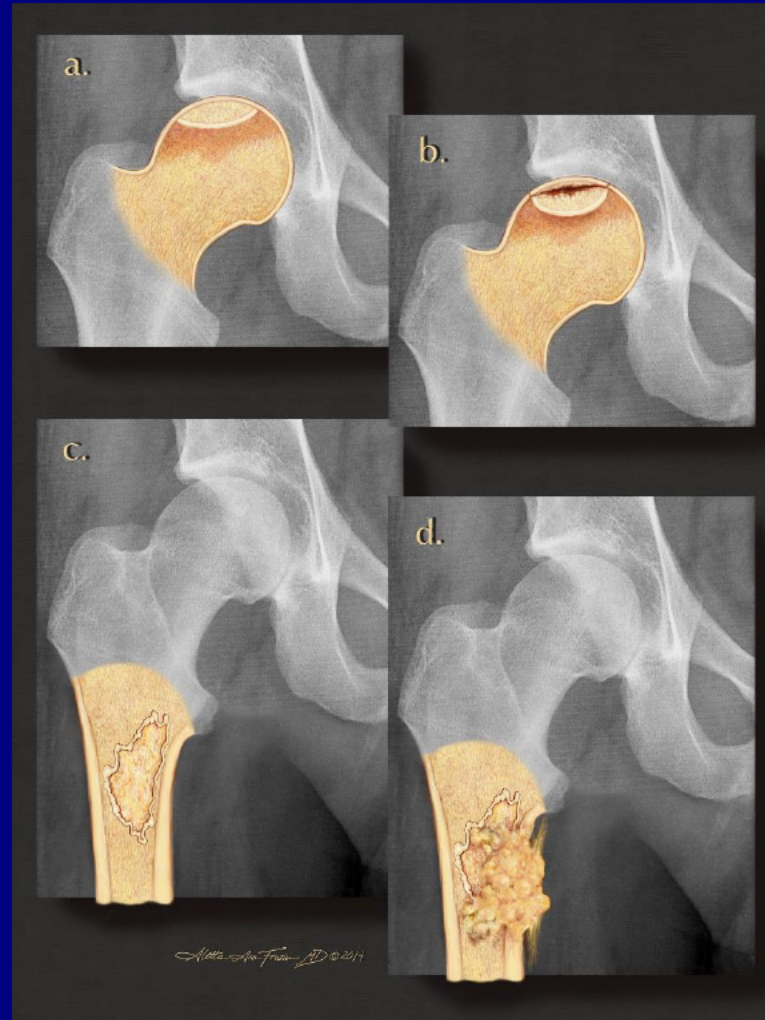


Best Cases of the AIRP

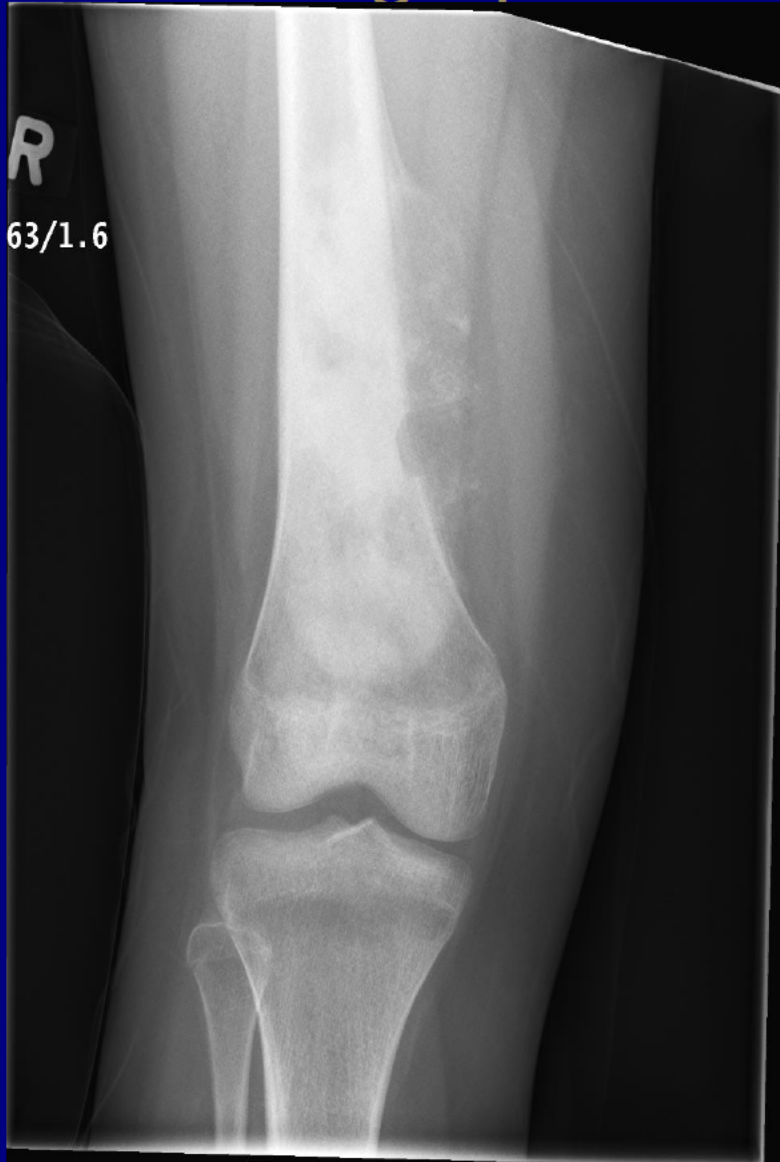
Sept-Oct, 2015

Thank you to RSNA for sponsoring the
pizza party to follow!!

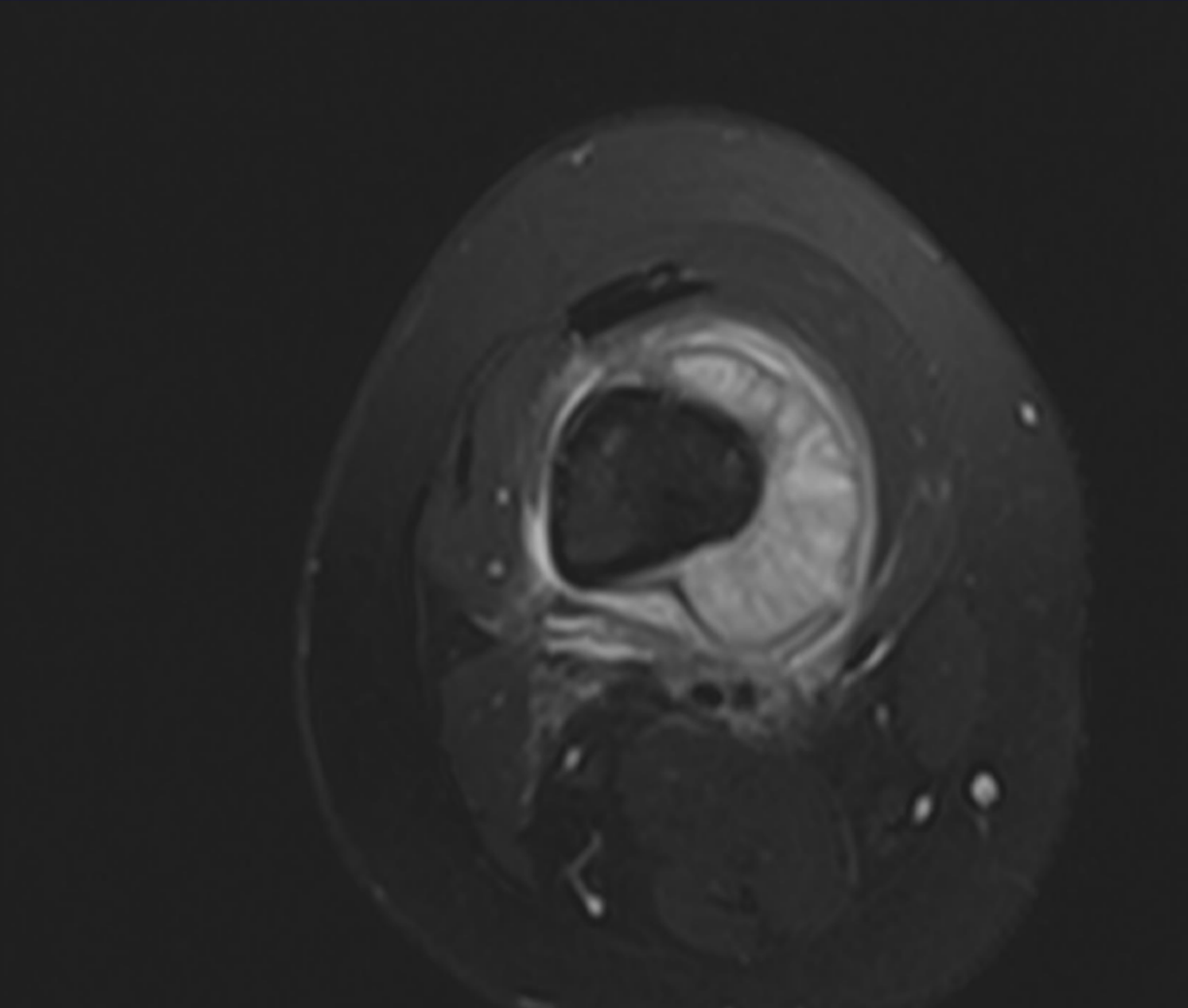
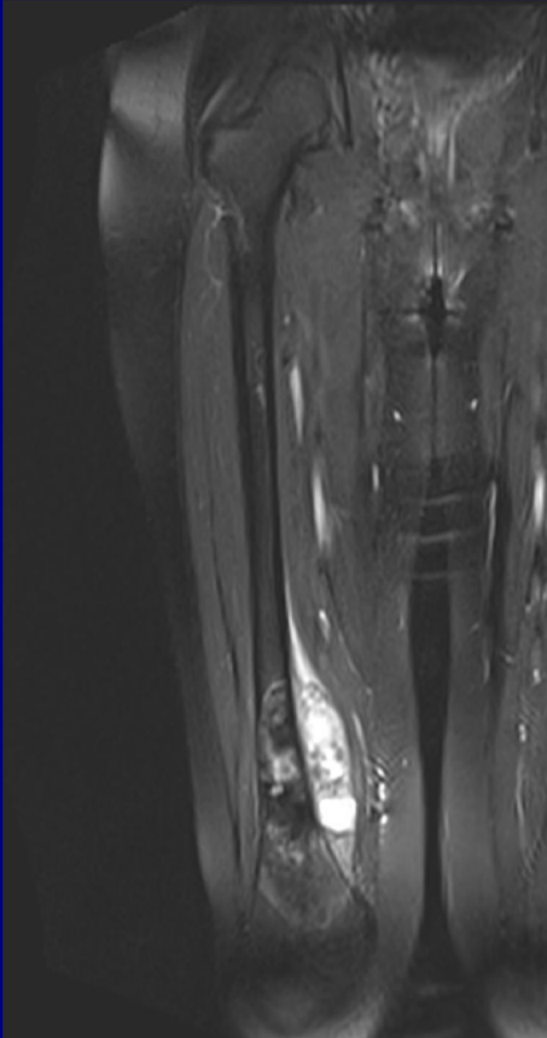
Musculoskeletal Best Case



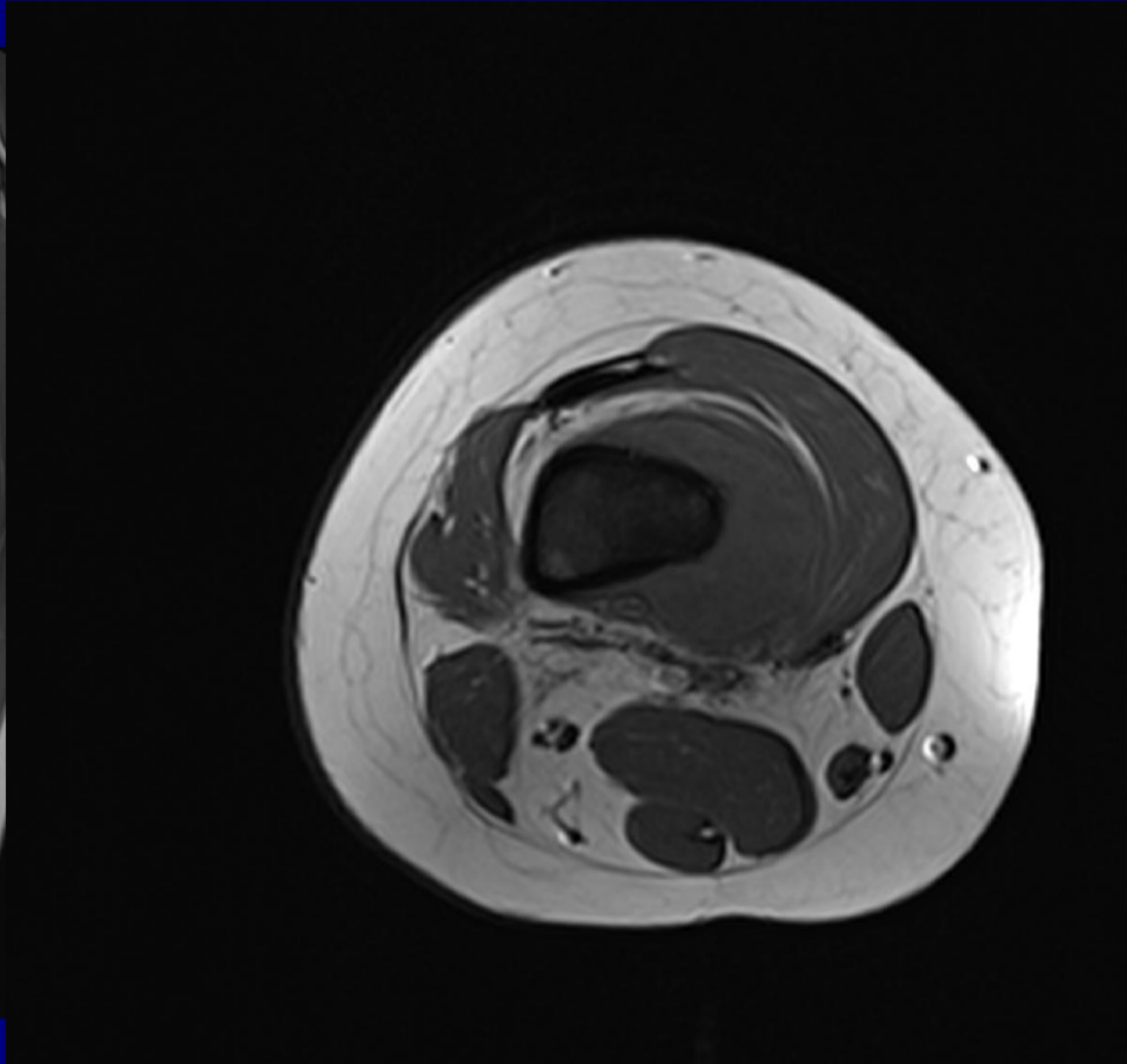
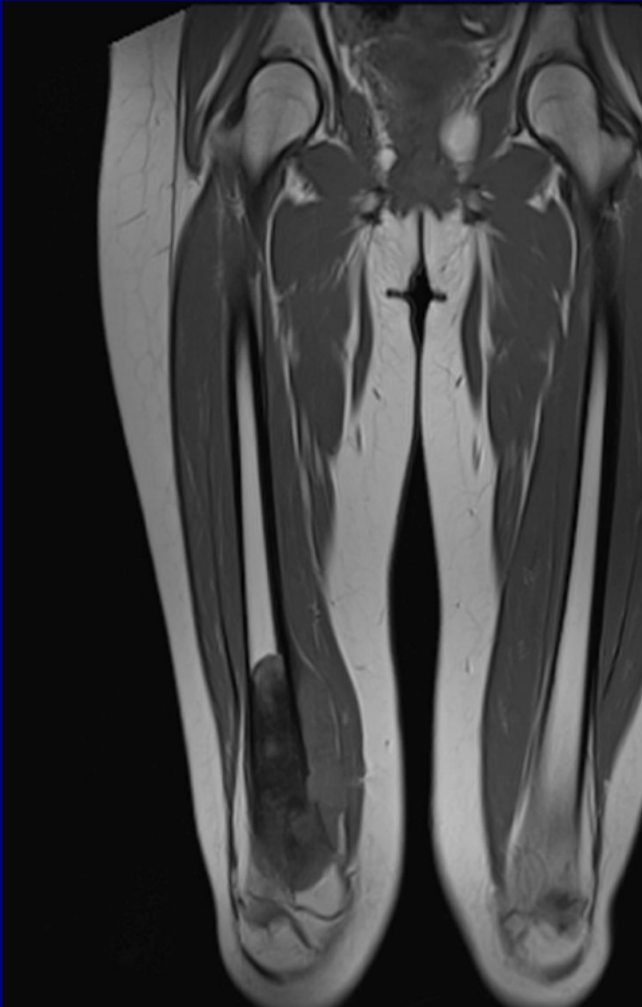
Femur radiographs



MRI T2 weighted images



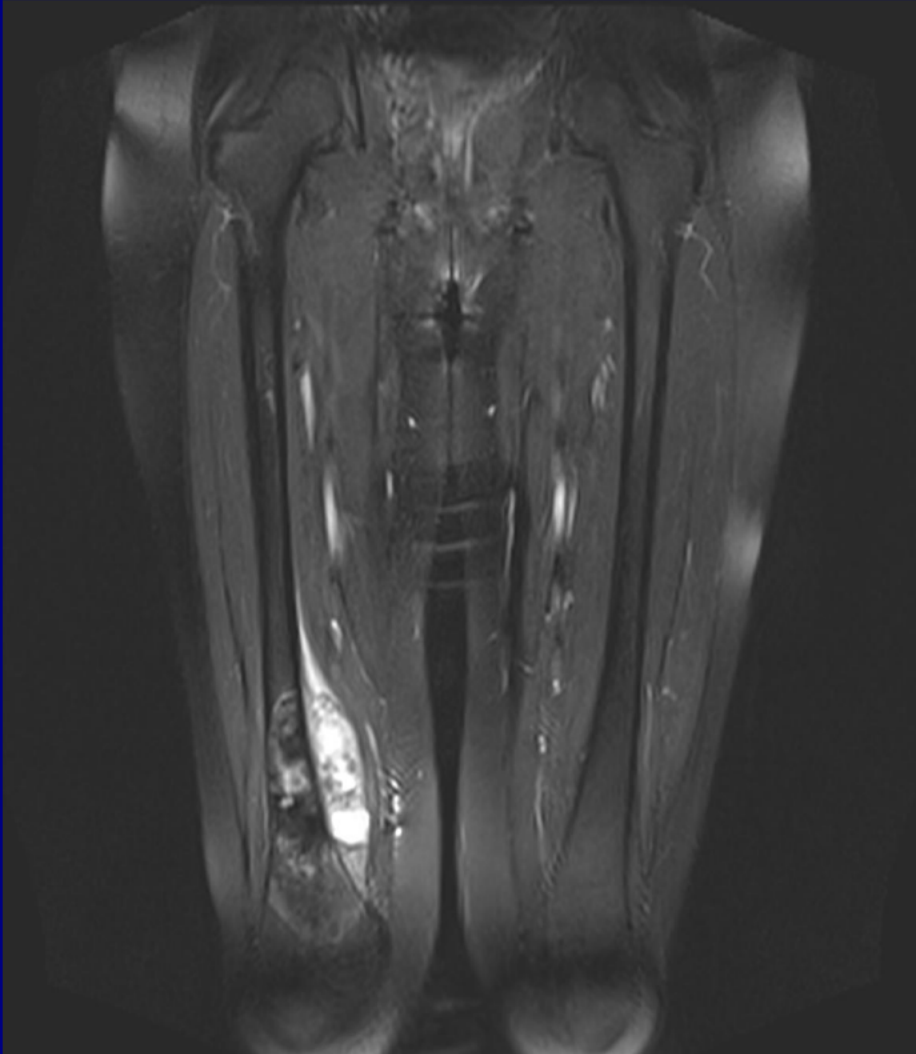
MRI T1 weighted images



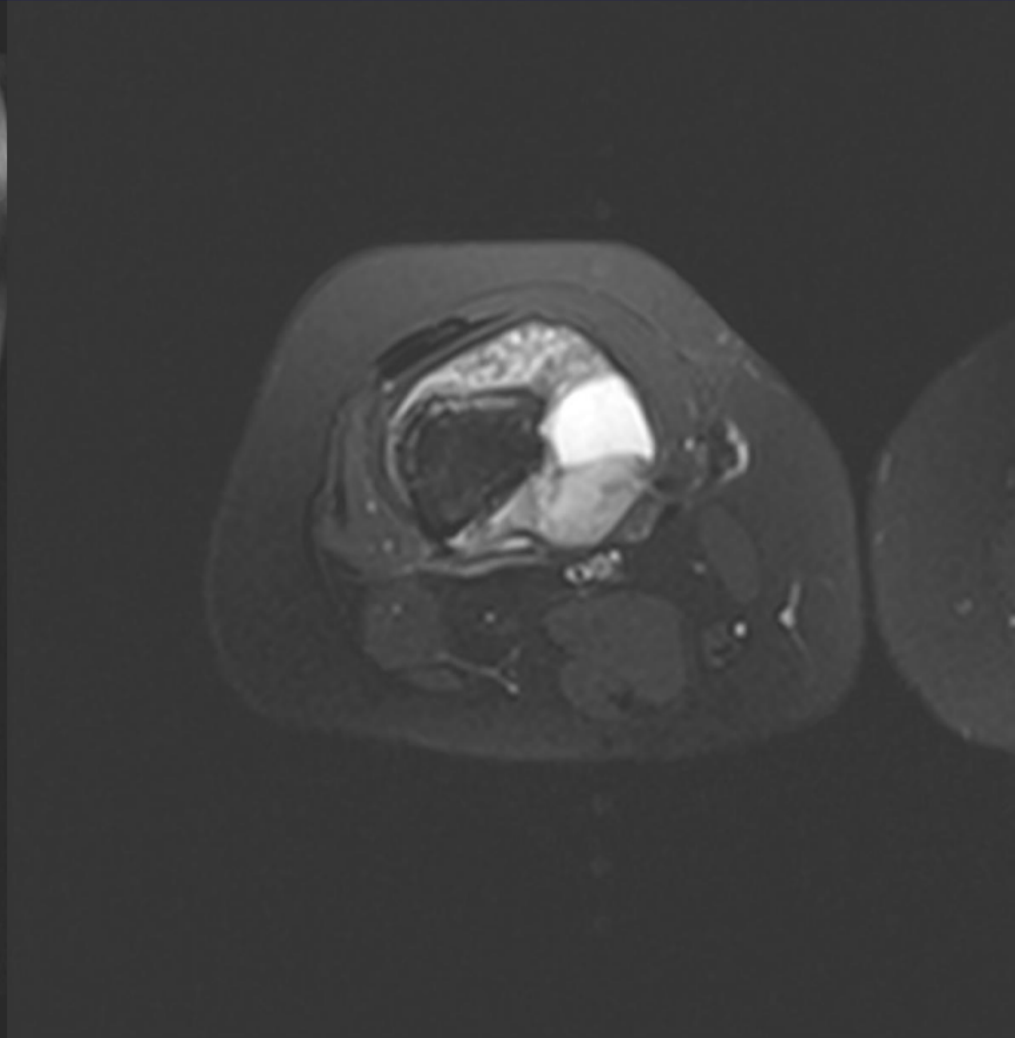
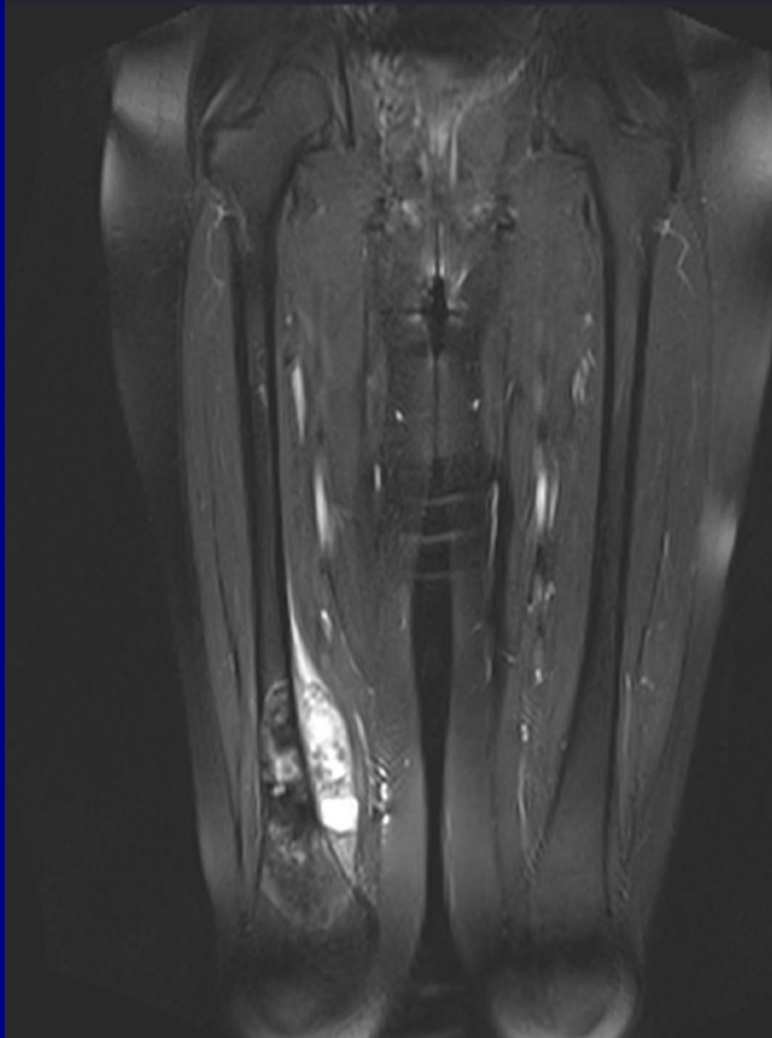
Gross photograph



