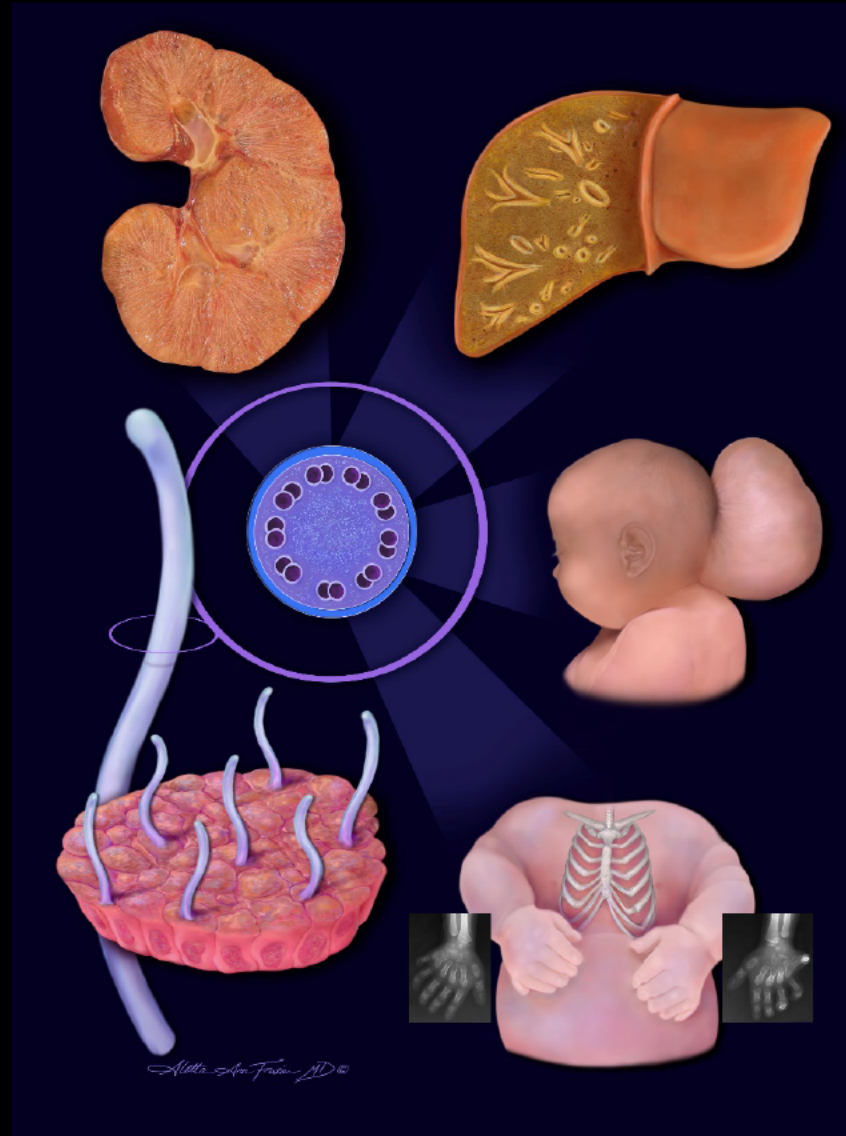
Boston, MA

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Pediatric Best Case



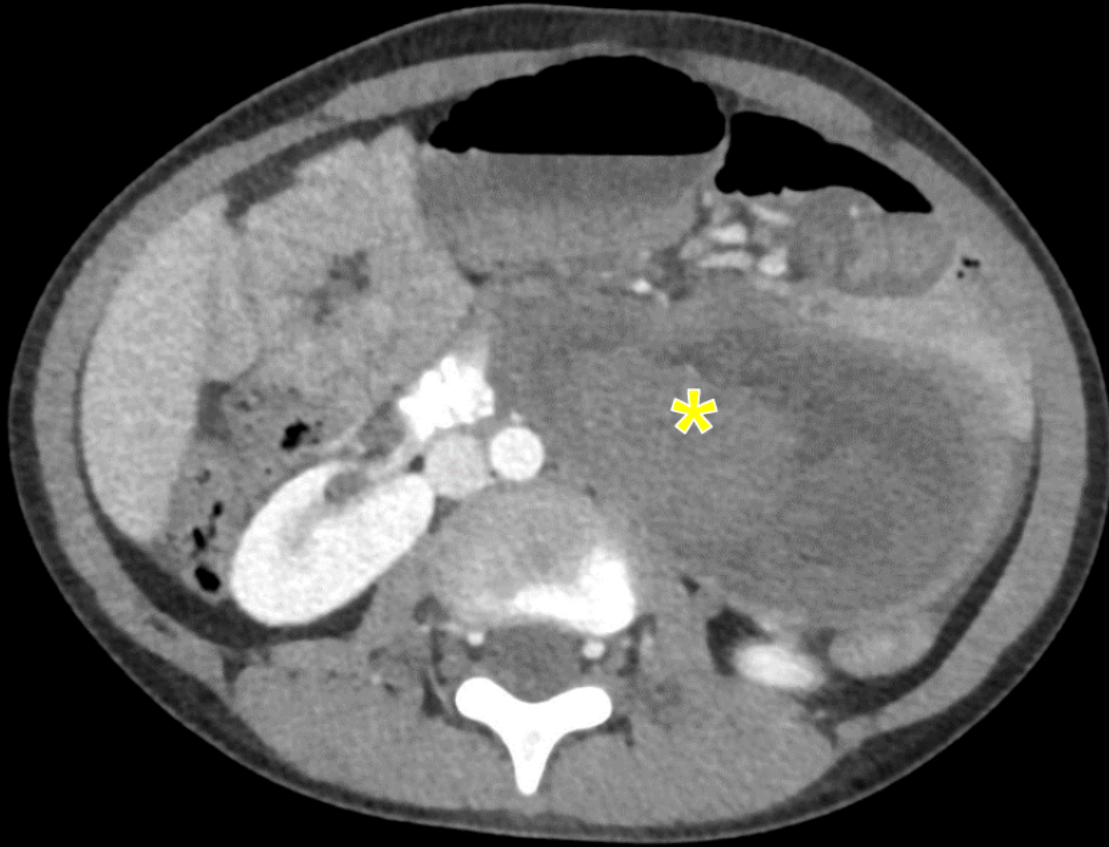
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Clinical information

11-year old healthy female with hx of pigmented macules on the lips and gums who presents with acute onset nausea, vomiting and abdominal pain



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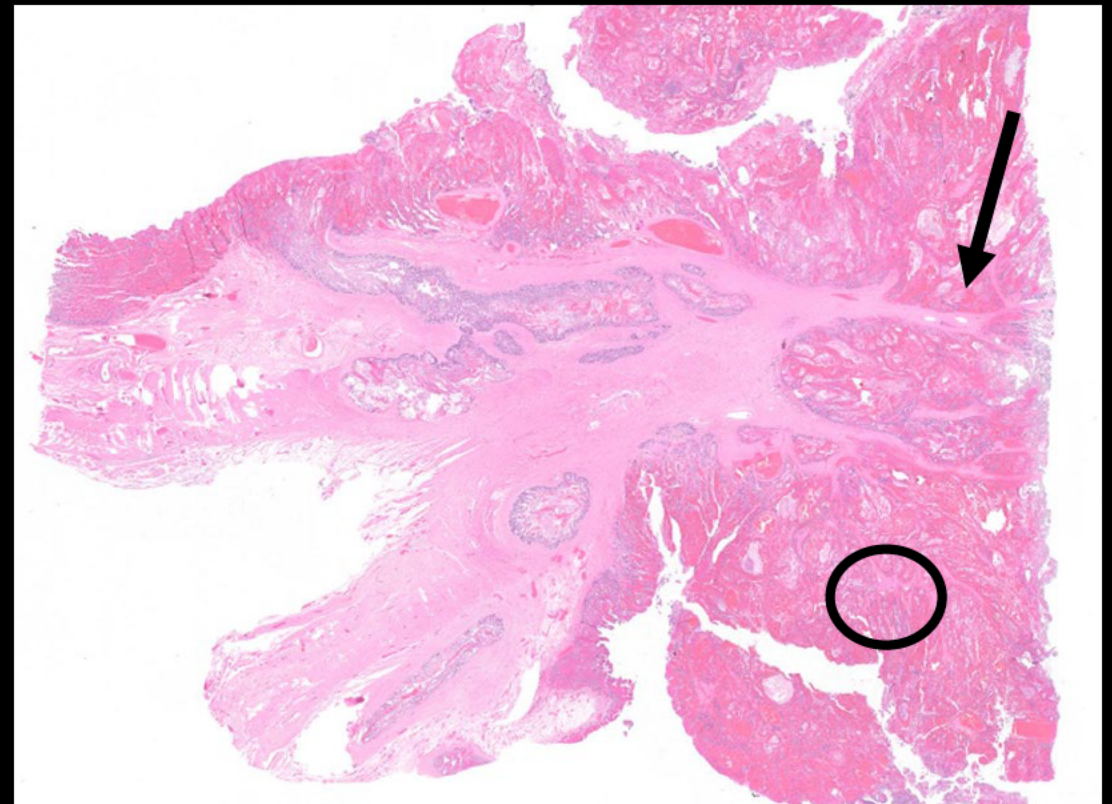
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Hamartomatous Polyp in Peutz-Jeghers Syndrome

