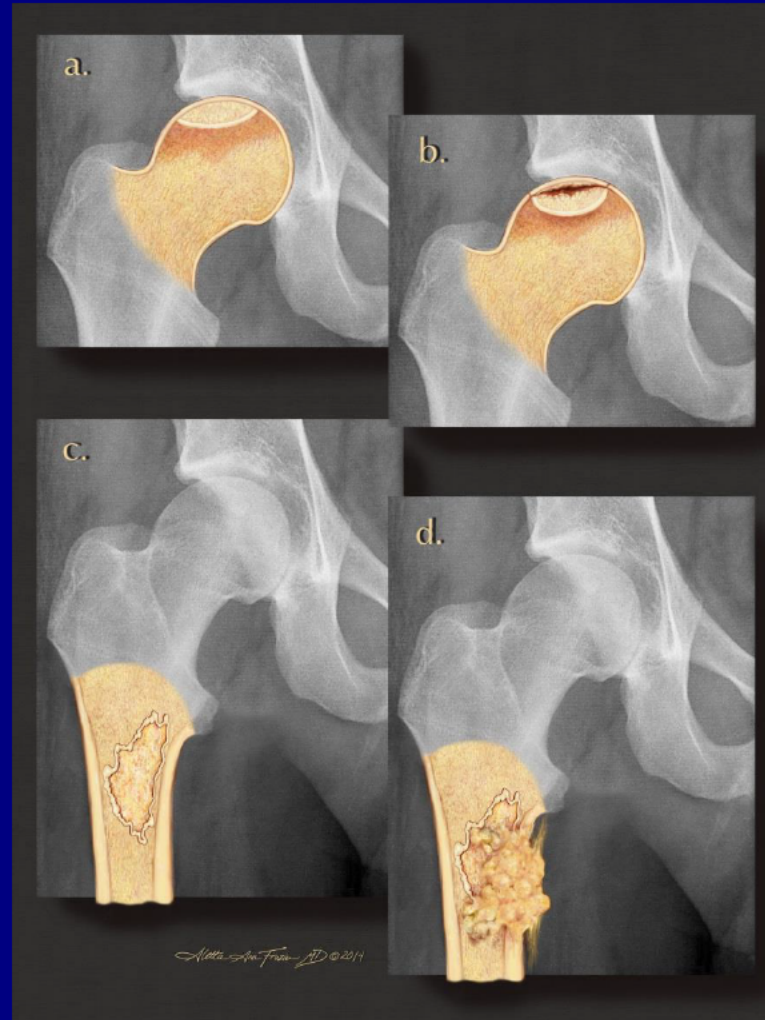


# Best Cases of the AIRP

**July-August, 2014**

# Musculoskeletal Imaging: Best Case





67 year old female with growing right  
leg mass

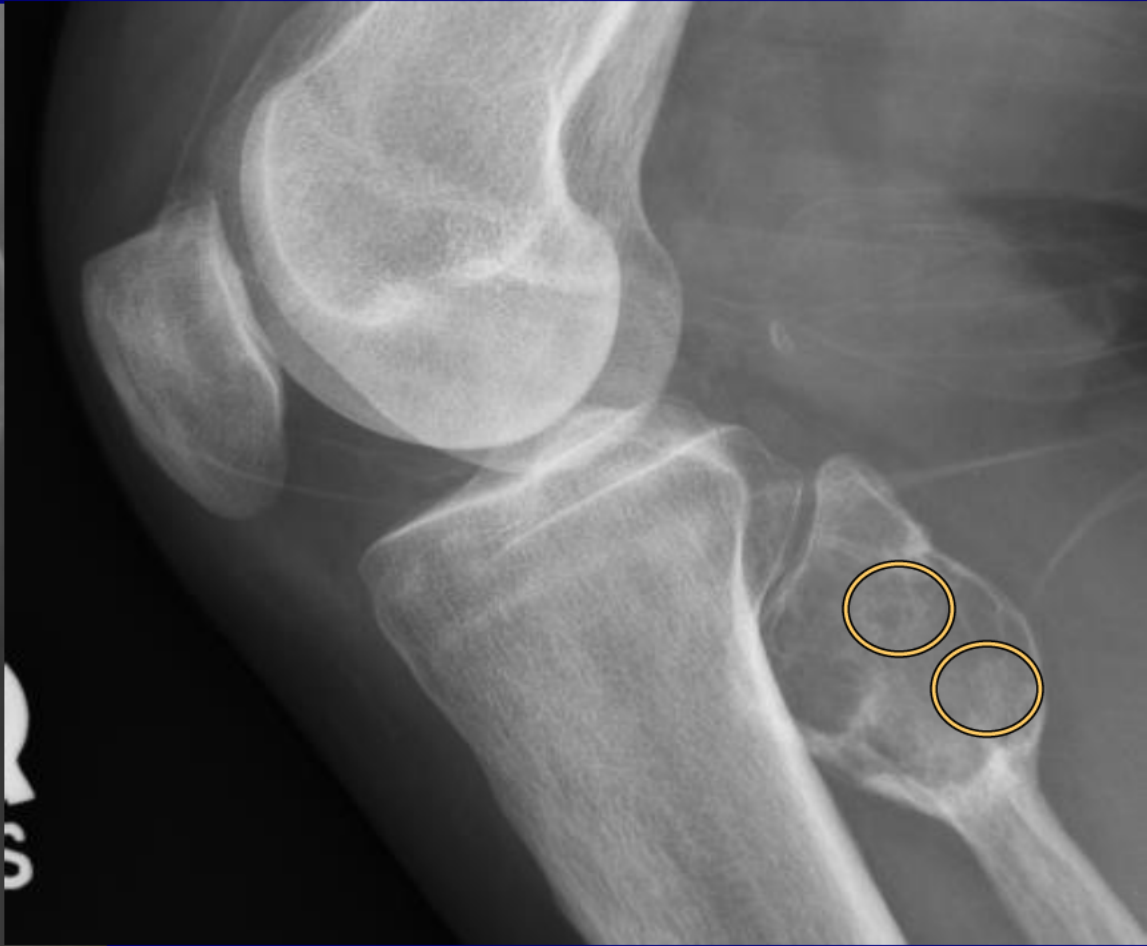


R  
ES

ES

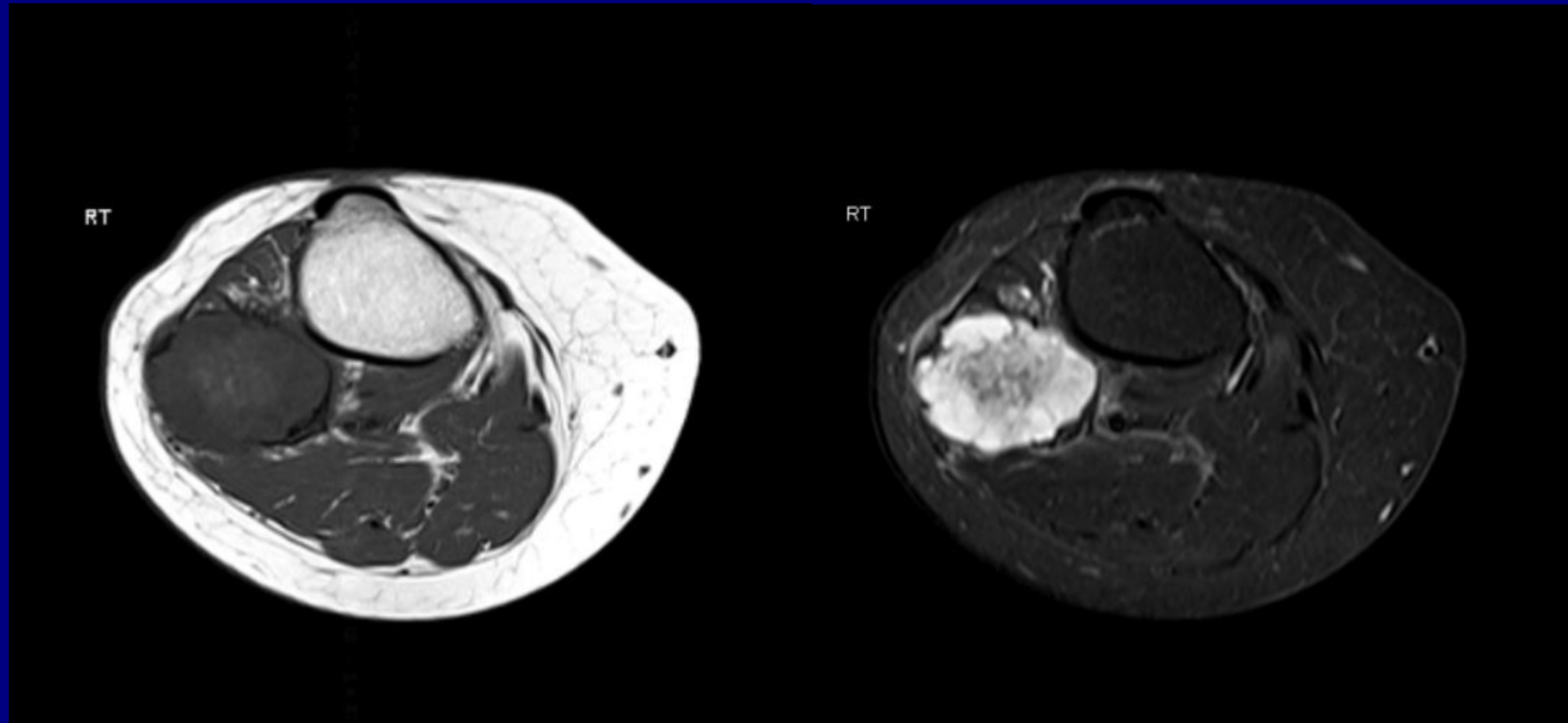


**R**  
ES



**T1**

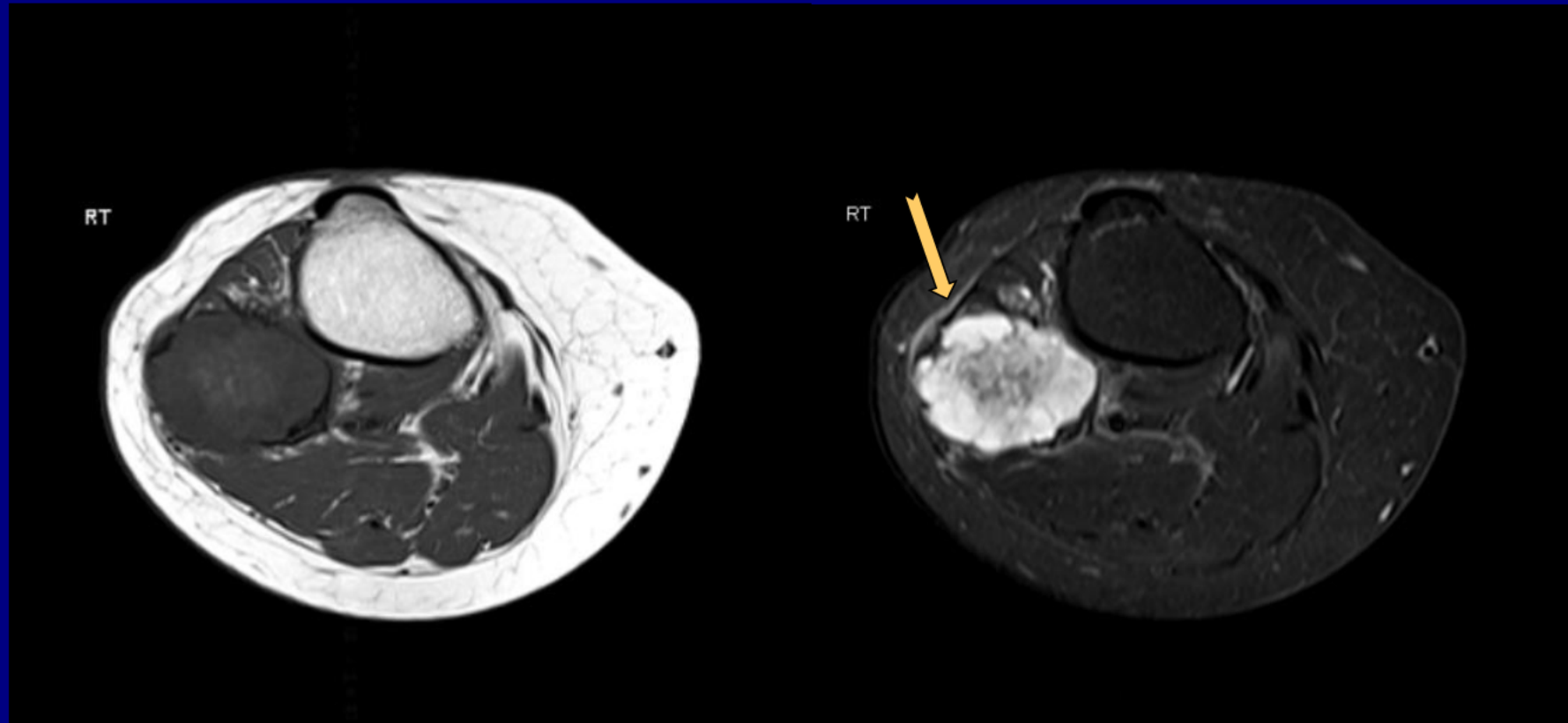
**T2 FS**



# MRI

**T1**

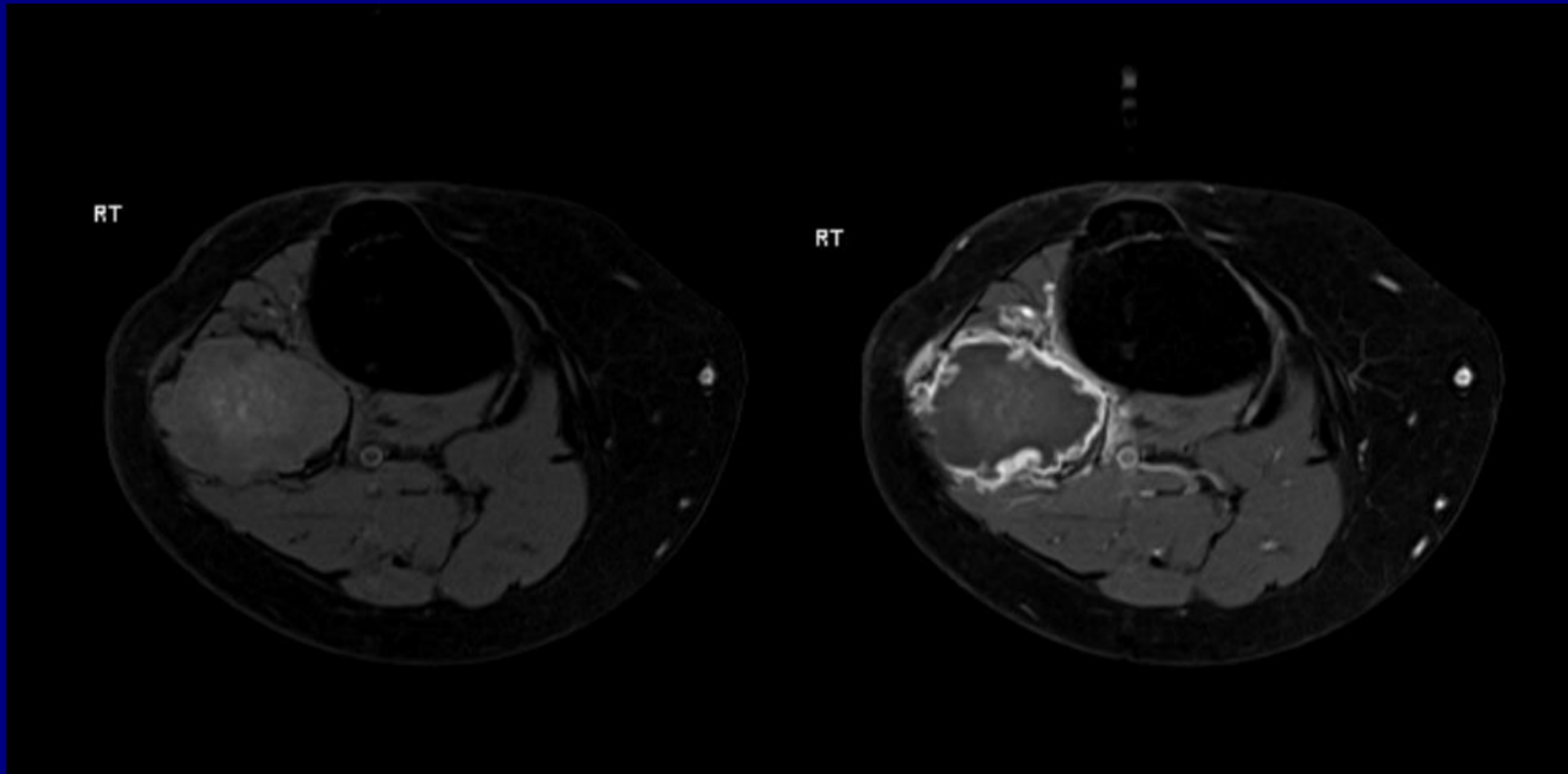
**T2 FS**



# MRI

**T1FS**

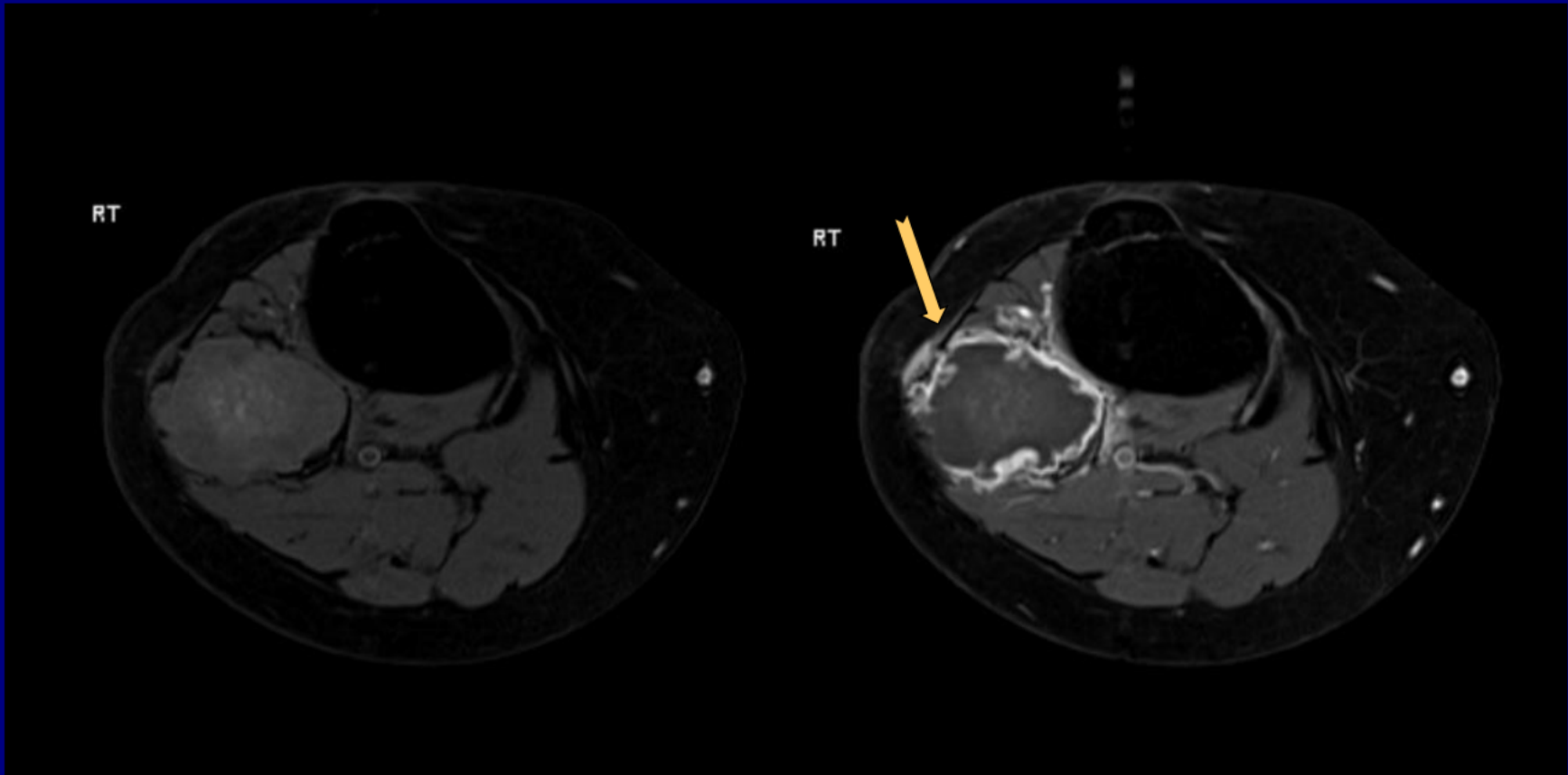
**T1 FS +Gd**



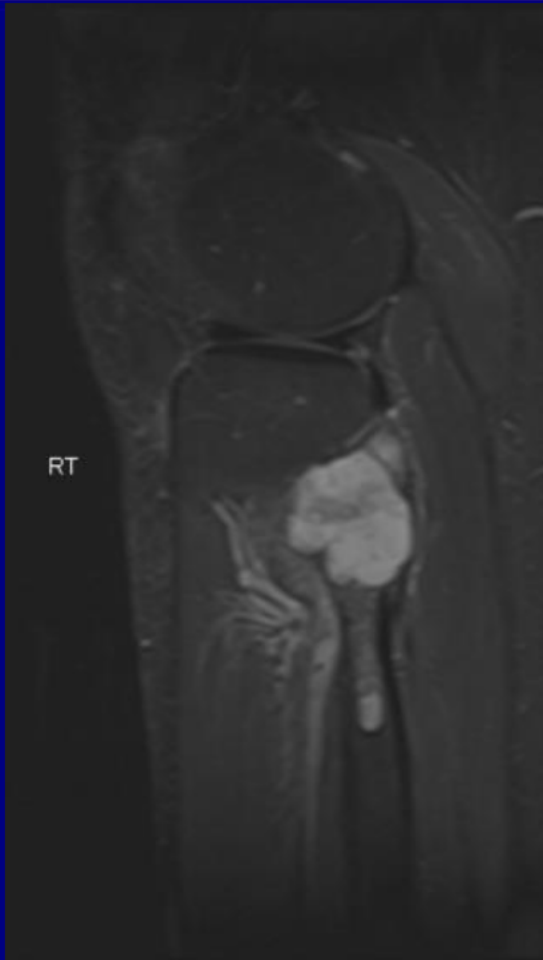