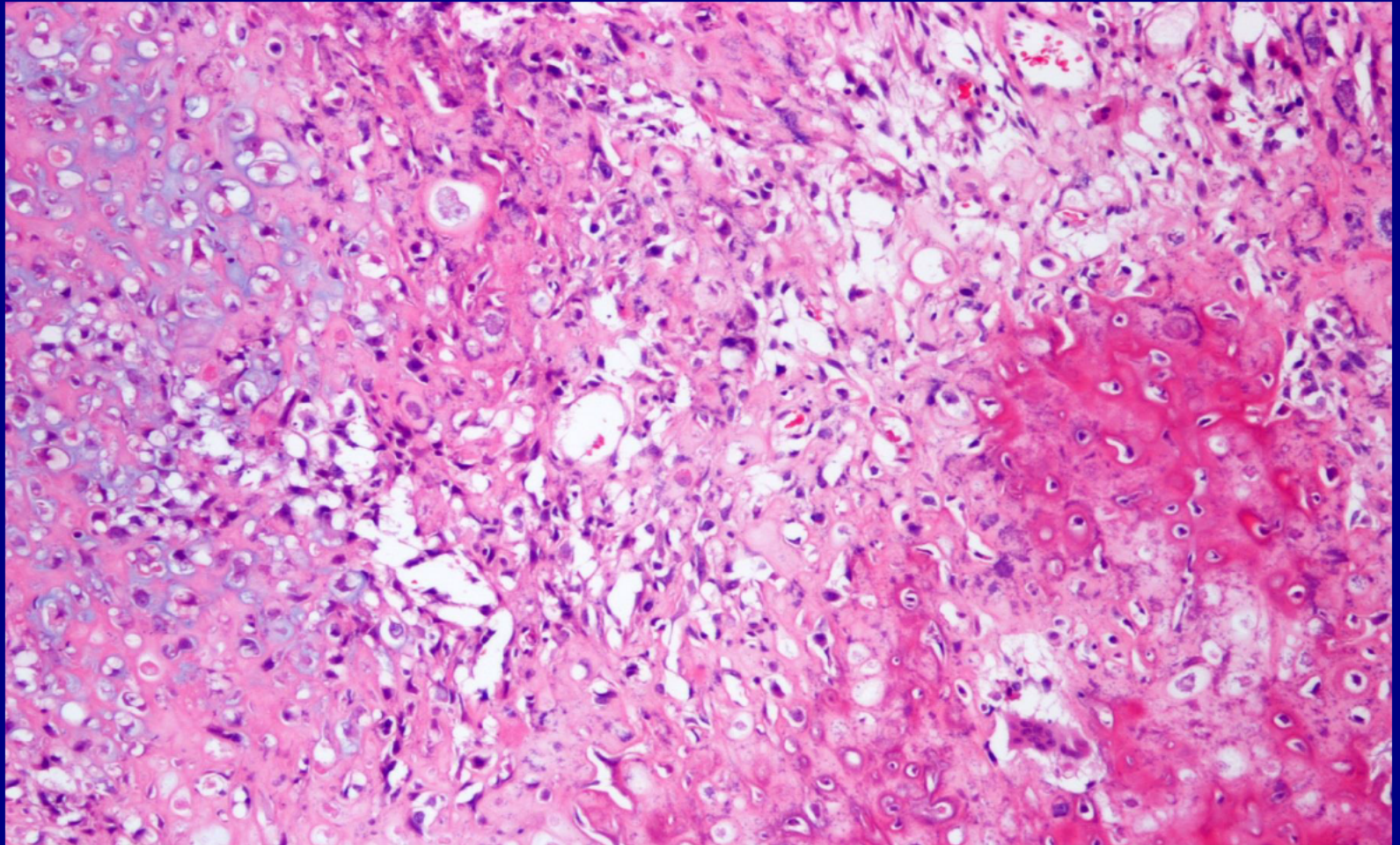
Radiology pathology correlation



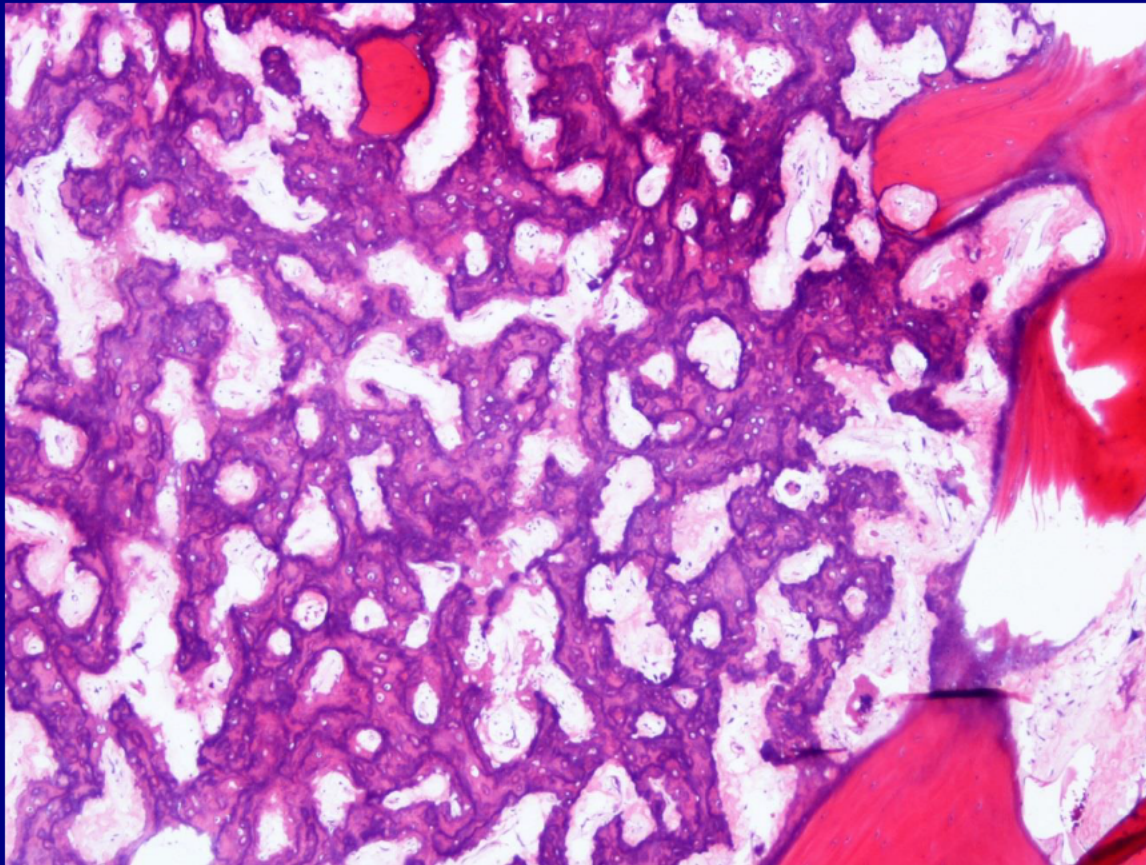
MRI images



Microscopic picture



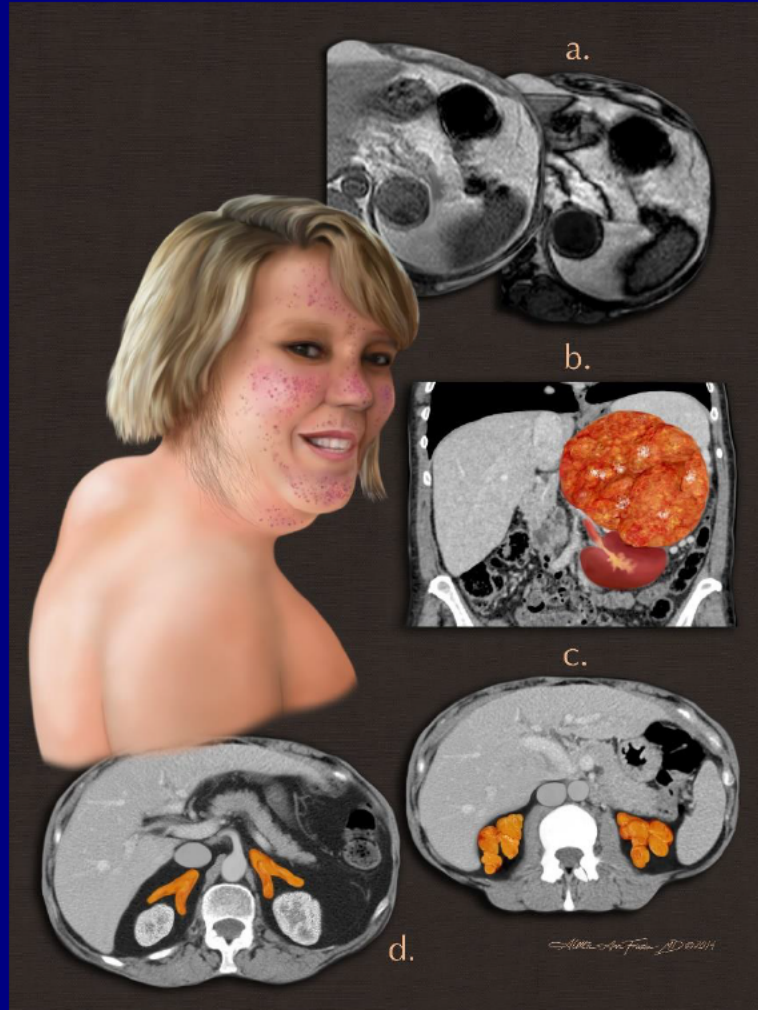
Microscopic picture post treatment



Chondroblastic Osteosarcoma (AIRP # 9487)

Dr. Blake Jamieson
University of British Columbia
Vancouver, B.C., Canada

Genitourinary Best Case

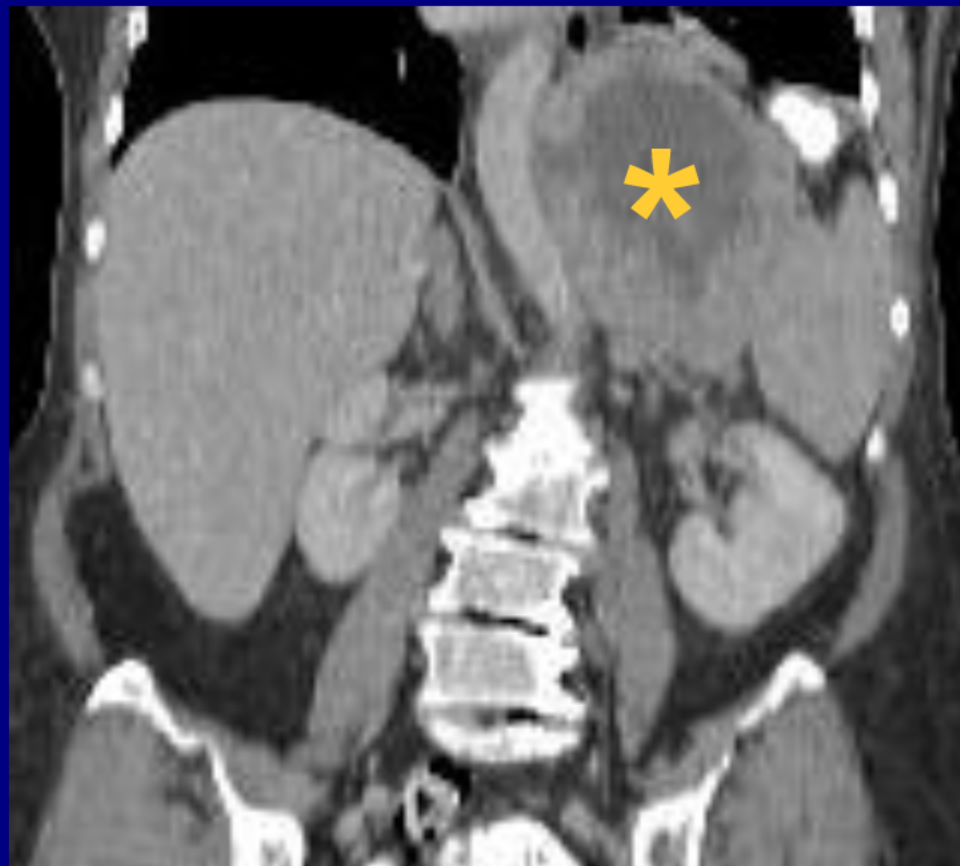


Clinical History

68 yo female with left flank pain



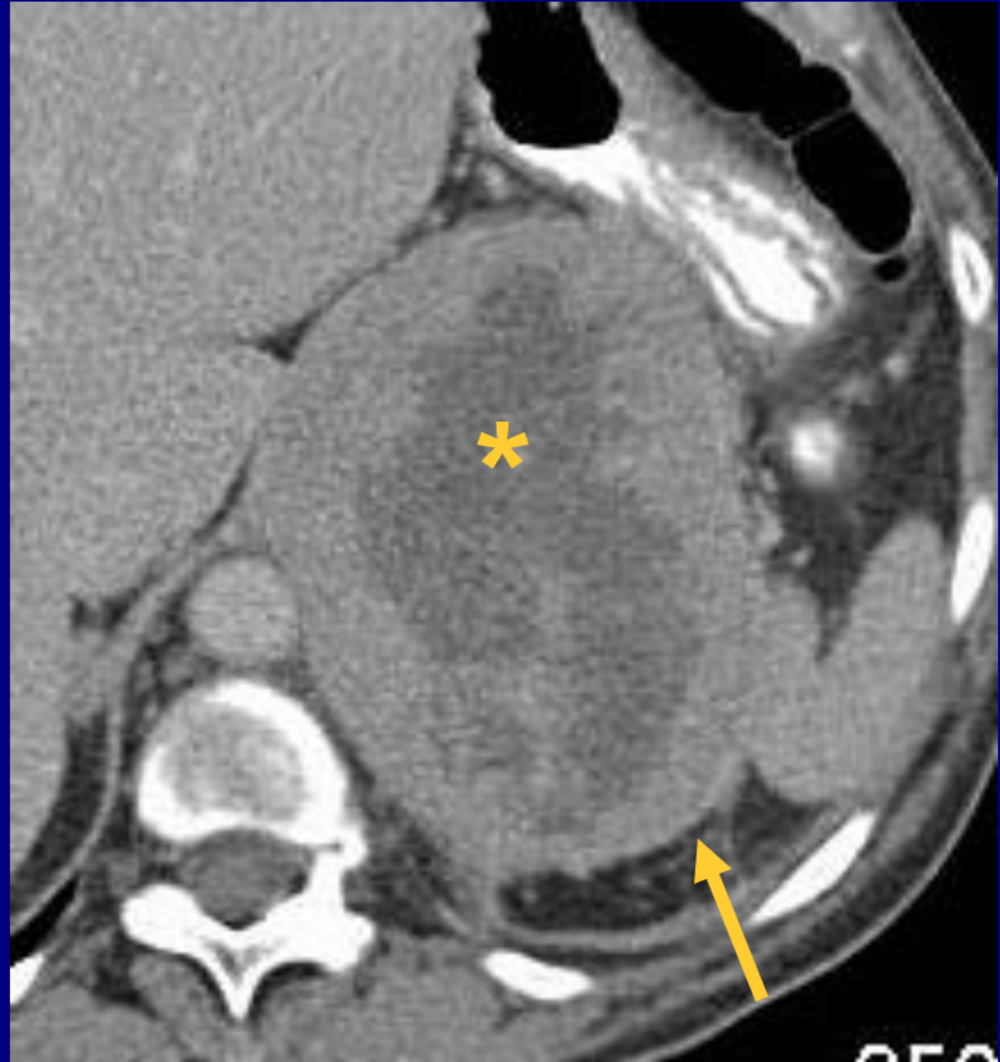
250 m

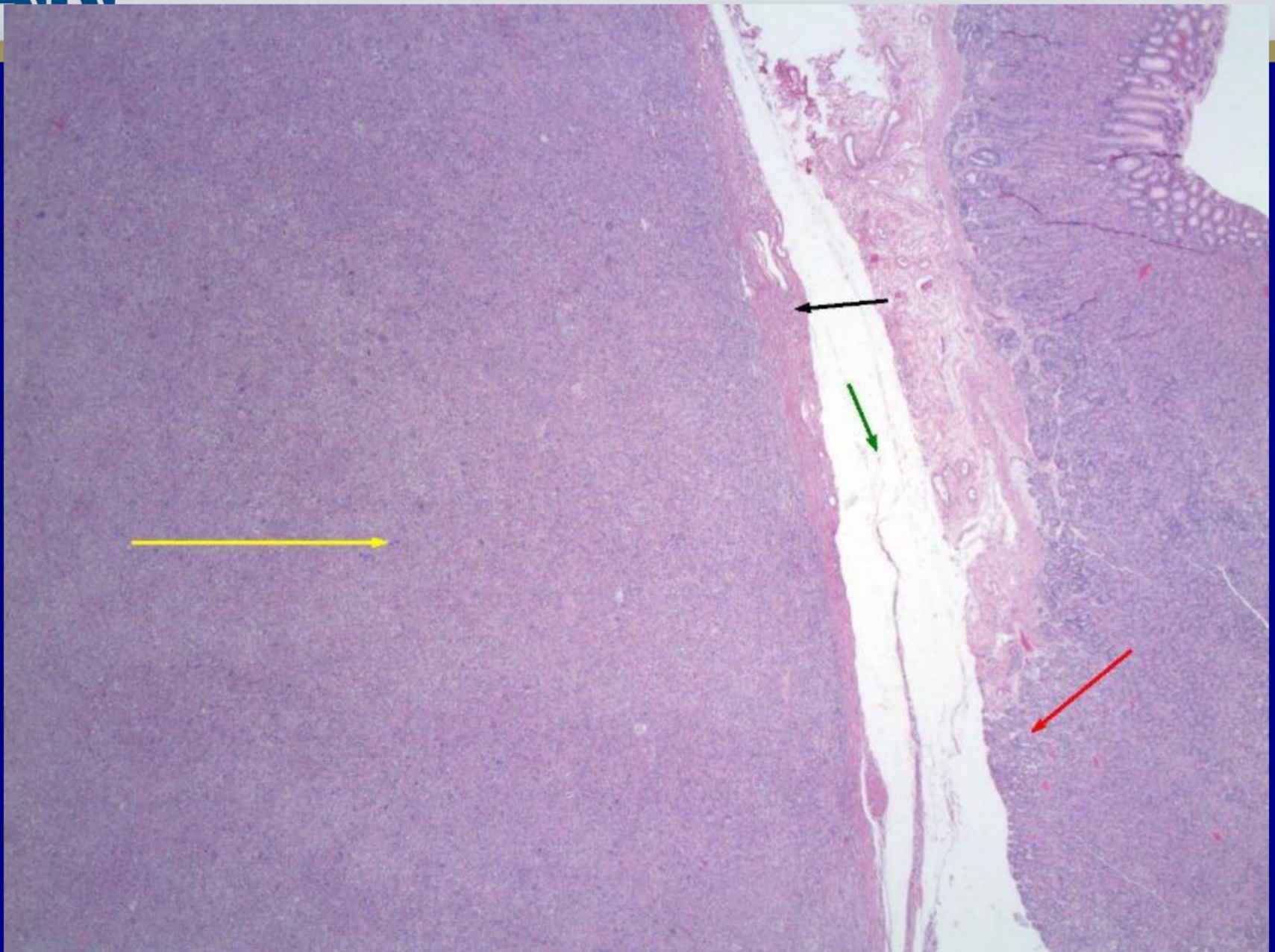












Retroperitoneal Pleomorphic Sarcoma

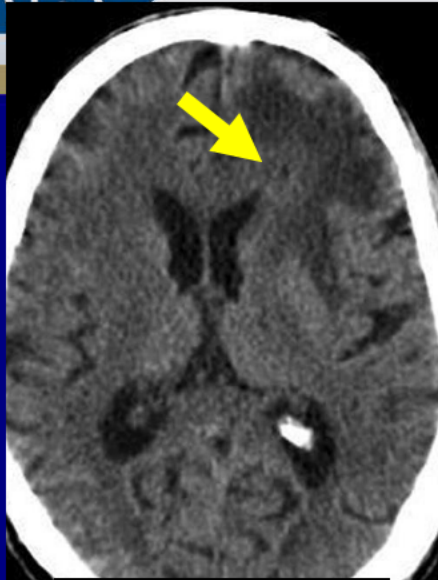
Jason Teitelbaum, MD
Mt. Sinai-Beth Israel
New York, NY

Neuroradiology Best Case

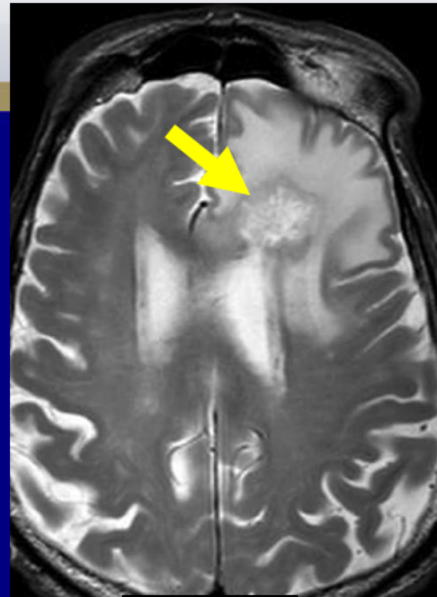


History

79-year-old male with 1-month history of altered mental status, urinary incontinence, and unsteady gait