John Hunter

Stanford Radiology

Lucile Packard Children's Hospital

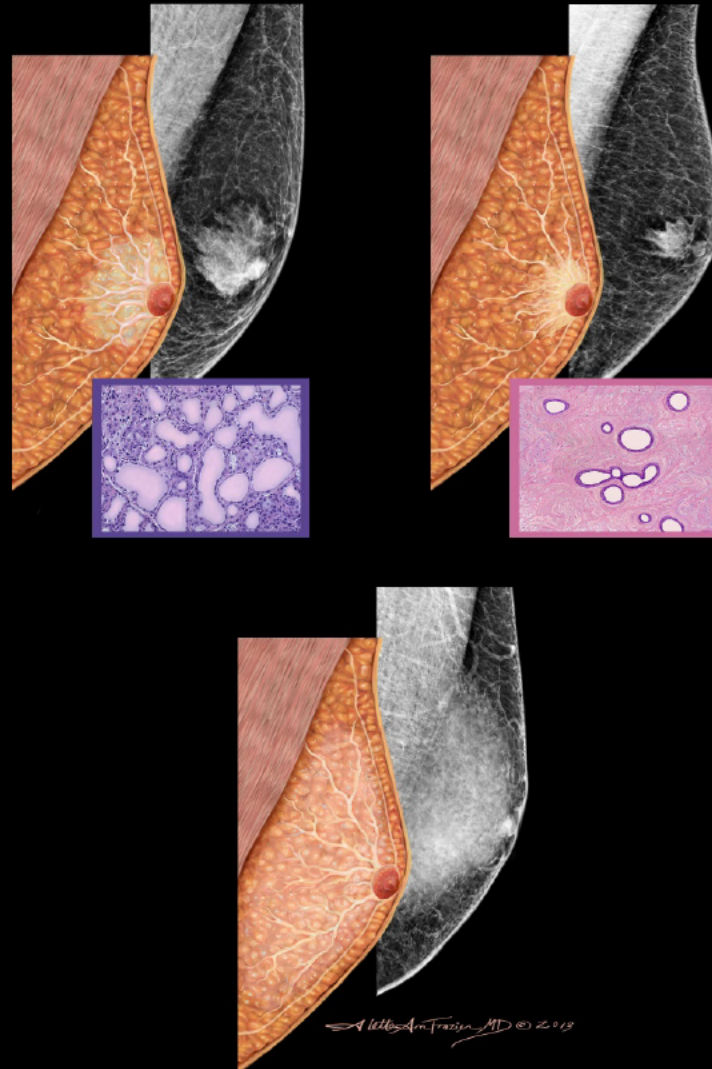
Palo Alto, CA



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Breast Best Case



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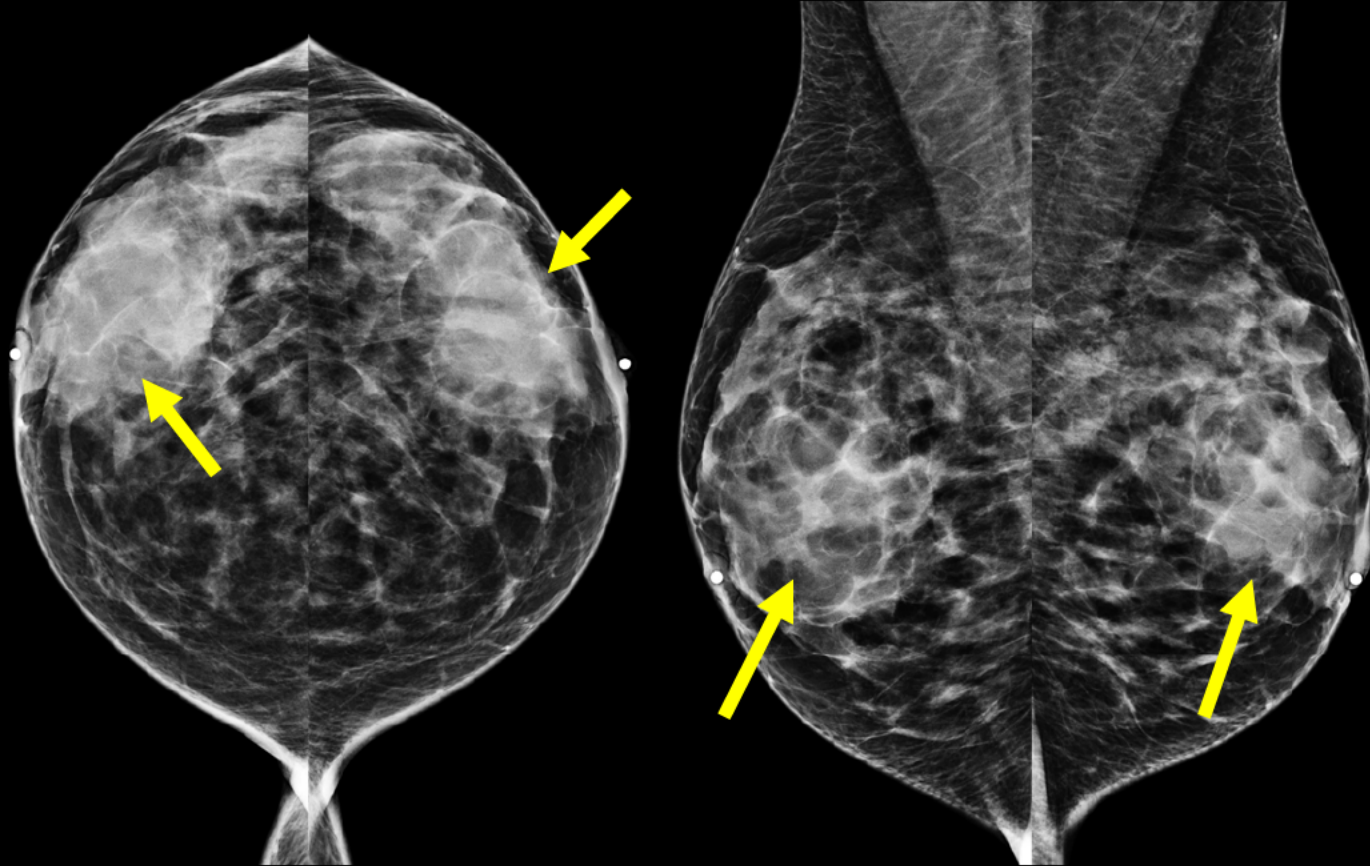
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William A. Frazee, MD © 2018

Clinical information

30-year-old woman with slowly growing non-painful bilateral palpable lumps located in the central breasts. No erythema or skin changes. Patient has a long standing history of type 1 diabetes (A1c 10.5%)