# MRI

**T1FS**

**T1 FS +Gd**



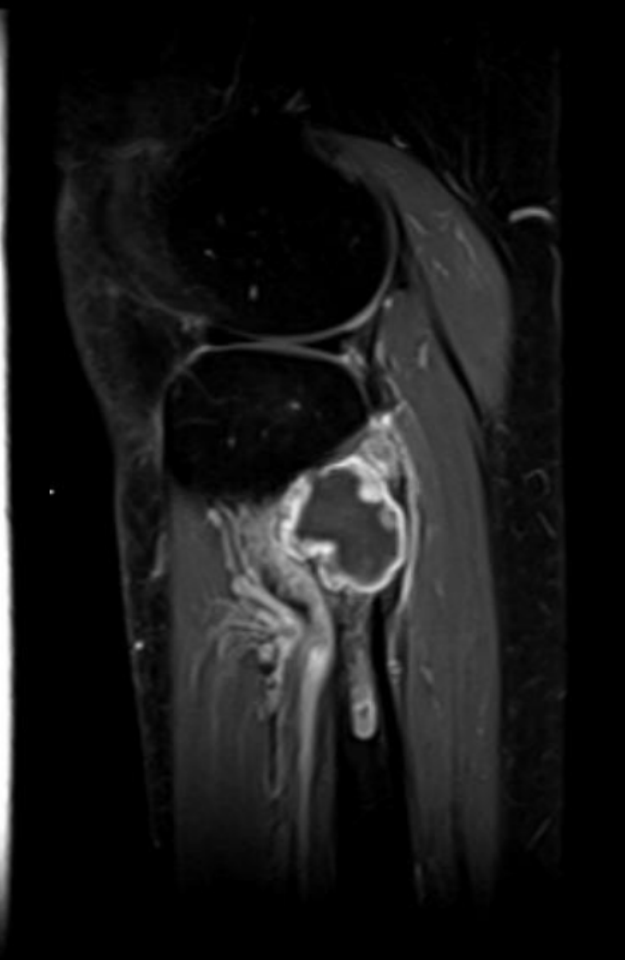




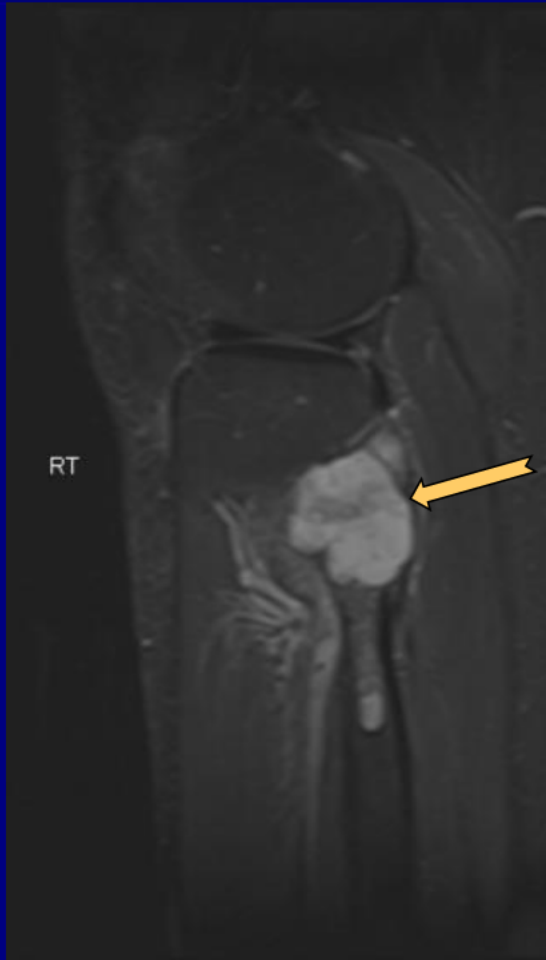
T2FS



T1



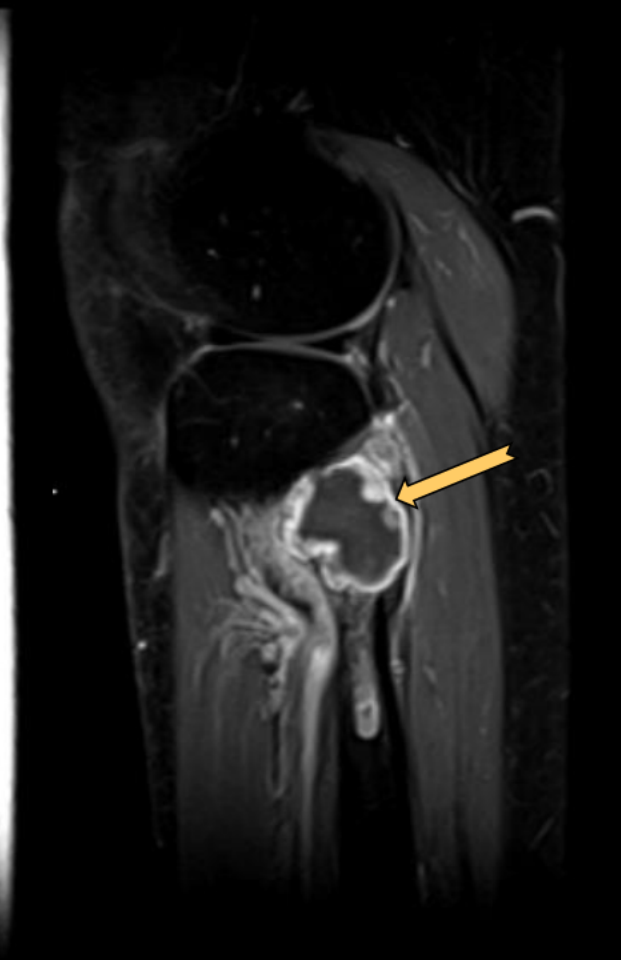
T1FS+G  
d



T2FS

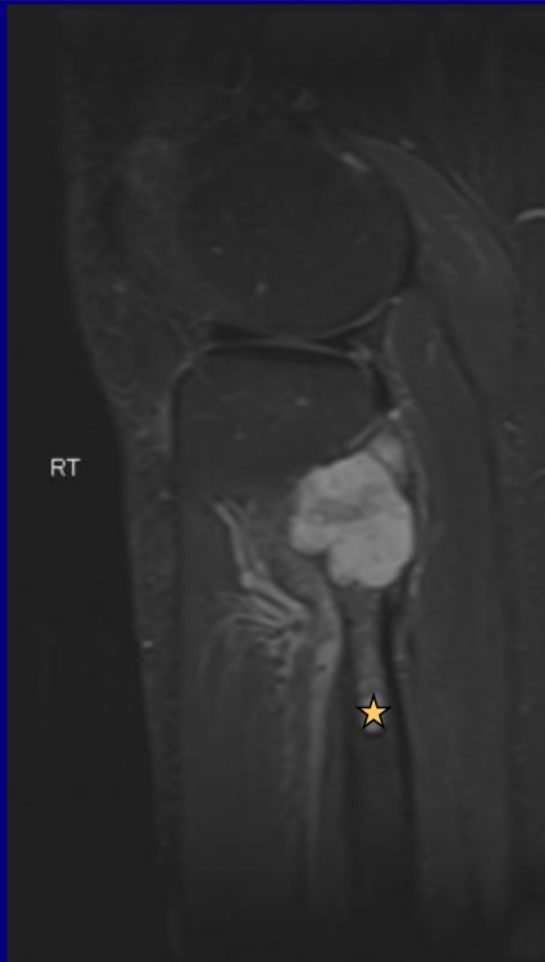


T1



T1FS+G

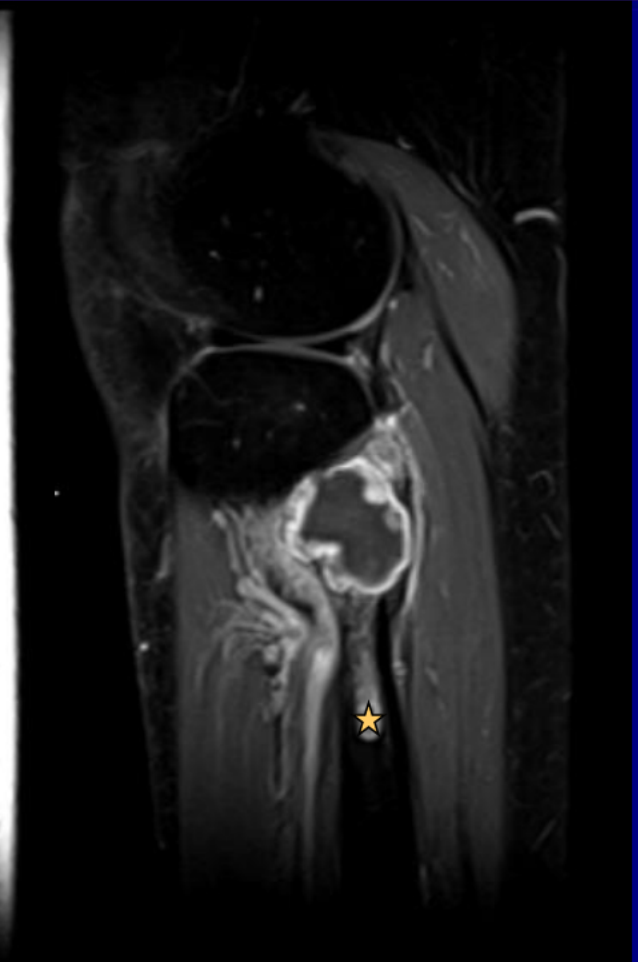
d



T2FS

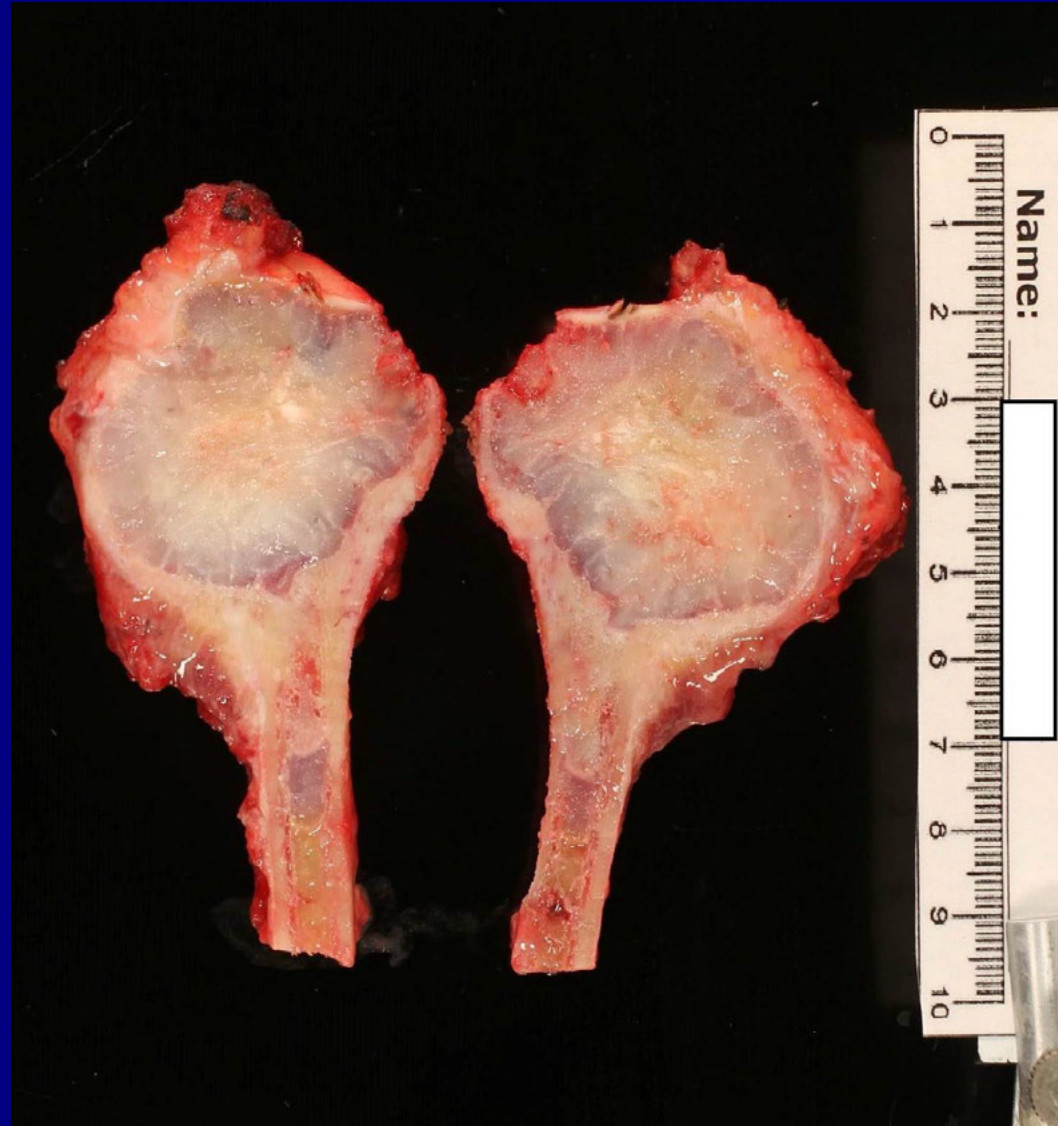


T1

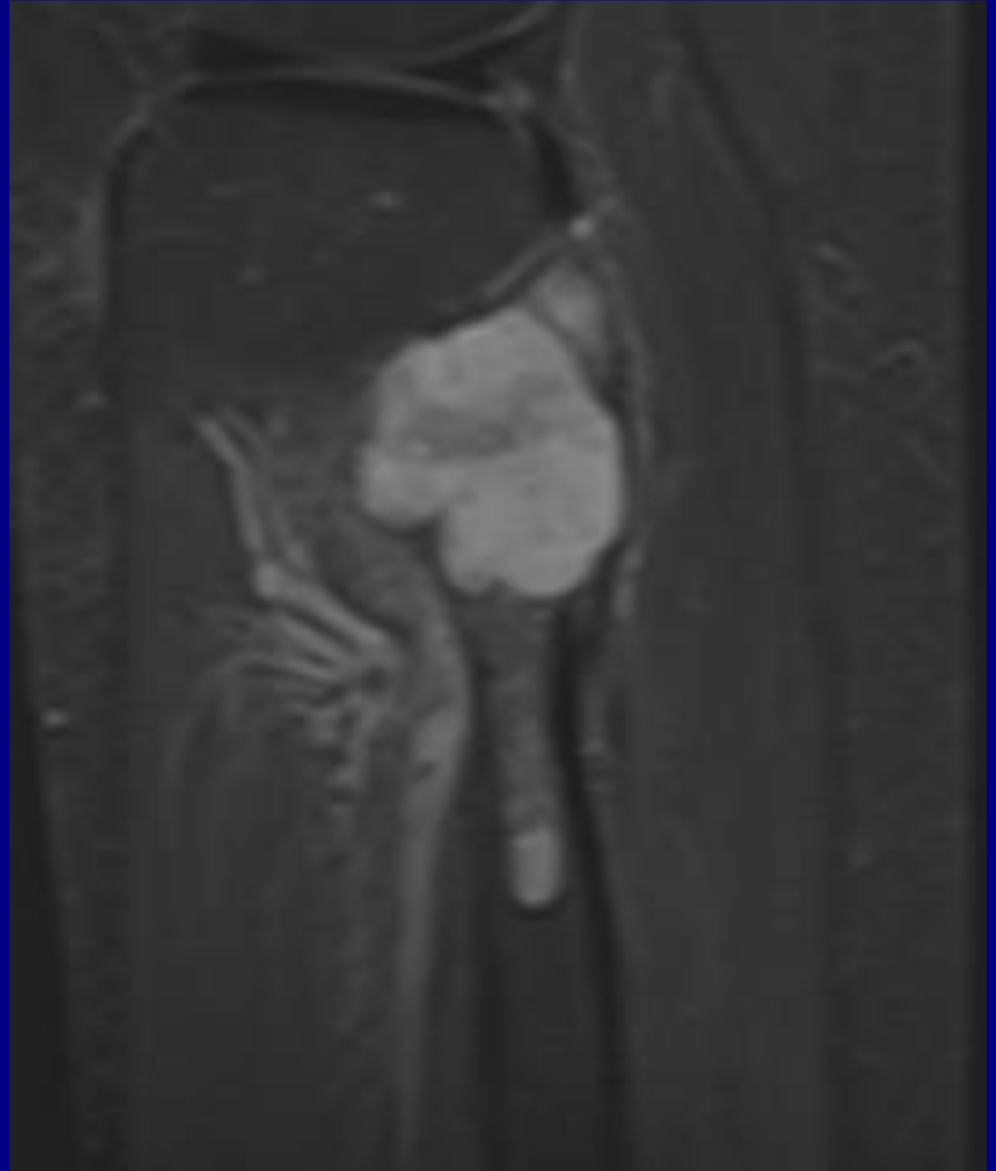


T1FS+G  
d

# GROSS



# GROSS





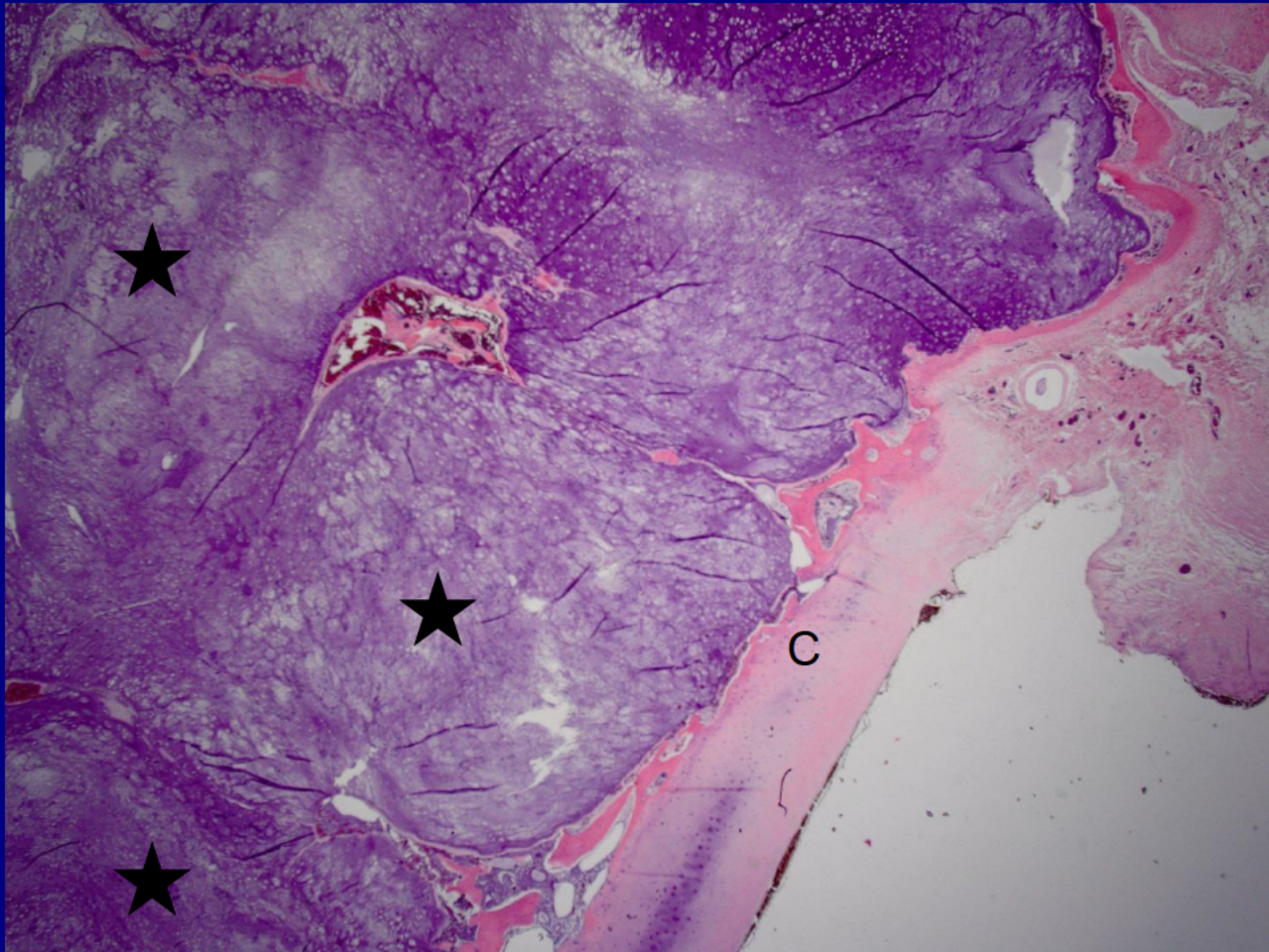
# GROSS



# GROSS

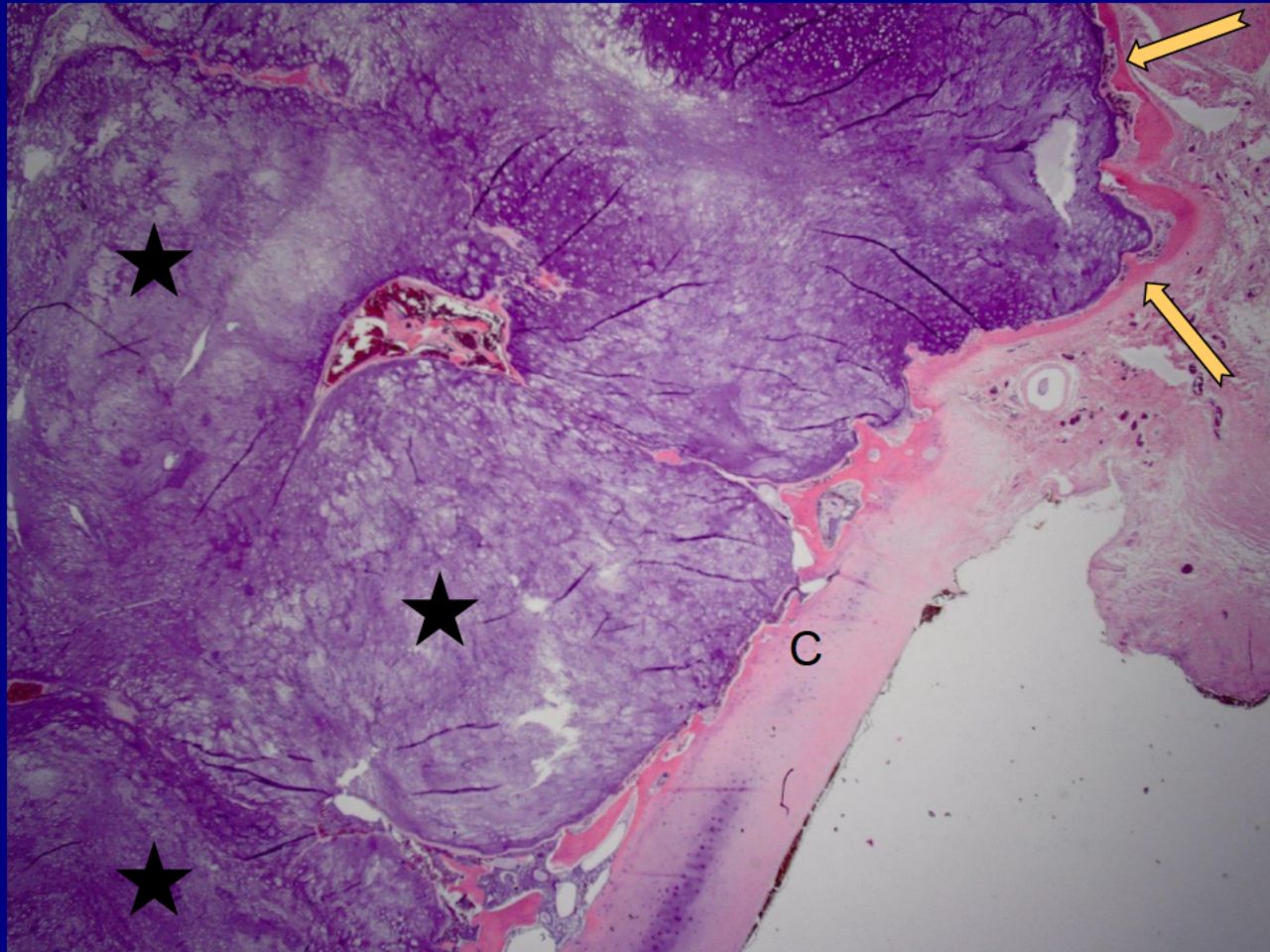