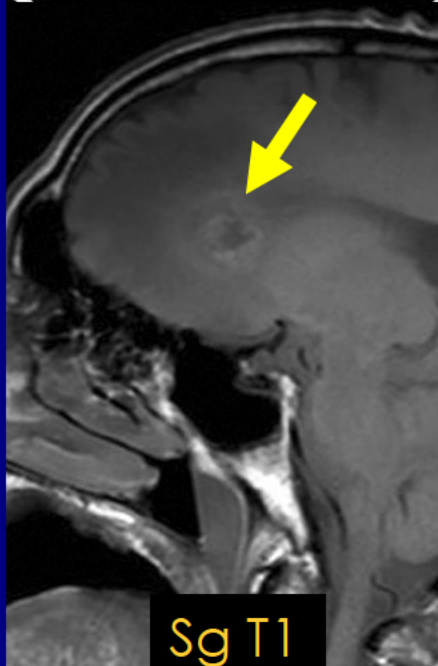
CT without



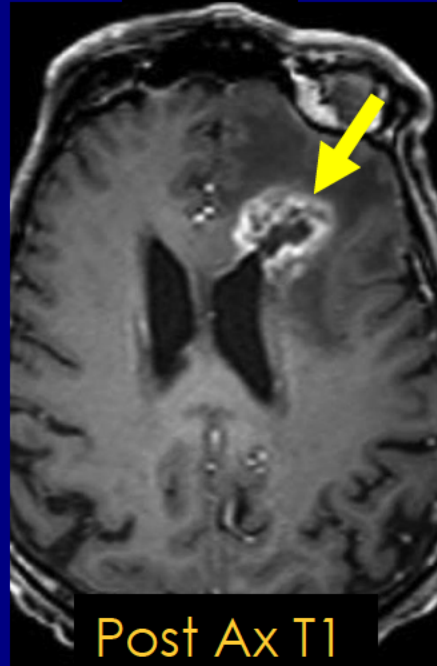
Ax T2



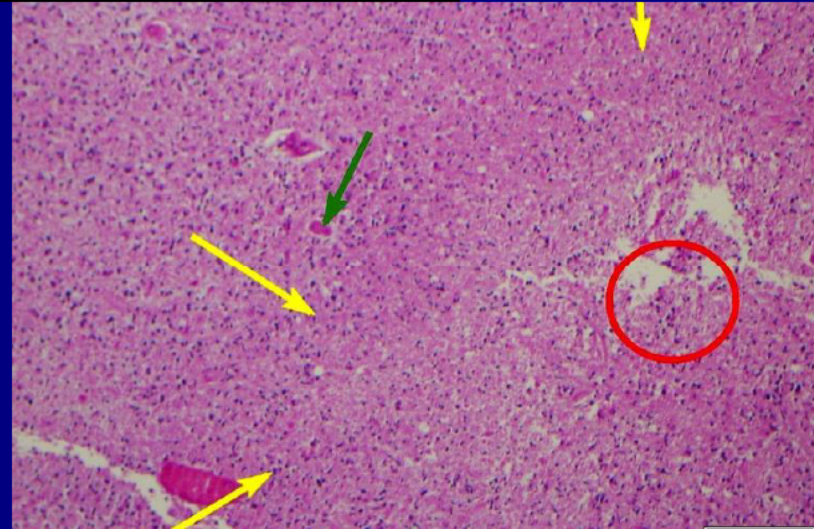
Coronal Section



Sg T1



Post Ax T1



Green arrow: endothelial proliferation;
Yellow arrows; margin of pseudopalisading
necrosis (center marked by red circle)

Glioblastoma multiforme

Matthew Prater, M.D.
Vanderbilt University
Nashville, Tennessee



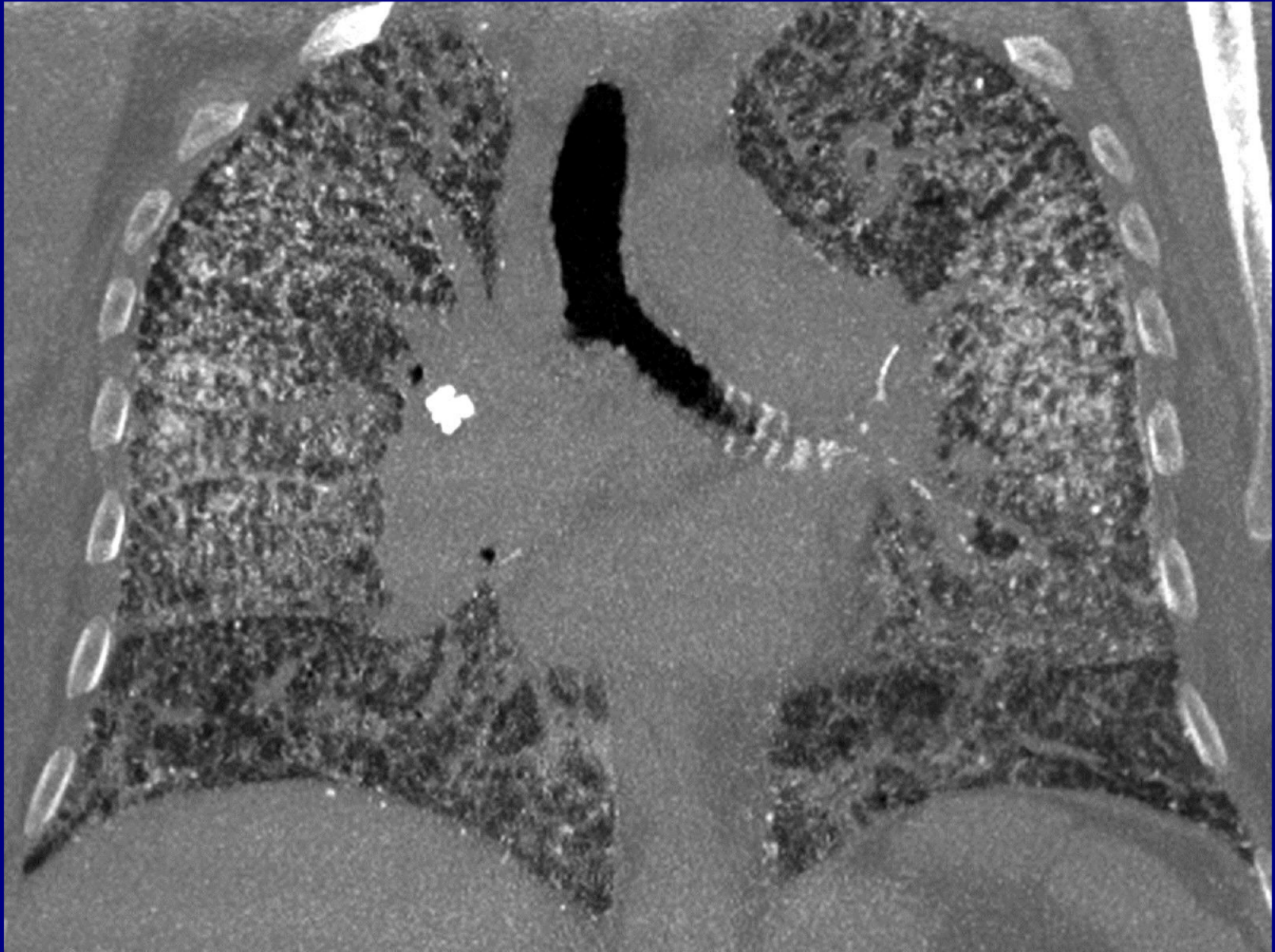
Clinical History

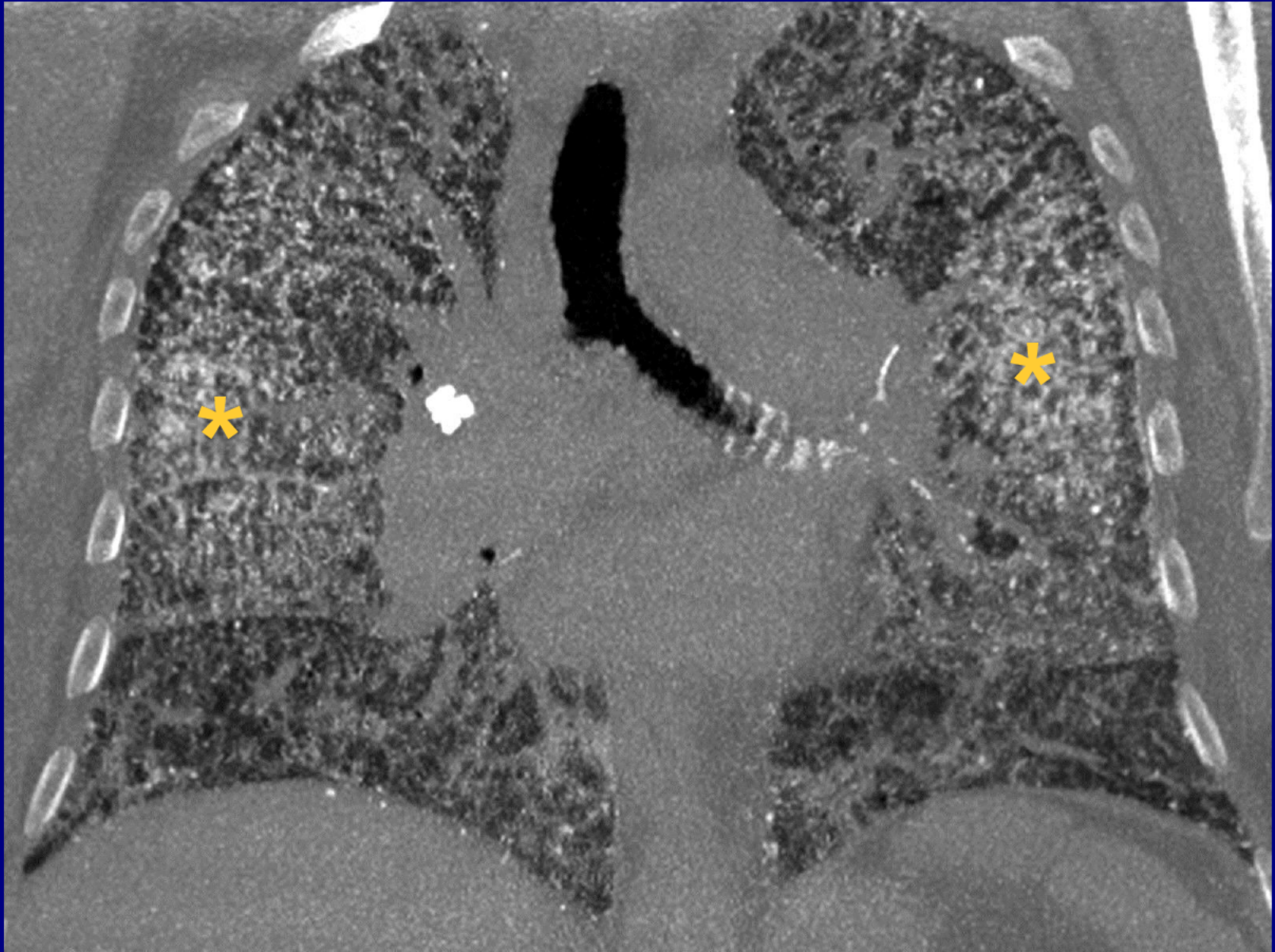
73 year old female with dyspnea and restrictive pulmonary functions



