

The Radiology Requisition

The Radiology Requisition

FOR CONSULTATION FOR DI

HISTORY AND EXAMINATION REQUESTED <small>(See WRHA website for additional information and forms for Breast U/S; PET; Mammography, Bone Density)</small>		METHOD OF TRANSPORT													
Modality Requested (select one) <input type="checkbox"/> X-Ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> CT <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> MRI		<input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Ambulatory <input type="checkbox"/> Portable <input type="checkbox"/> Gerichair <input type="checkbox"/> Bed <input type="checkbox"/> Will Require Lift													
Examination Requested <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">CT chest</div>		<input type="checkbox"/> Elective <input type="checkbox"/> Urgent <small>*Note: For emergent outpatient exams, Radiologist must be contacted directly</small>													
History and Provisional Diagnosis. Patient on Infection Control Precautions? Specify <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px; text-align: center;">R/o pathology.</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Previous Relevant Exams</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Location</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Previous Relevant Exams	Date	Location	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Previous Relevant Exams	Date	Location													
1. _____	_____	_____													
2. _____	_____	_____													
3. _____	_____	_____													
MUST COMPLETE FOR ALL EXAMS Patient Weight _____ Patient Height _____ Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No LNMP _____ / _____ / _____ <div style="margin-left: 40px;">dd mm yy</div> Is patient nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No For invasive procedures: _____		FOR CONTRAST ENHANCED EXAMS If contrast media is required, no solid food 4 hours prior to study. Normal fluid intake. If the patient is diabetic, please adjust medication accordingly. "Allergy" to X-Ray dye <input type="checkbox"/> Yes <input type="checkbox"/> No Contrast media can reduce renal function in patients with the following risk factors: <i>(check all that apply)</i> <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Collagen Vascular Disease <input type="checkbox"/> Receiving Metformin, Interleukin, NSAIDs <input type="checkbox"/> Diabetes <input type="checkbox"/> Myeloma <input type="checkbox"/> Age > 65 years For these "at risk" patients: - provide Serum Creatinine (within 90 days of exam or 30 days if known renal disease)													

The Requisition-Important Information

- Primary malignancy/malignancies
- Treatment history
 - Chemotherapy?
 - Immunotherapy? Targeted therapy
 - Radiation therapy?
 - Surgery?
 - When??
- Relevant comorbidities
- Any presenting symptoms or findings
 - Fever? New shortness of breath?
 - Relevant laboratory findings
 - Clinical exam findings
- What is your differential diagnosis?