Mammogram

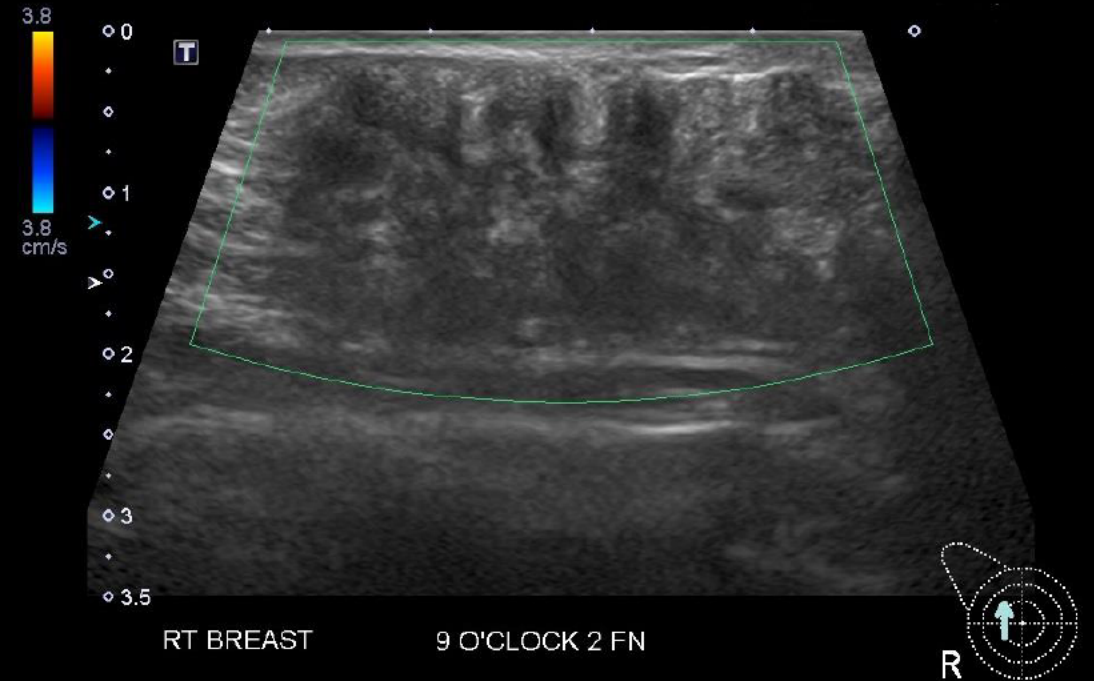
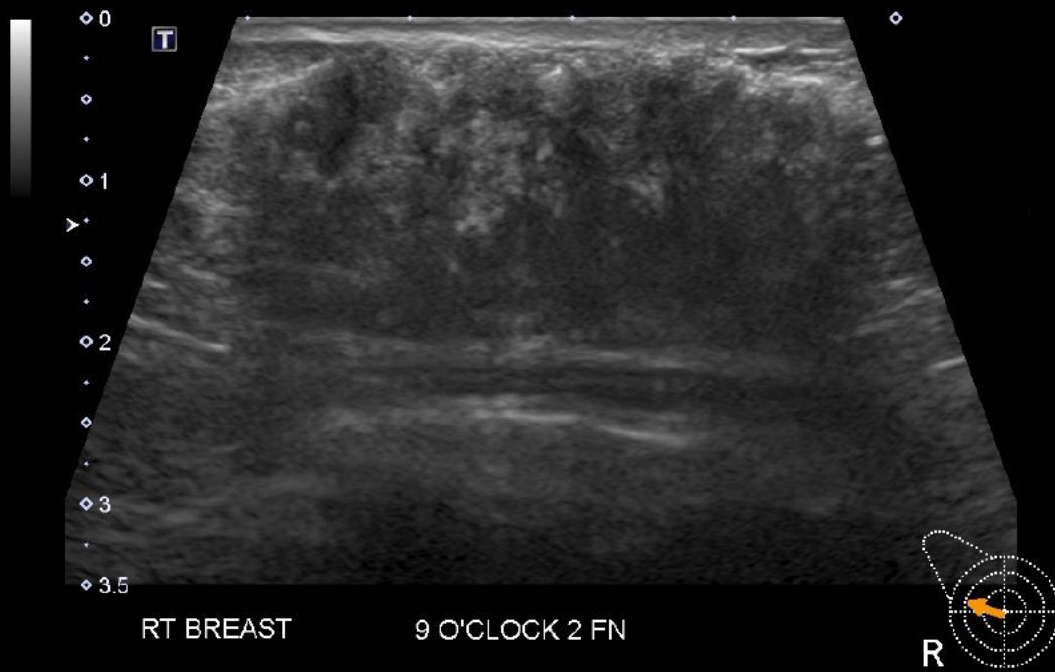


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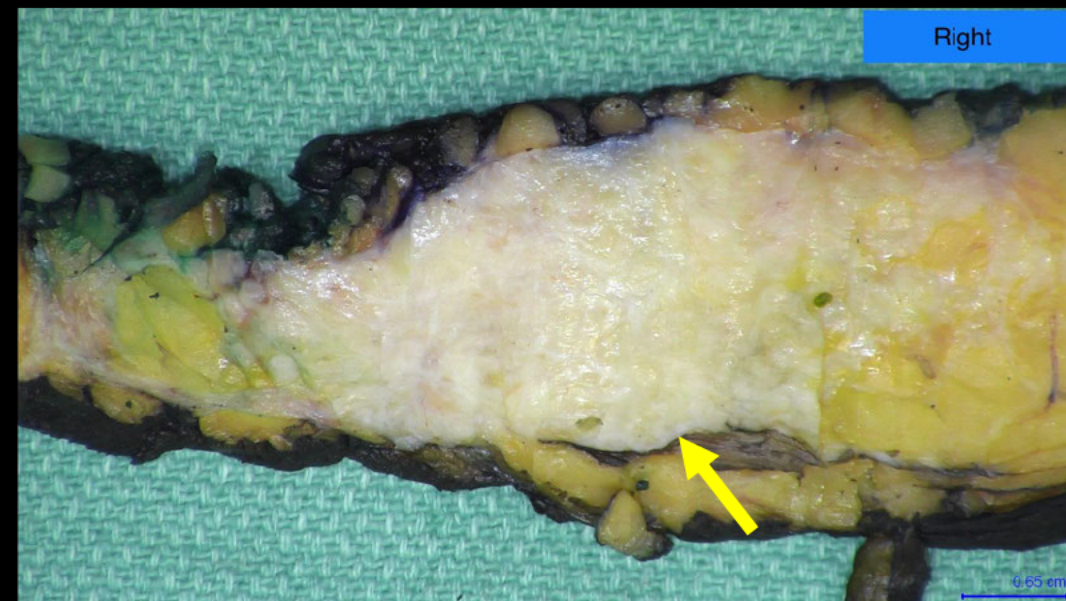
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Right breast US



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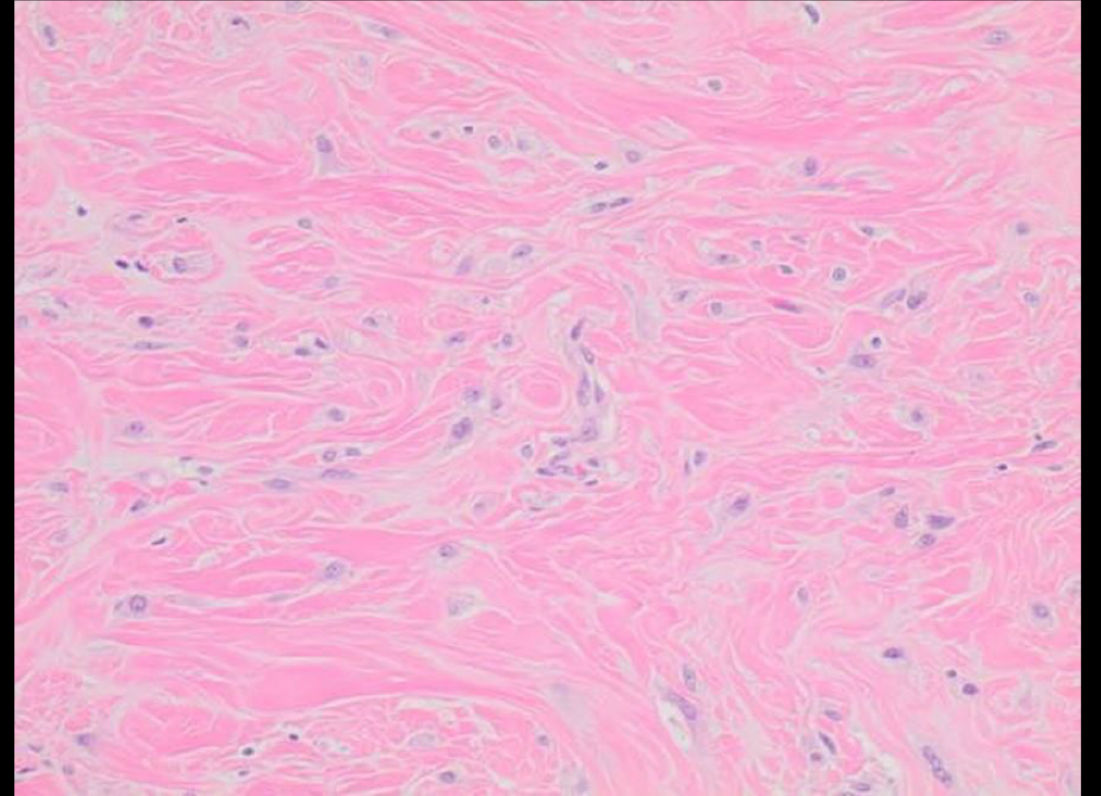
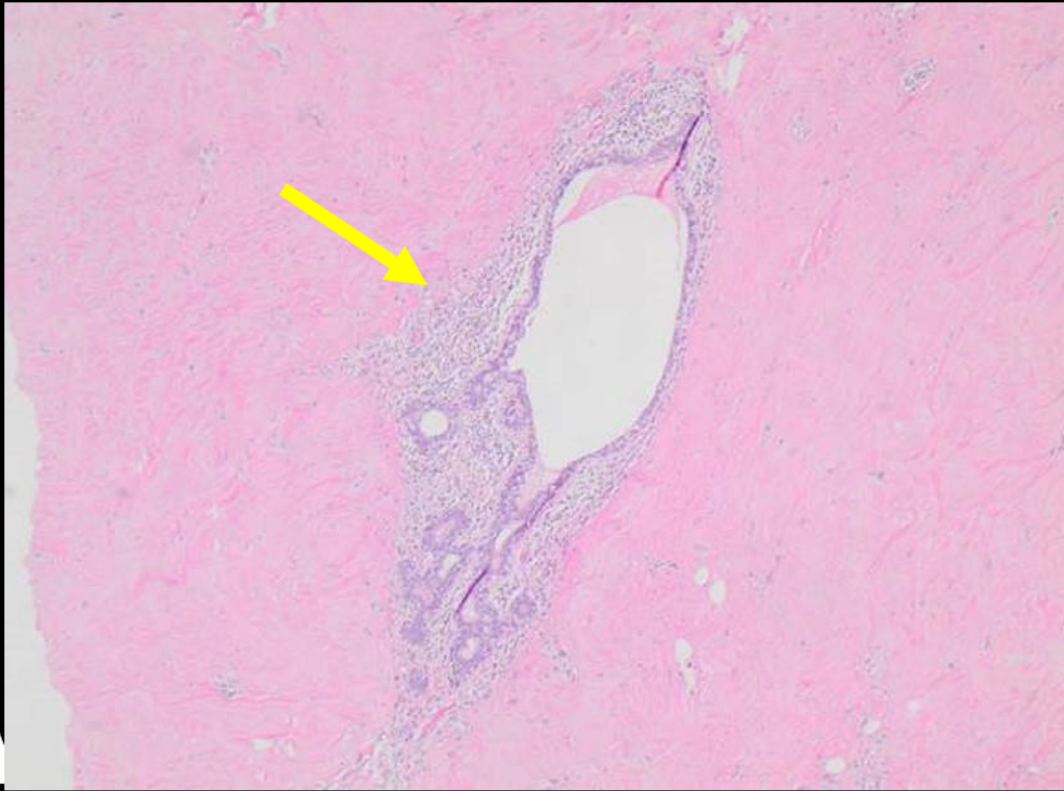