# HISTOLOGY

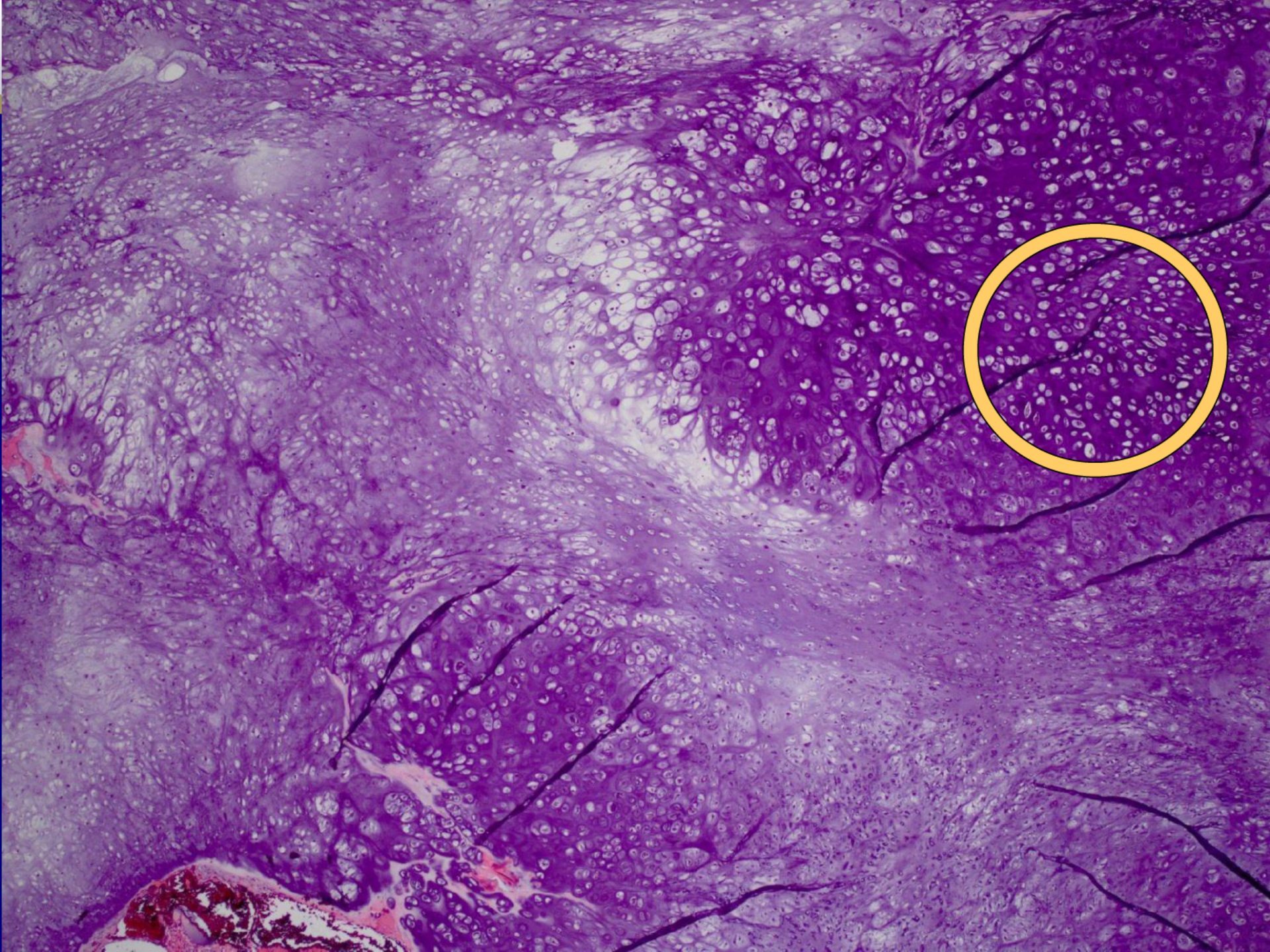




# HISTOLOGY





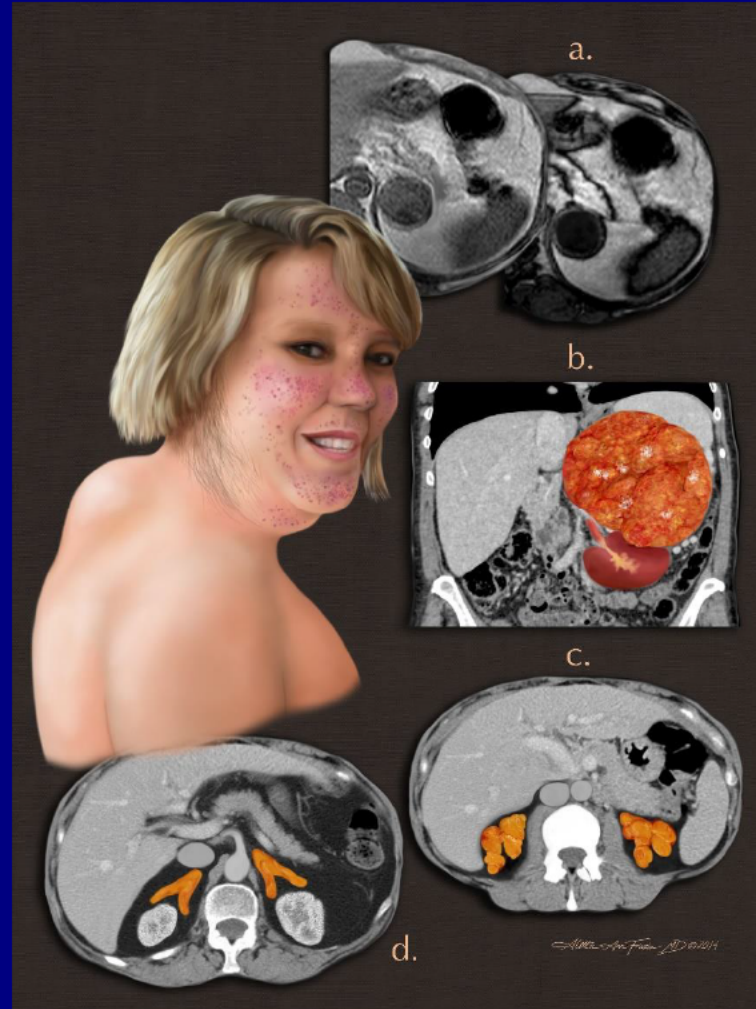




# Intramedullary Chondrosarcoma (grade 2)

**Dr. Jerrod Hampton**  
**Scott and White Diagnostic Radiology**  
**Temple, Texas**

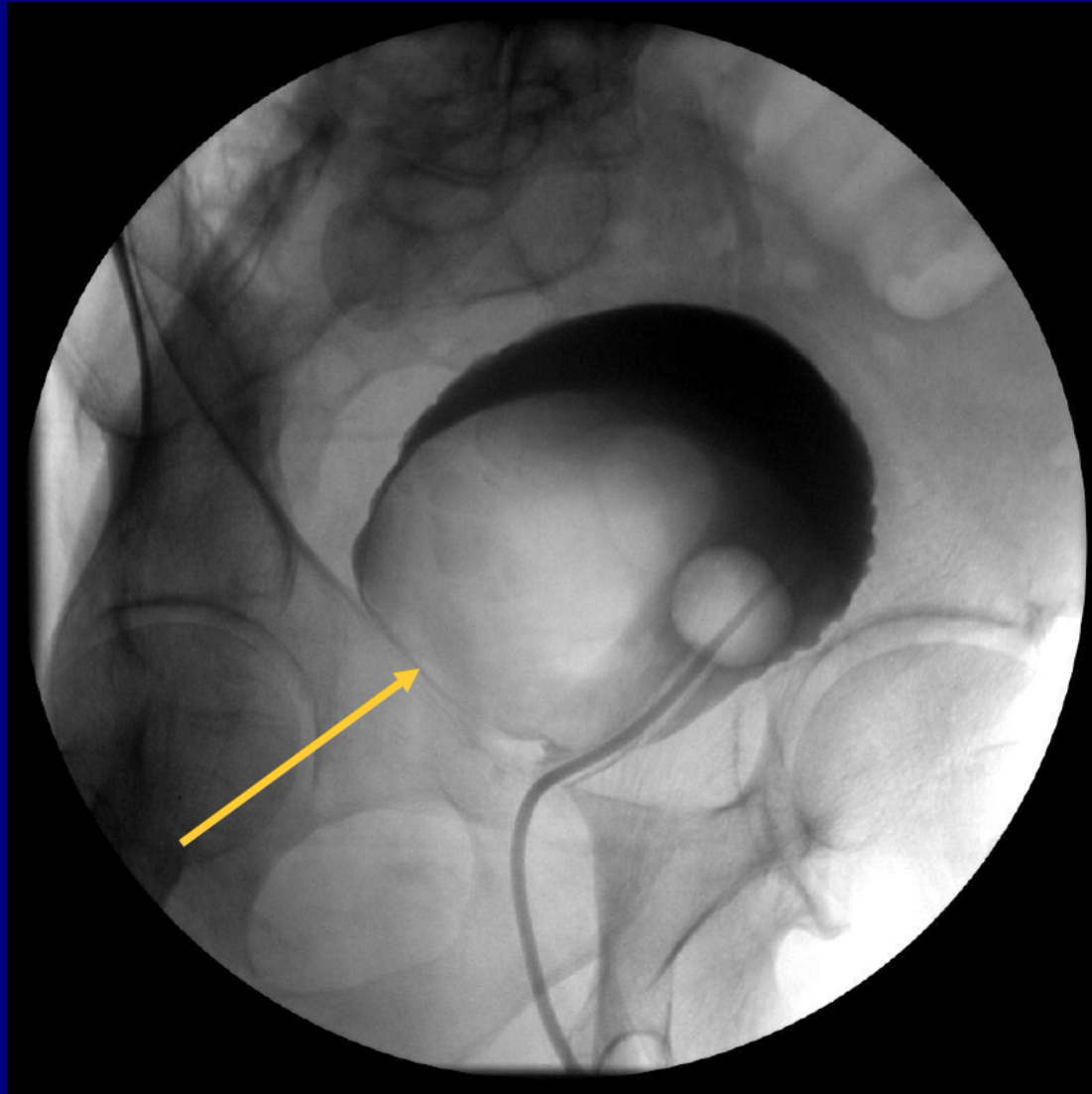
# Genitourinary Best Case



## History

**55 year old male with a history of benign prostatic hypertrophy who presents with acute urinary retention. Labs showed an elevated Cr of 17 and PSA of 9.8 and normal WBC of 11.8**

