Cardiovascular Imaging Rotation Orientation and Logistical Information

The cardiovascular imaging rotation encompasses both cardiac imaging and vascular imaging. This document will describe some of the logistics of the vascular imaging portion of the rotation and our expectations of residents on the service.

LOGISTICS

Personnel

- **Attendings**
  - Vascular Imaging: 8 attendings - Lauren Burke, Charles Burke, Bob Dixon, Kyung Kim, Hyeon Yu, Ari Isaacson, Vishal Khiatani, David Mauro

- **Residents** – 1 or 2 residents on service at a time. 3 total rotations during residency (1 block during R2, R3, and R4)
  - **Minis elective Resident** – 2-3 month rotation in the R4 year to be structured on individual basis

RESIDENT EXPECTATIONS

Service Expectations

- Expectations are divided into two categories:
  - **Service**: Learning the how-to of dictating and all the day-to-day processes of this service is essential to getting the daily work done in a timely fashion.
  - **Educational**: Learning the clinical aspects of cardiac and vascular radiology.

- **Residents**:
  - **Service**:
    - Dictate from the “CVI Imaging” list in a timely fashion. Included studies:
      - Vanguard plain films
      - CTA for aneurysm evaluation or post procedure follow up (endo protocols)
      - CTA run offs
      - CTV
      - Follow up dissection MRA or CTA
      - MRA/MRV chest, abdomen, pelvis, and extremities
      - GI Bleed CTA
      - Excluded studies:
        - Trauma CTA
        - New dissection protocols
        - CT Pulmonary Embolism
        - Mesenteric ischemia protocols
    - Field telephone calls and answer questions from the radiologic technologists and referring providers
    - Protocol all inpatient and outpatient CVI studies
  - **Educational**: Learning should combine view box teaching and outside reading. Reading expectations are detailed below.
Education Expectations
Required reading

1st rotation on CVI:
- Common and Rare Collateral Pathways in Aortoiliac Occlusive Disease: A Pictoral Essay. AJR 197, September 2011.
- CT in Nontraumatic Acute Thoracic Aortic Disease: Typical and Atypical Features and Complications. Radiographics 23 October 2003
- Vascular Emergencies of the Thorax after Blunt and Iatrogenic Trauma: MDCT and 3-D Imaging. Radiographics 24 (5) September-October 2004

2nd rotation of CVI:
- Acute Traumatic Aortic Injuries: Posttherapy Multidetector CT Findings. Radiographics 30(4) July-August 2010
- Pathogenesis in Acute Aortic Syndromes: Aortic Dissection, Intramural Hematoma and Penetrating Atherosclerotic Aortic Ulcer. AJR 181 August 2003
- CT Diagnosis of Acute Mesenteric Ischemia from Various Causes. AJR 192 February 2009.
- CT and MRI in Disease of the Aorta. AJR 193 October 2009
- Thrombotic and Nonthrombotic Pulmonary Arterial Embolism: Spectrum of Imaging Findings. Radiographics 23(6) November-December 2003

3rd rotation on CVI:
- Between a Rock and a Hard Place: Clinical and Imaging Features of Vascular Compression Syndromes. Radiographics 32(1) January-February 2012
- Infected (Mycotic) Aneurysms: Spectrum of Imaging Appearances and Management. Radiographics 28(7) November-December 2008
- CT Diagnosis of Chronic Pulmonary Thromboembolism. Radiographics 29(1) January-February 2009
- Read all the ACR Appropriateness Criteria for appropriate conditions: https://acsearch.acr.org/list

Suggested Textbook Reading
- Vascular and Interventional Radiology. K Valji (relevant chapters for this rotation only)
  -or-
- Vascular and Interventional Radiology: The Requisites. J Kaufman and MJ Lee. (relevant chapters for this rotation only)

Additional Resources
- Diagnostic Imaging: Cardiovascular. Suhny Abbara
- MRI and CT of the Cardiovascular System. Charles Higgins and Albert de Roos.

DICTATION GUIDELINES

Templates:
- Please use standardized templates for the specific protocol performed

Non-Emergent Incidental Findings:
- Communicated all non-emergent incidental findings via EPIC inbox

PROTOCOLS

CT:
- Please use standardized templates for the specific protocol performed

MRI:
- MRA Chest (gated) – aortic dissection evaluation
- MRA abdomen with and without contrast
- MRA abdomen without contrast
• MRA renal artery
• MRA renal artery without contrast
• MRA abdomen and pelvis with and without contrast
• MRA abdomen and pelvis without contrast
• Pulmonary embolism with and without contrast
• Pulmonary embolism without contrast
• Popliteal entrapment
• DVT evaluation
• Pre-uterine artery embolization (pelvic MRA and twist to evaluate arterial flow and venous drainage)
• Run off

SIGN OUT

• Sign out structure and frequency will be at the discretion of the attending of the day