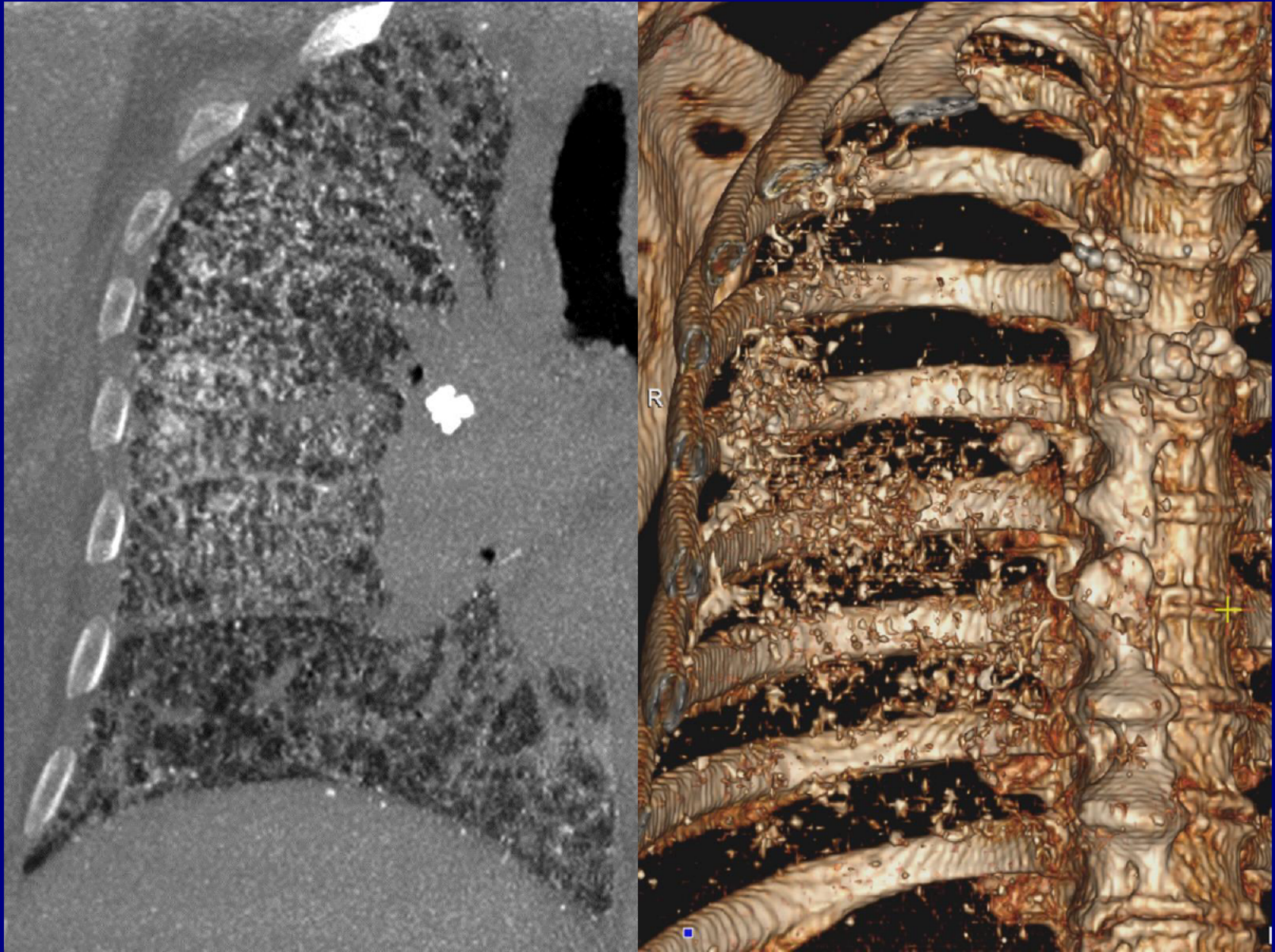




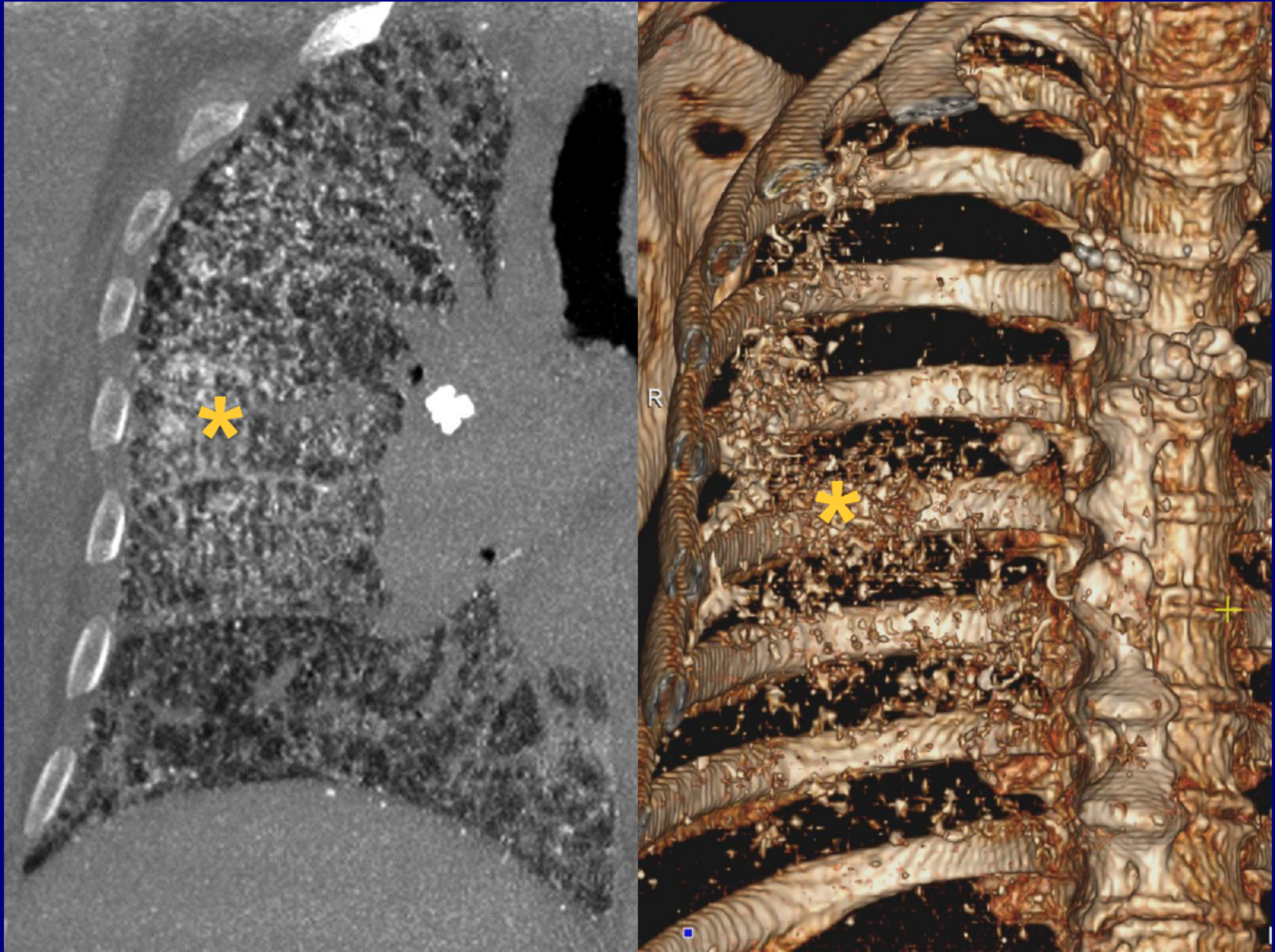


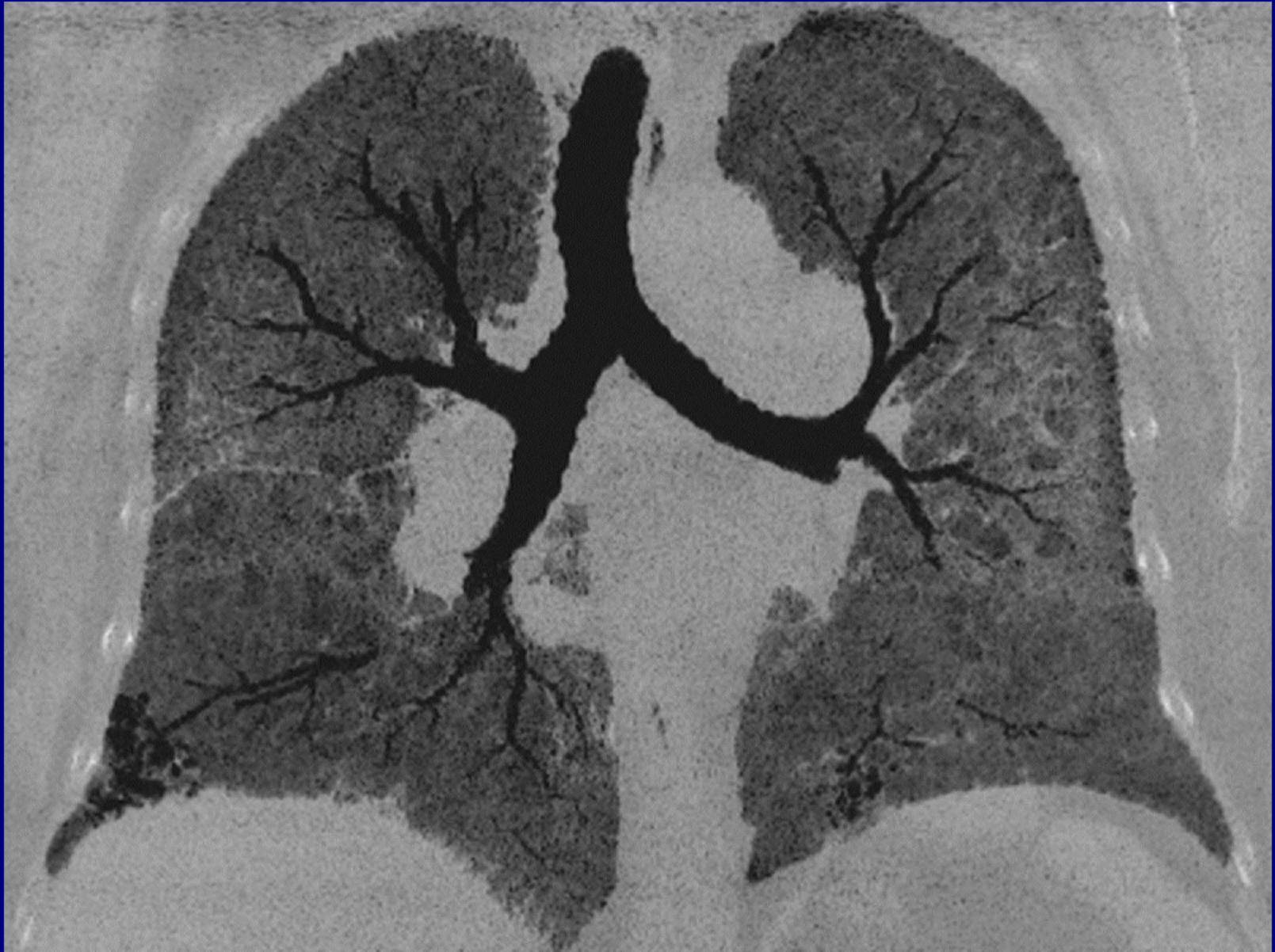


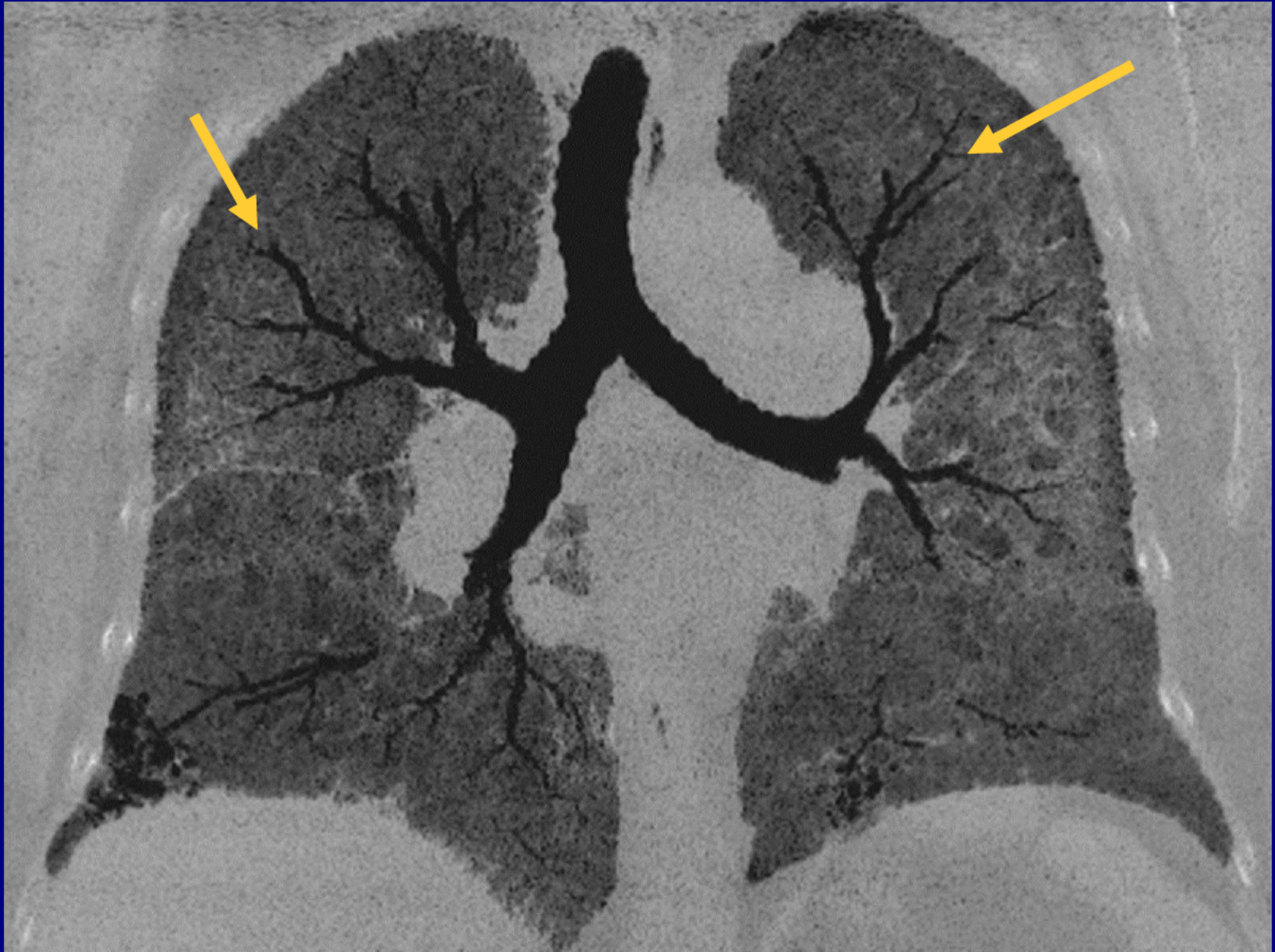
Calcifications



Calcifications



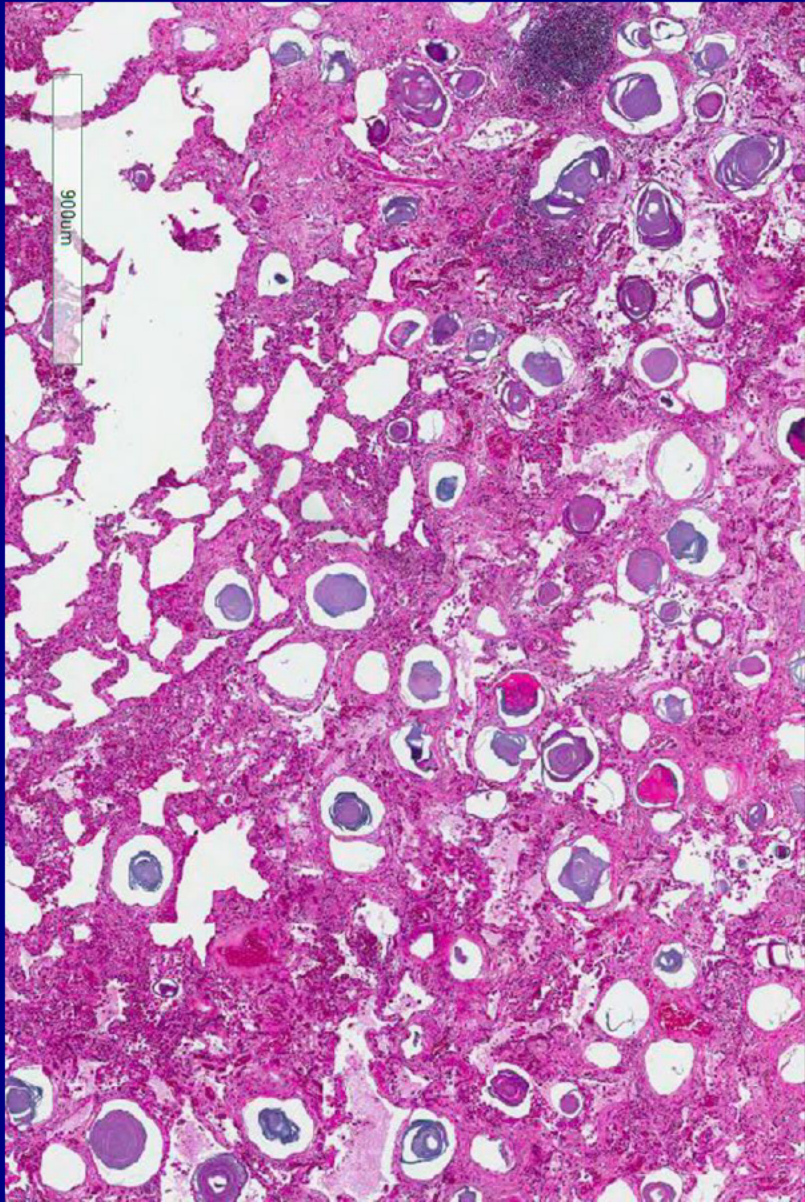




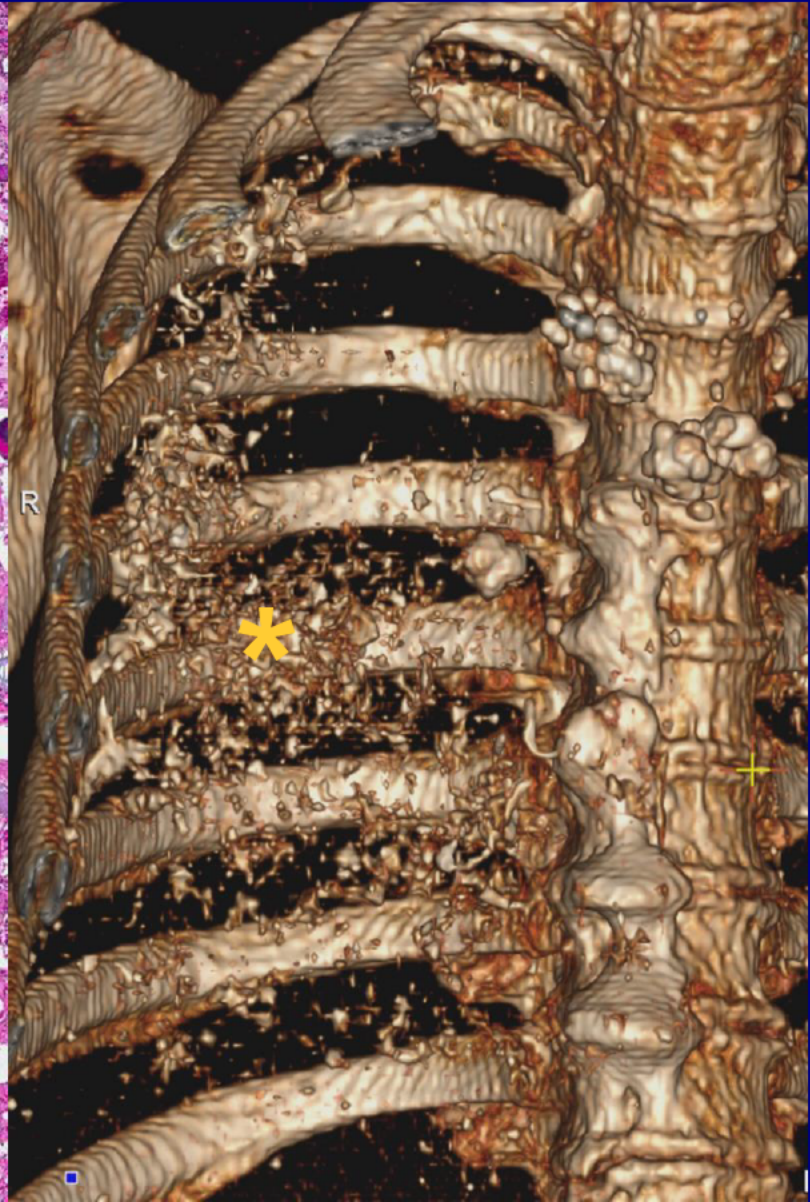
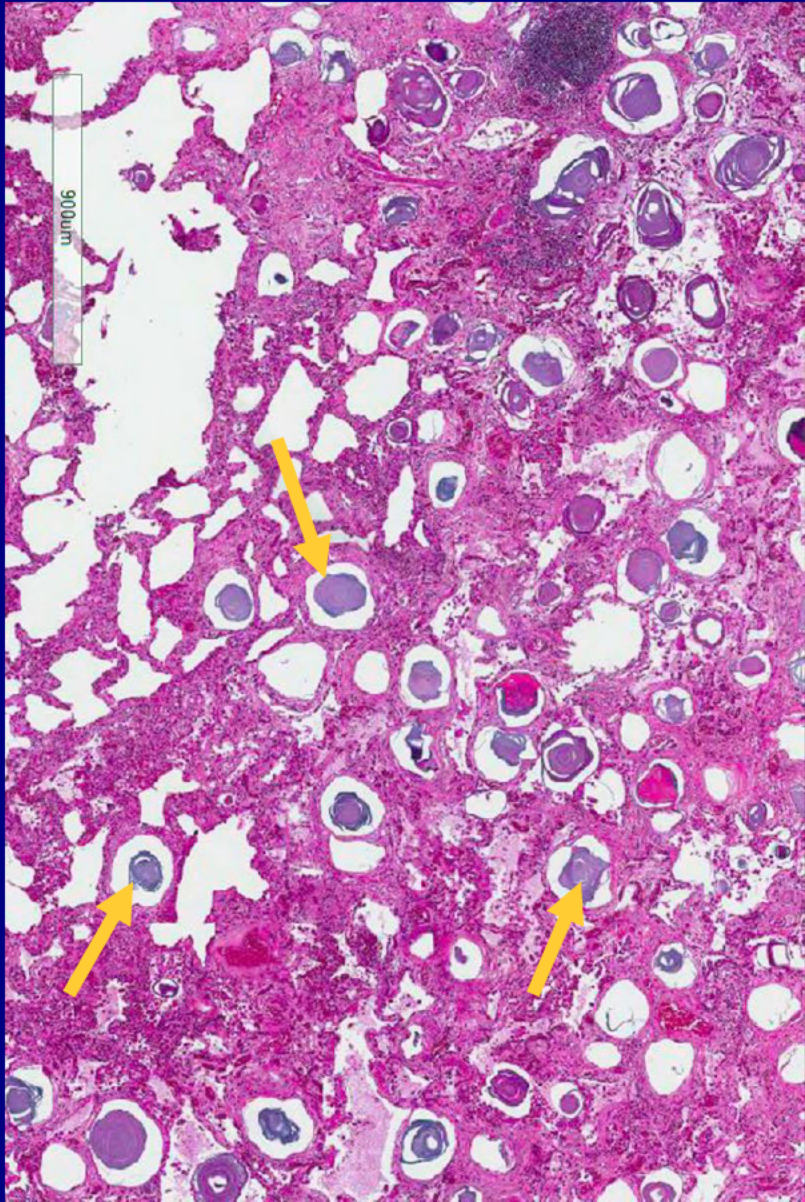
Septal lines



Airspace calcifications



Airspace calcifications



Alveolar Microlithiasis

Joseph Delic, MD

University of Pittsburgh Medical Center

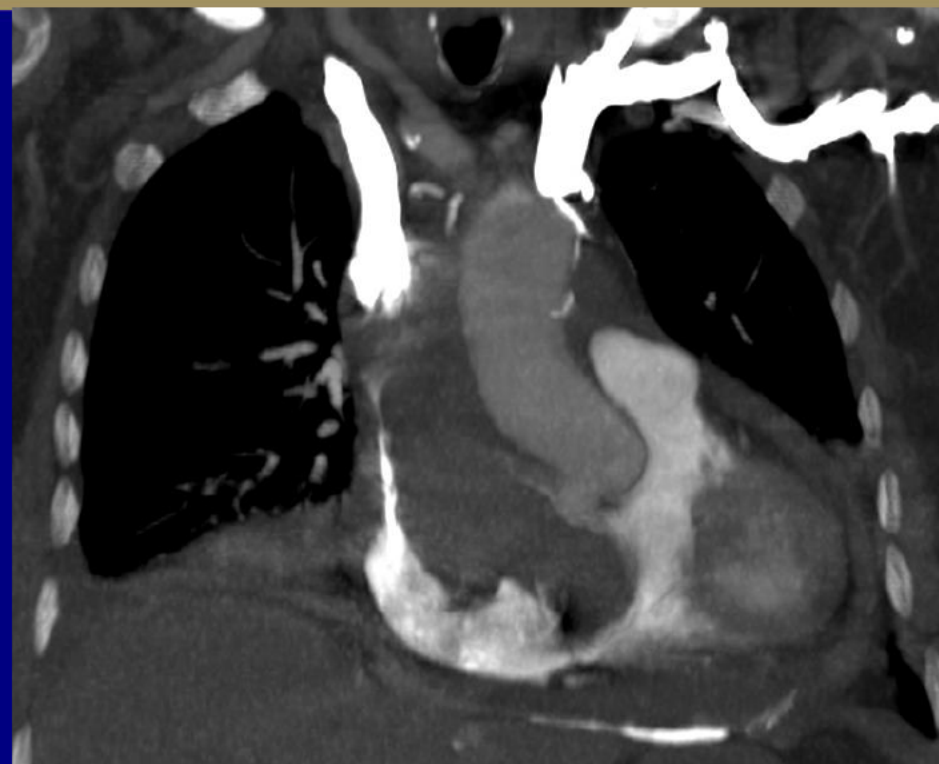
Pittsburgh, PA

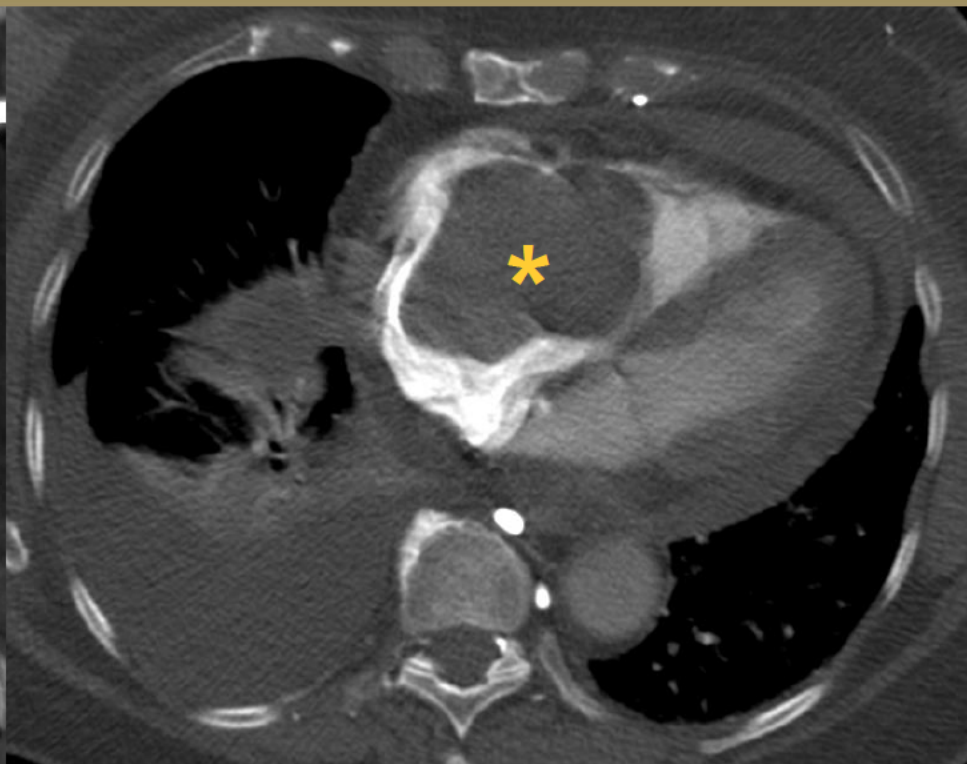
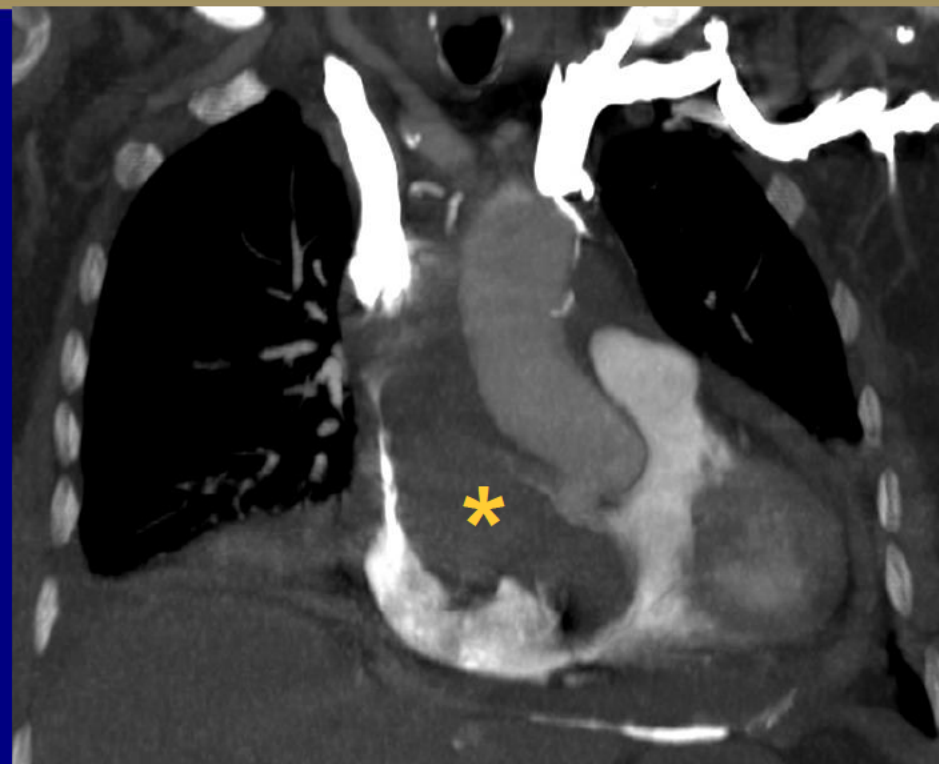
Cardiovascular Best Case