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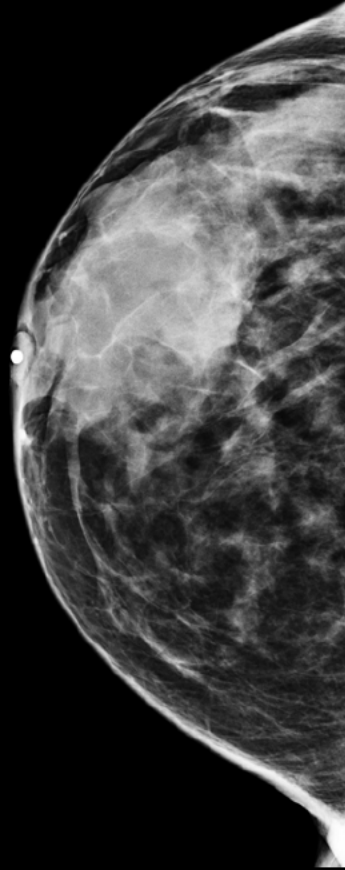
Histology



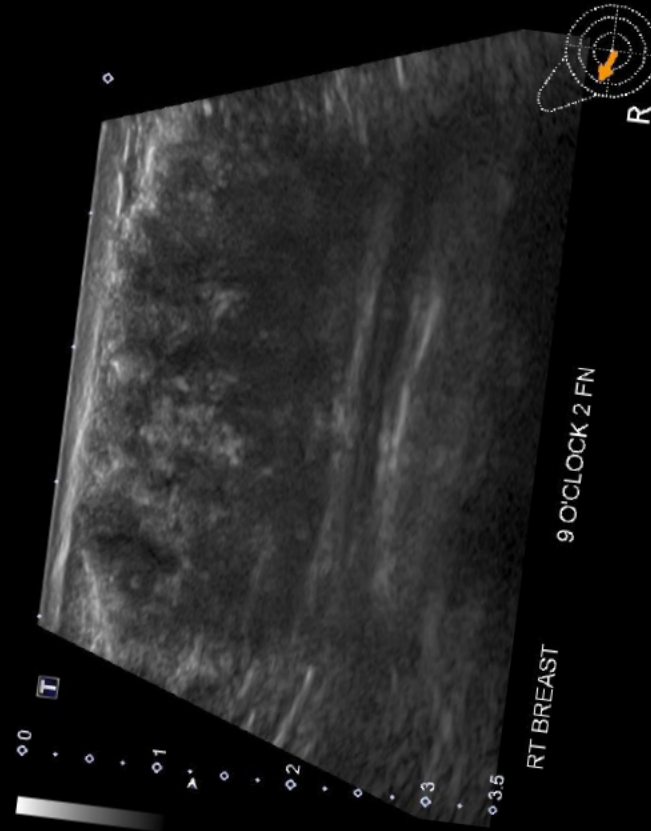
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Rad-Path



Diabetic Fibromastopathy (Inflammatory lymphocytic mastitis)

Mark Kneteman, MD

Anne-Marie Brisson, MD

University of Calgary

Alberta, Canada



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Genitourinary Best Case



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Clinical information

54-year-old G2 P1 female with a history of hypertension, uncomplicated diverticulitis, and multiple uterine leiomyomas status post uterine artery embolization 11 years ago, presented to the ED with 3 days of severe, colicky abdominal pain, inability to tolerate oral intake, and bilious emesis.



