

Inside View

Special Expertise in Pain Management

The training and experience of John S. Morrison, DO, in interventional radiology, neuroradiology, and musculoskeletal medicine enables RMI to provide a wide range of options for managing chronic pain.

Today's interventional spine procedures can give many patients a new level of pain relief. The ultimate benefit can go much further, often leading to a more conclusive diagnosis and a plan for effective, long-term treatment.

"Here's an example: if we target a particular disc, nerve or facet based on patient symptoms and imaging findings and that provides significant relief for the patient, it confirms that this is a significant pain generator in that patient" said Dr. Morrison. "The added diagnostic specificity can guide further non or minimally invasive treatments and often buys time for more conservative measures to be effective. If surgery becomes the last or best option, this improves the chance of a successful spinal surgery."

RMI performs the following procedures for back pain:

- **Epidural steroid injections**
- **Nerve or facet blocks**
- **Sacroiliac joint injections**
- **Vertebroplasty**

Other pain management procedures, such as image-guided shoulder, hip, and knee treatments, are also available.

Referring chronic pain patients to RMI offers distinct advantages —especially given RMI's overall depth and breadth of expertise.

"When planning interventional procedures, we're able to thoroughly evaluate a patient's prior diagnostic studies," said Dr. Morrison. "As needed, we can also perform additional workups, such as CT scans, MRI, myelography, and discography."

RMI's general approach to patient care is another critical advantage.

"We take the time to make sure each patient understands not only the procedure, but also lifestyle factors and other issues that could affect treatment success," said Dr. Morrison. "And our involvement continues after the procedure — we follow up with patients and work closely with their physicians. These factors all work together to have a positive impact on the outcome."

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John S. Morrison, D.O.

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(810) 732-1919

The Value of PET/CT

for Head & Neck Cancer Restaging

RMI's expanded PET/CT program reflects the increasing emphasis on the modality for such purposes as cancer diagnosis, staging, and treatment planning. The case below, in which PET/CT findings suggested a new esophageal malignancy and a recurrent oral tumor in a patient who had previously undergone a partial glossectomy for squamous cell cancer, is an excellent example.

History: Sixty-eight year old male, partial glossectomy for squamous cell cancer 10/05/09. Completed adjuvant chemoradiation 12/09 and 01/10, respectively. Presents now with increased local pain.

Technique: 15.75 mCi of FDG were injected with a fasting blood sugar of 101mg/dl followed by PET/CT images from skull base to mid thigh.

Head/Neck: Very focal hypermetabolic activity in right posterolateral oral cavity approximates 17 mm AP with SUV of 8.9 suspicious for locally recurrent tumor. There is increased soft tissue fullness in this region with attenuation of right lateral oral recess. No definite cervical metastatic adenopathy.

Chest: Intensely hypermetabolic 44 mm segment of thickened distal esophagus extending from level of subcarina distally. No definite involvement of EG junction or proximal stomach. No posterior mediastinal metastatic adenopathy. Lungs are clear. No pulmonary nodule, infiltrate or atelectasis. Mild cardiac enlargement with three vessel coronary artery calcification and very small dependent bilateral pleural effusions, likely cardiogenic in nature.

**Abdomen/
Pelvis:** There is normal physiologic, low-level tissue metabolic background activity present throughout the abdomen and pelvis. Prostate is surgically absent. No abnormal tissue or metabolic activity in prostatic fossa to suggest locally recurrent prostate cancer. No retroperitoneal or mesenteric adenopathy. Liver appears normal.

Skeleton: There is normal, physiologic, low-level skeletal background activity present. Advanced multilevel degenerative disc disease.

Conclusion:

1. Hypermetabolic tissue in right posterolateral oral cavity most consistent with locally recurrent glossal malignancy.
2. No evidence of regional nodal or distant metastatic disease.
3. New hypermetabolic activity in 44 mm segment of thickened distal esophagus consistent with new primary esophageal malignancy.
4. Three vessel coronary artery disease.
5. Previous prostatectomy. No evidence of locally recurrent prostate cancer.

To consult with a PET/CT specialist, call (810) 732-1919.



Hypermetabolic tissue in right posterolateral oral cavity most consistent with locally recurrent glossal malignancy.



New hypermetabolic activity in segment of thickened distal esophagus consistent with new primary esophageal malignancy.