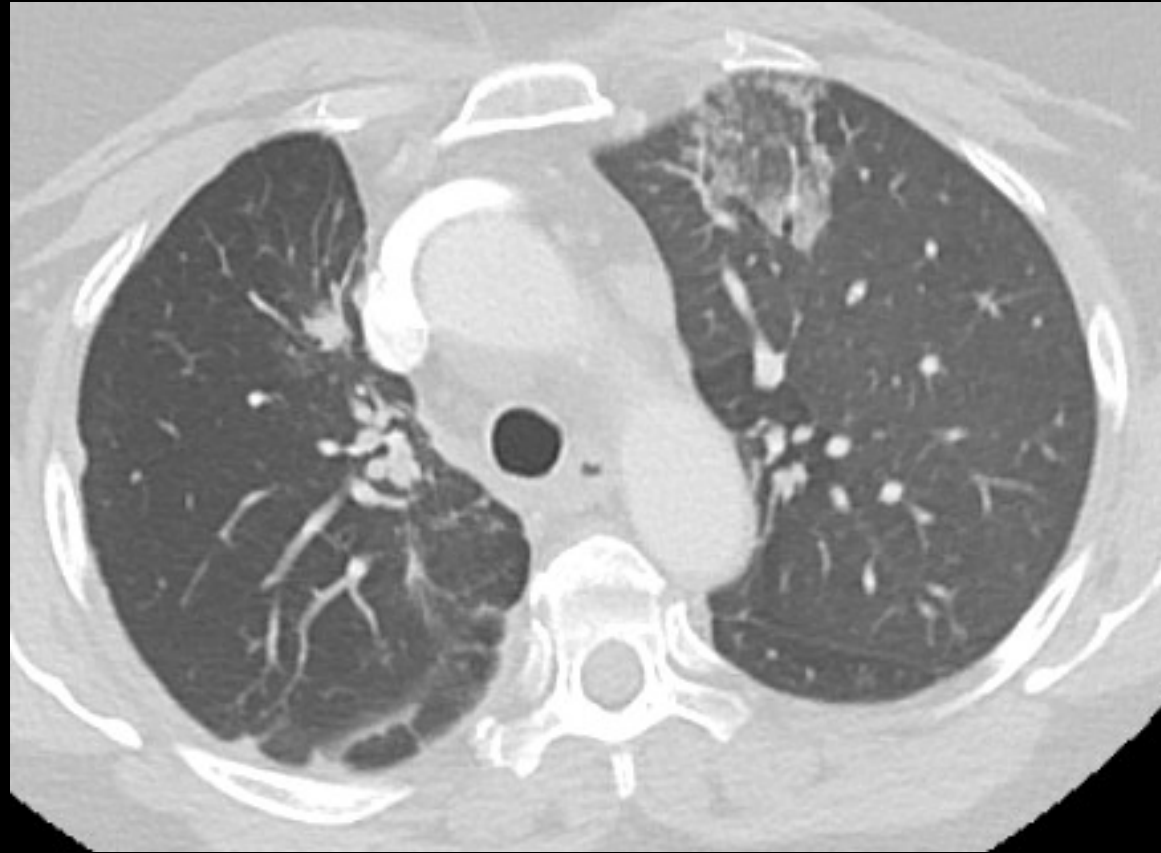
The Requisition-Important Information

FOR CONSULTATION FOR DIAGNOSIS

HISTORY AND EXAMINATION REQUESTED <small>(See WRHA website for additional information and forms for Breast US; PET; Mammography, Bone Density)</small>		METHOD OF TRANSPORT	
Modality Requested (select one) <input type="checkbox"/> X-Ray <input type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> CT <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> MRI		<input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Ambulatory <input type="checkbox"/> Portable <input type="checkbox"/> Gerichair <input type="checkbox"/> Bed <input type="checkbox"/> Will Require Lift	
Examination Requested CT: chest		<input type="checkbox"/> Elective <input type="checkbox"/> Urgent <i>*Note: For emergent outpatient exams, Radiologist must be contacted directly</i>	
		Previous Relevant Exams	Date Location
		1	CT Scan Dec 10, 2018 Ct c/a/p infused
		2	CT Scan Sep 4, 2018 Description:CT c/a/p infused at
		3	CT scan Jun 18, 2012 Ct scan neck @ 830pm 4hr npo
History and Provisional Diagnosis. Patient on Infection Control Precautions? Specify RCC with lung mets on IO therapy (Ipili + Nivo), worsening dry cough and SOB, no fevers, CXR showed bilateral opacities, rule out pneumonitis.			
<i>D/w Dr. Marantz</i>			
MUST COMPLETE FOR ALL EXAMS		FOR CONTRAST ENHANCED EXAMS	
Patient Weight 145 kg Patient Height 184 cm		If contrast media is required, no solid food 4 hours prior to study. Normal fluid intake. If the patient is diabetic, please adjust medication accordingly.	
Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No LNMP / / dd mm yy		"Allergy" to X-Ray dye <input type="checkbox"/> Yes <input type="checkbox"/> No Contrast media can reduce renal function in patients with the following risk factors: <i>(check all that apply)</i>	
Is patient nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Kidney Disease <input type="checkbox"/> Collagen Vascular Disease <input type="checkbox"/> Receiving Metformin, Interleukin, NSAIDs <input type="checkbox"/> Diabetes <input type="checkbox"/> Myeloma <input type="checkbox"/> Age > 65 years	
For Invasive procedures: INR (within 24 hours of exam) _____ Platelets (within 24 hours of exam) _____		For these "at risk" patients: - provide Serum Creatinine (within 90 days of exam or 30 days if known renal disease) <u>100 umol/L</u> - consider stopping NSAIDs, ACE inhibitors or other nephrotoxic medications prior to the procedures. - stop Metformin 48 hours following IV contrast injection and check renal function prior to re-initiating medication	
		Feb 28, 2019	