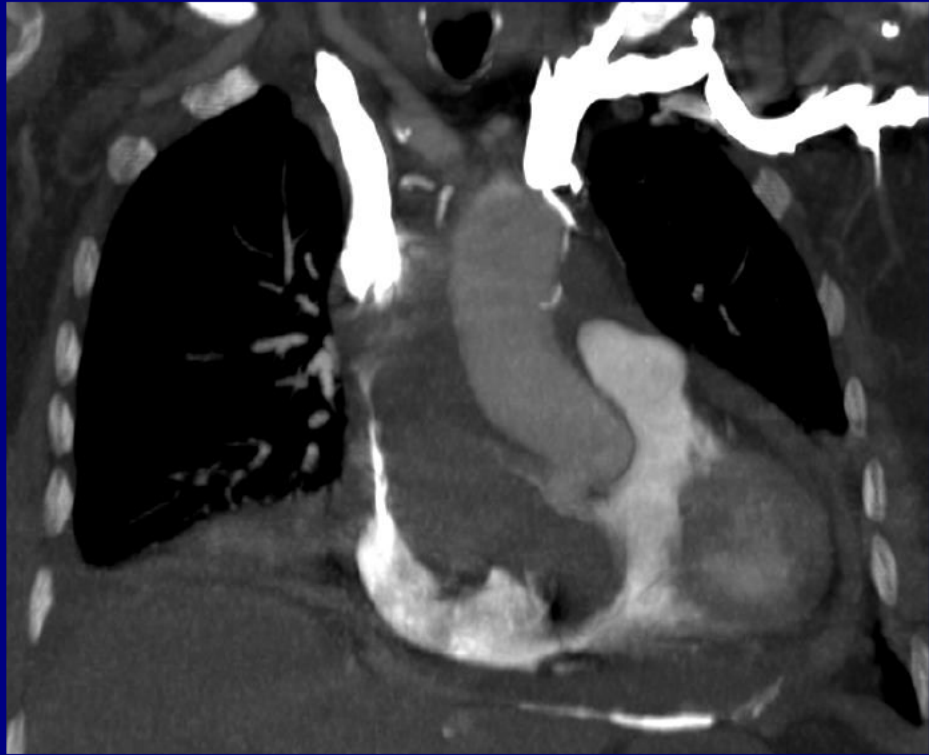
Clinical History

**79 year old female presents to the ED
with severe dyspnea**

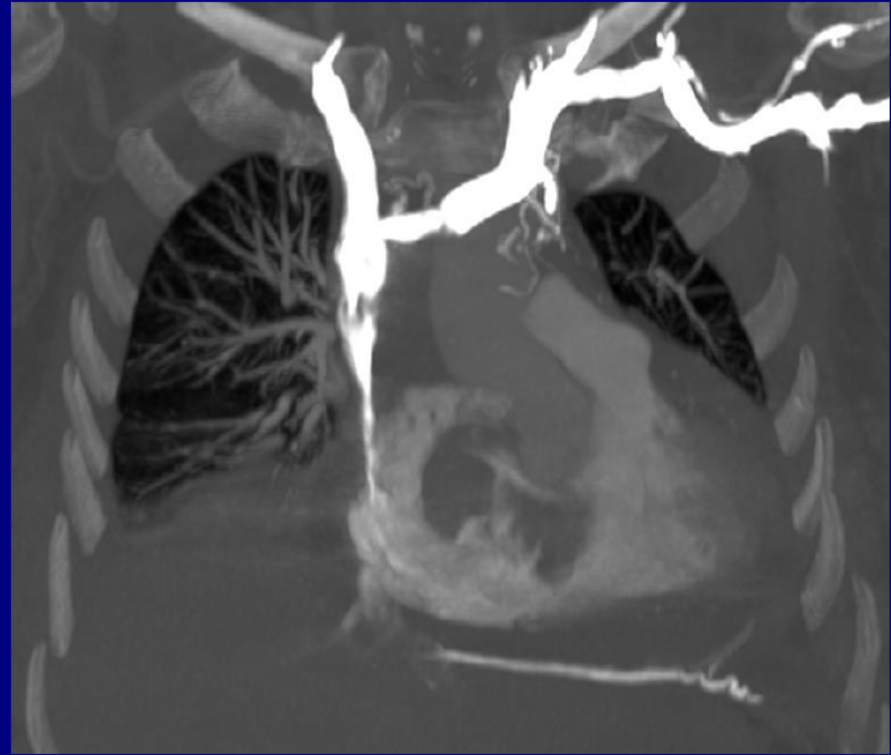




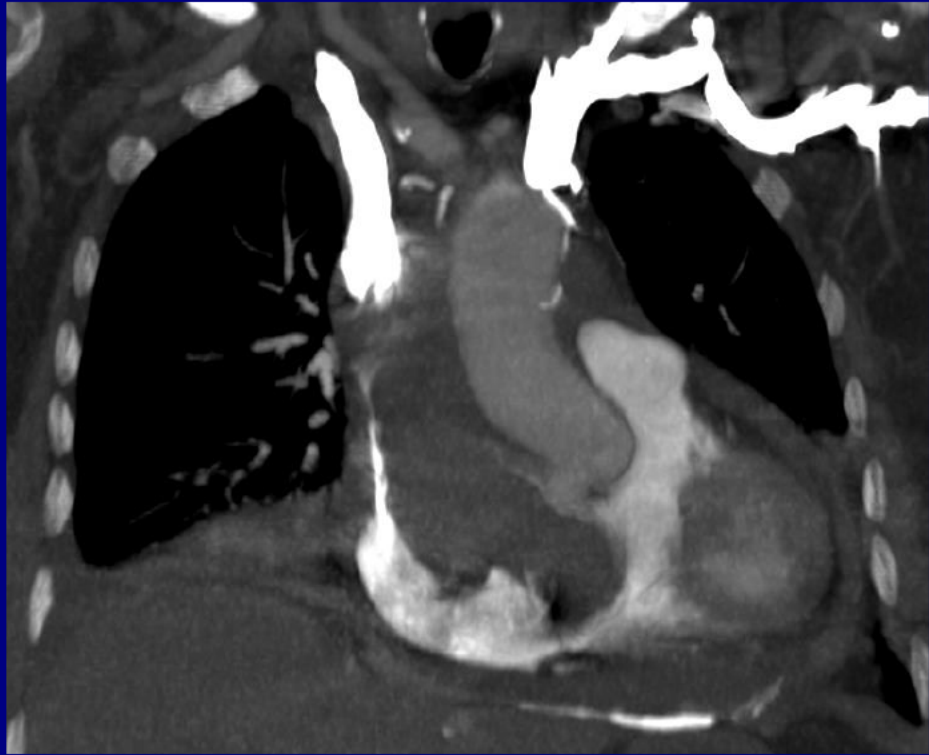




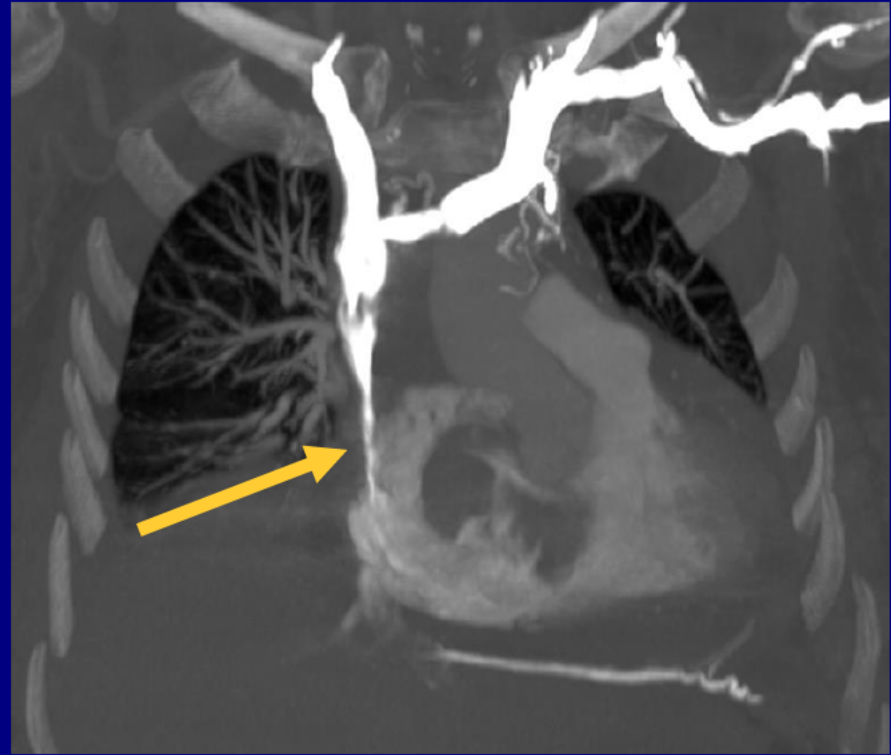
Coronal CT



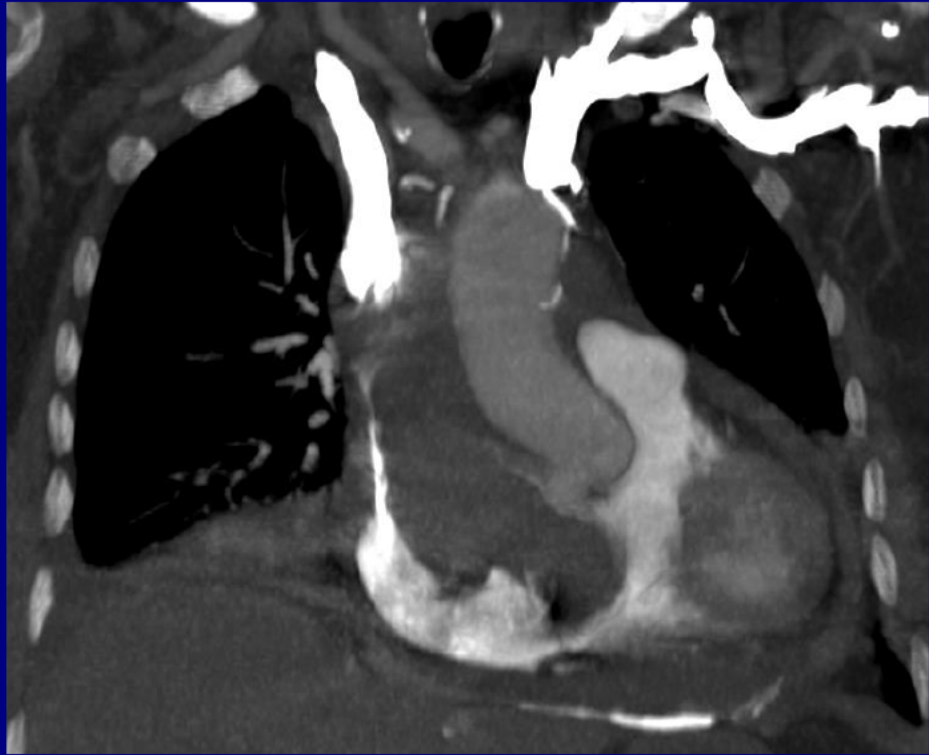
Coronal MIP reformat



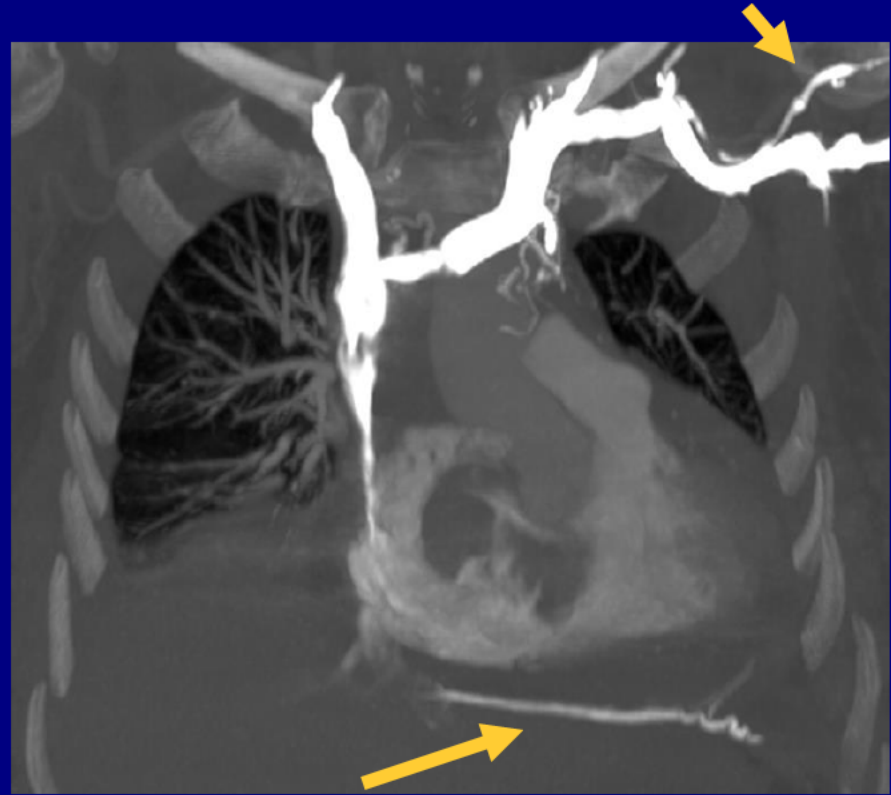
Coronal CT



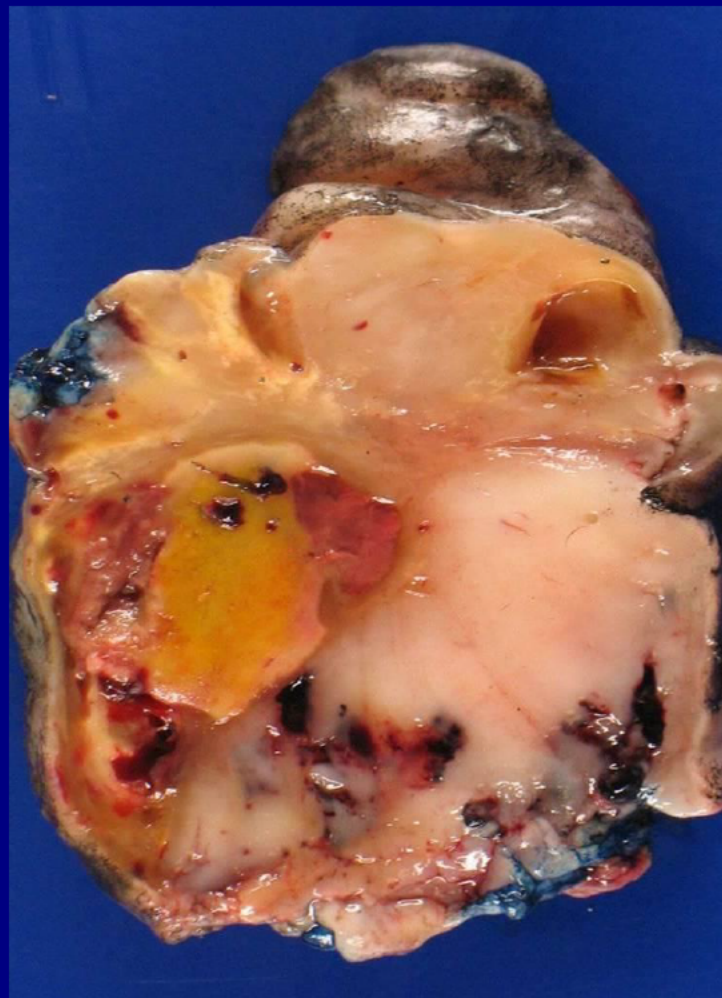
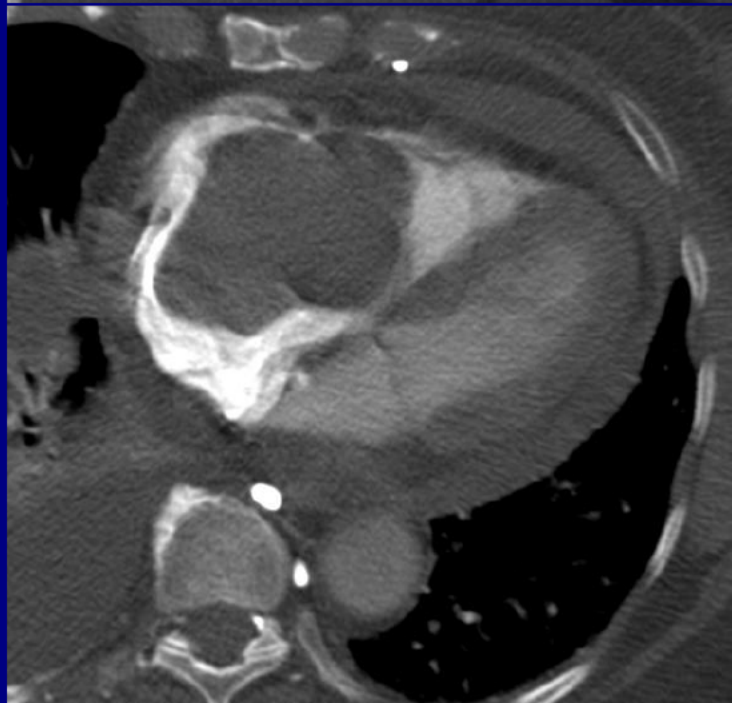
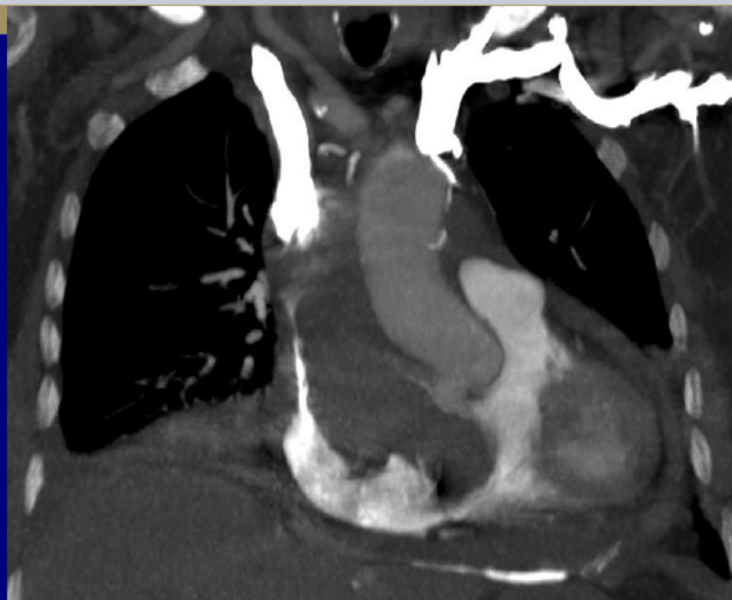
Coronal MIP reformat

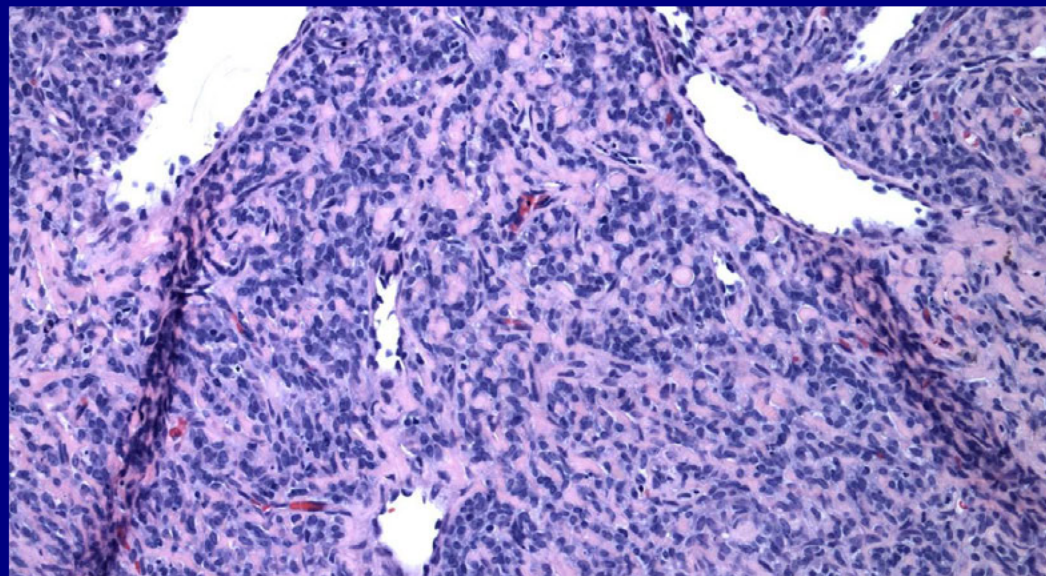
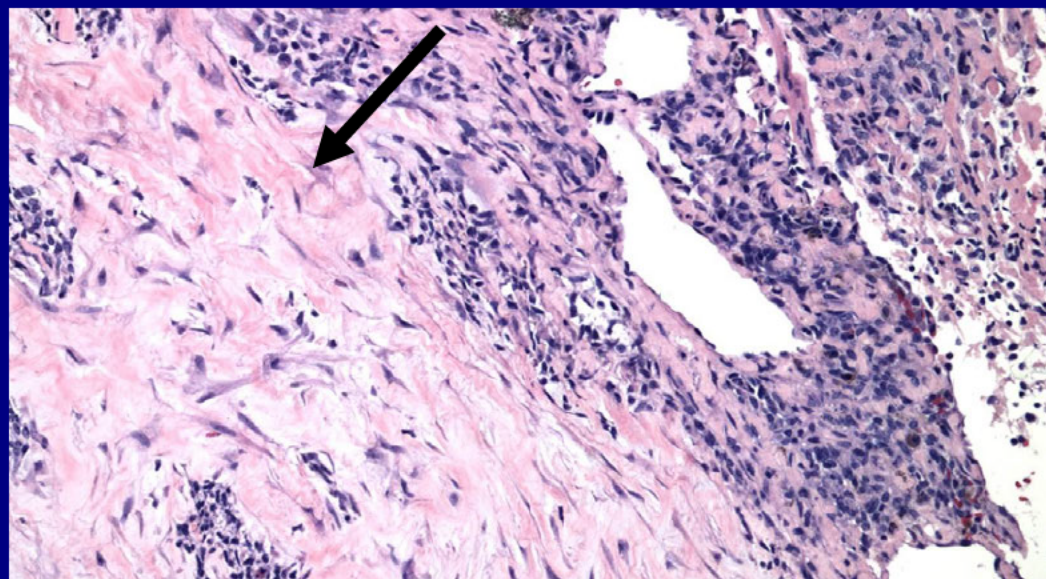


Coronal CT



Coronal MIP reformat

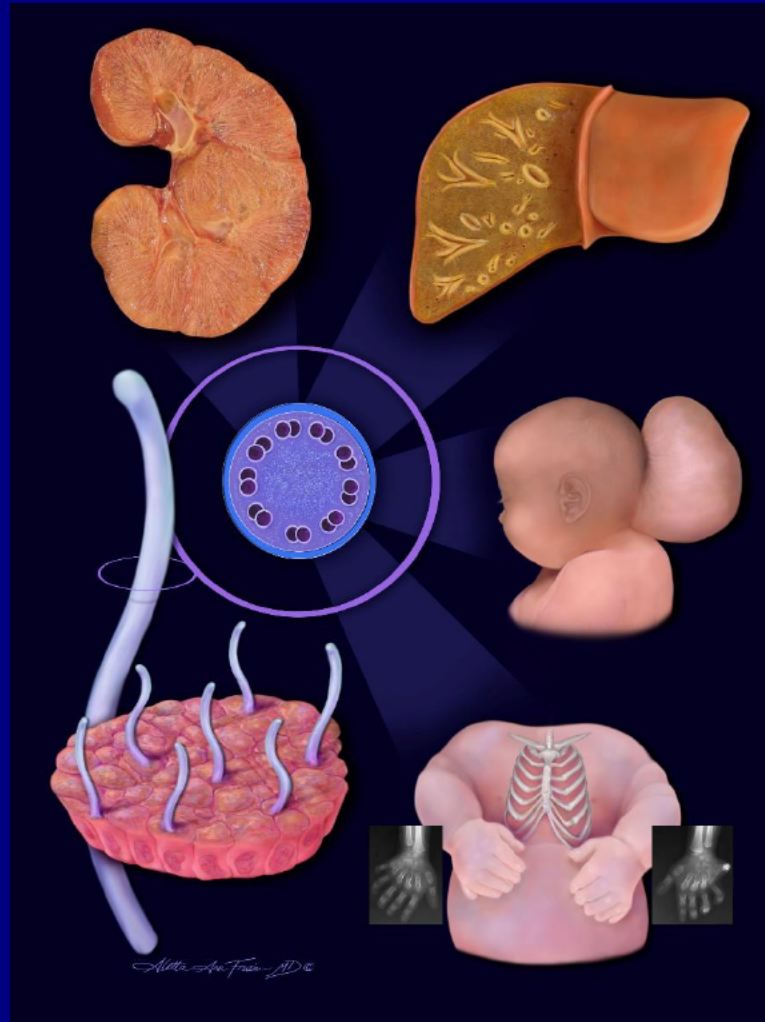




Synovial Sarcoma of the Right Atrium

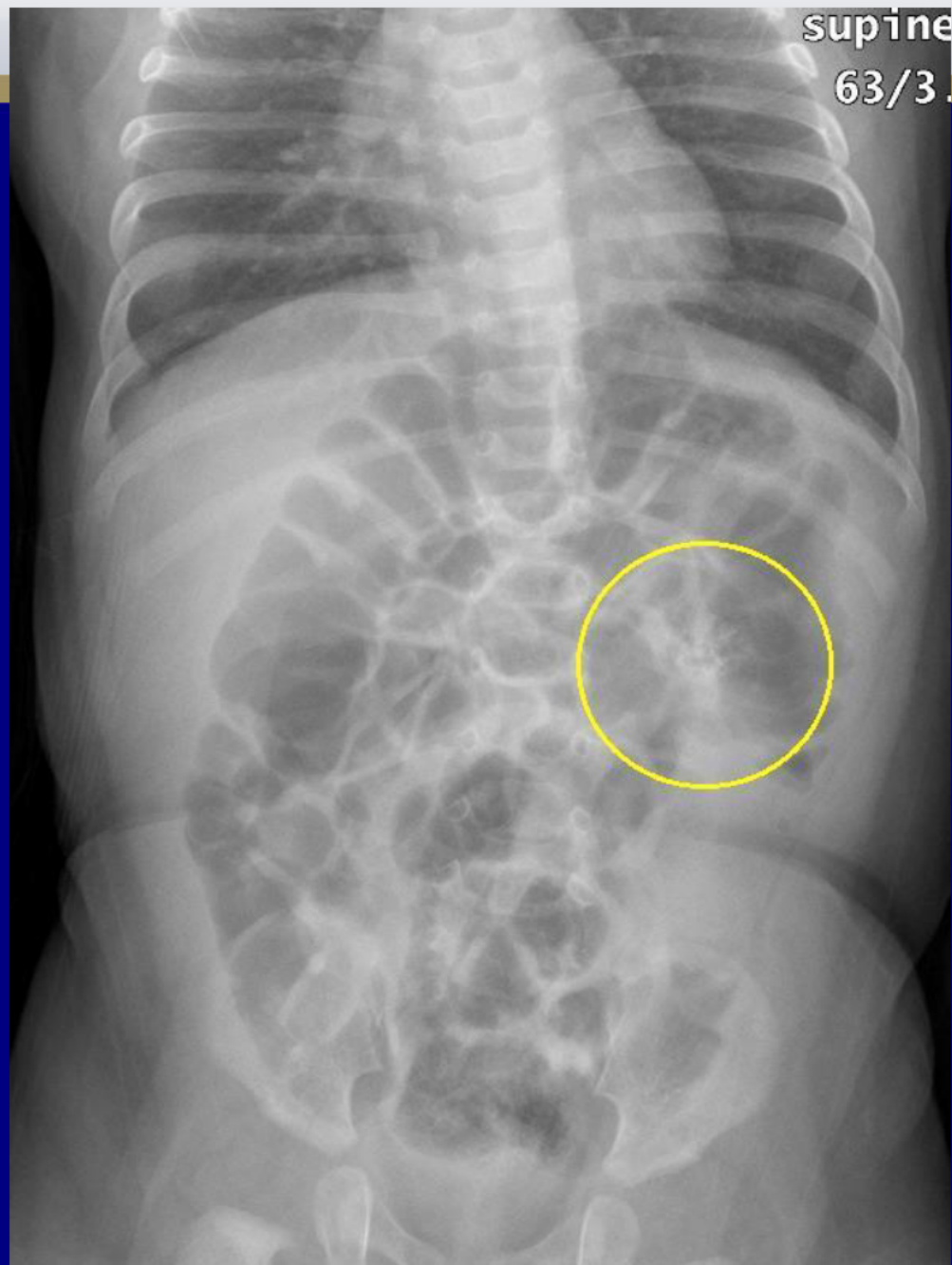
**Ali Mian, MD
Yale University Medical System
New Haven, CT**