# Cystogram



# CT



# MRI

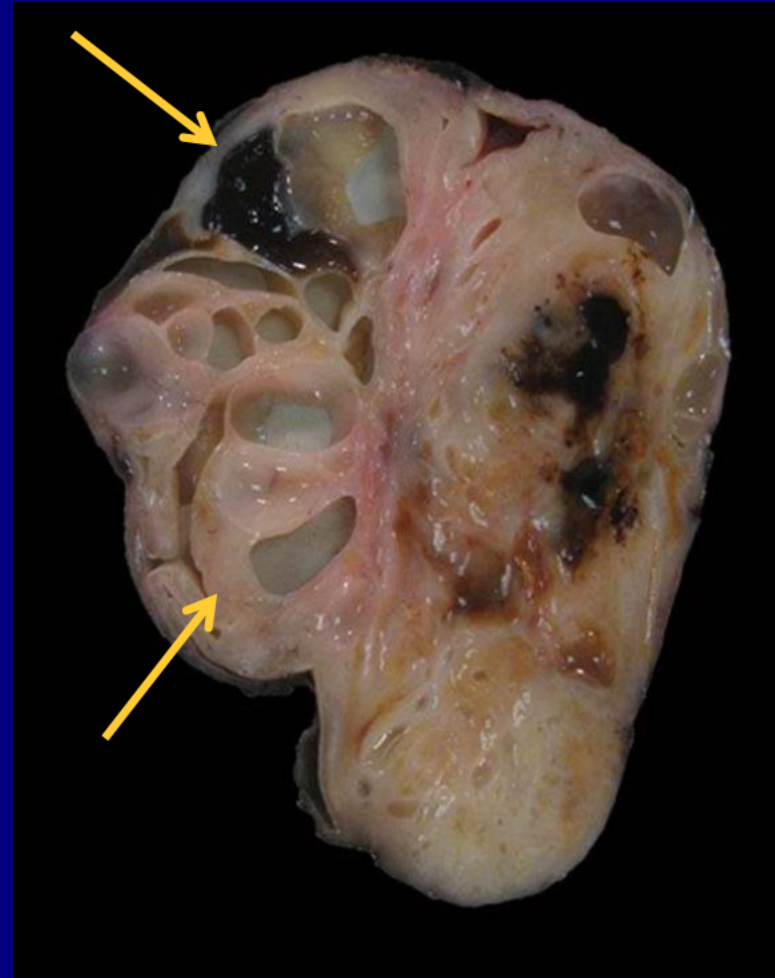
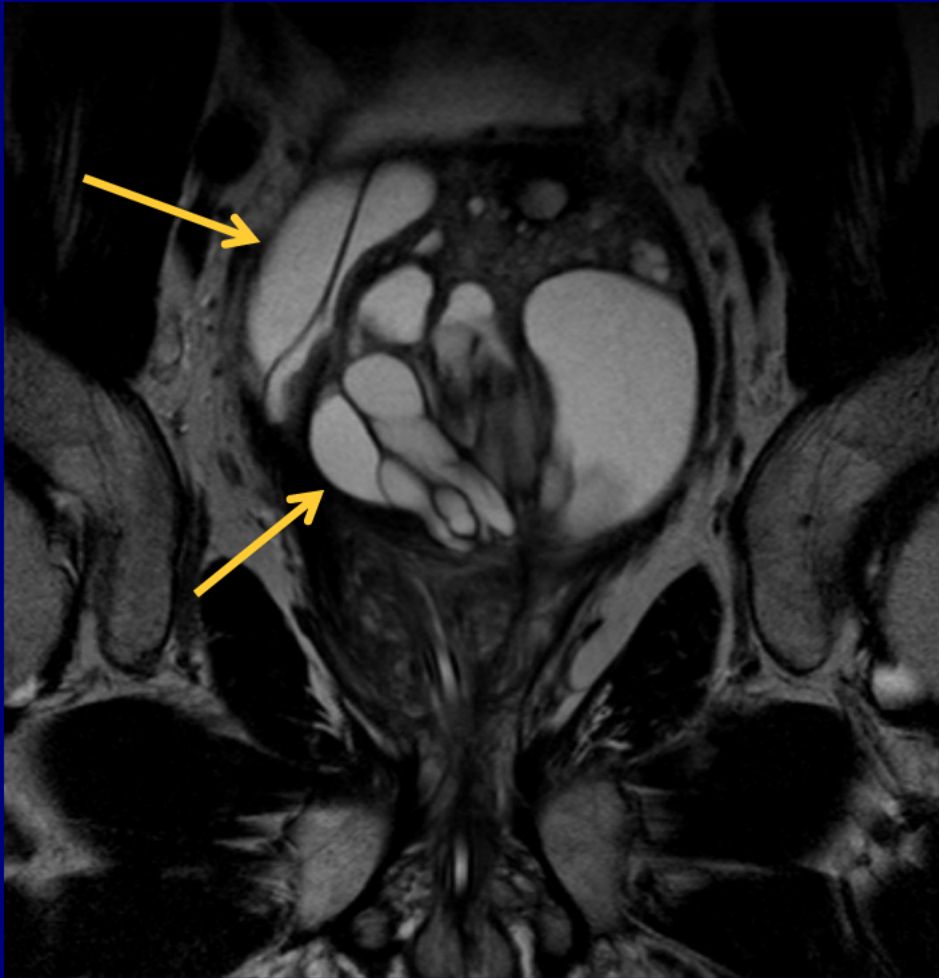


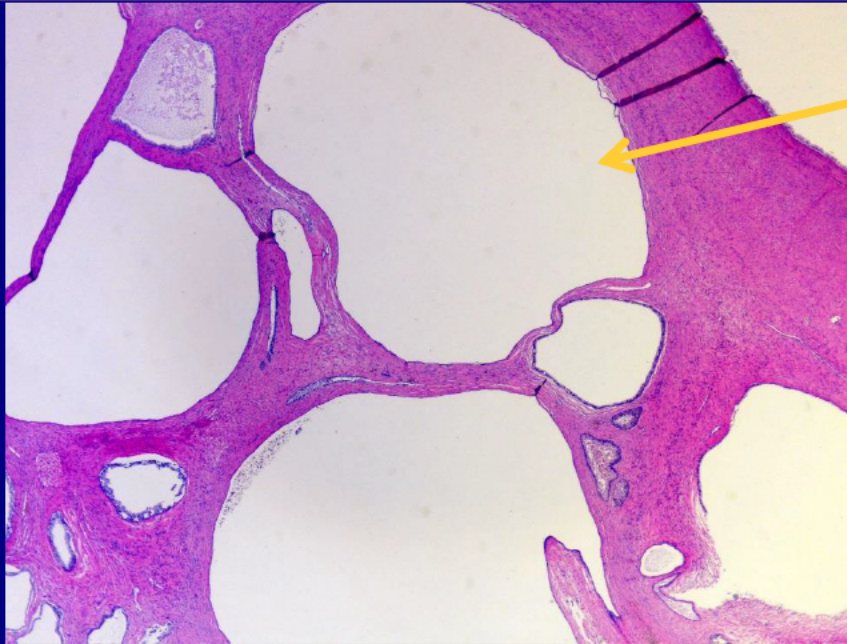
**T2**



**T1 Fat Sat Post Contrast**







# Cystadenoma

**Michael Baad**

**University of Chicago Hospital  
Chicago, IL**

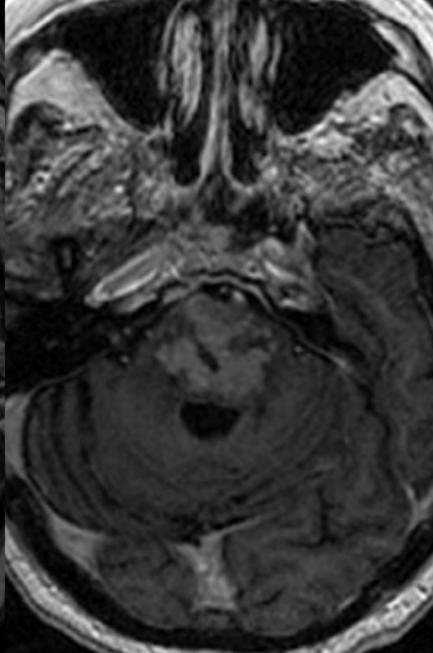
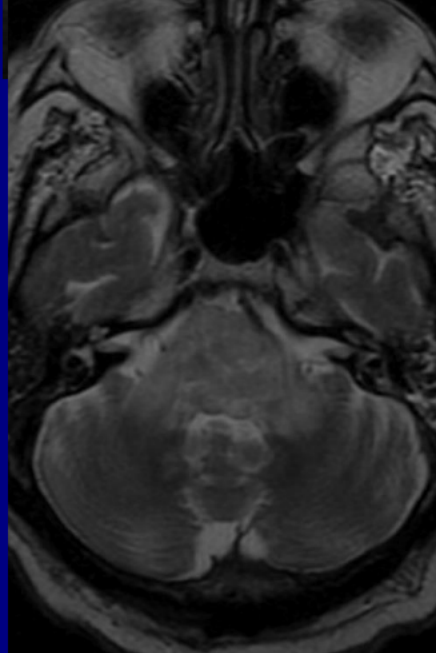
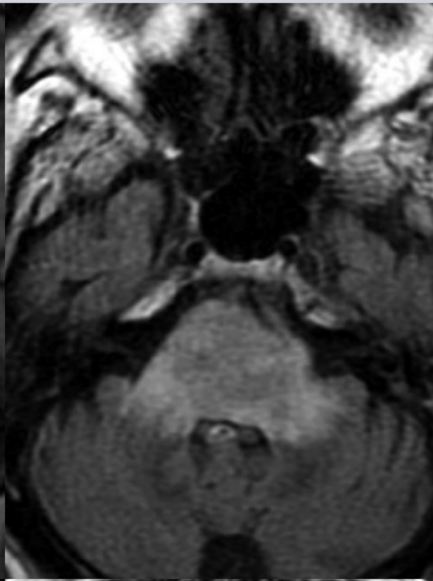
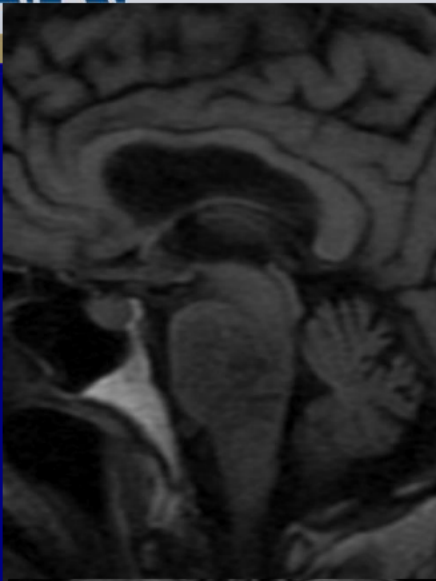
# Neuroradiology Best Case



# History

**71-year-old man presented with 10-months of progressive asthenia, hyporexia, hypothyria, dizziness, horizontal diplopia, oscillopsia, and anomia.**





Axial T2

Post Axial SPGR

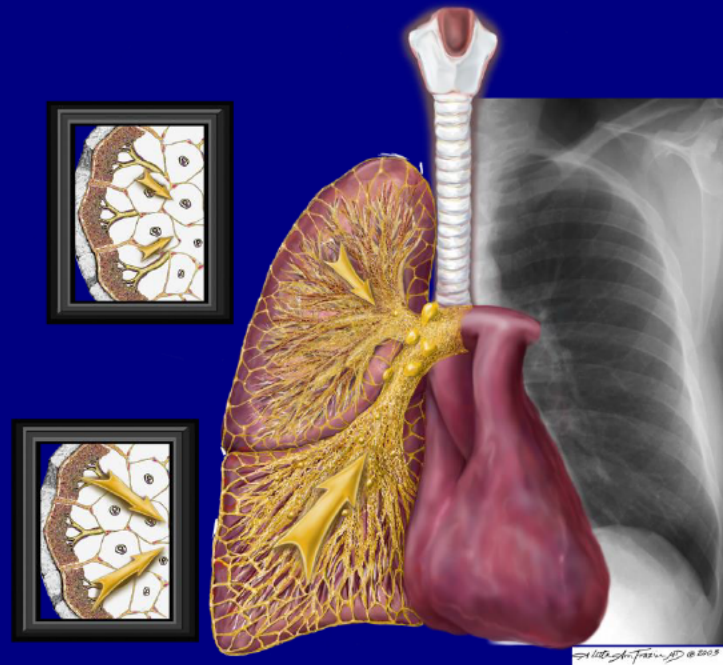
# Pontine glioma

**Hernan Chaves**

**FLENI (Fundación para la Lucha contra  
las Enfermedades Neurológicas de la  
Infancia) Hospital**

**Buenos Aires, Argentina**

# Pulmonary and Mediastinal Imaging

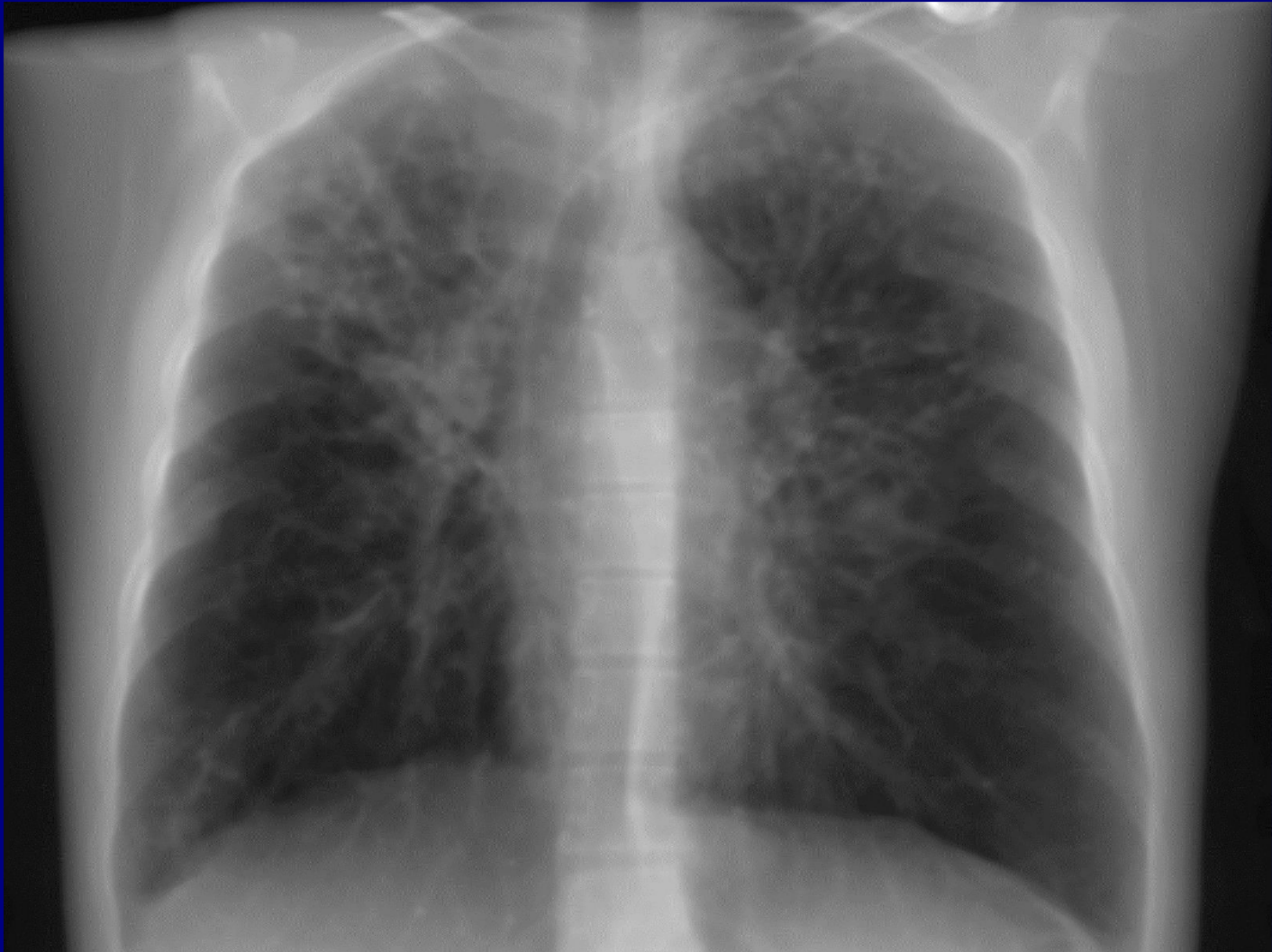




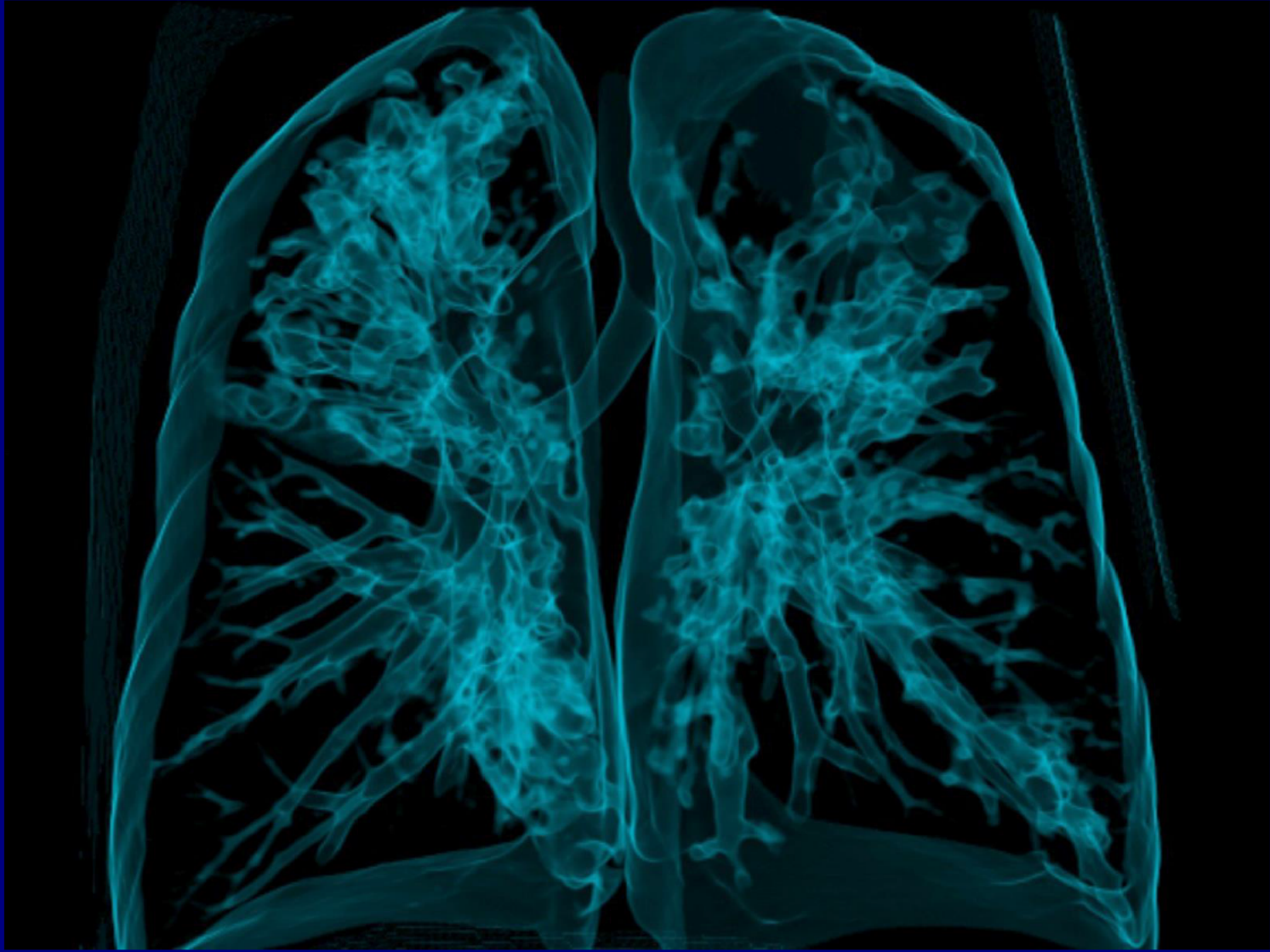
## History

35 year old female with a history of cystic fibrosis diagnosed at 18 months of life. Currently admitted for lung transplantation.