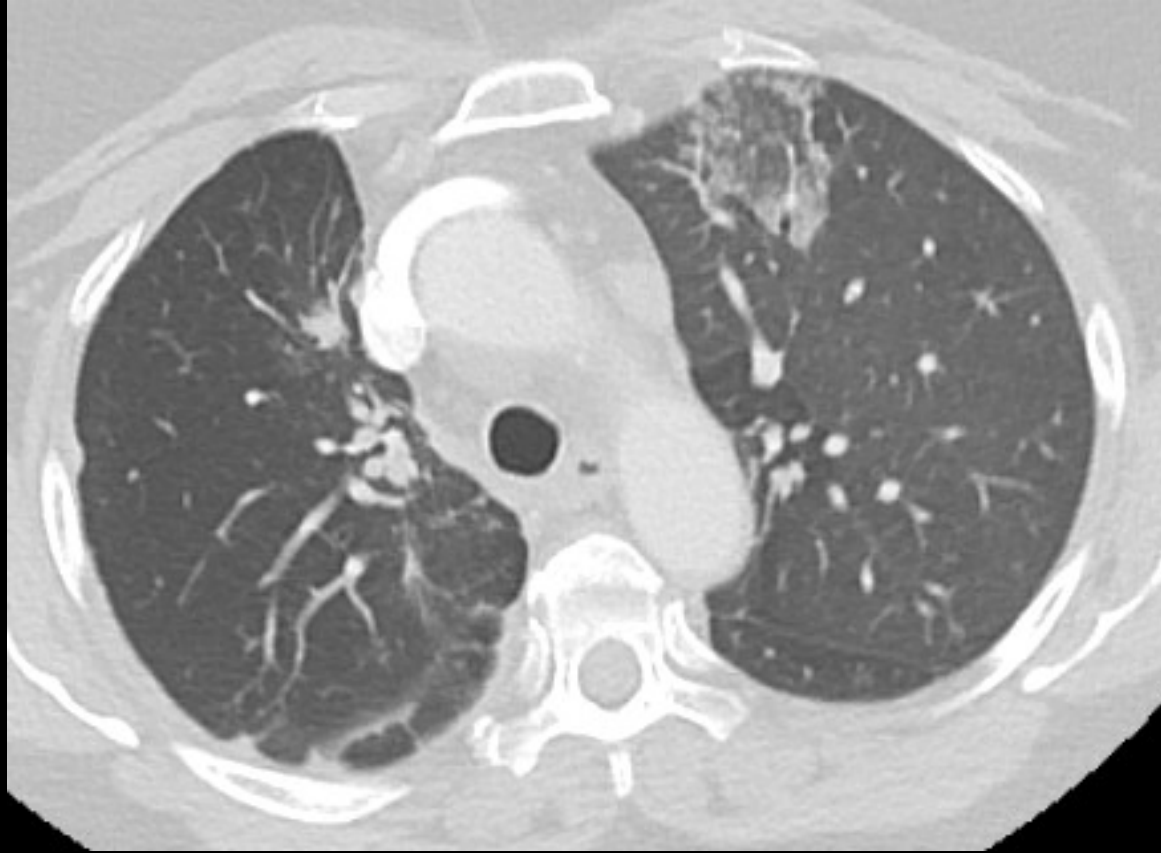
Feb 28/19 OB
 OR 100 eGFR 760

History: Shortness of breath



Ddx: Bacterial pneumonia, atypical pneumonia, pulmonary hemorrhage, edema, radiation pneumonitis, organizing pneumonia, eosinophilic pneumonia, vasculitis, adenocarcinoma, etc etc etc

History: Breast cancer, recently started chemotherapy. New shortness of breath. Afebrile.



Ddx: Organizing pneumonia, a drug reaction should be considered. Infectious and other inflammatory etiologies possible, but considered less likely given the clinical history.