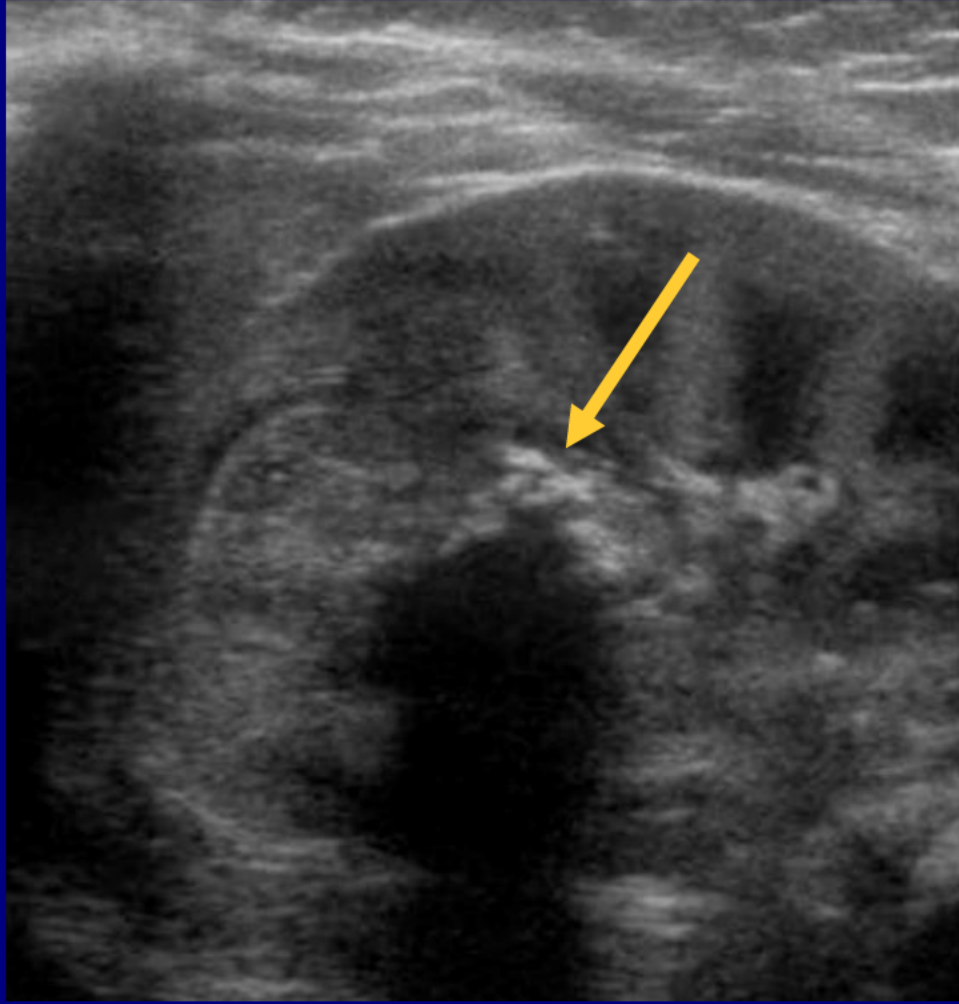
Pediatric Best Case

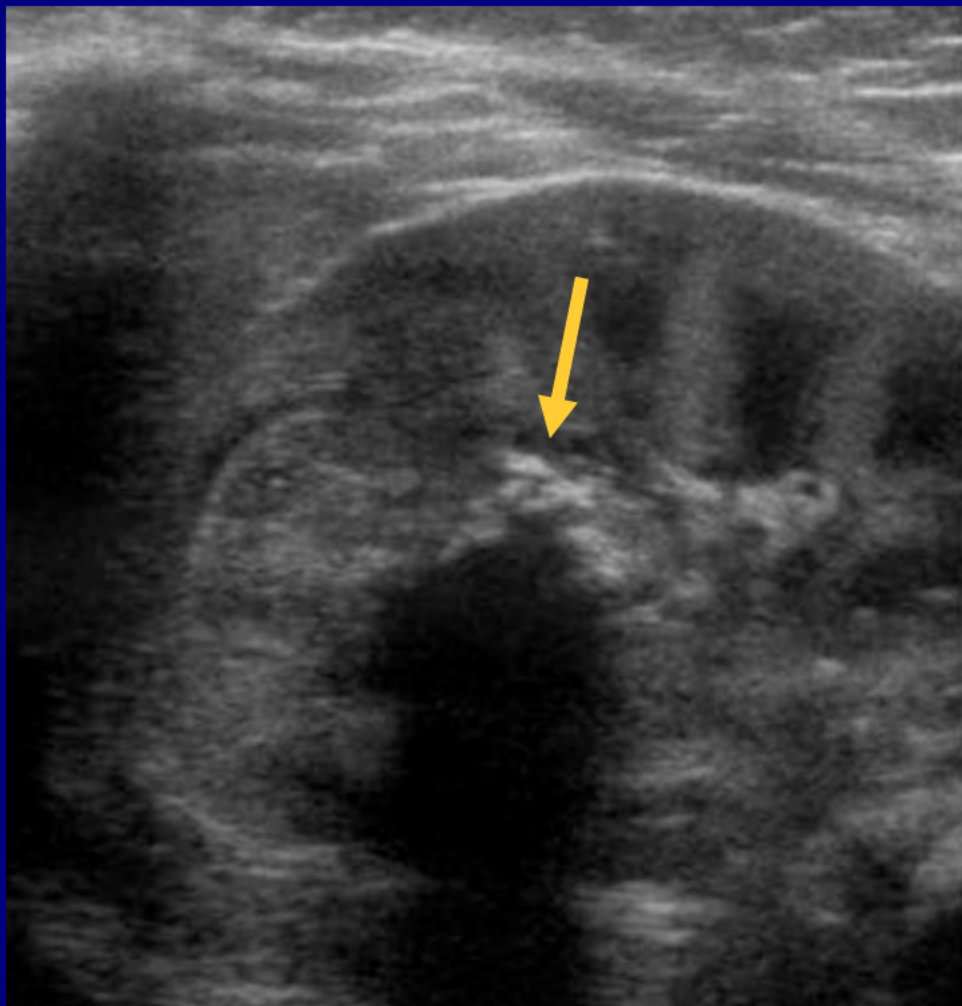


Clinical History

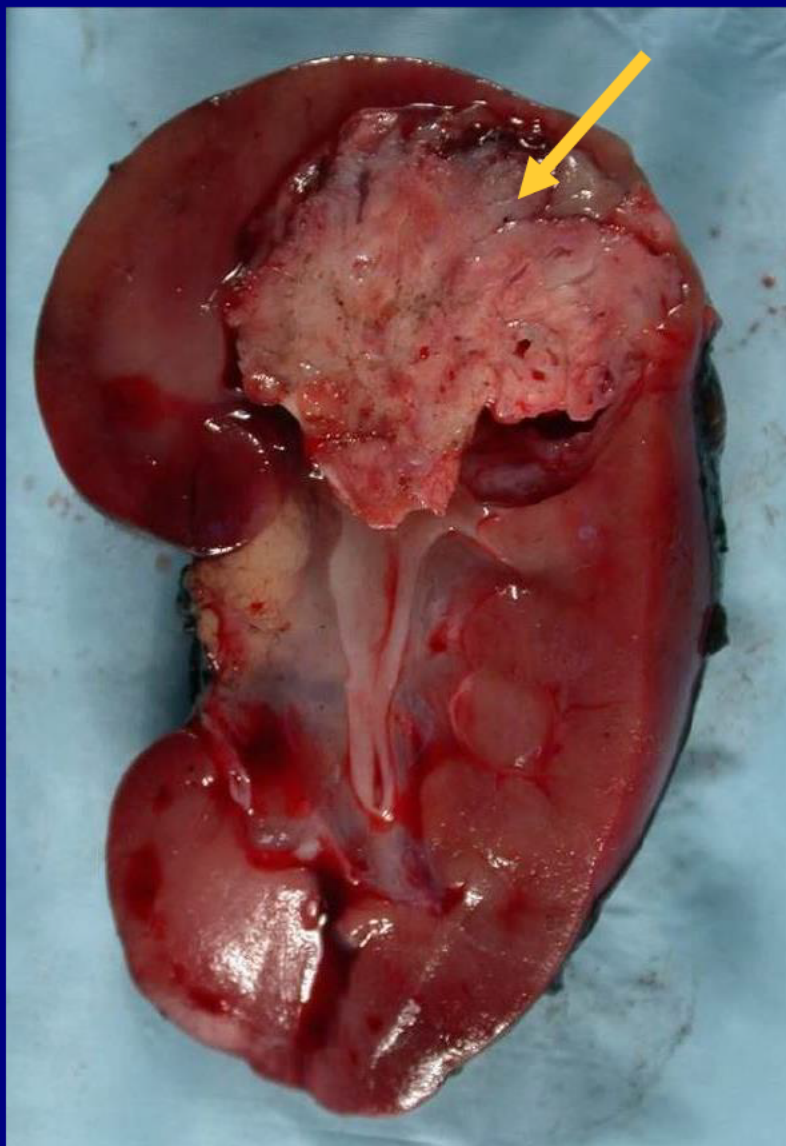
A 3 week old boy born at term by uncomplicated vaginal delivery presented with gross hematuria.







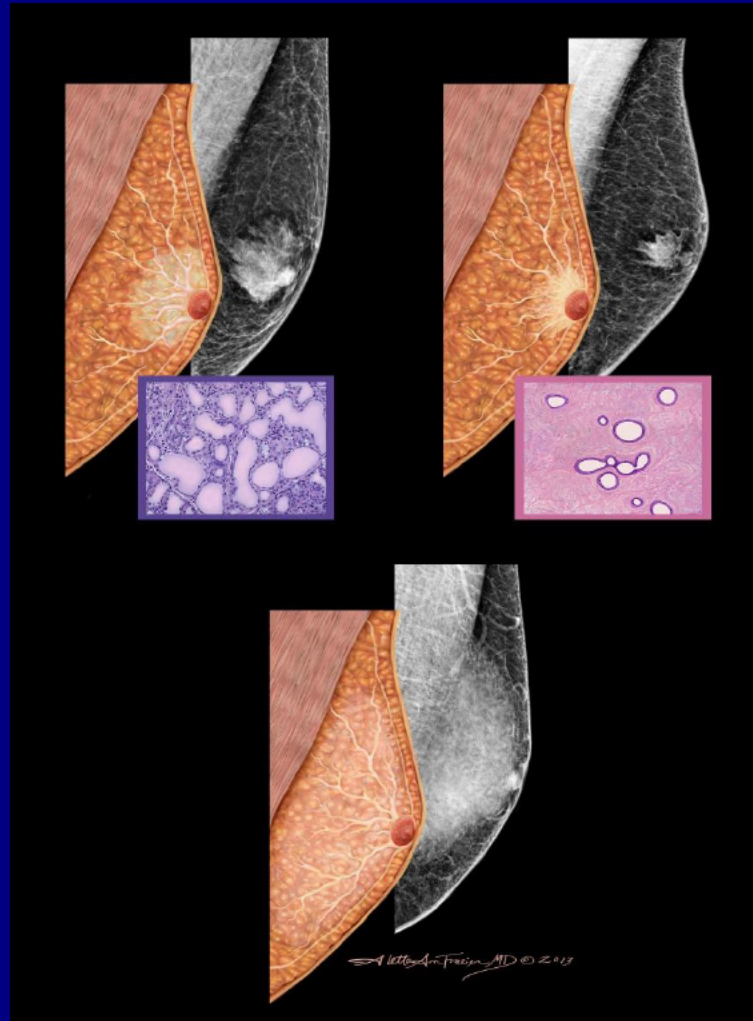




Ossifying Renal Tumor of Infancy

Jacques Trollip, MD
University of British Columbia
Vancouver, Canada

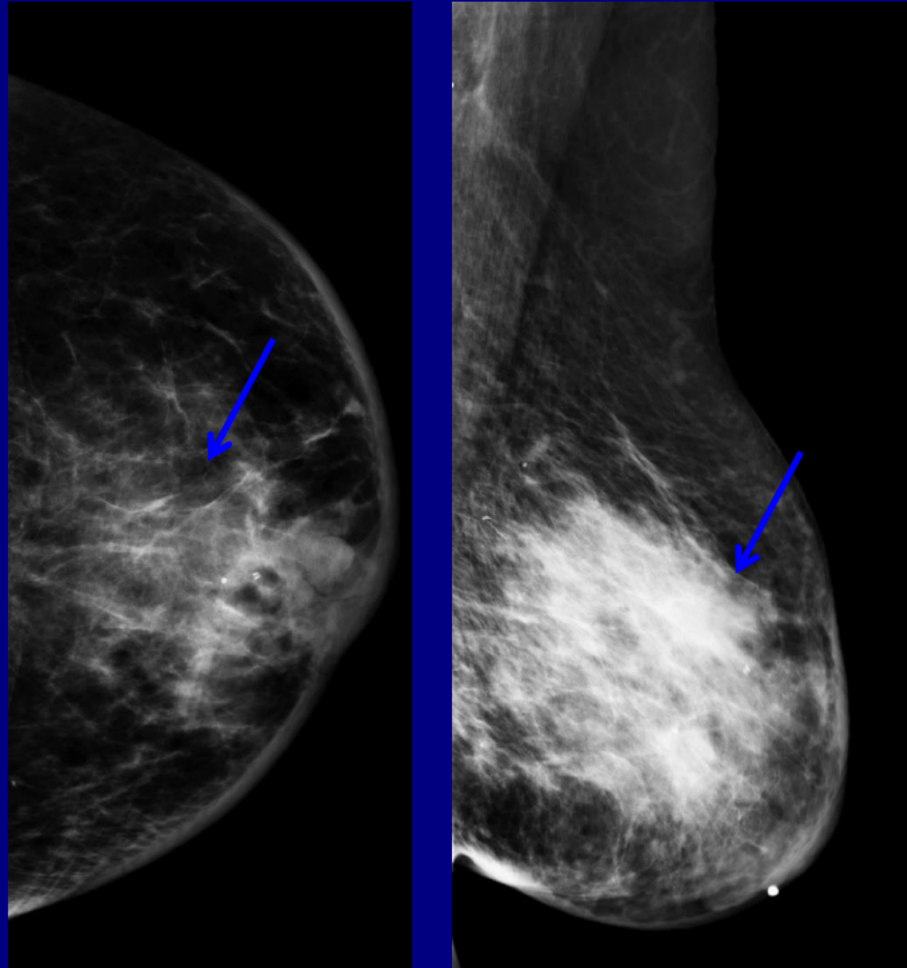
Breast Best Case



Clinical Presentation

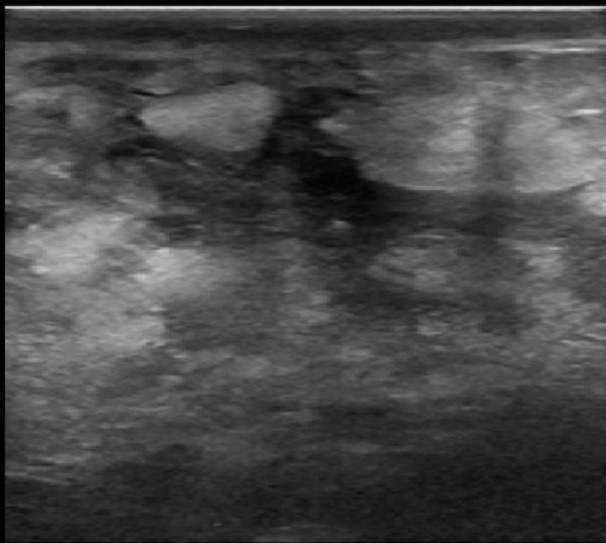
- 77 year old female with increasing firmness and induration of the left breast
- Ipsilateral stage I invasive ductal carcinoma 15 years ago treated with lumpectomy and whole breast radiation. Negative margins and lymph nodes.
- Regular mammograms; last one year ago negative
- On physical exam, the left breast was entirely indurated with peau d'orange and ulceration adjacent to the nipple.

Diagnostic Left Mammogram



Diagnostic Ultrasound

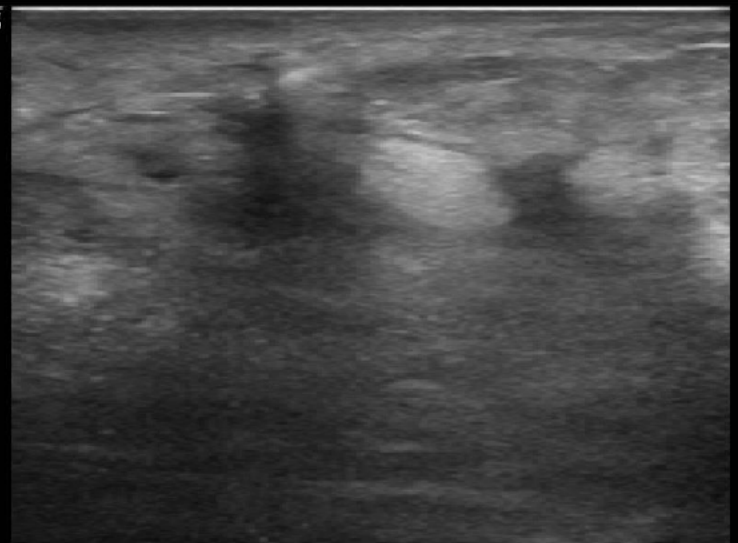
GE
L5



LEFT

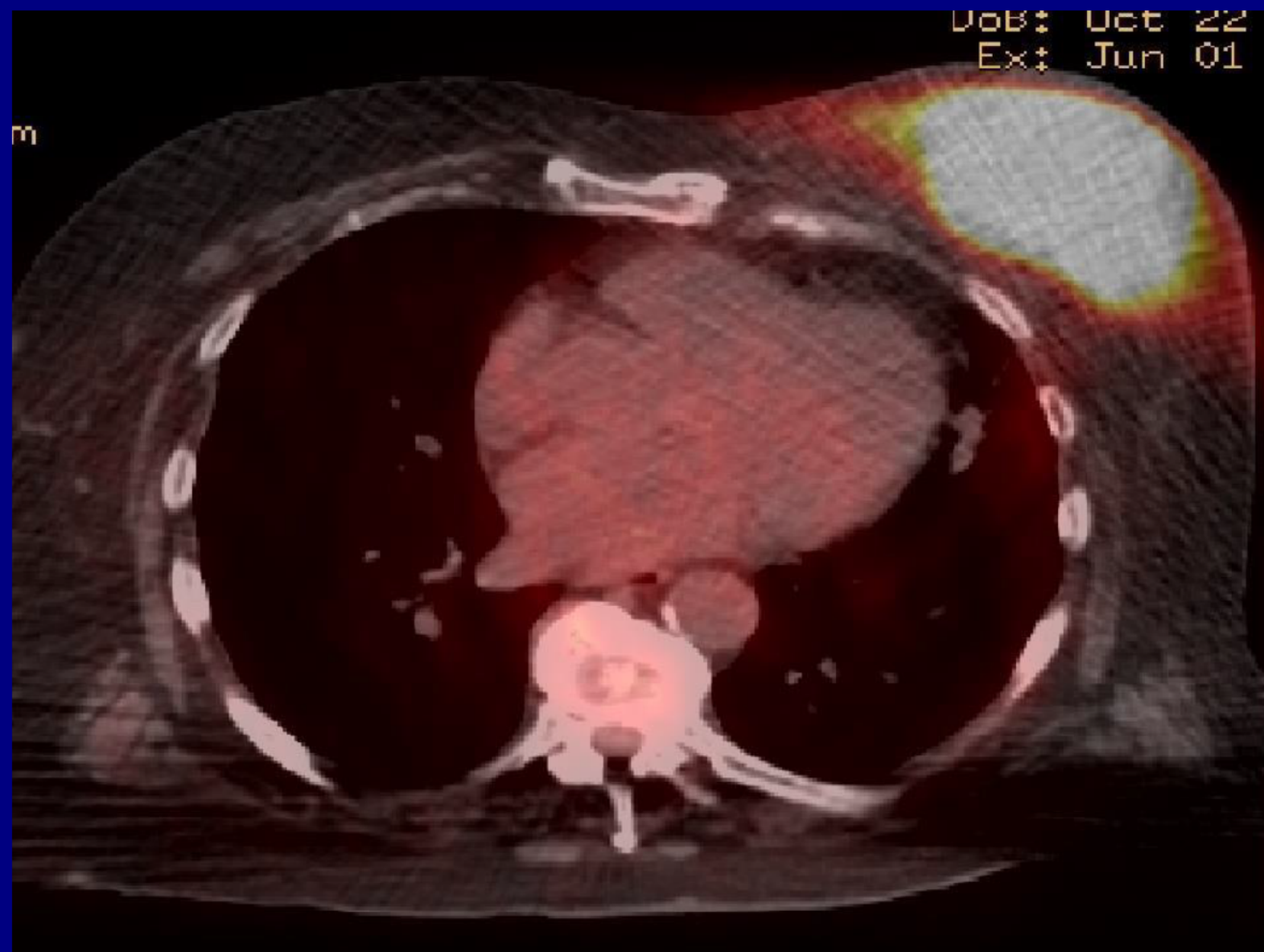


GE
L5

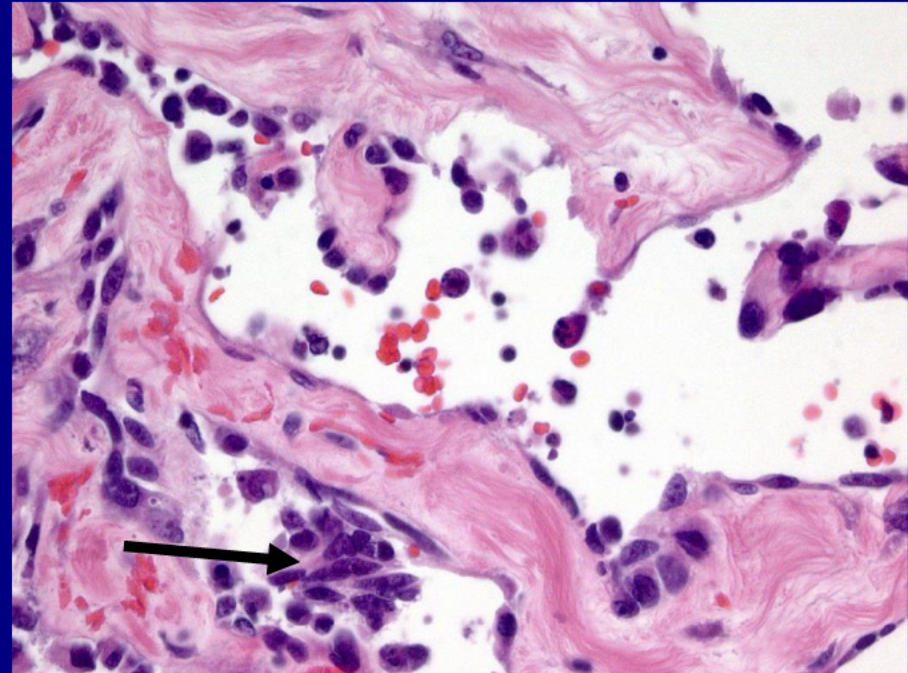
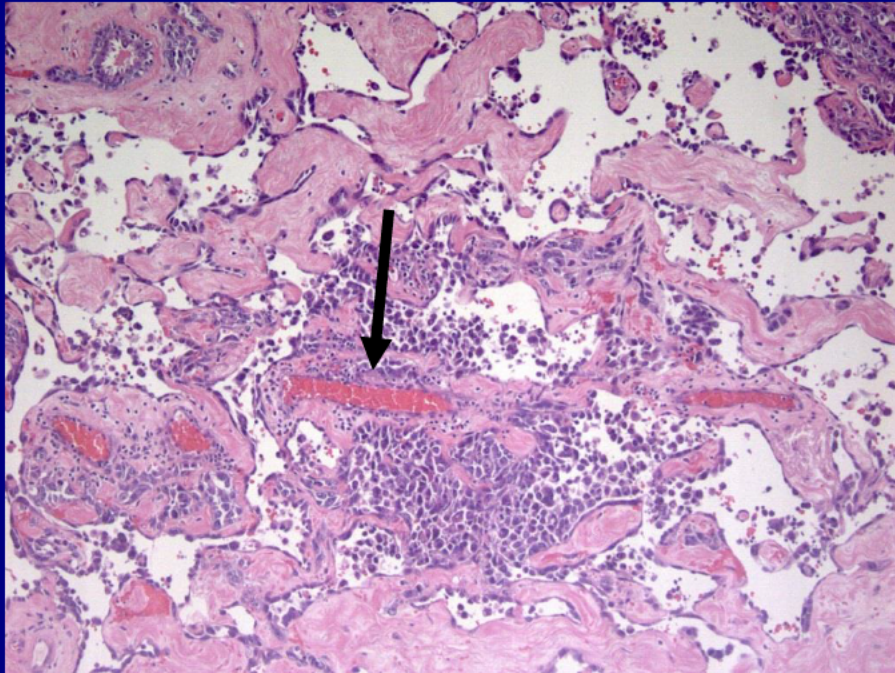


LEFT









Secondary Angiosarcoma

- Older women who have undergone radiation treatment for prior breast cancer.
- Mean age 60 years
- Incidence of post-irradiation angiosarcoma is low (0.09-0.16%).
- Average time between radiation therapy and development of angiosarcoma is approximately 6 years, however it can be seen as early as 1 year and as late as 41 years.
- Usually presents as red nodules and skin discoloration which can easily be mistaken for bruising delaying diagnosis.