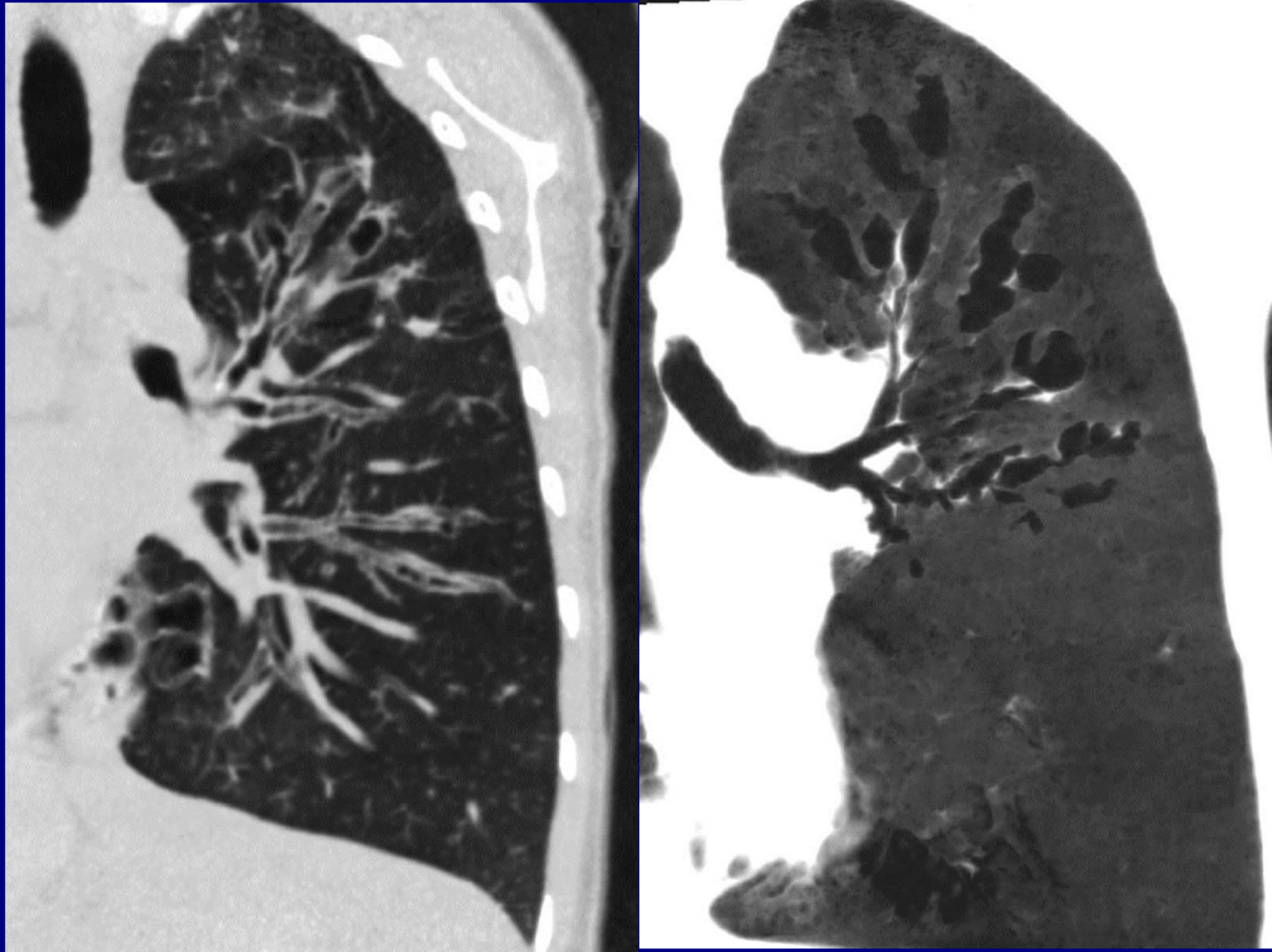
# Simulated Radiograph



# 3D Airway

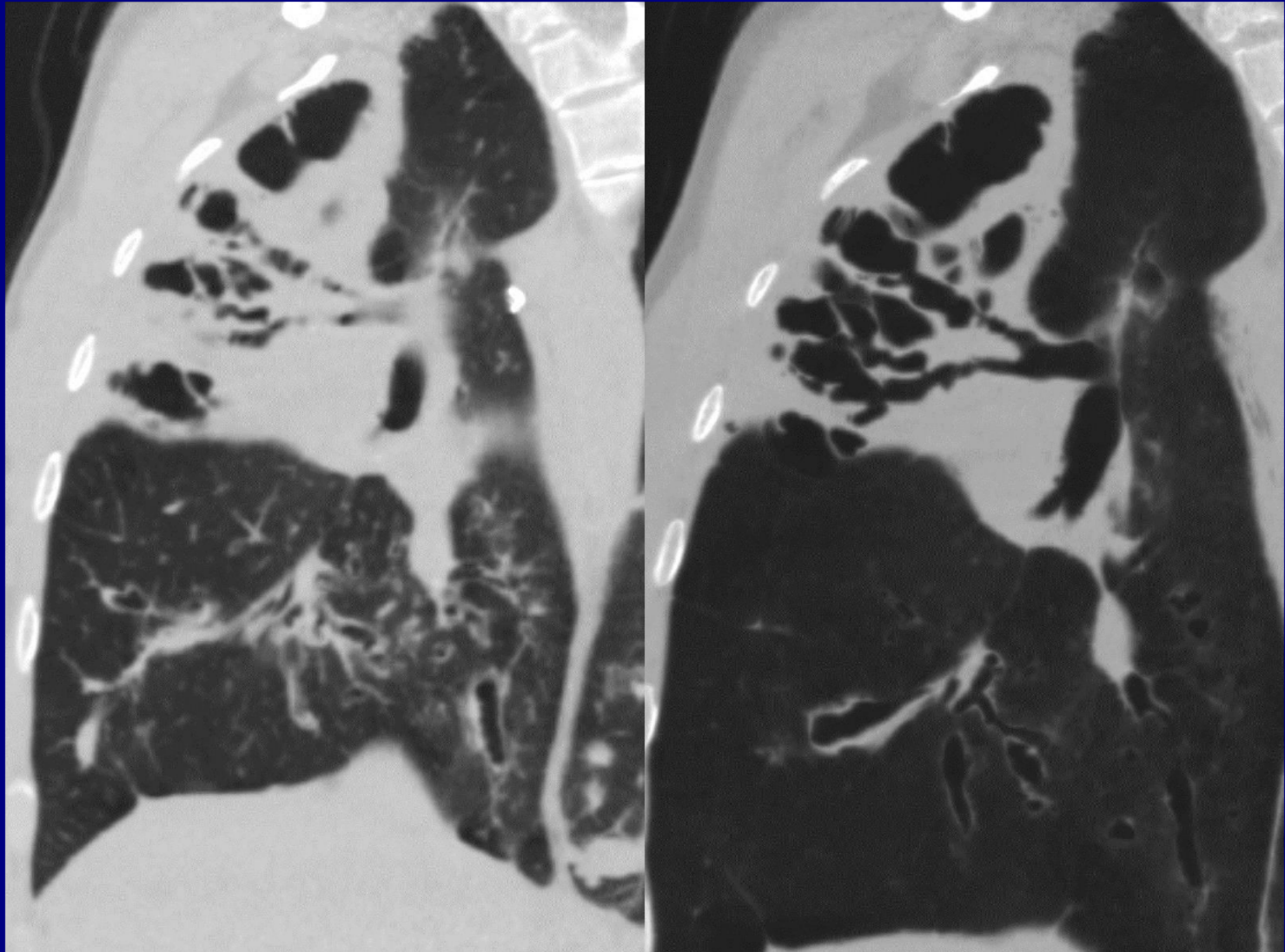


# Left Lung – cystic bronchiectasis



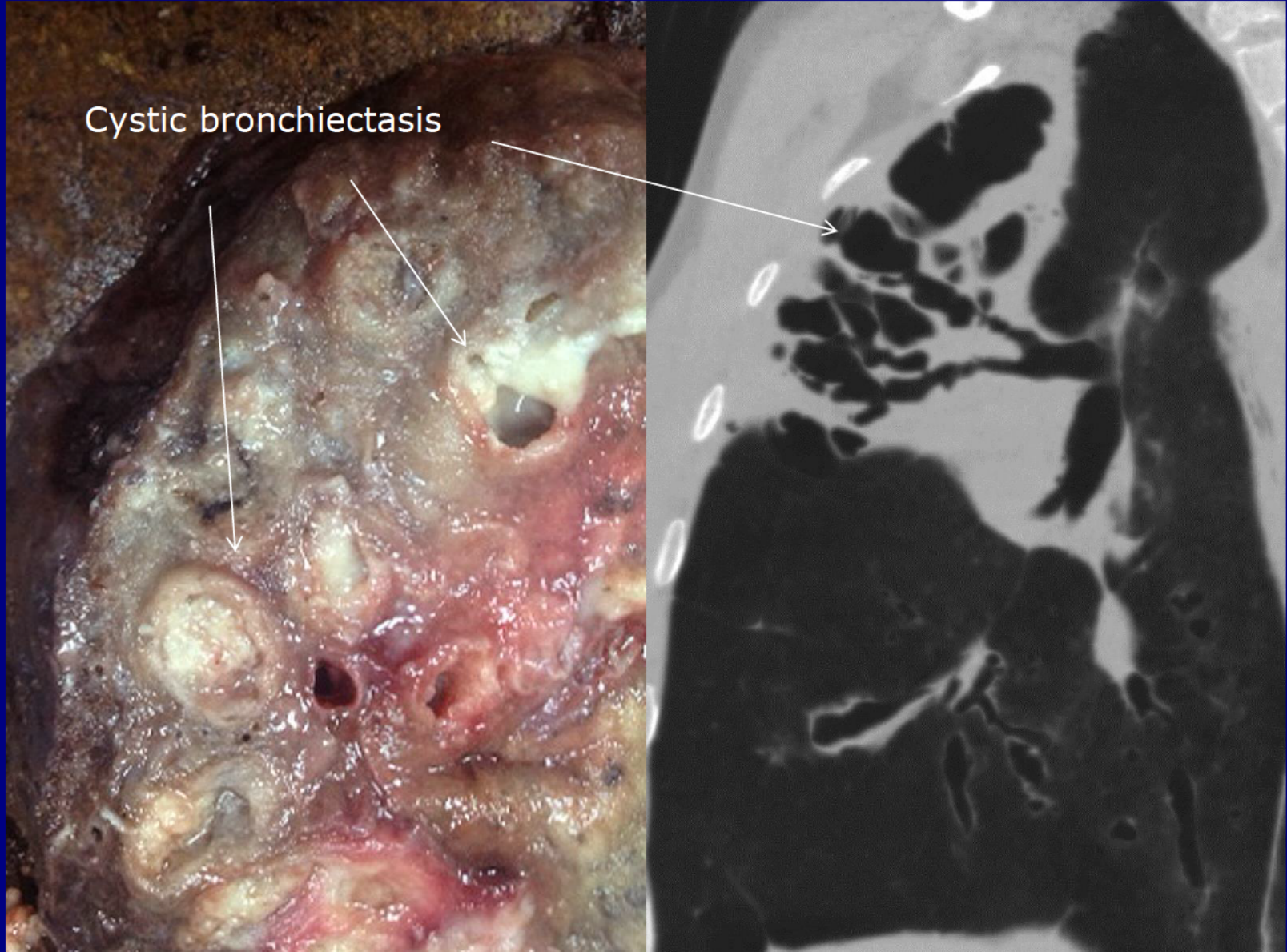


# Right Lung – cystic bronchiectasis



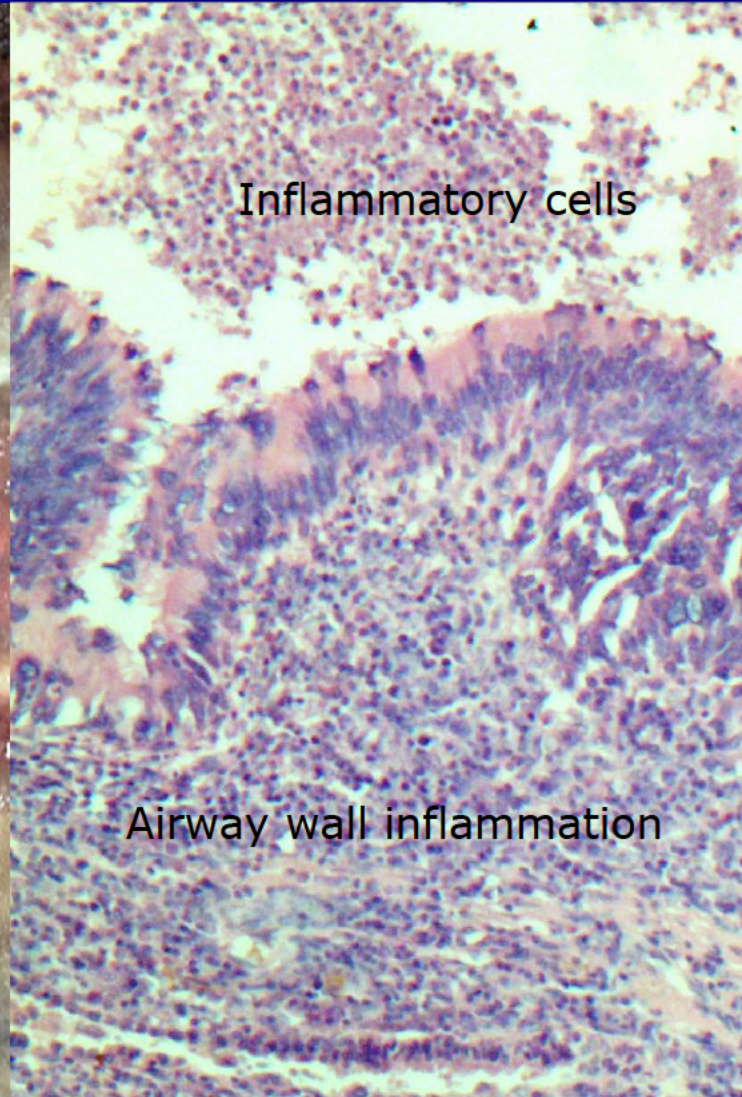
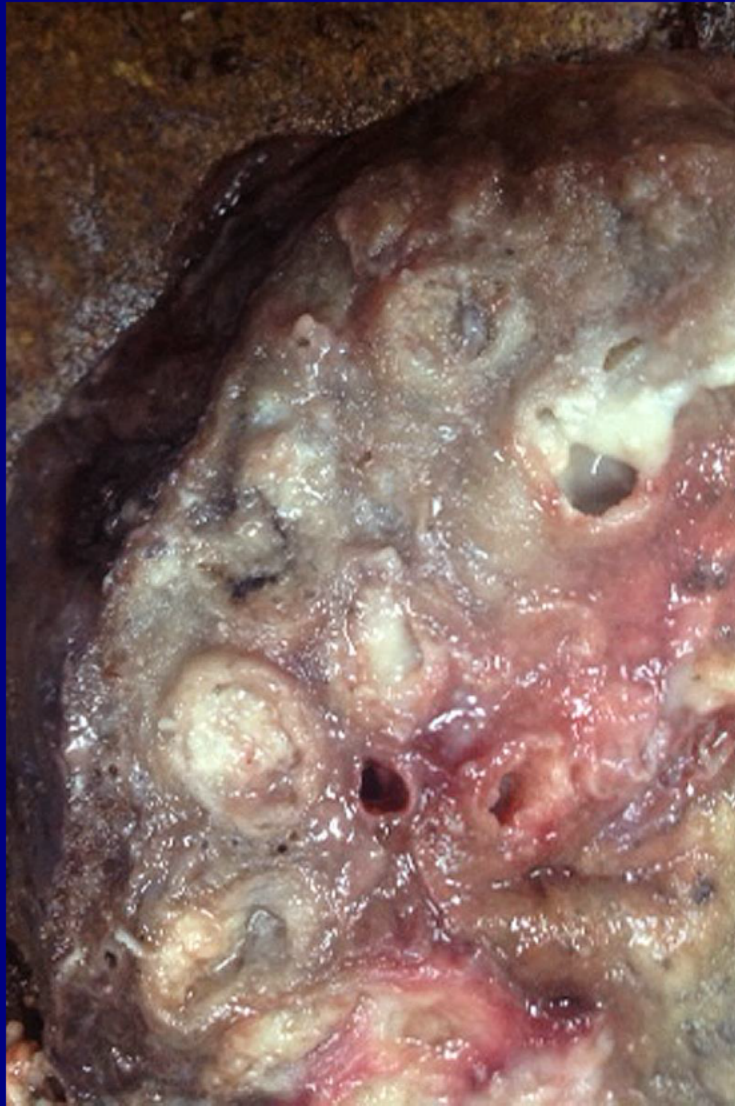