Examination Requested

CT chest

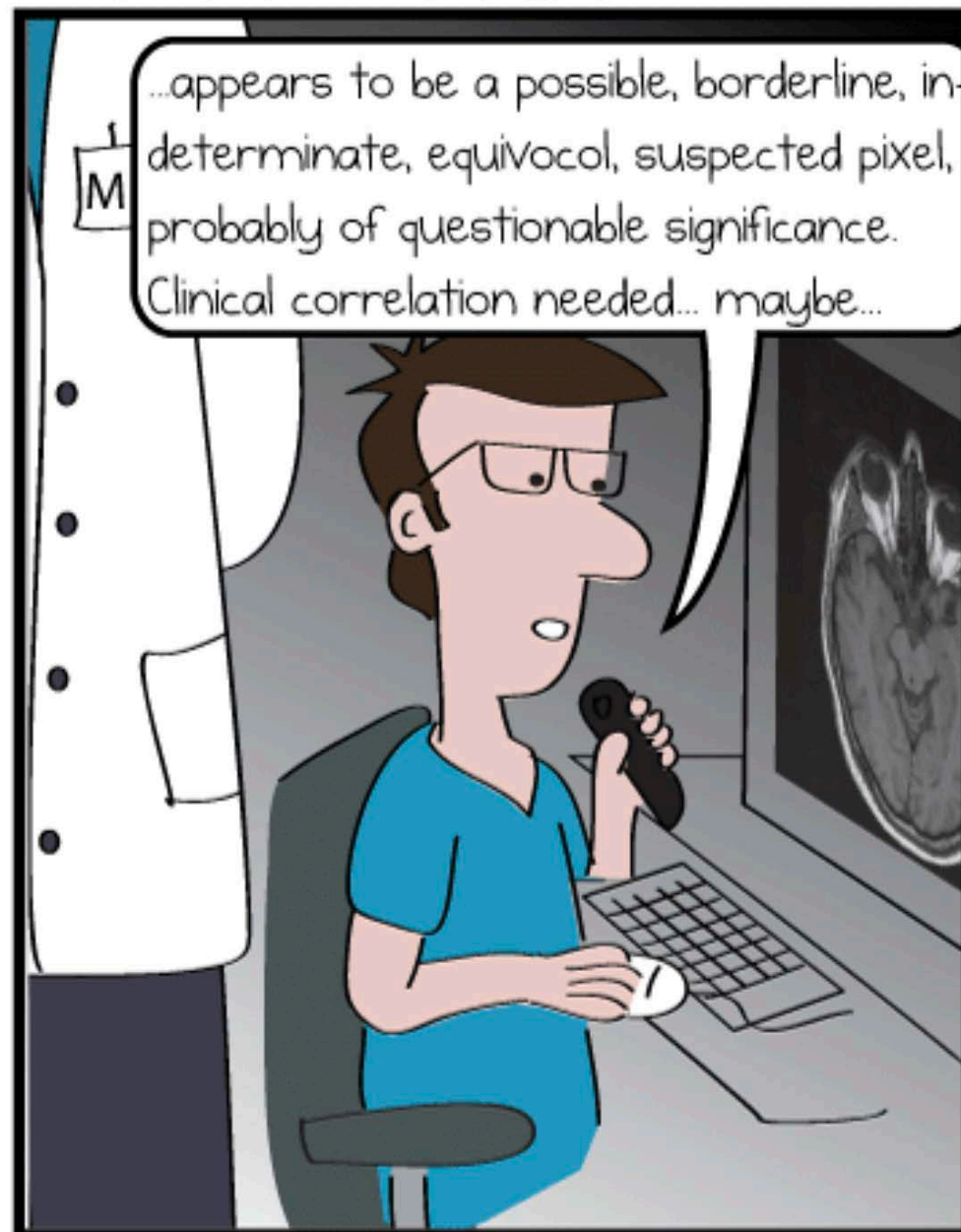
- Elective
- Urgent

*Note: For **emergent** outpatient exams, Radiologist must be contacted directly

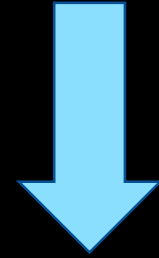
History and Provisional Diagnosis. Patient on Infection Control Precautions? Specify

R/o pathology.

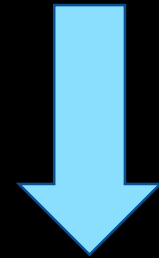
MUST COMPLETE FOR ALL EXAMS FOR CONSULTATION



Better clinical history



Better differential diagnosis



Better care for our patients

Interstitial Lung Disease (ILD)

Interstitial Lung Disease (ILD)

- Umbrella term for disorders characterized by cellular infiltrates in periacinar location
 - Degree of injury to lung parenchyma varies
- Common ILDs:
 - OP: Organizing Pneumonia
 - HP: Hypersensitivity Pneumonitis
 - NSIP: Non Specific Interstitial Pneumonia
 - AIP: Acute Interstitial Pneumonitis
 - UIP: Usual Interstitial Pneumonia
 - DIP: Desquamative Interstitial Pneumonia
 - LIP: Lymphoid Interstitial Pneumonia
 - CEP: Chronic Eosinophilic Pneumonia



Interstitial Lung Disease (ILD)

- Umbrella term for disorders characterized by cellular infiltrates in periacinar location
 - Degree of injury to lung parenchyma varies
- Common ILDs:
 - OP: Organizing Pneumonia
 - HP: Hypersensitivity Pneumonitis
 - NSIP: Non Specific Interstitial Pneumonia
 - AIP: Acute Interstitial Pneumonitis
 - UIP: Usual Interstitial Pneumonia
 - DIP: Desquamative Interstitial Pneumonia
 - LIP: Lymphoid Interstitial Pneumonia
 - CEP: Chronic Eosinophilic Pneumonia