For maximum patient safety Know the new Contrast Guidelines

The ACR recently updated screening recommendations for gadolinium-based (MRI) and iodinated (CT, IVP, venography) intravenous contrast agent, renal disease patients, and nephrogenic systemic fibrosis (NSF). Here is an overview to help you ensure that your patients are properly prepared for exams that use contrast material.

Review no more than six weeks prior to contrast agent administration of glomerular filtration rate (GFR) is recommended for patients with a history of:

- Renal disease (including solitary kidney, renal transplant, renal tumor)
- Age >60
- Hypertension
- Diabetes

Patients who have severe liver disease or may be undergoing liver transplantation should have BUN/creatinine values no more than 48 hours old when receiving gadolinium-based contrast agents.

RMI also offers hydration protocols for patients with slightly elevated BUN and creatinine (1.7 to 2.0).

Please notify the RMI scheduler if your patient requires these services:

- General hydration: 1000ccs of normal saline given pre/post IV contrast
- Sodium bicarbonate and D5W: Add 150 mgs of sodium bicarb to 1 liter (1000 ccs) of D5W given pre/post IV contrast

Gadolinium

We recommend that patients on dialysis be dialyzed immediately following the MR.

RMI's Approach to Missed Appointments

We know that your first concern is your patients' health. So our follow-up process for missed appointments focuses on helping them reschedule the procedures you order.

It begins with a review of the daily "no-show" list, which we prioritize by procedure type and urgency. When health implications may be urgent, we contact the referring physician immediately to help get diagnosis or treatment back on track.

For more routine procedures, we first contact the patient, who is pleased to learn about our flexible scheduling.

"Our convenient hours can resolve most work or personal scheduling conflicts," said Shelley Powell, Supervisor of Scheduling. "Patients and their doctors appreciate our follow-up — and our focus on making sure that patients receive the care they need."

Meet

Heather Gallaway

Physician Relations Specialist



With an extensive background in marketing, management, and customer service, Heather Gallaway, Physician Relations Specialist, brings a wealth of knowledge and experience to RMI's team.

But what truly drives her efforts is a passion for finding ways to continually improve RMI's level of service to referring physicians and their staff.

"In building relationships, a big part of what I try to accomplish is helping referring offices understand everything RMI does to make their lives easier," Gallaway said.

This involves a range of activities, from helping referring offices install and learn to navigate Vision Reach to showing them the convenient online resources RMI has created for scheduling appointments and communicating with RMI radiologists, and everything in between.

"It's always a pleasure to see how much office staff appreciate tools that save time on administrative processes and help them focus on what really matters: their patients," she said.

SCHEDULING CORNER **A Direct-Dial Line Dedicated to Report Requests - 810-720-7511**

At RMI, we understand the importance of getting patient results to your office quickly — and that there are much better uses of your time than waiting on hold when calling for a report.

The quickest way to obtain a report is through Vision Reach. We also have a dedicated direct-dial telephone number for report requests. It isn't answered by voicemail, but by a professional who will give your request immediate priority — to help you get your patients to the next step in their diagnosis or treatment.



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Flint, Michigan 48507

LOCATIONS

Flint
3346 Lennon Road
5059 Villa Linde Pkwy • Suite 25

Fenton
221 W. Roberts Street
1141 S. State Road

Grand Blanc
8483 Holly Road

Scheduling: (810) 732-1919
Billing: (810) 244-3871
Medical Records: (810) 732-1846
Pre-Registration: (810) 244-7100



www.rmipc.net
(810) 732-1919

RMI offers evening and weekend appointment times to fit your patient's schedule. We know you have a choice in imaging partners. Thanks for choosing RMI.

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RMI SERVICES AND LOCATIONS

SITE(S) OFFERED*

SERVICE	SITE(S)
Bone Densitometry (DEXA)	L F C D
Breast Specific Gamma Imaging	L
Computed Tomography (CT)	L F C
Cryoblation	L
Digital Mammography	L F C V D
Fluoroscopy	L F C
Interventional Radiology	L
Magnetic Resonance Imaging (MRI)	L
MRI Guided Breast Biopsy	L
Nuclear Medicine	L F C
PET/CT	L
Stereotactic Guided Breast Biopsy	L
Ultrasound	L F C V D
Vascular Imaging	L F C V D
X-Ray	L F C V D
4-D Breast MRI	L

* SITE(S)

L Lennon Road (Flint)
F Fenton
C Grand Blanc
V Villa Linde
D Davison