## Right Lung





# Airway wall thickening & inflammation

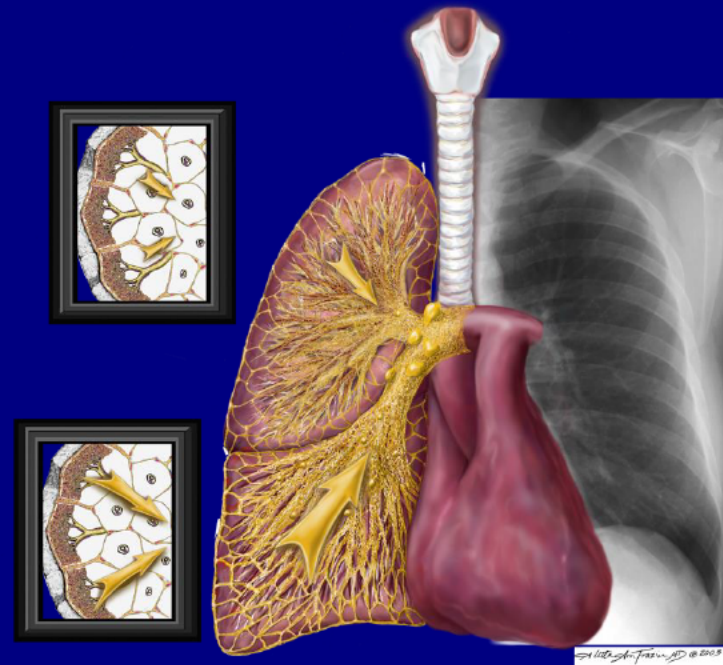


Chest

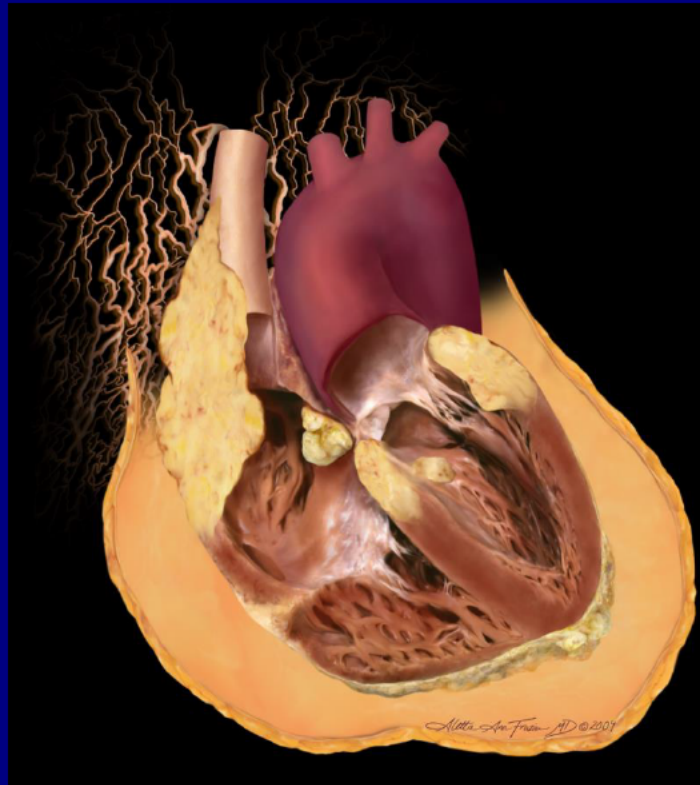
Hugo Paladini, MD  
Cystic Fibrosis

Favaloro Foundation  
Buenos Aires, Argentina

# Pulmonary and Mediastinal Imaging



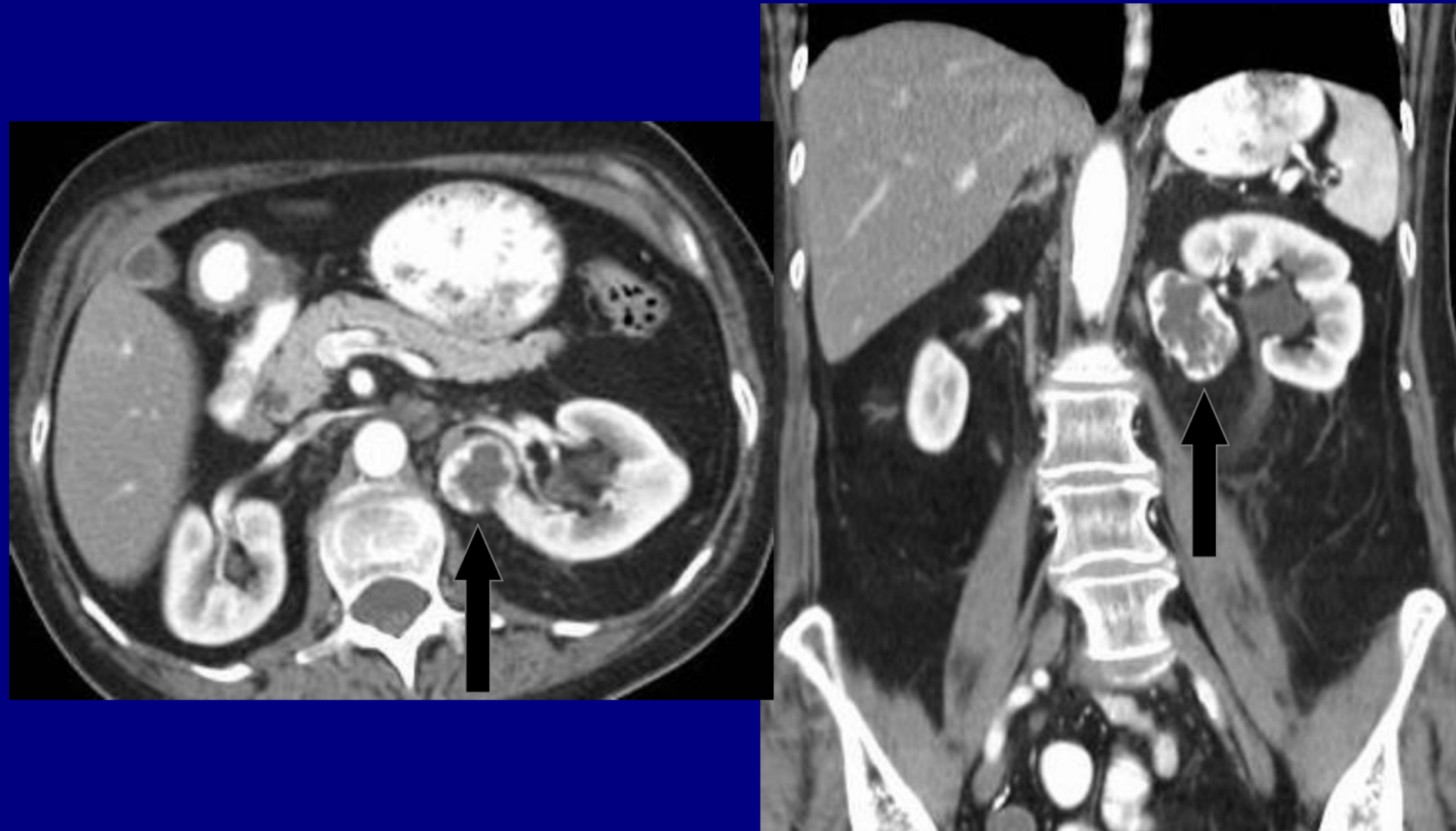
# Cardiovascular Best Case



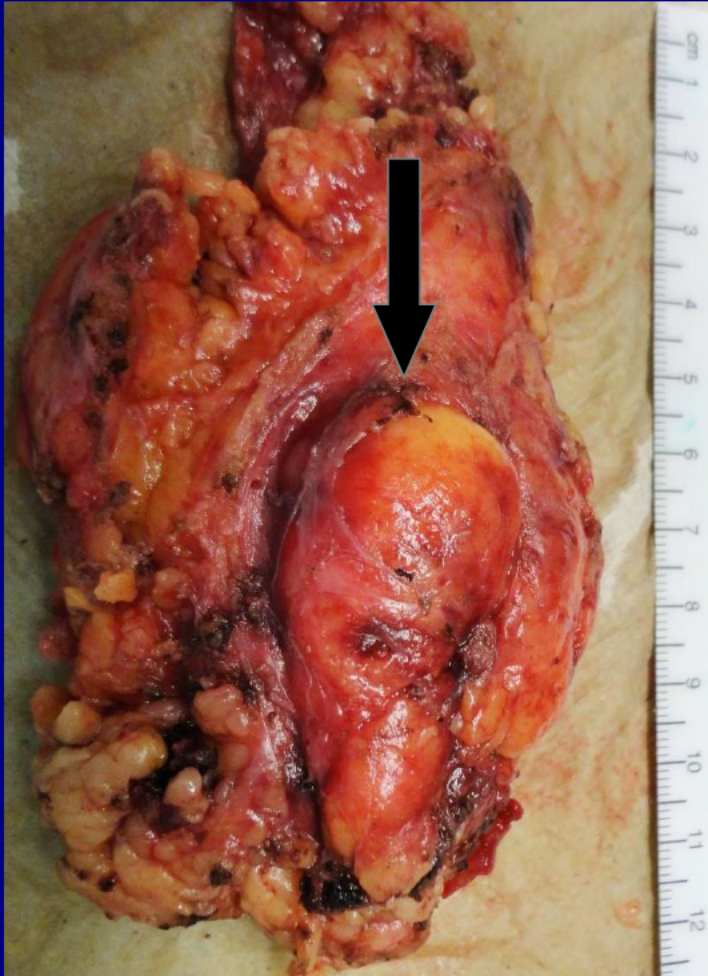


## History

**64-year-old female with history of hypertension and gastroesophageal reflux disease, recent onset abdominal pain attributed to “colitis”**

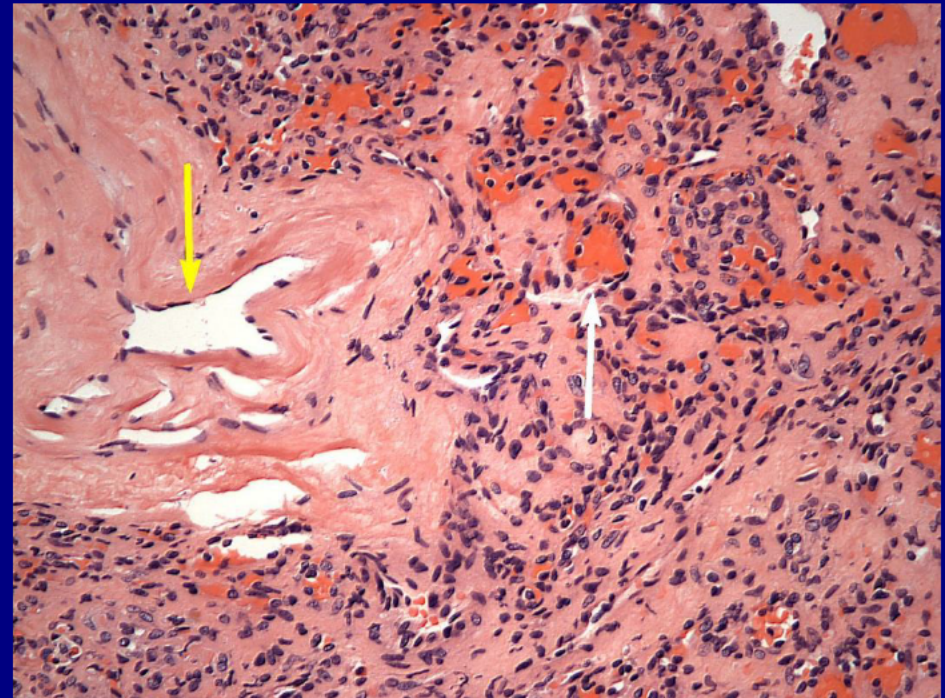
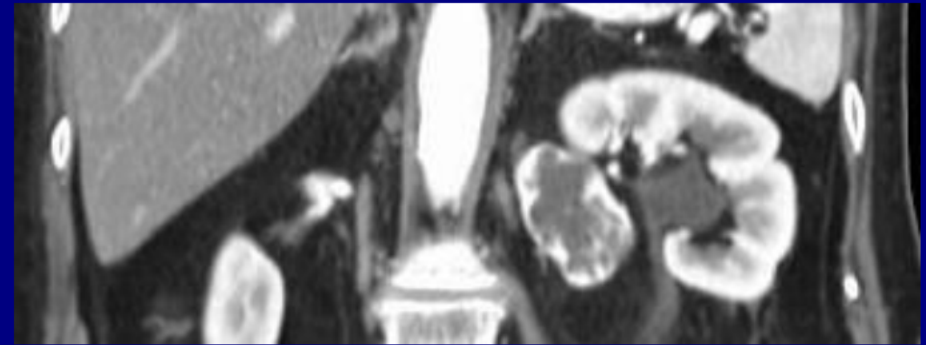


**Left retroperitoneal mass (arrows) with remarkable peripheral enhancement**



**Robotic-assisted laparoscopic surgery was performed to excise the lesion: an oblong mass comprised of soft, yellow-pink tissue**





**H&E Stain photomicrograph shows mixed venous (venules = yellow arrow) and capillary (capillaries = white arrow) elements**

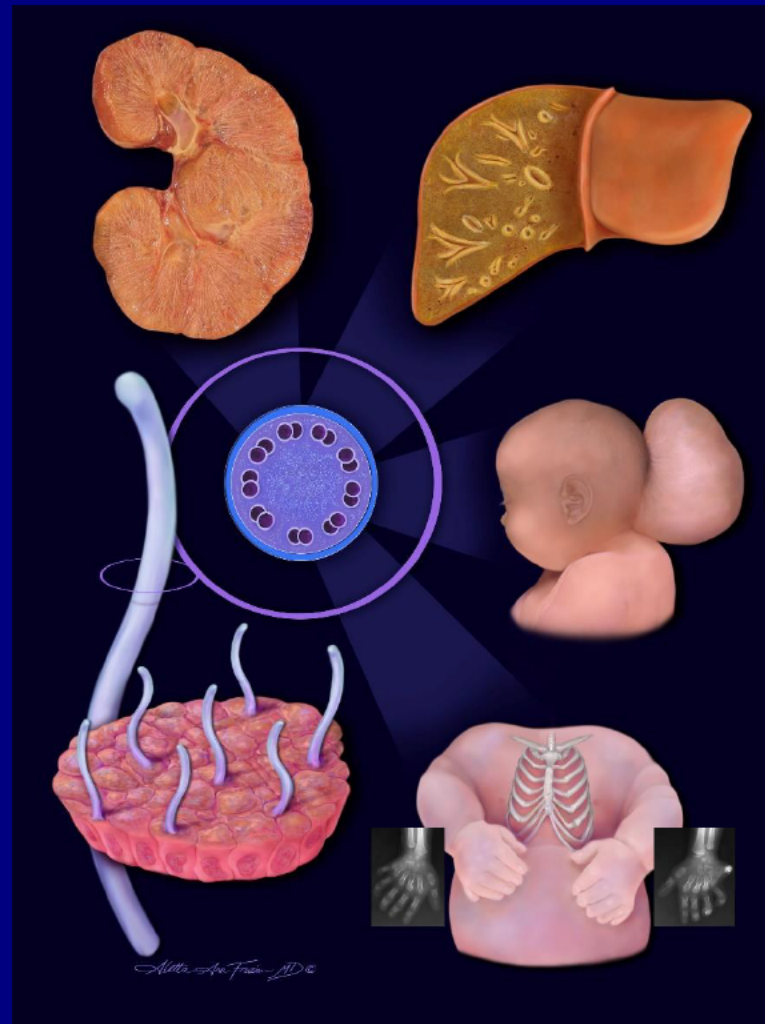
# MIXED CAPILLARY VENOUS HEMANGIOMA of the Retroperitoneum