Angiosarcoma

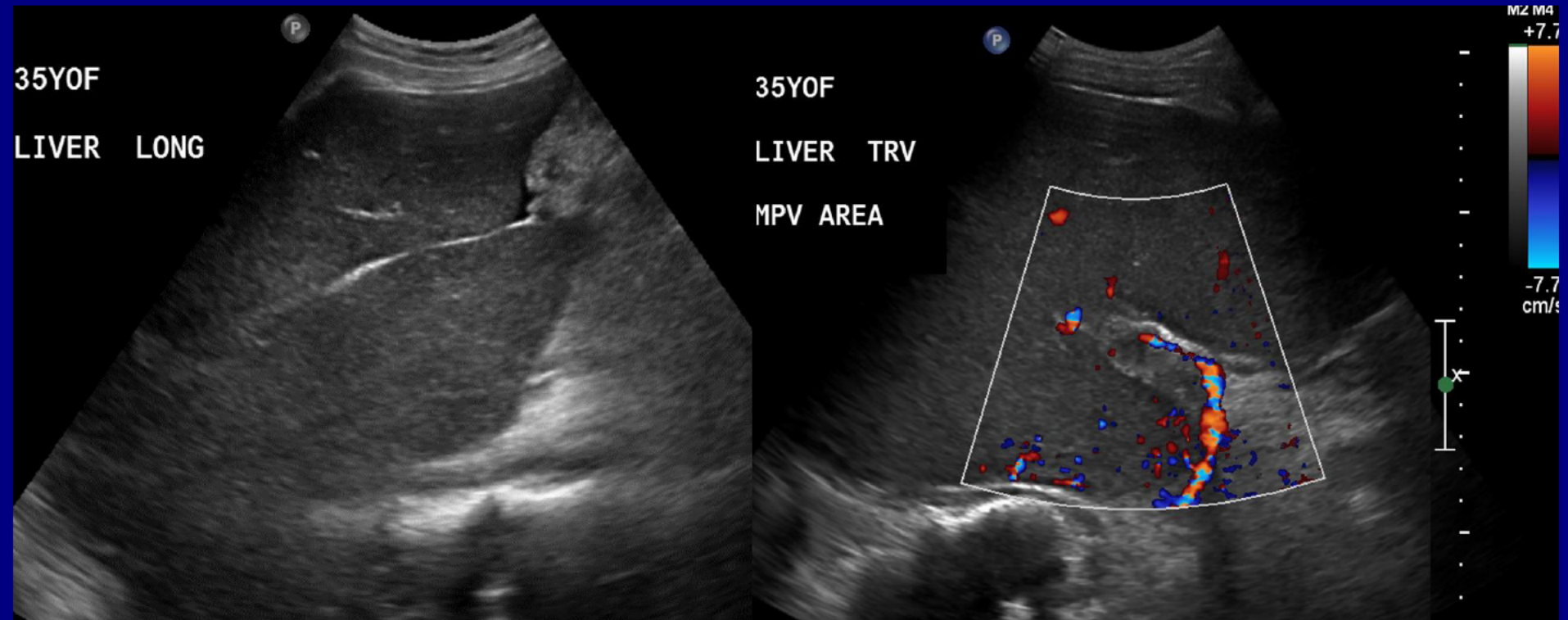
Xhorlina Marko, MD
Beaumont Hospital-Dearborn
Dearborn, Michigan

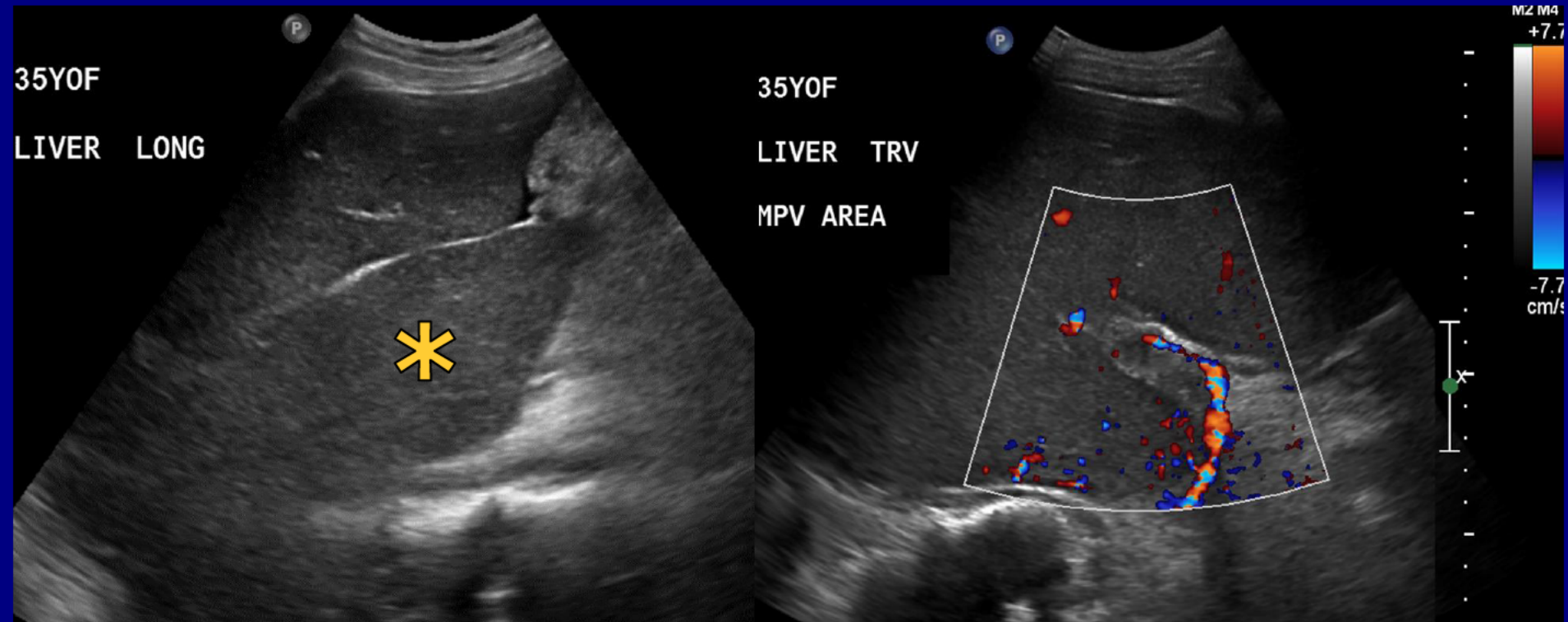
Gastrointestinal Best Case

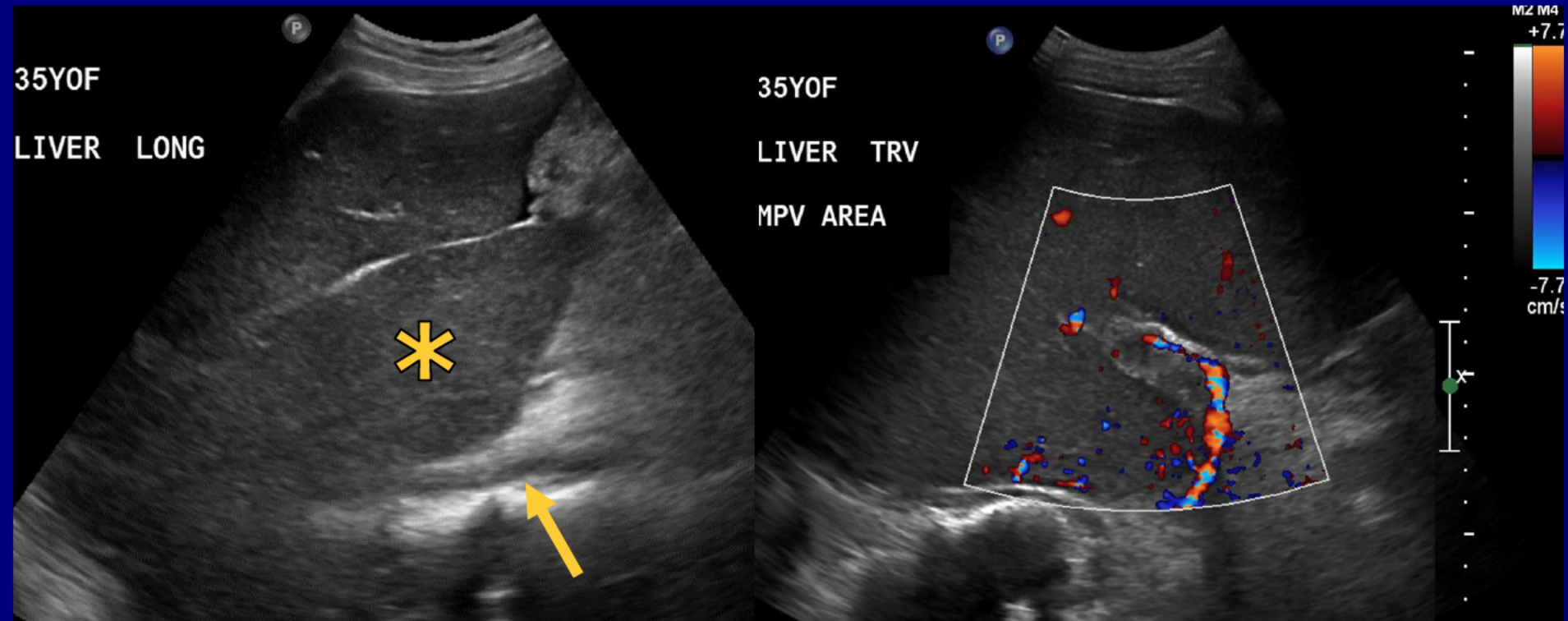


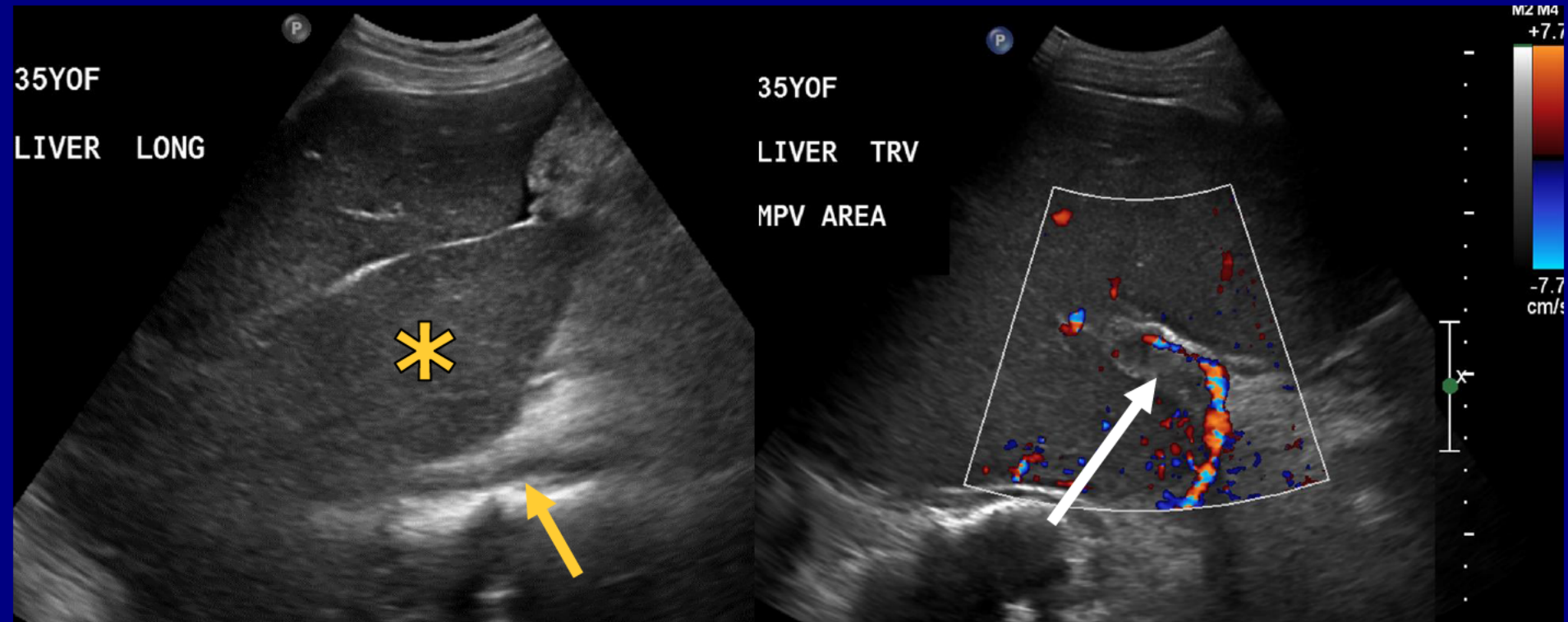
Clinical information

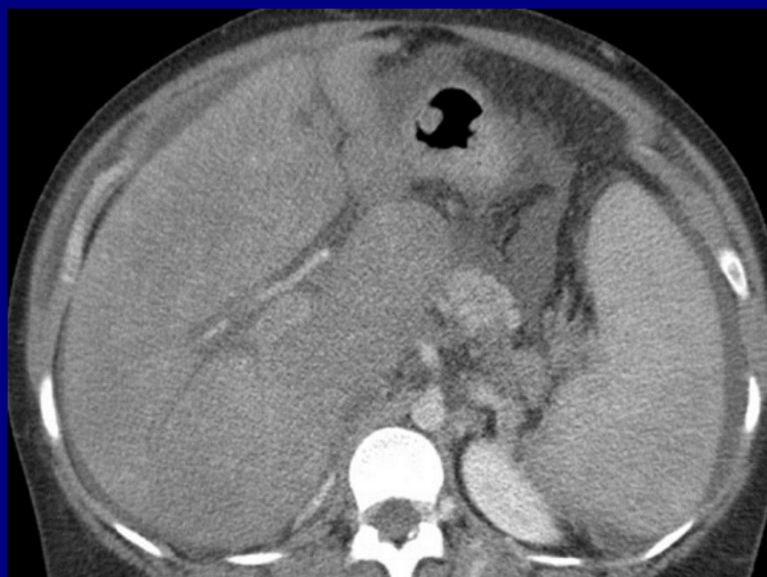
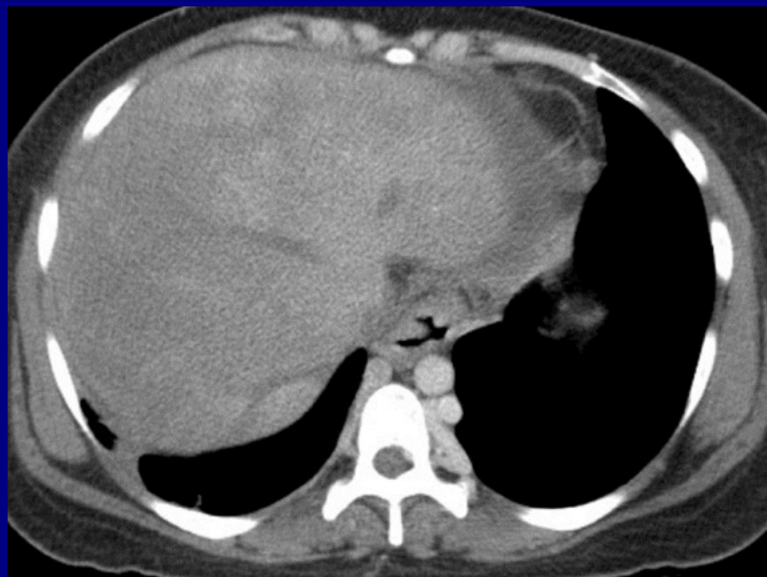
35 year old female with acute onset of rapidly progressive dyspnea and increasing abdominal distension.

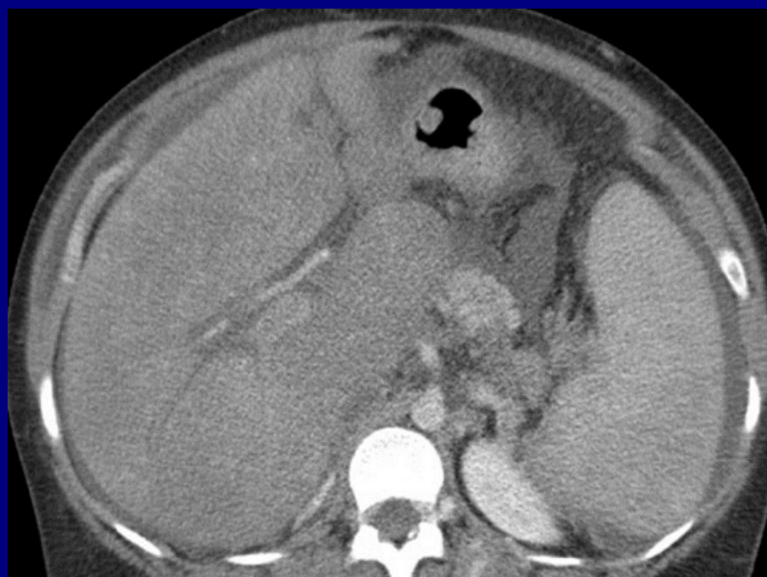
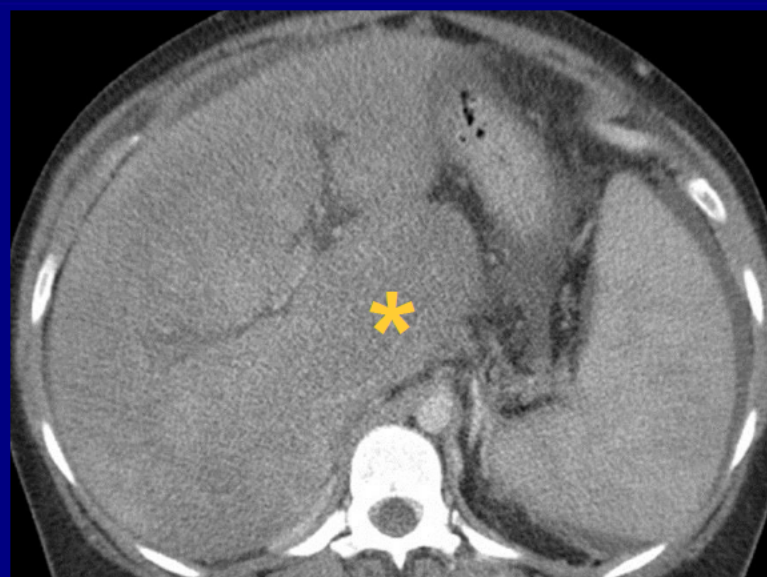
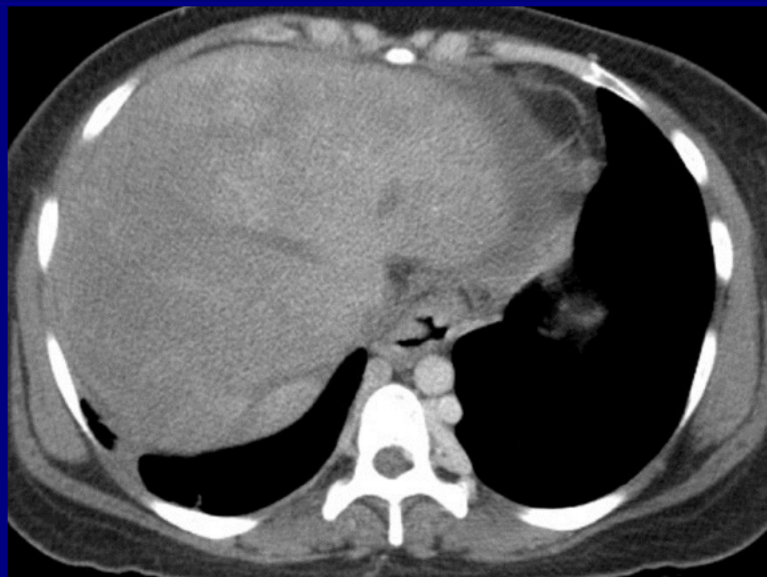


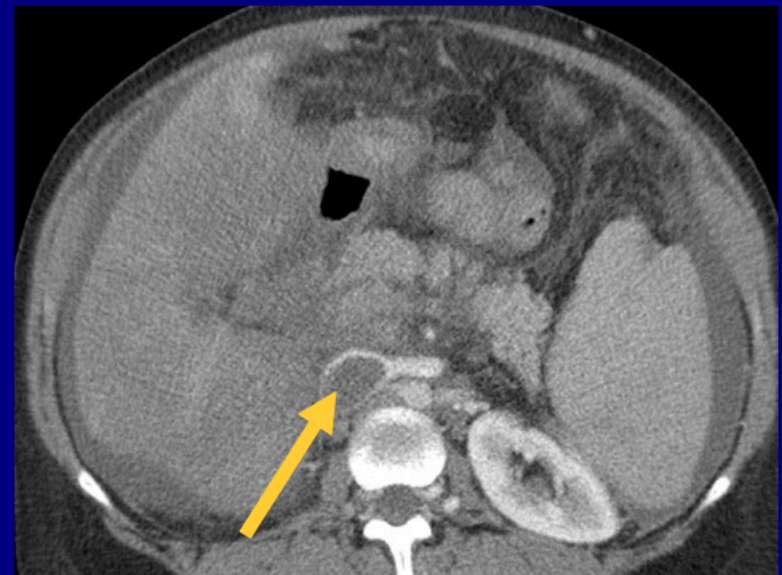
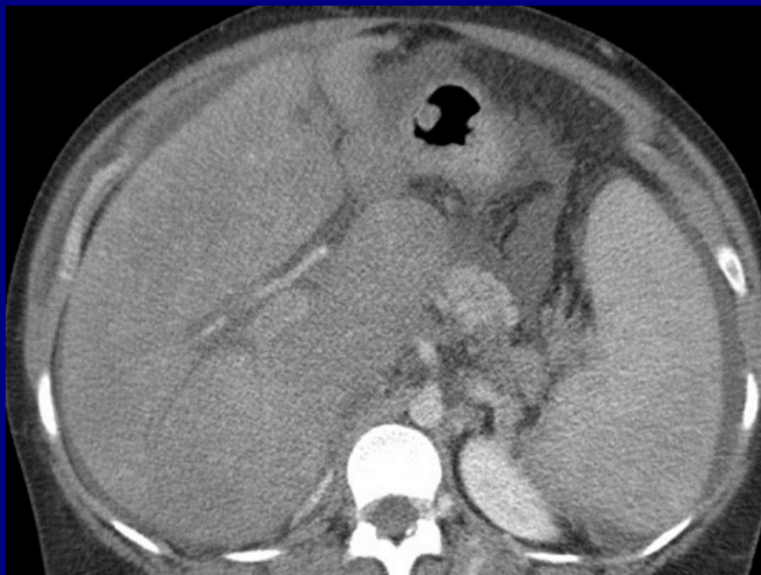
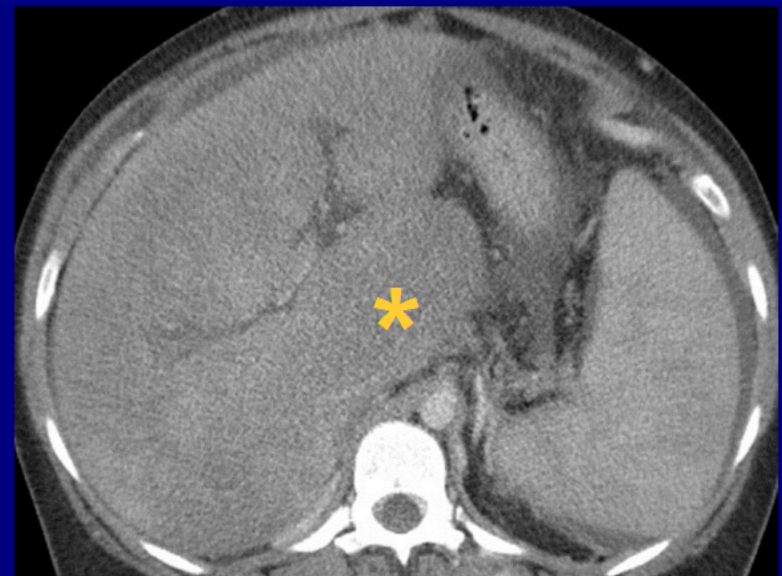