Interstitial Lung Disease

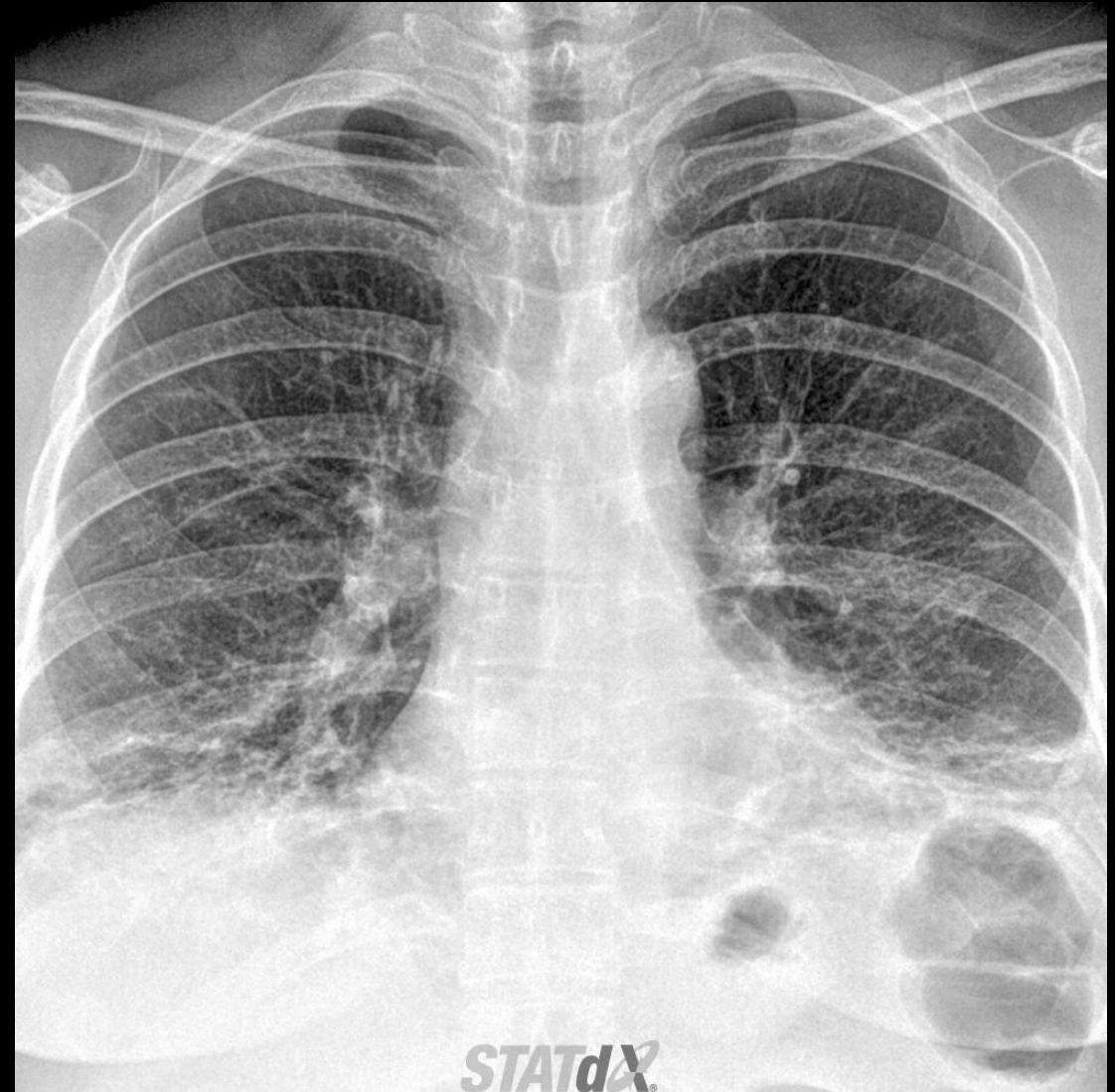
- Radiologists look for patterns
- Type of opacities
 - Consolidation, nodules, ground glass, cysts
 - Reticular, honeycombing, etc
- Distribution
 - Upper vs lower
 - Peripheral, peribronchovascular, central
- Clinical history
 - Environmental exposures
 - Medication history
 - Temporal course
 - Underlying systemic disorders



UIP: Peripheral and lower lung zone predominant reticulation and honeycombing

ILD Patterns in Immune Therapy Pneumonitis

- Organizing Pneumonia
- Non Specific Interstitial Pneumonia
- Hypersensitivity Pneumonitis
- Acute Interstitial Pneumonitis



NSIP: Lower lung zone predominant reticulation

ILD Patterns in Immune Therapy Pneumonitis

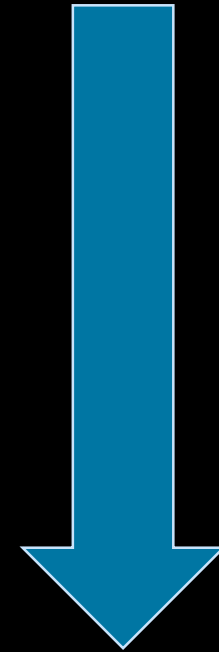
- Nishino M et al
 - 170 Patients in 10 different Nivolumab trials: Melanoma, lymphoma, lung cancer
 - 20 developed pneumonitis

- Organizing Pneumonia 13/20 (65%)
- Non Specific Interstitial Pneumonia 3/20 (15%)
- Hypersensitivity Pneumonitis 2/20 (10%)
- Acute Interstitial Pneumonitis 2/20 (10%)