**Scott Berl, MD**

**University of Kentucky Medical Center  
Lexington, KY**

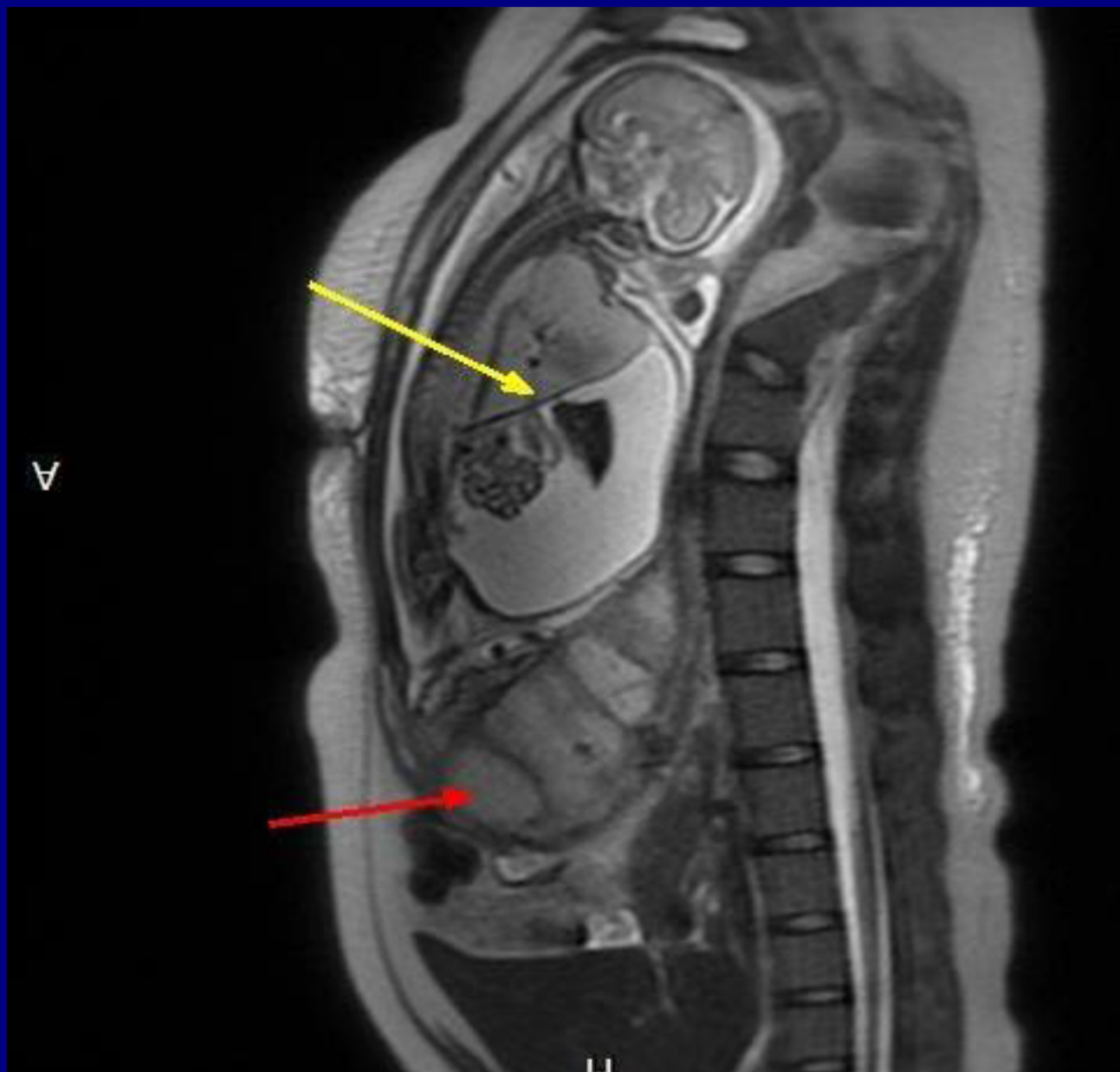


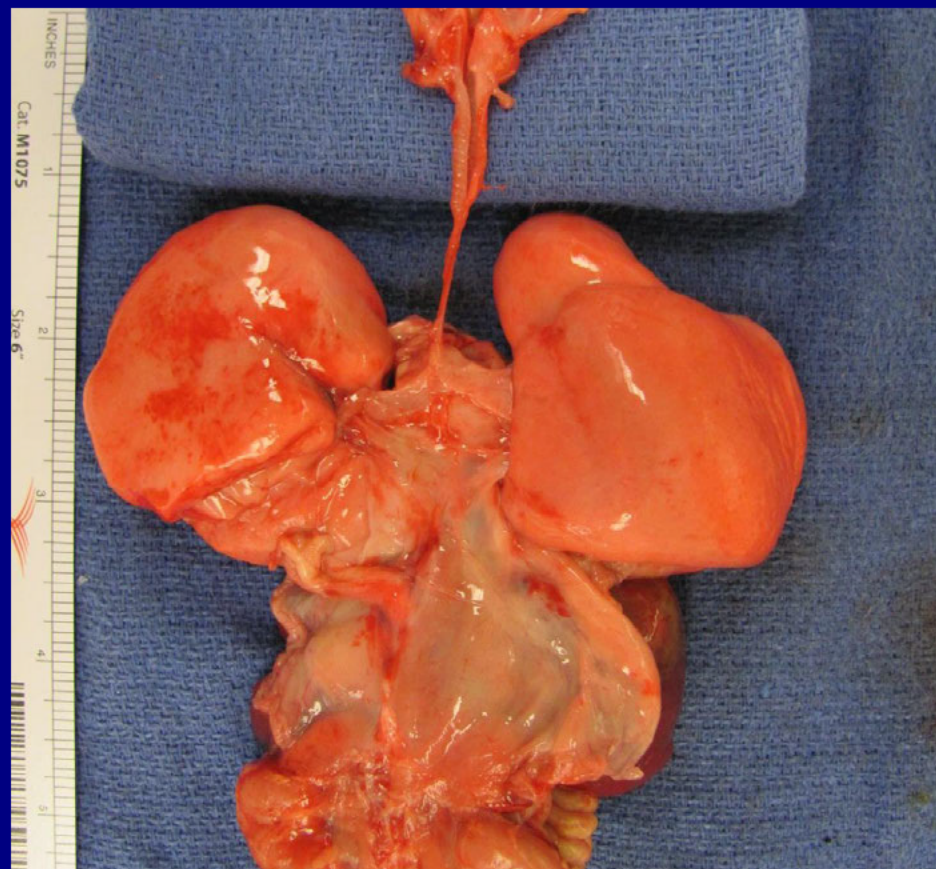
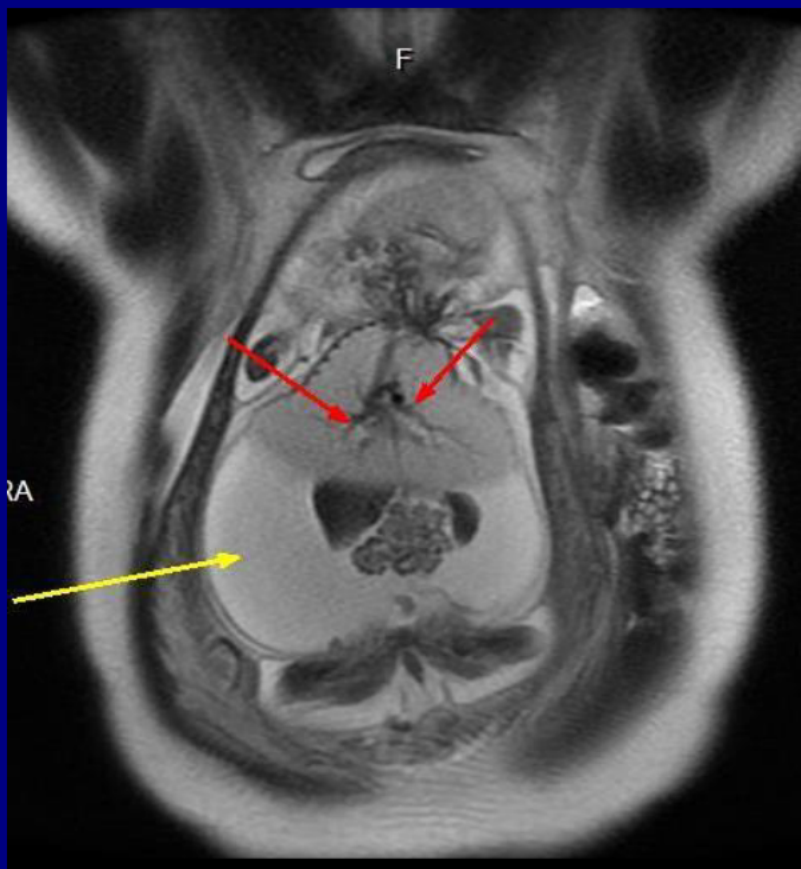
# Pediatric Best Case



# History

**26 year-old female G1 at 31 weeks gestation by LMP  
underwent ultrasound at high-risk OB clinic**





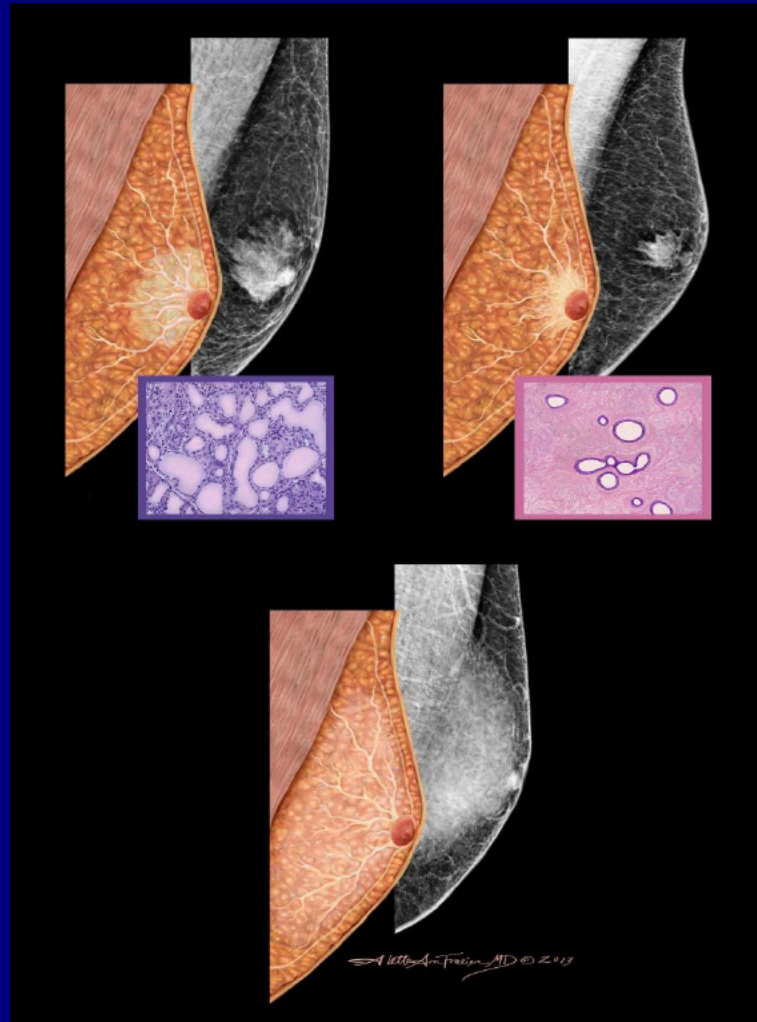
# Congenital High Airway Obstruction Sequence (CHAOS)

**Todd Mapes, DO**

**The University of Oklahoma Health Sciences Center  
Oklahoma City, OK**



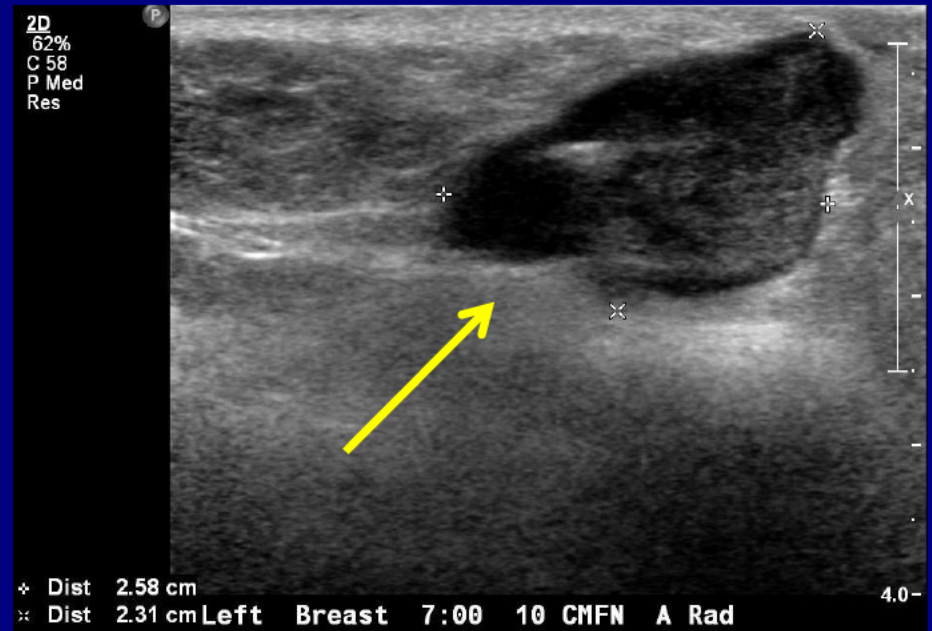
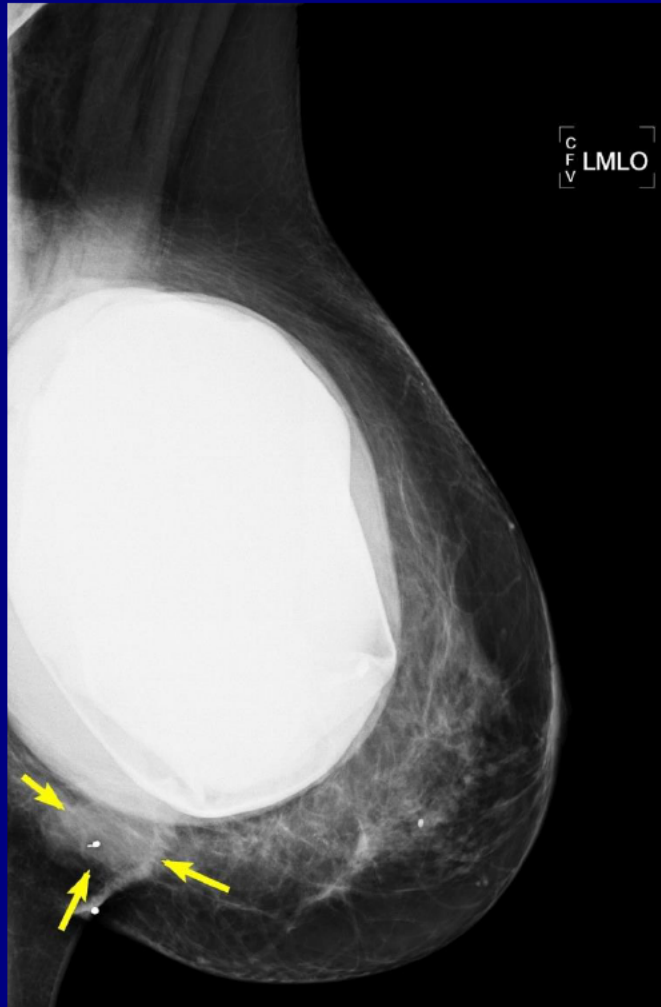
# Breast Best Case



## History

**73 yo female with breast implant augmentation in 1993. Recently detected a lump in the inferior left breast.**

# Diagnostic Left Mammogram and US

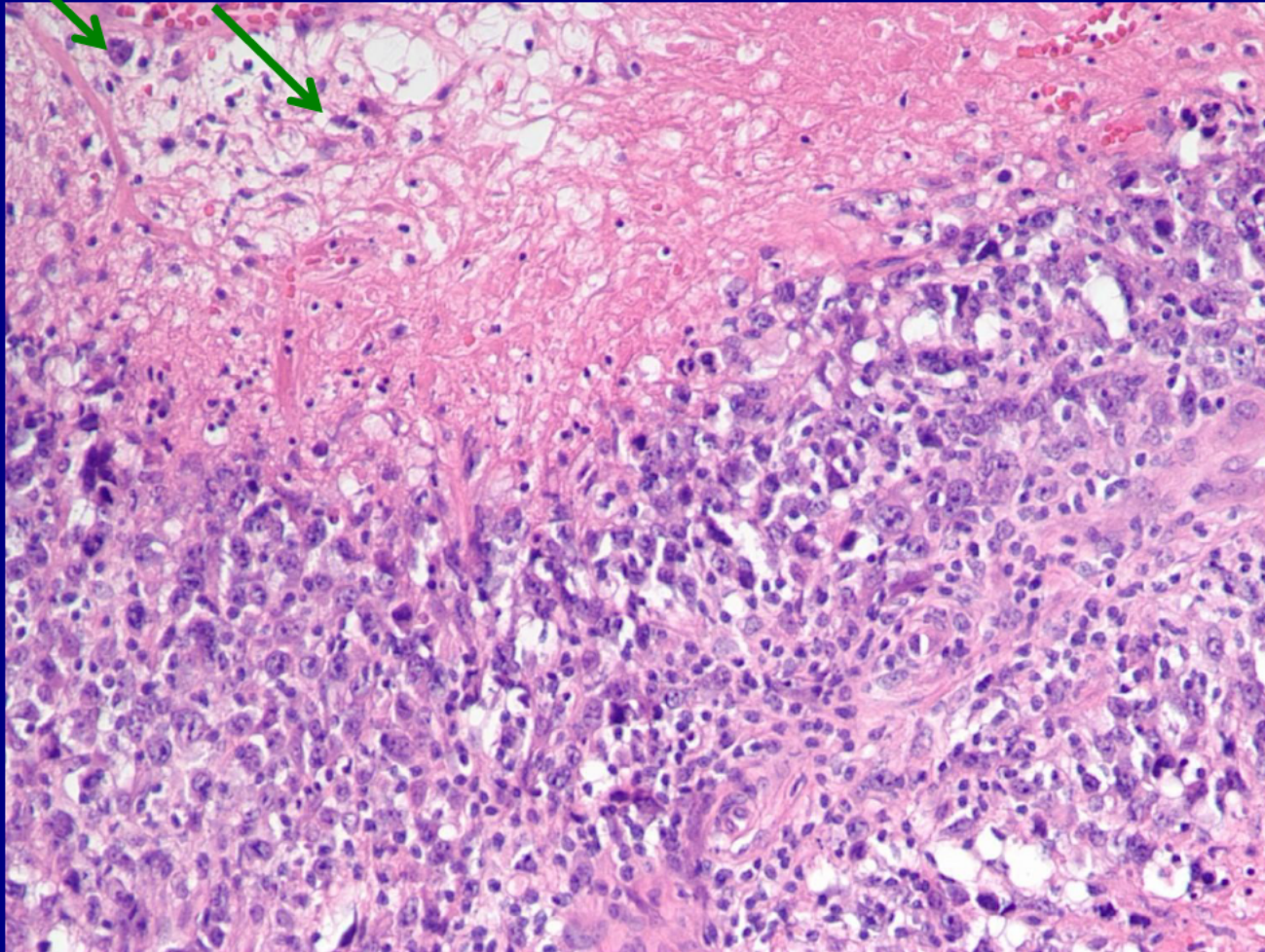


# Gross Specimen





# Histology



# **Anaplastic Large Cell Lymphoma**

**Justin Sacks, MD**  
**Baylor University Medical Center**  
**Dallas, Texas**

# Gastrointestinal Best Case



## History

**39 year old Hispanic female presents with a 3 day history of worsening right upper quadrant pain and associated nausea and vomiting.**

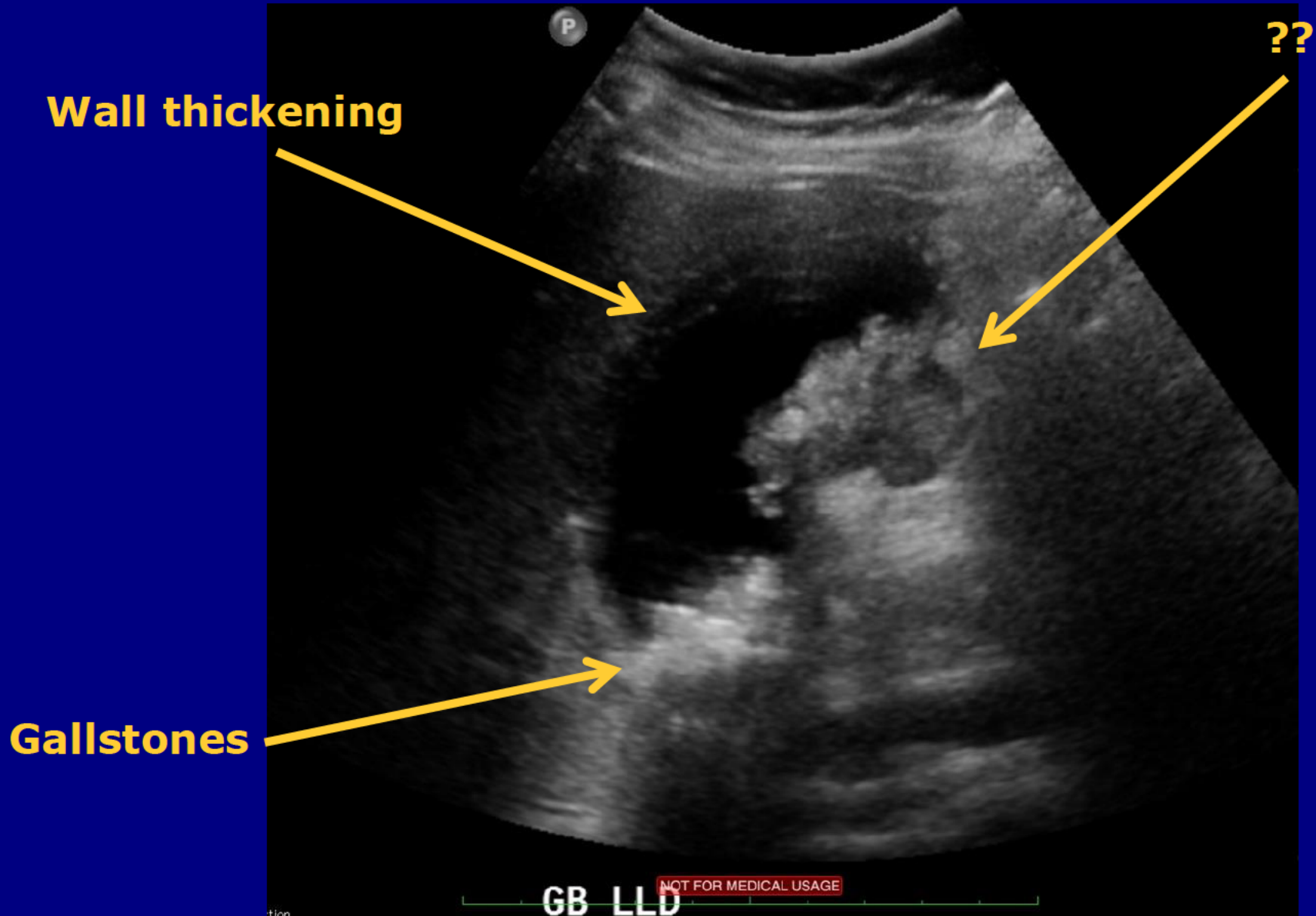
**On physical exam, she has tenderness to palpation over the RUQ and epigastrium**