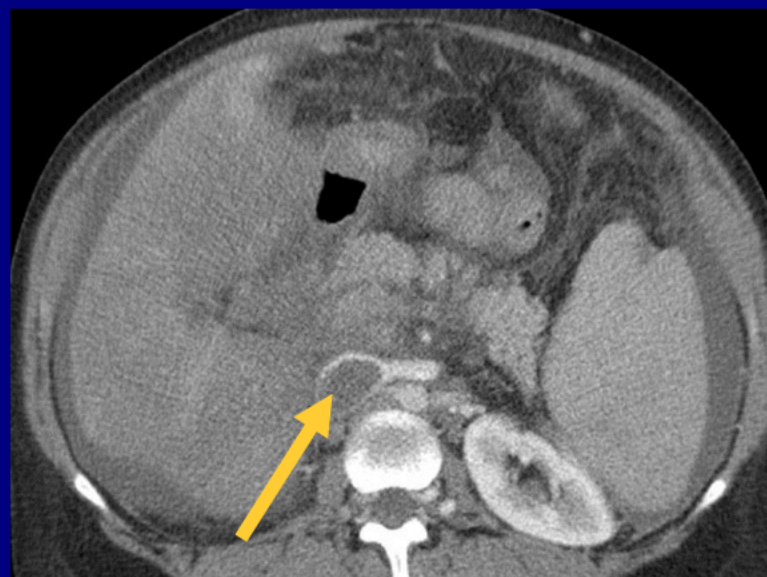
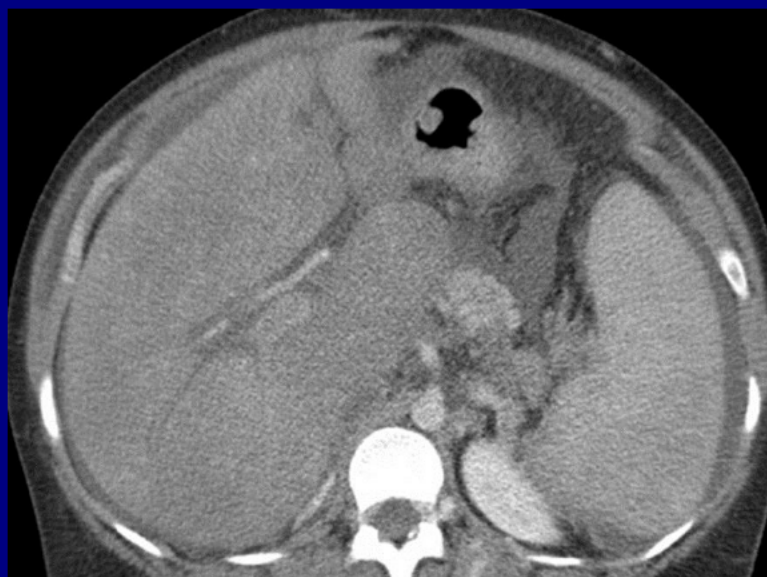
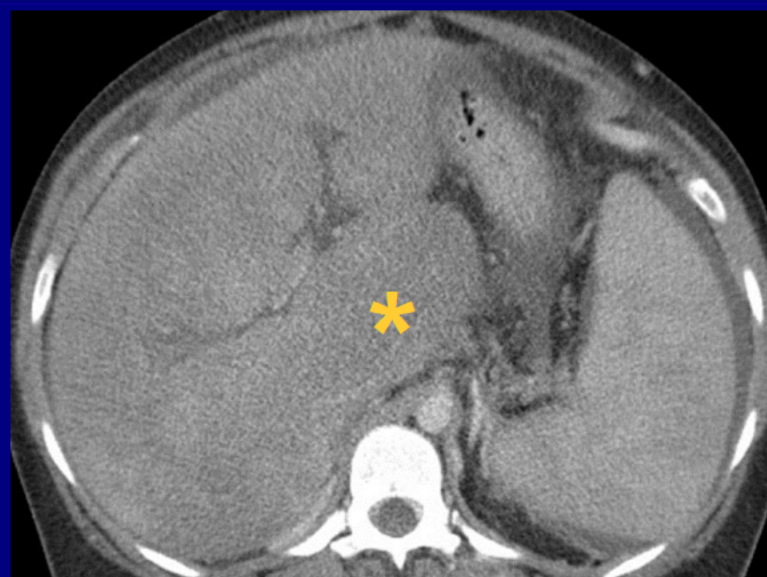
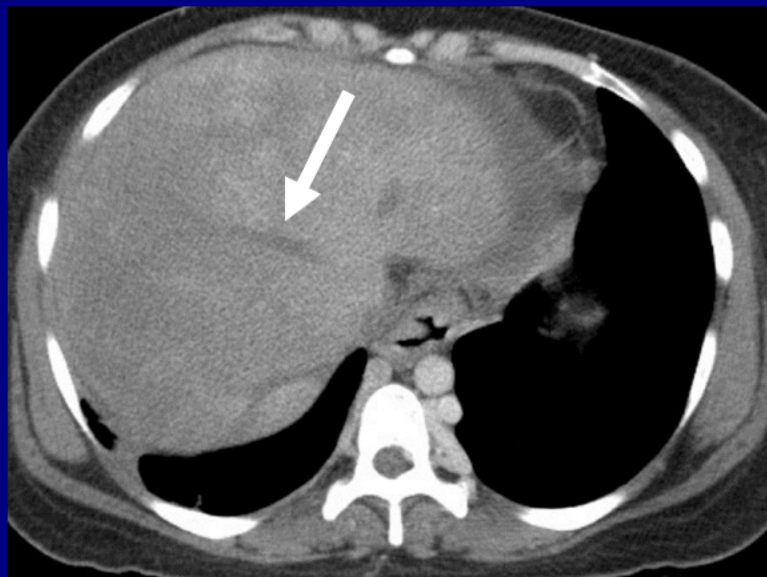








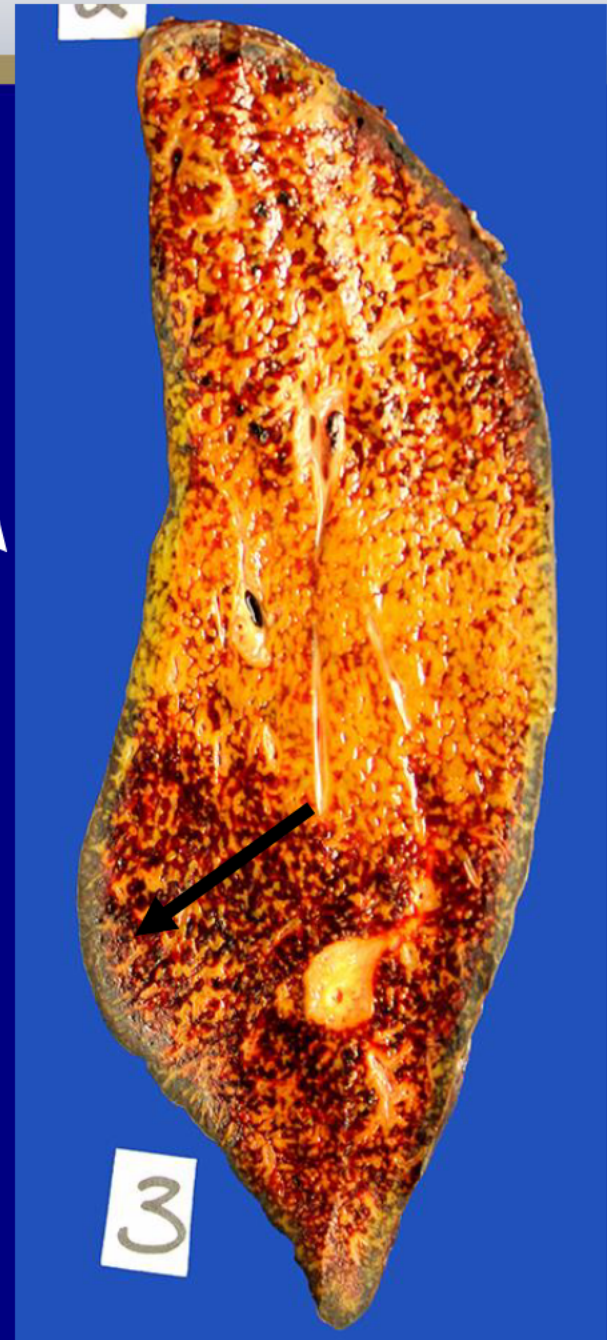




Gross Pathology



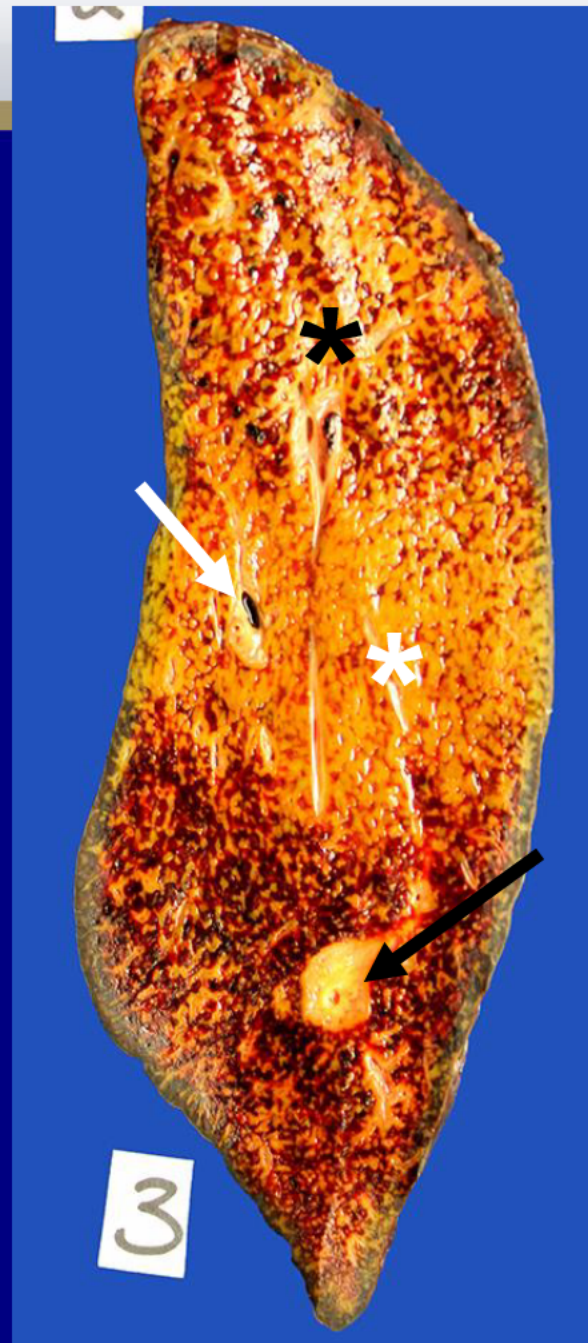
Gross Pathology

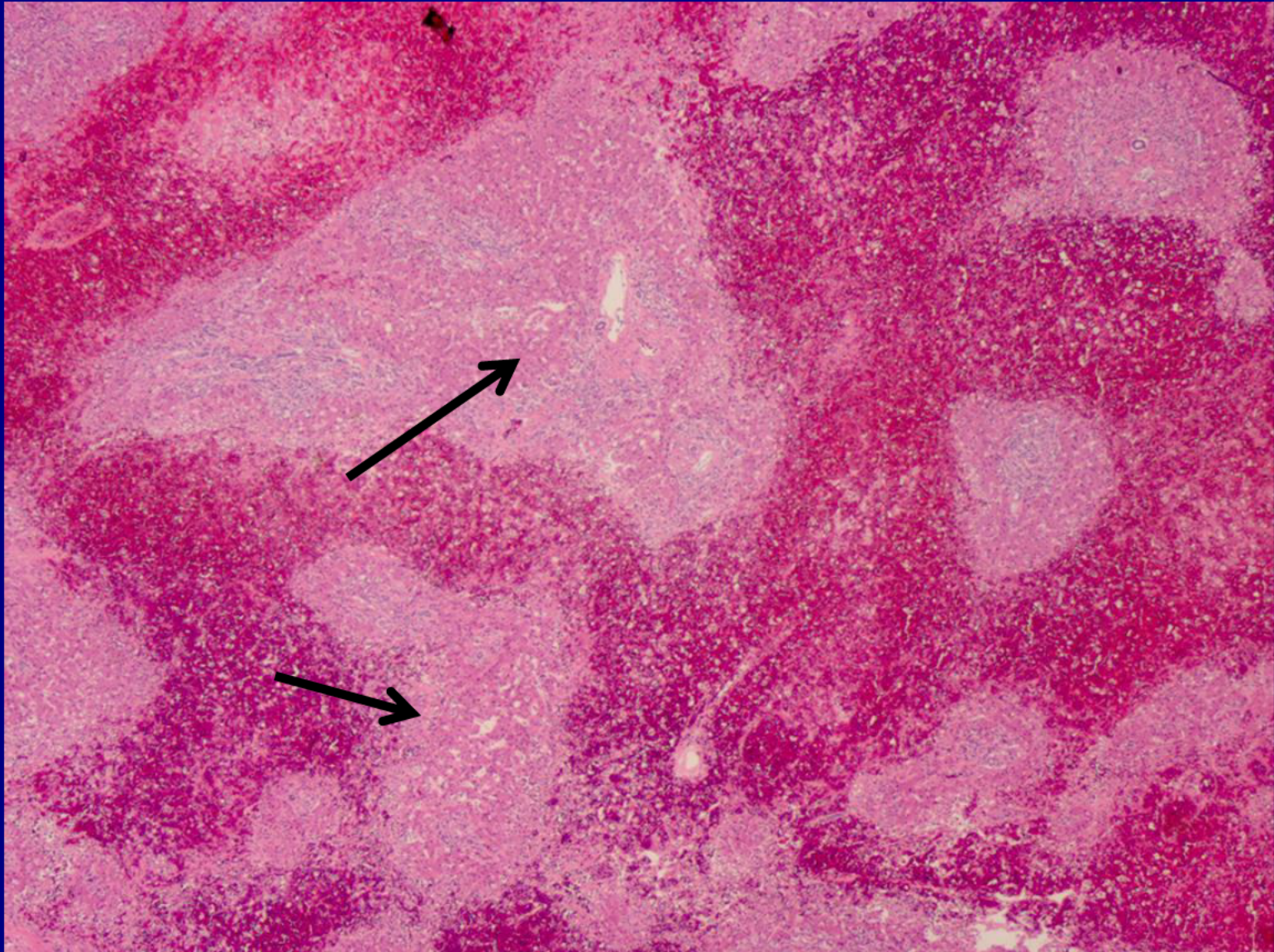


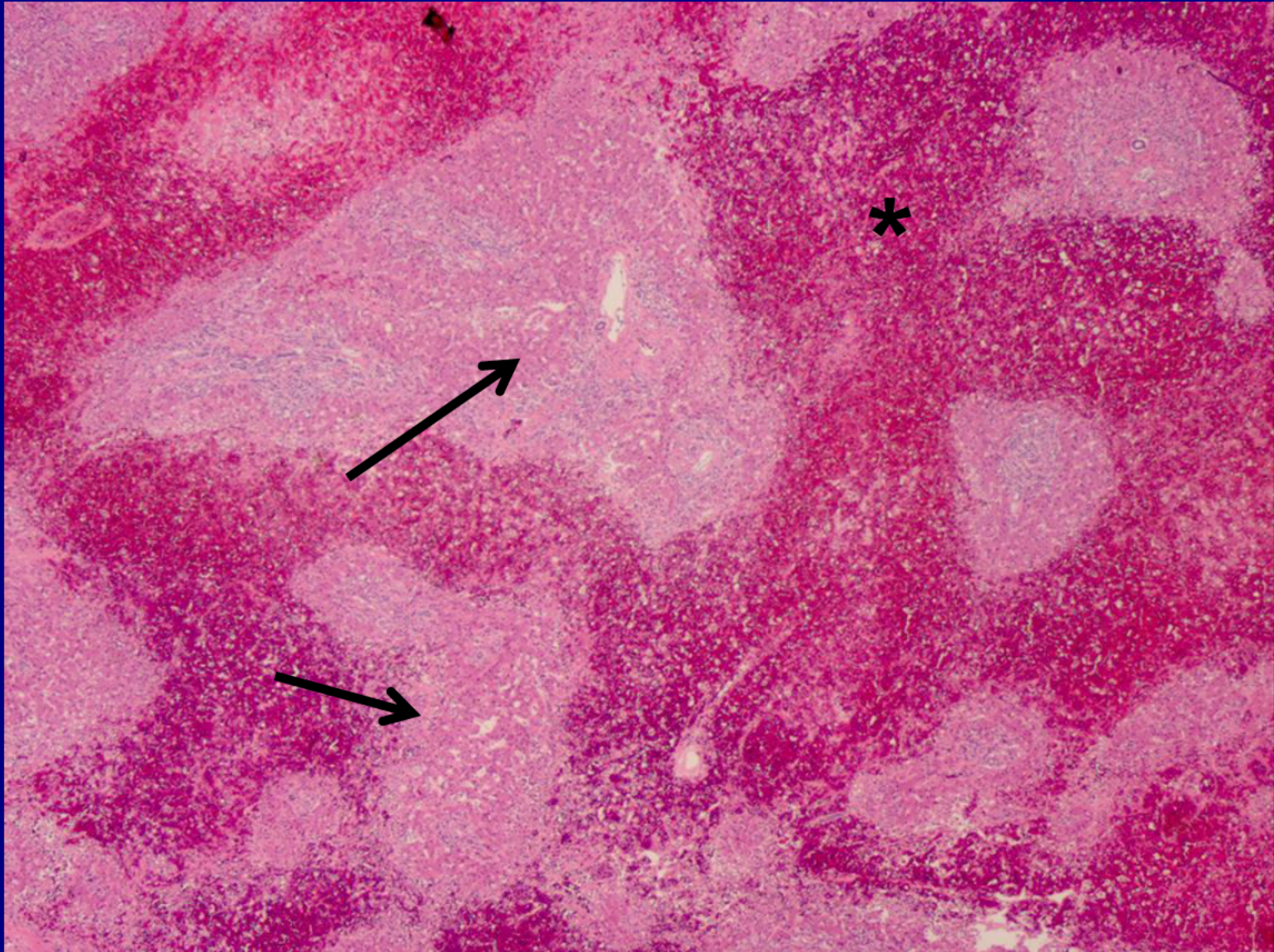
Gross Pathology



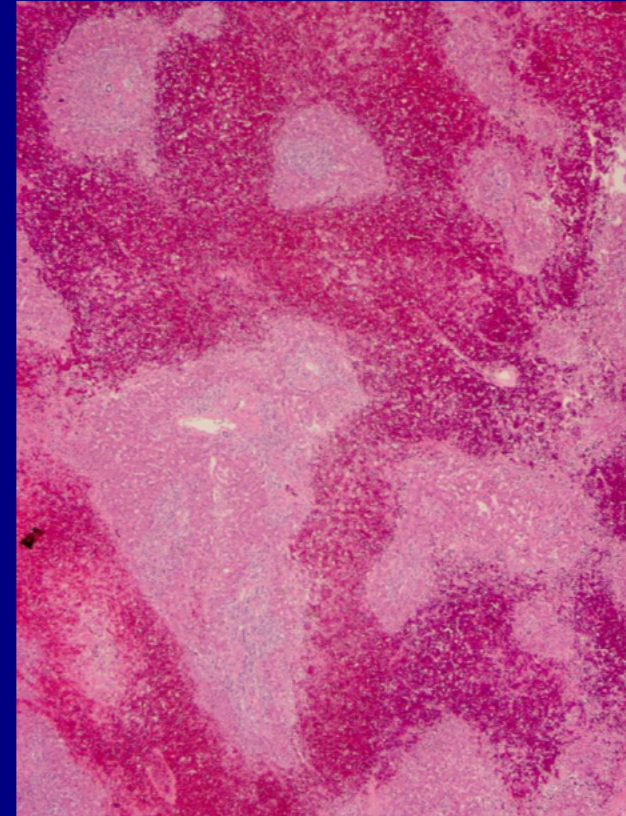
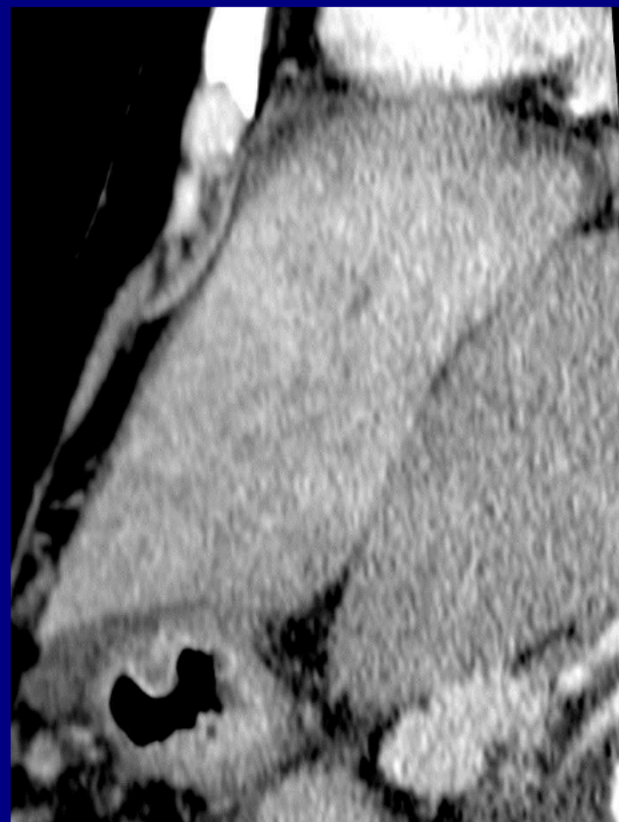
Gross Pathology







Acute Budd-Chiari syndrome



Acute Budd-Chiari Syndrome

Keith Russell, M.D.

**University of Mississippi Medical Center
Jackson, MS**

**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**