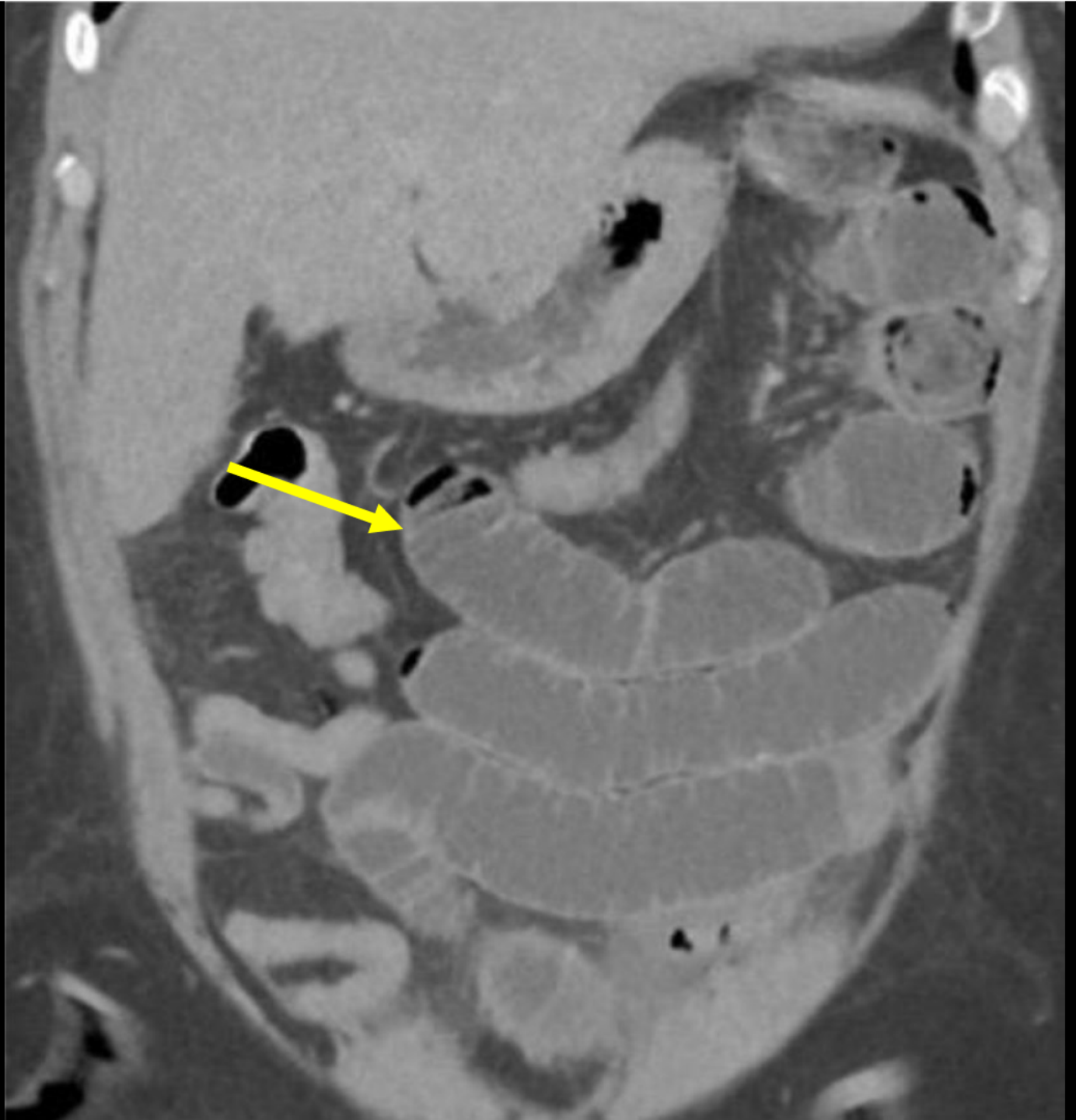
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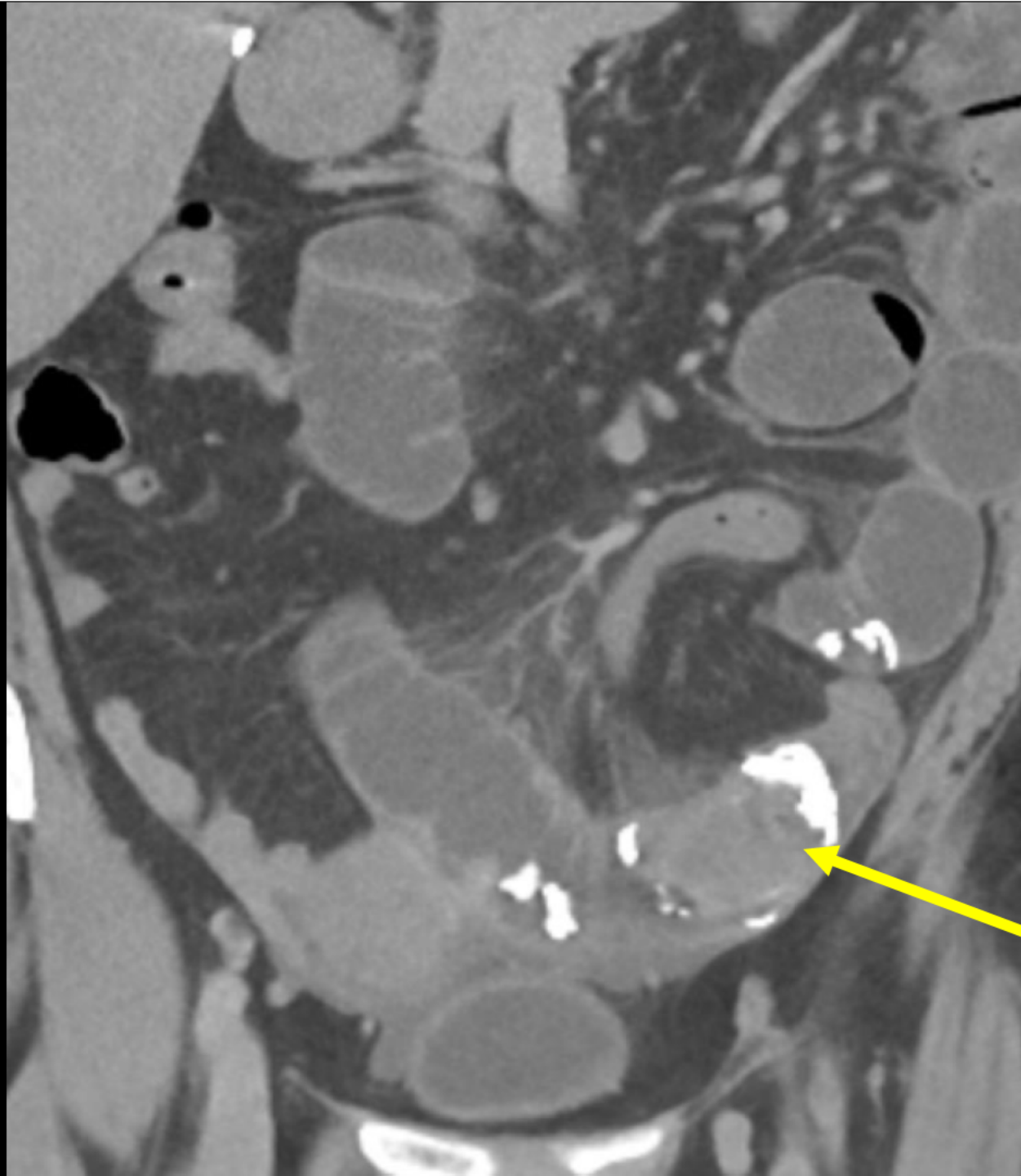
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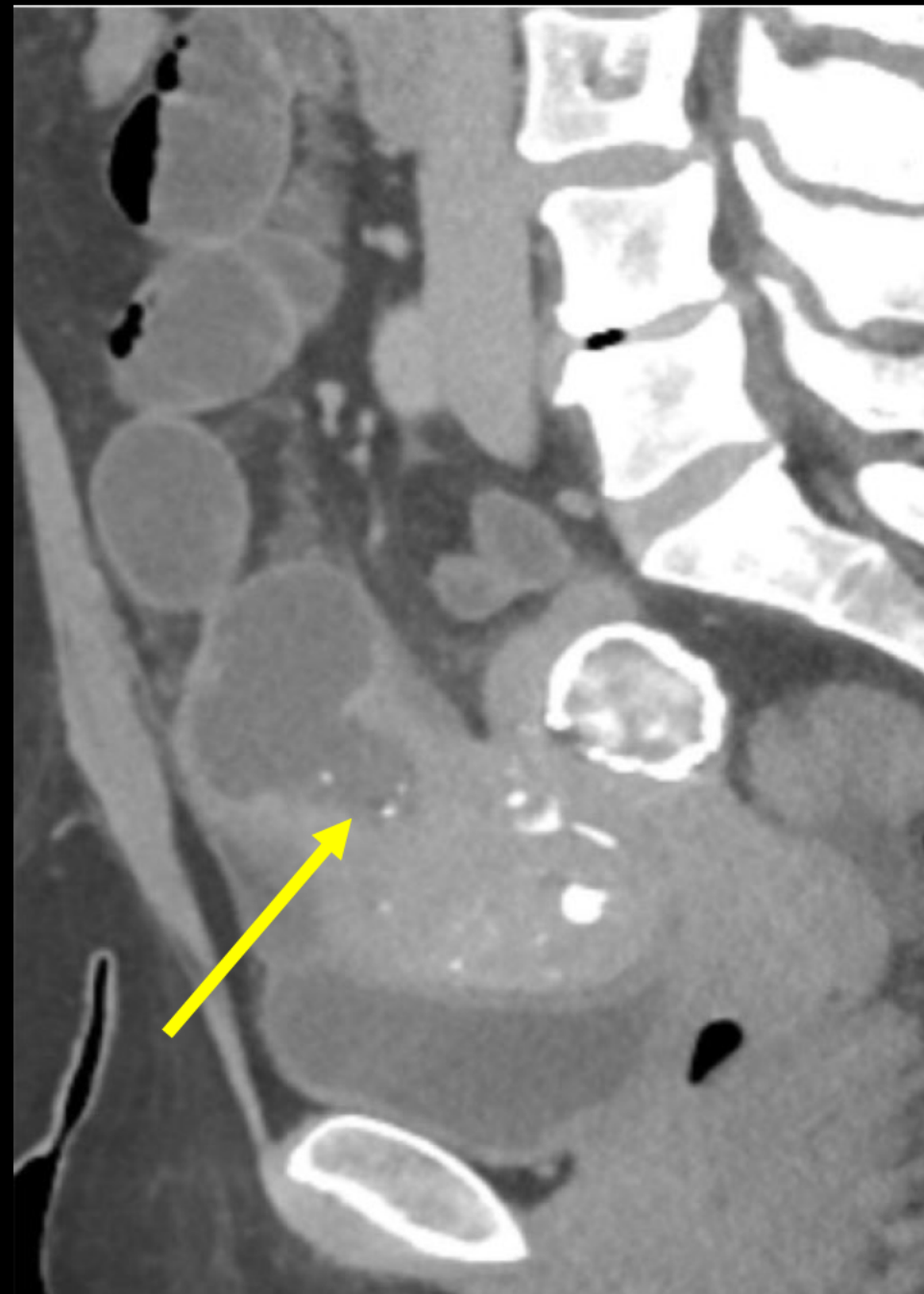
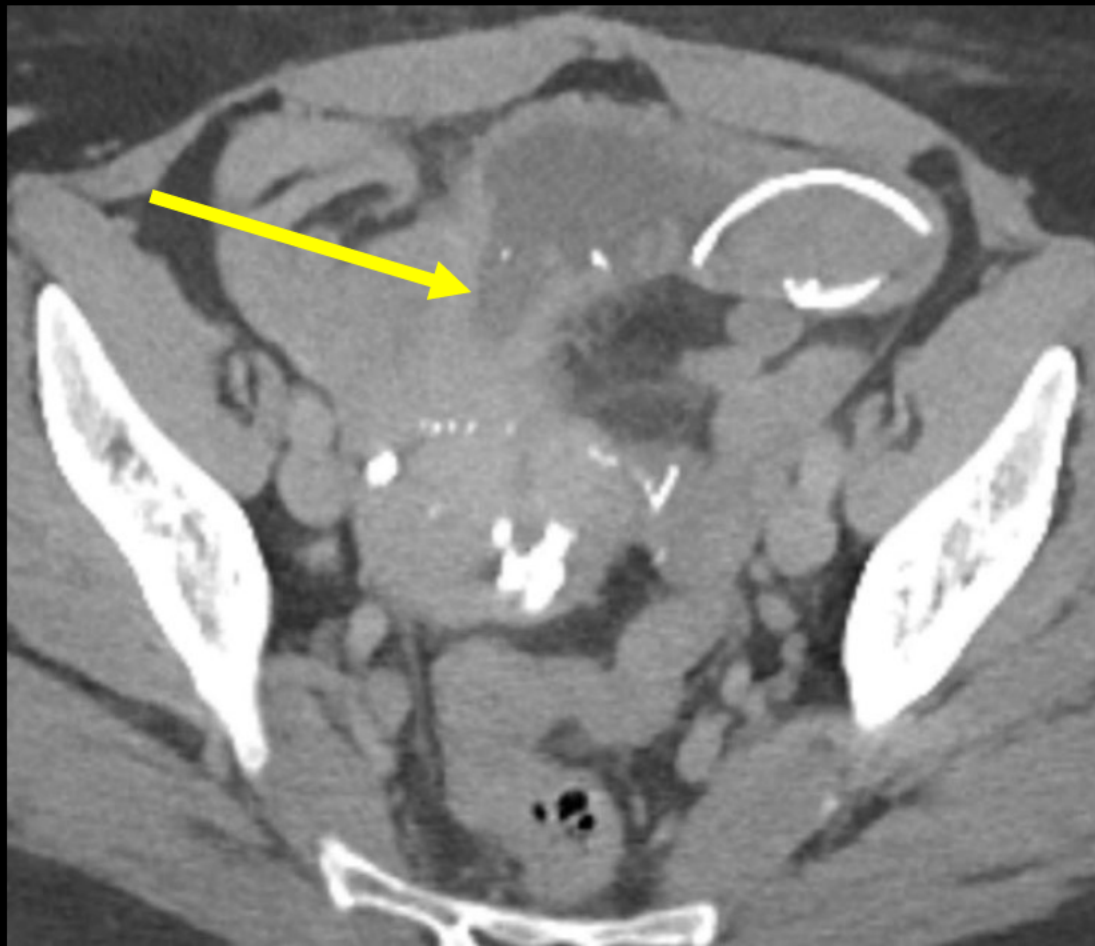