ILD Patterns in Immune Therapy Pneumonitis

Less Severe

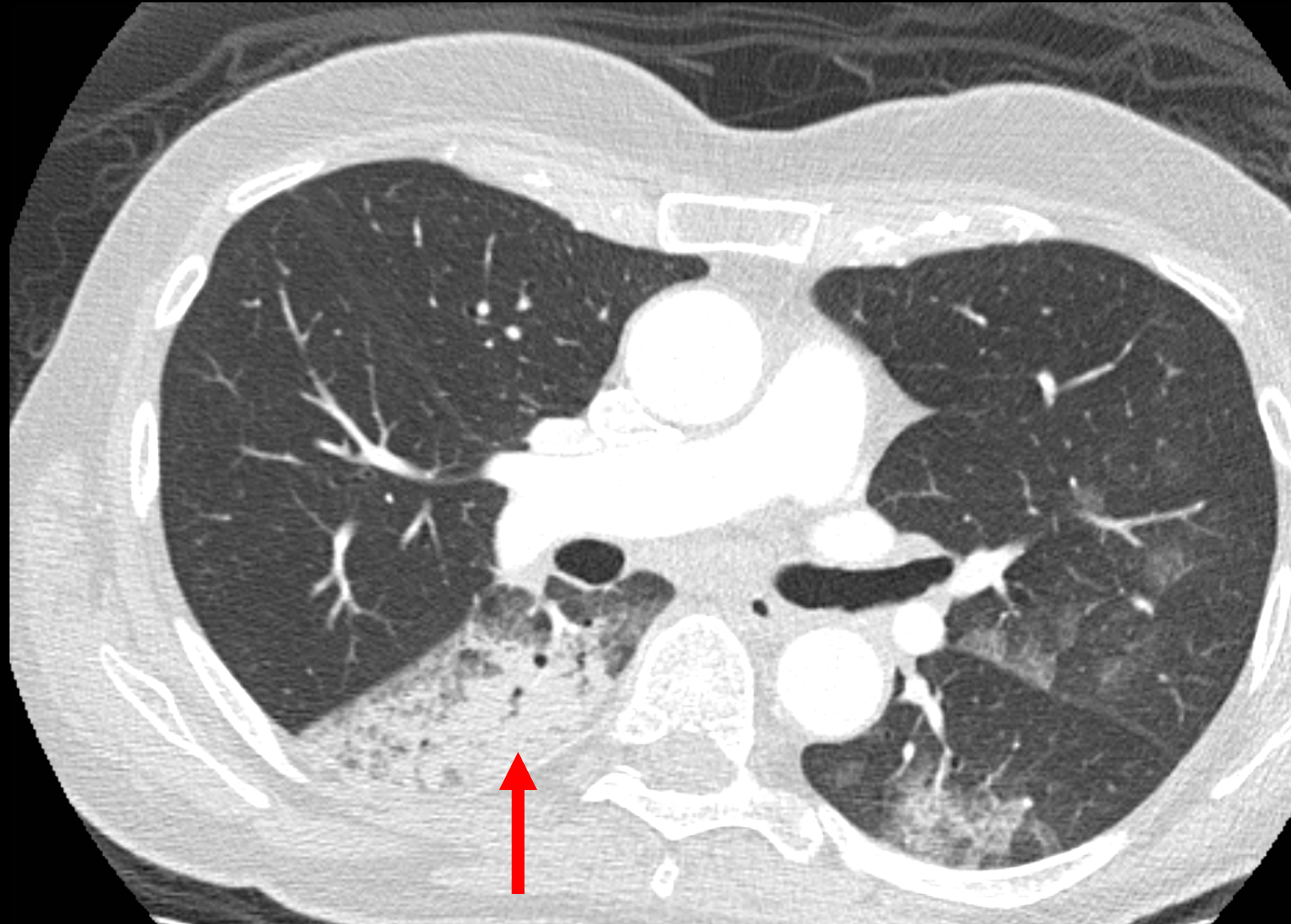
- Hypersensitivity Pneumonitis
- Non Specific Interstitial Pneumonia
- Organizing Pneumonia
- Acute Interstitial Pneumonitis