**Labs: Normal**

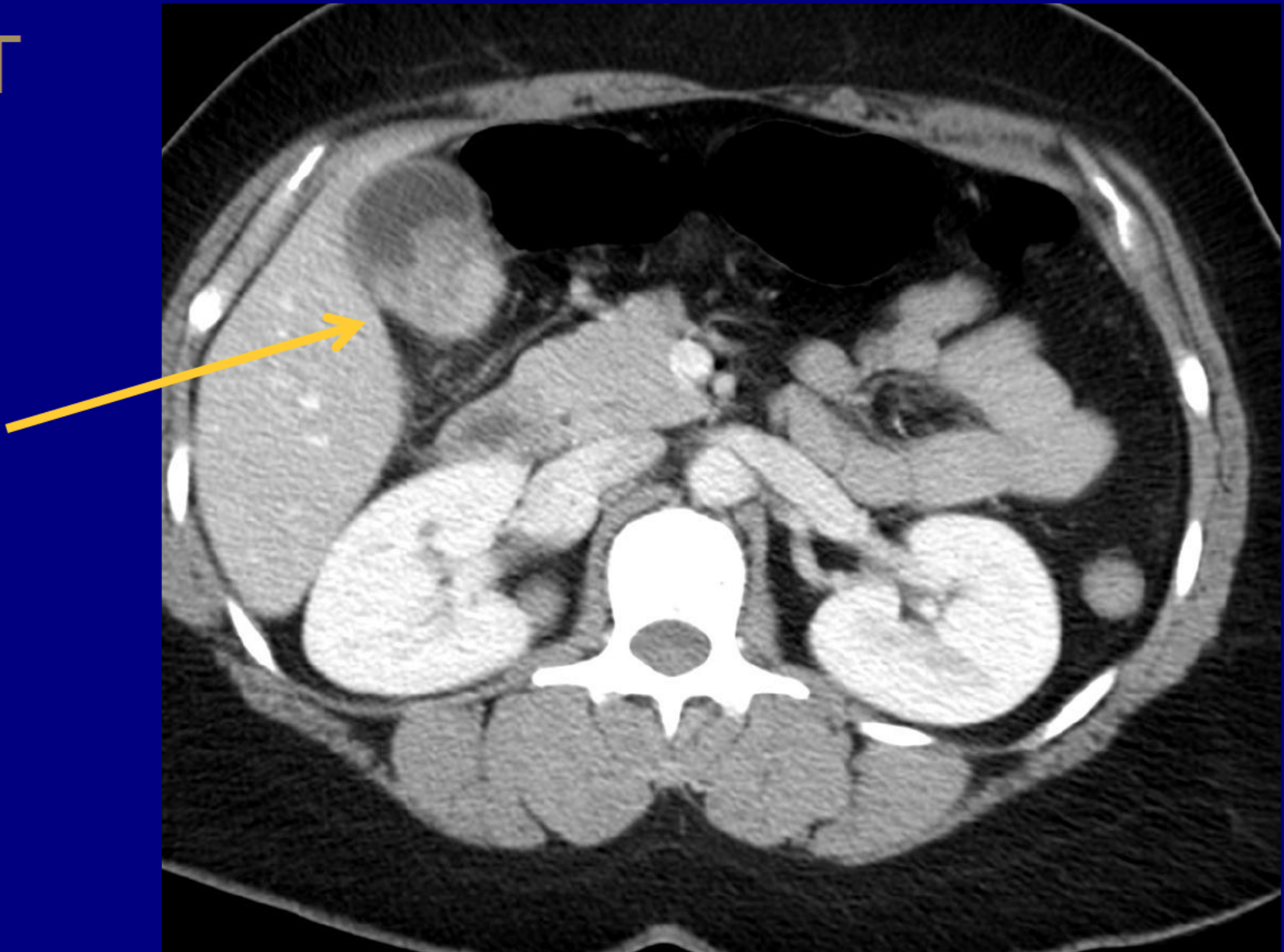


# Ultrasound

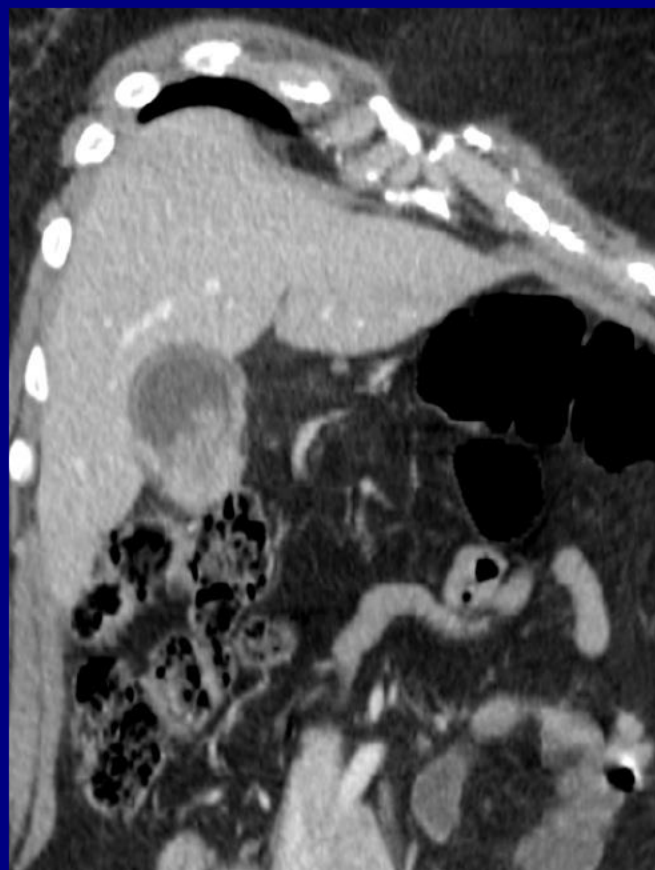
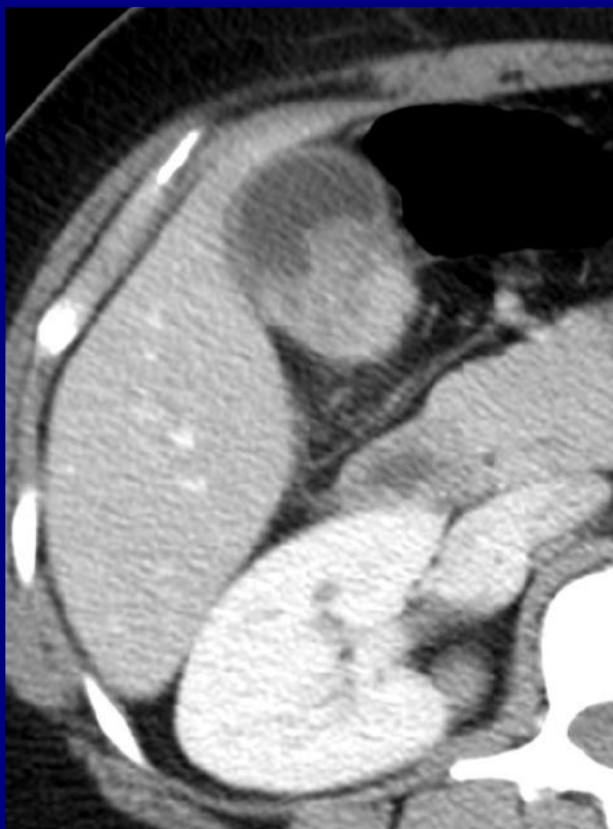




CT

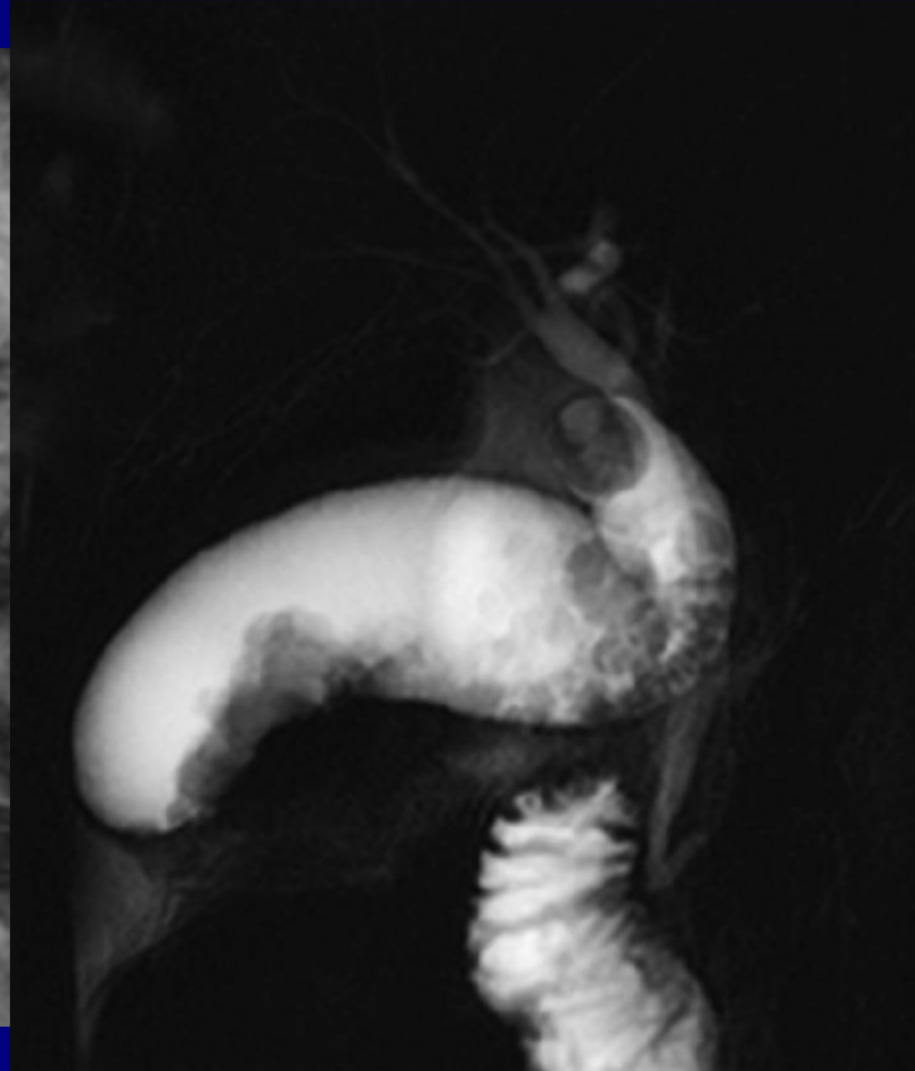
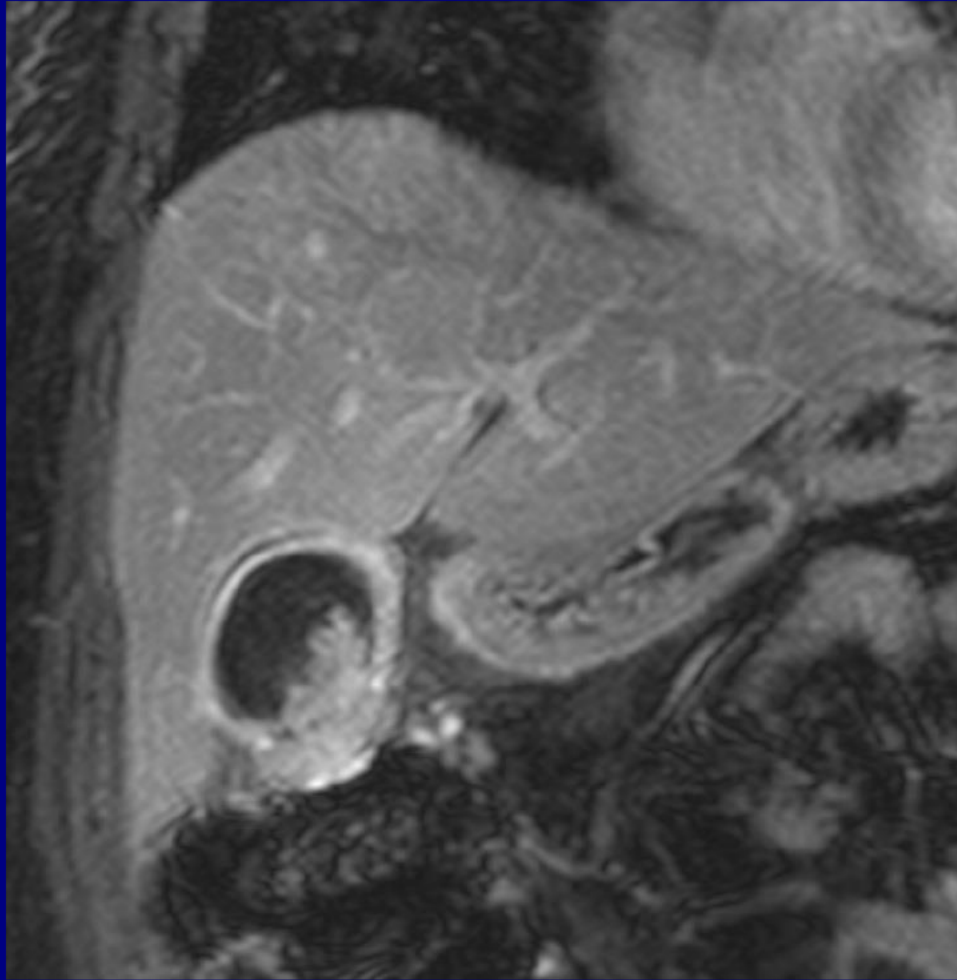


# CT



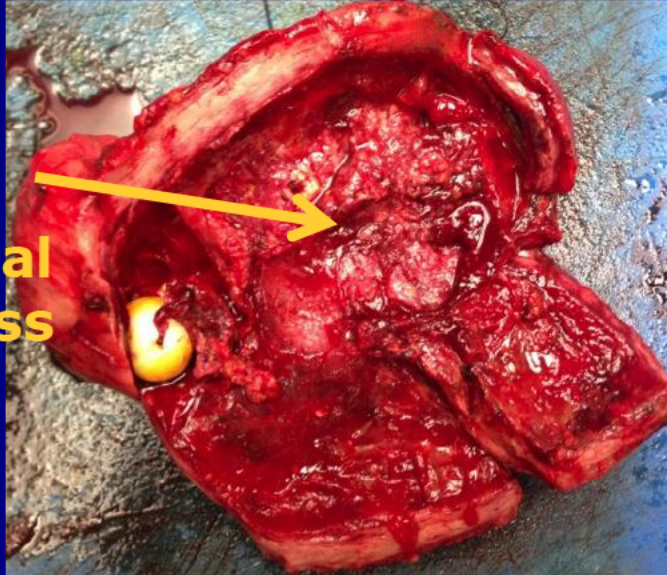


# MR



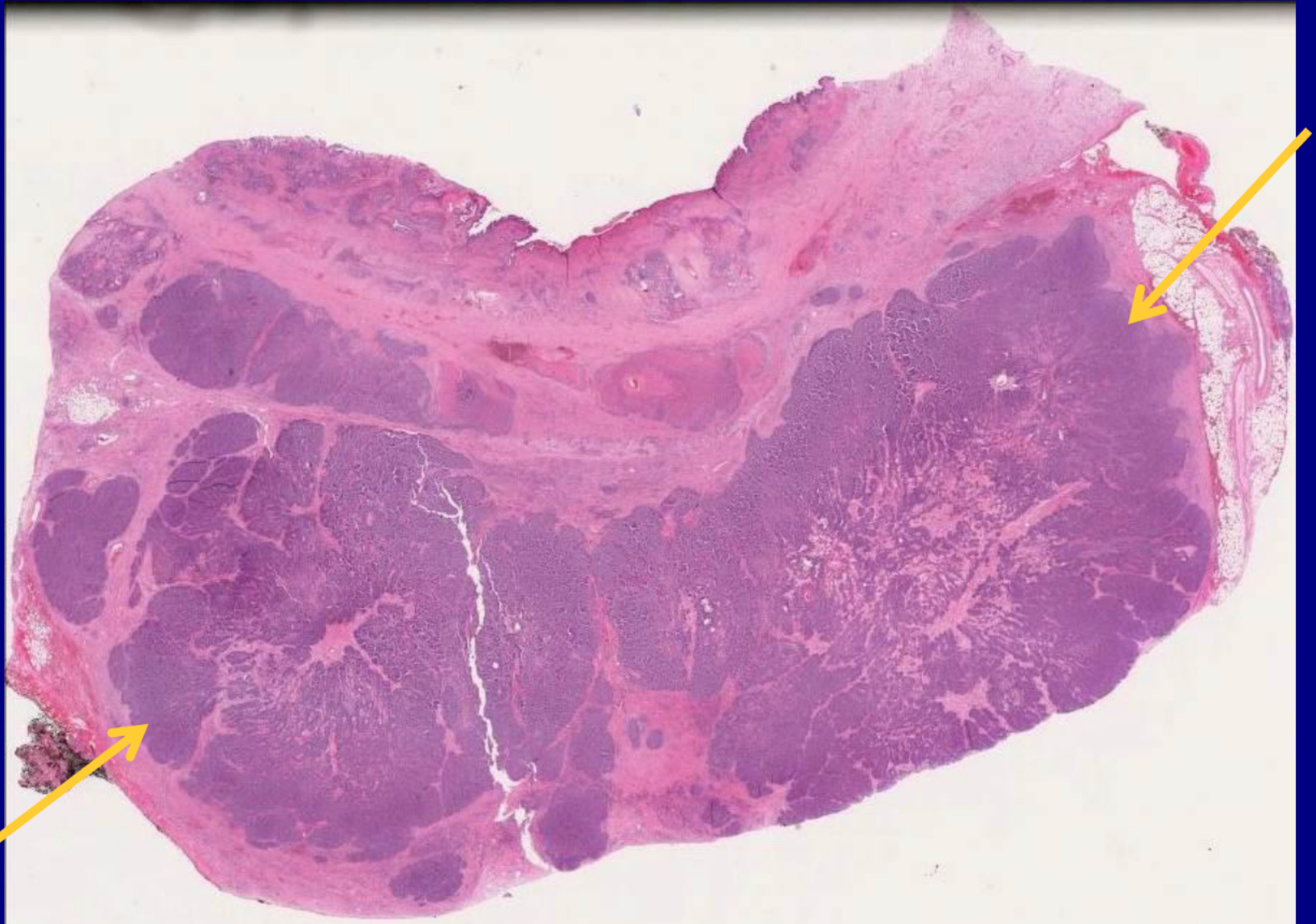
Gross

**Intraluminal  
mass**





# Histo



# Gallbladder Adenocarcinoma

**Thomas Bowden, M.D.**  
**University of Nebraska Medical Center**  
**Omaha, NE**



**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**