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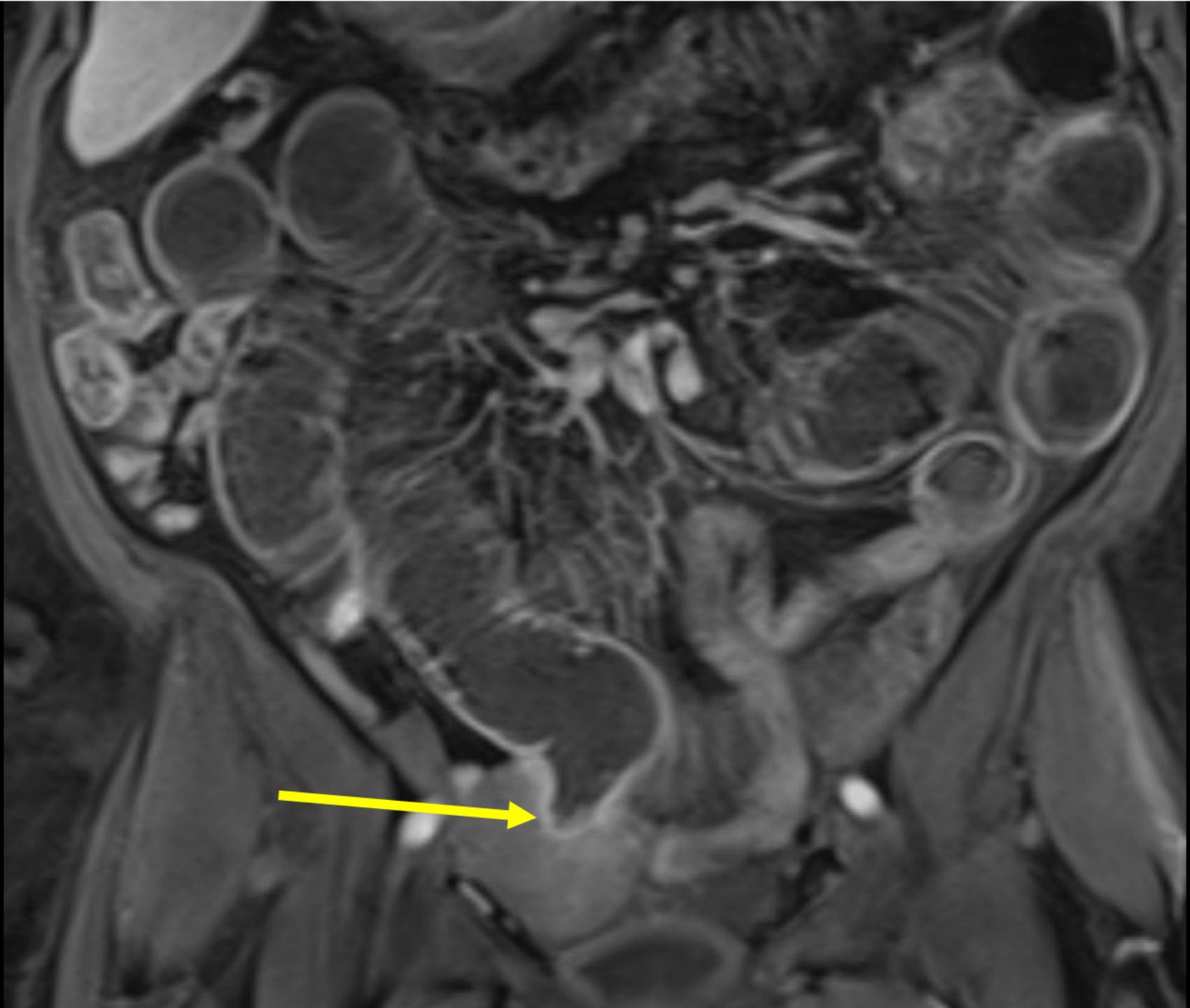
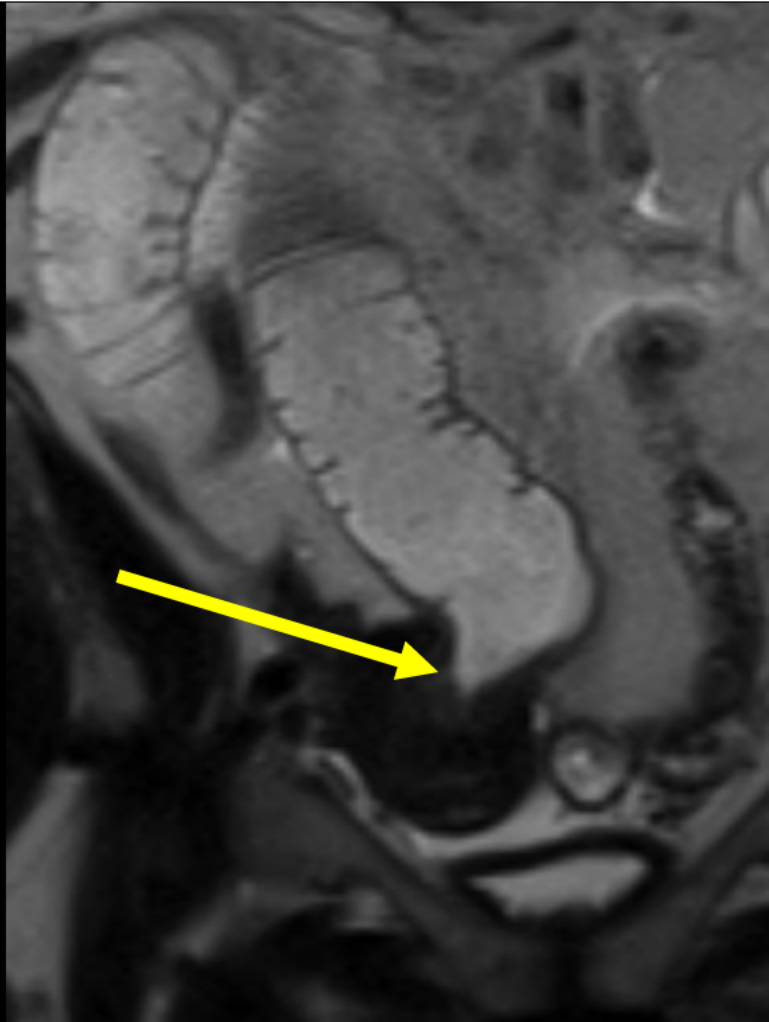