More Severe

Basic Radiology Terms- Consolidation

Opacity that you can NOT see vessels through

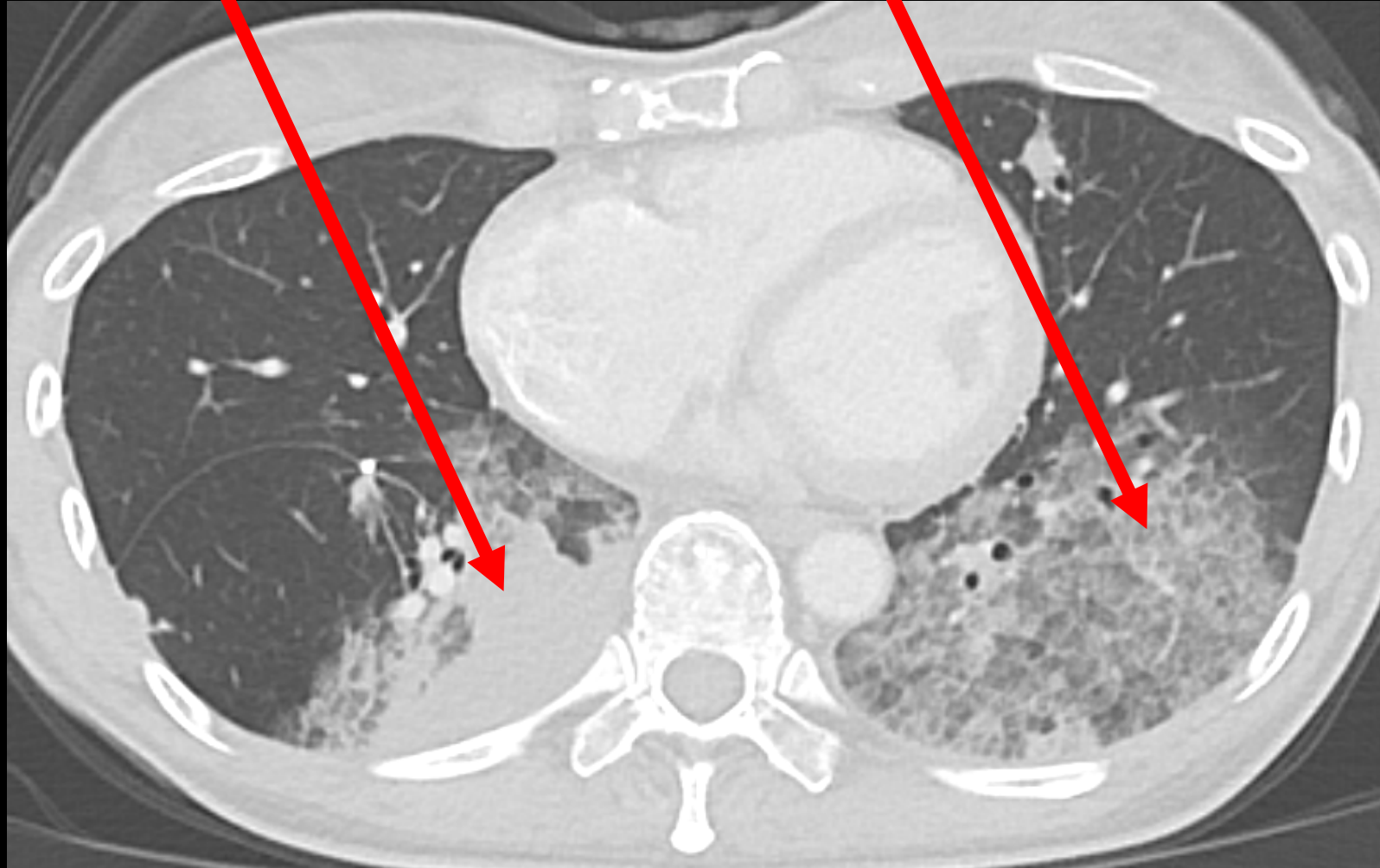


Basic Radiology Terms- Ground Glass

- Opacity that you CAN see vessels through