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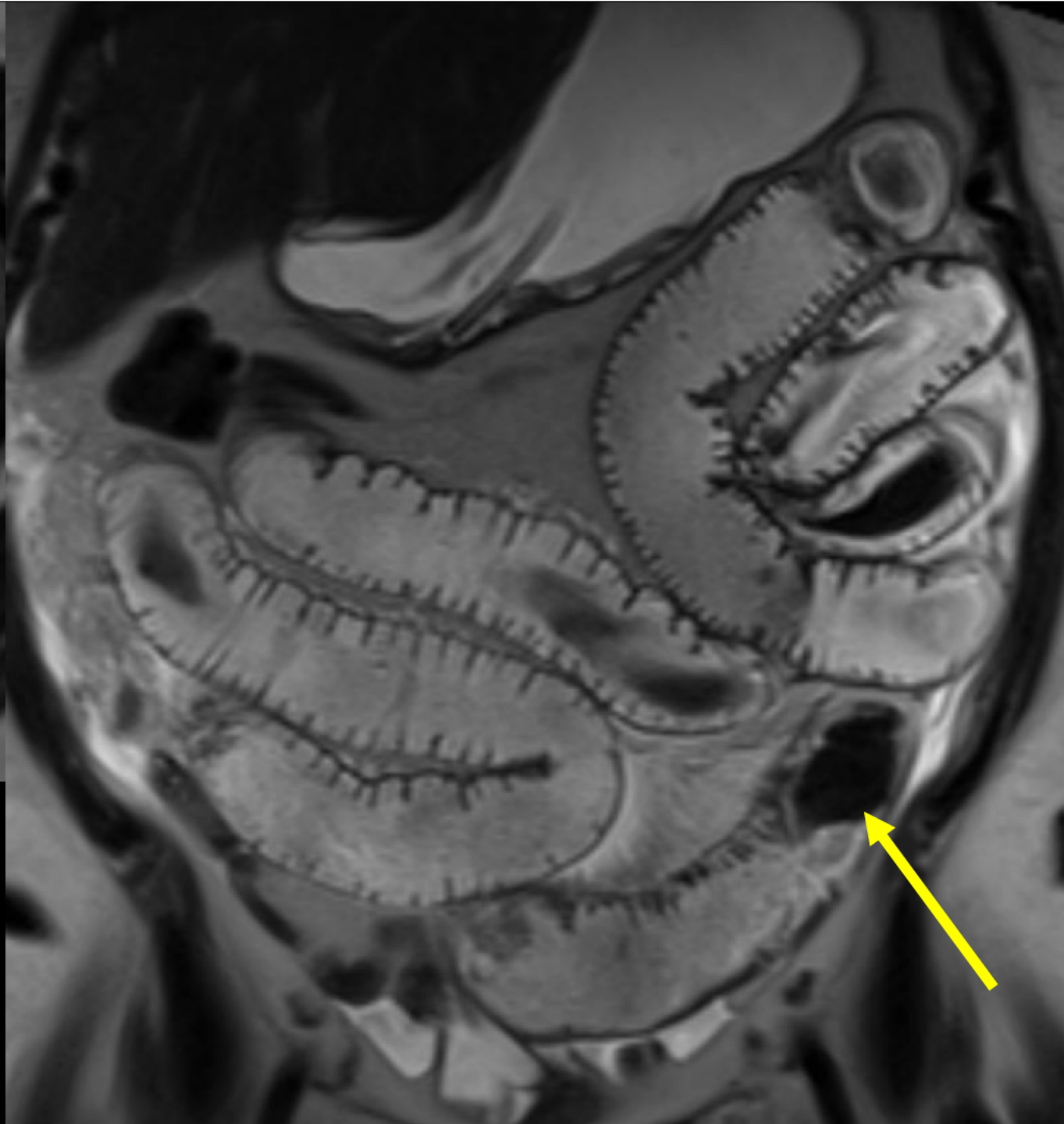
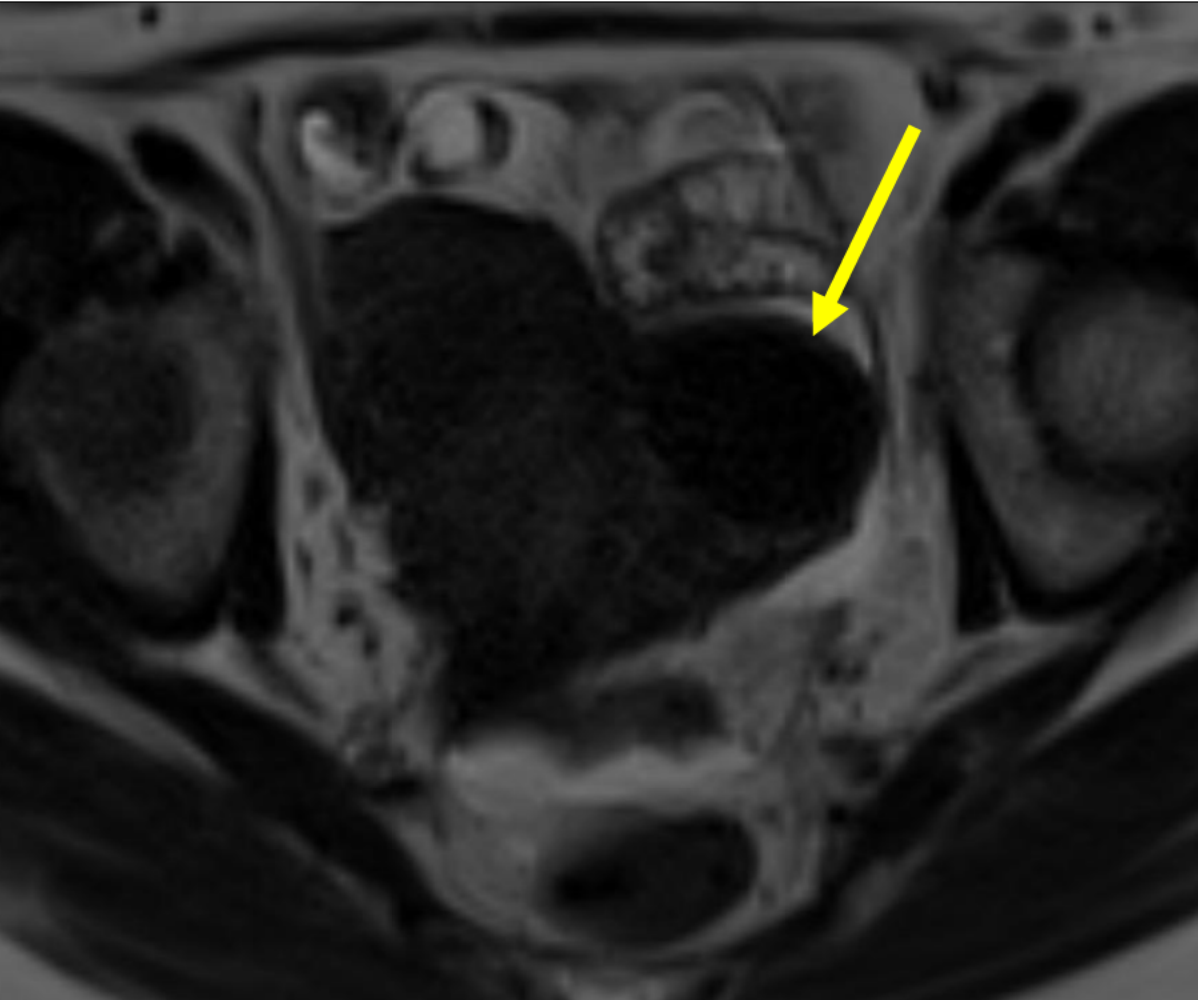
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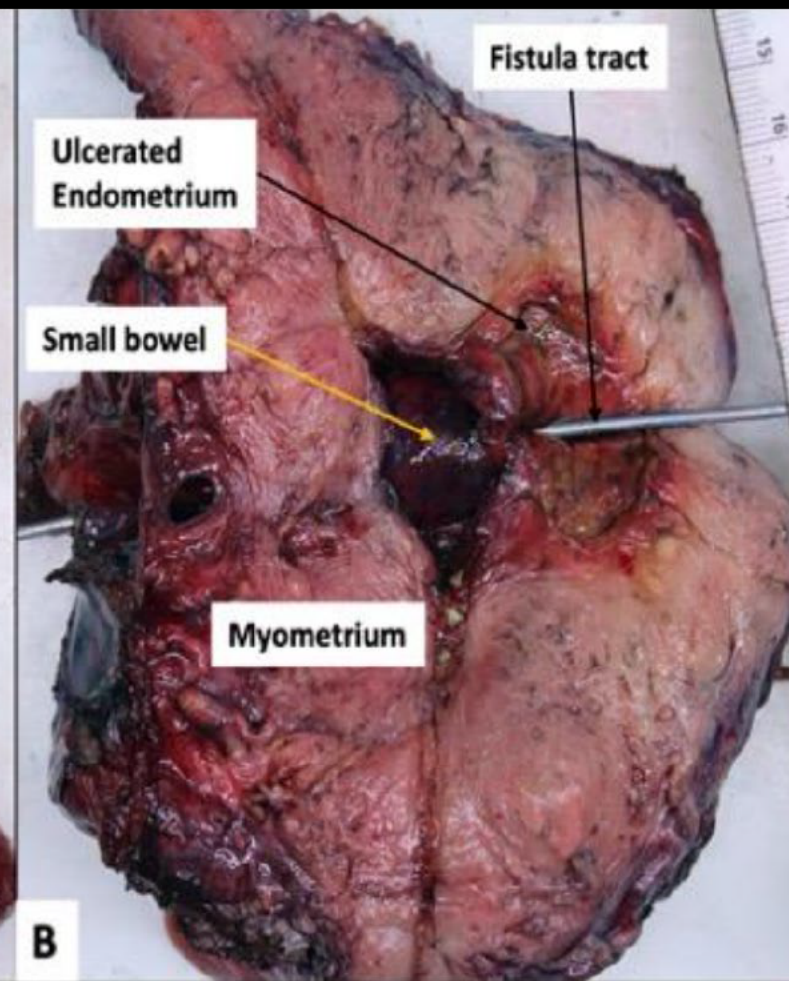
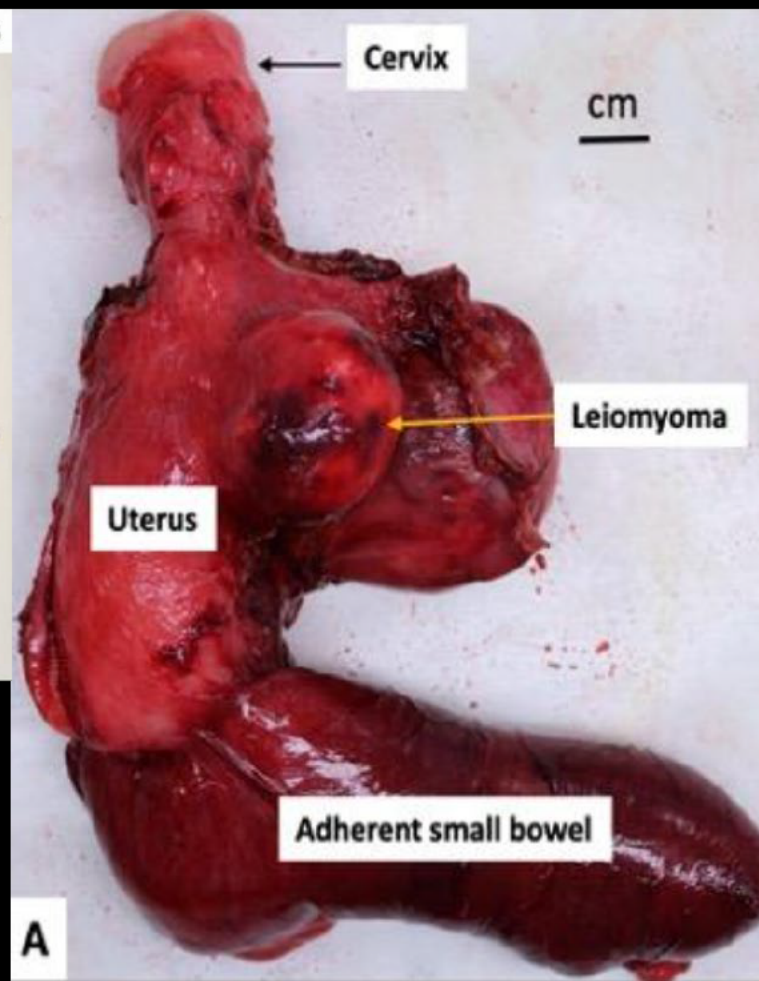
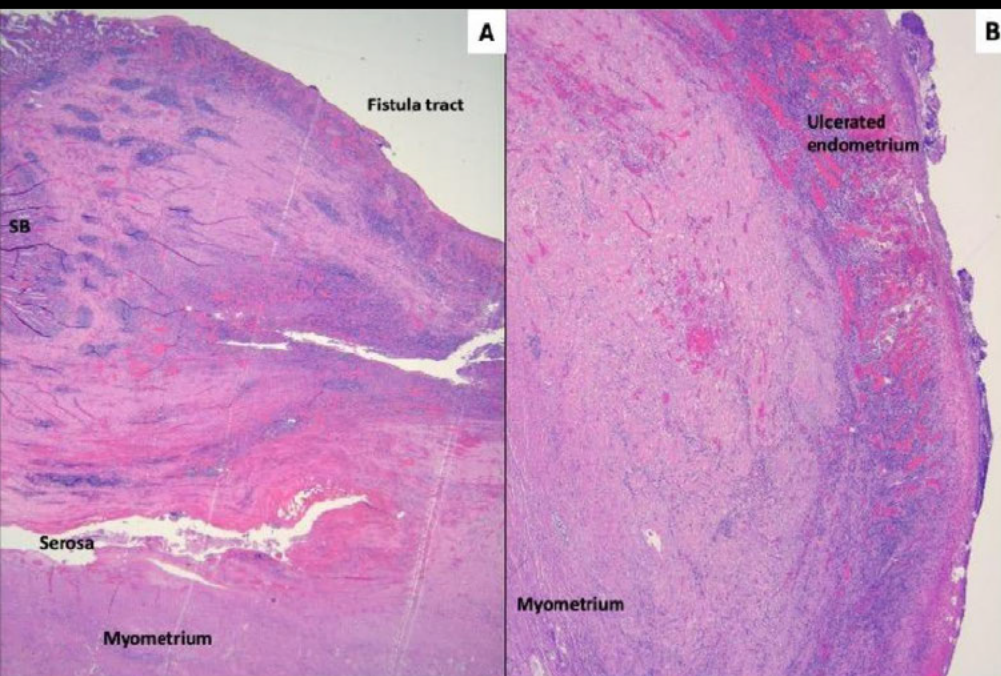
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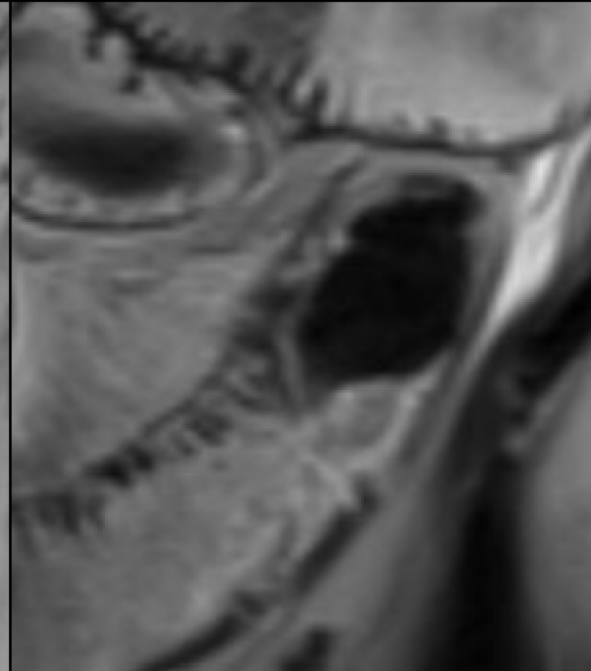
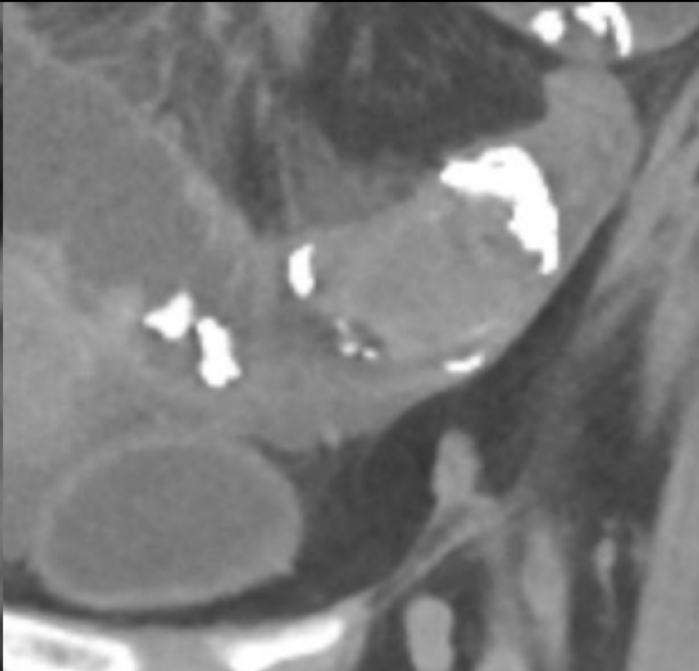
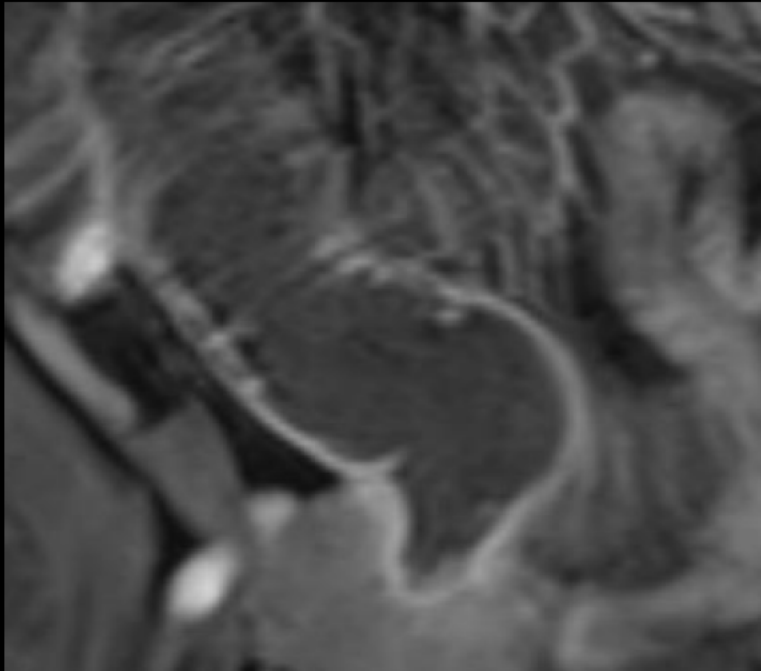
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Uterine Leiomyomata with uteroenteric fistula and small bowel obstruction

**Victor Babatunde
University of Pennsylvania
Philadelphia, PA**

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