 - Not as dense as consolidation



Consolidation vs Ground Glass

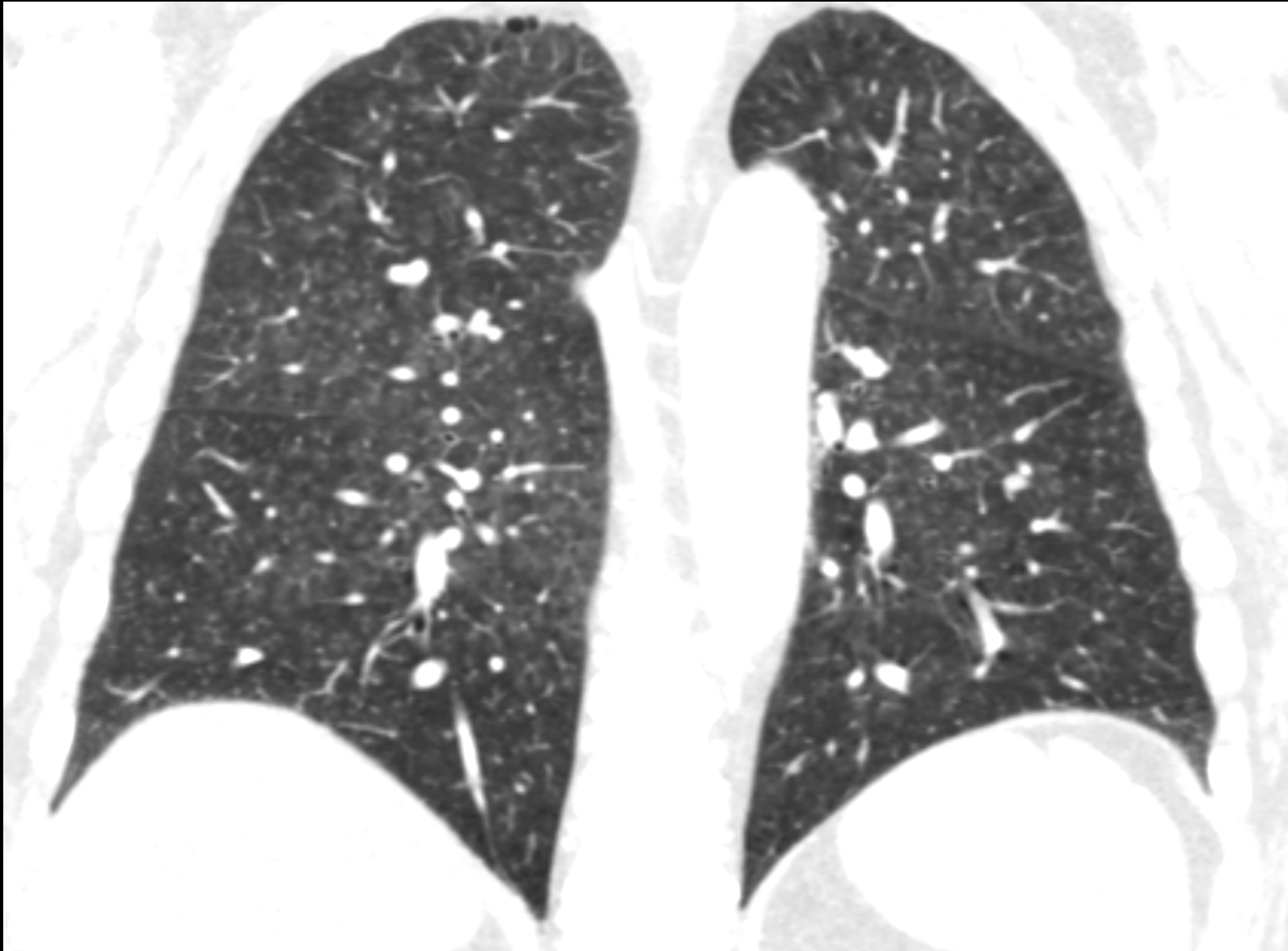


Common ILD Patterns

Hypersensitivity Pneumonitis

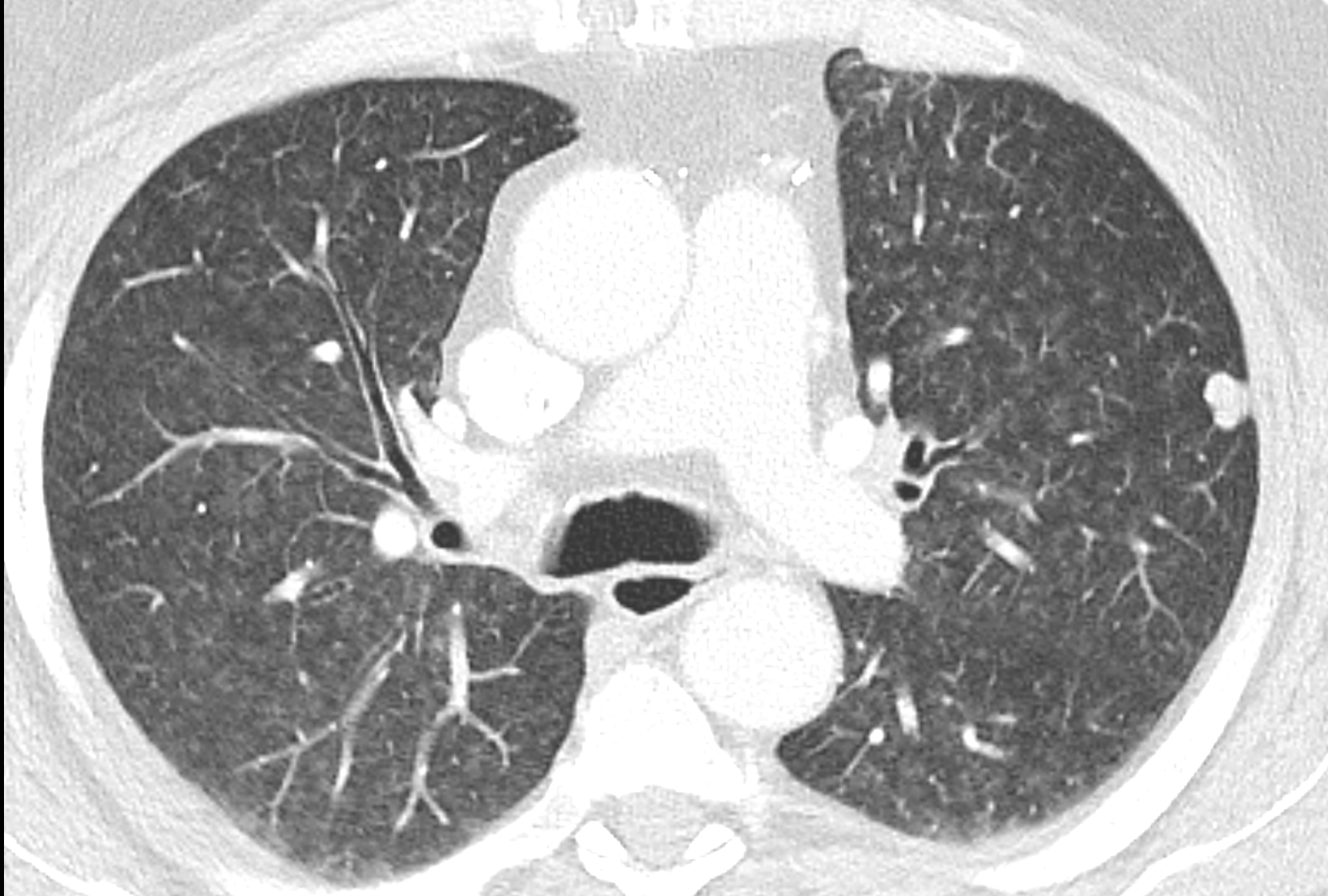
Hypersensitivity Pneumonitis

Ground Glass
Nodules



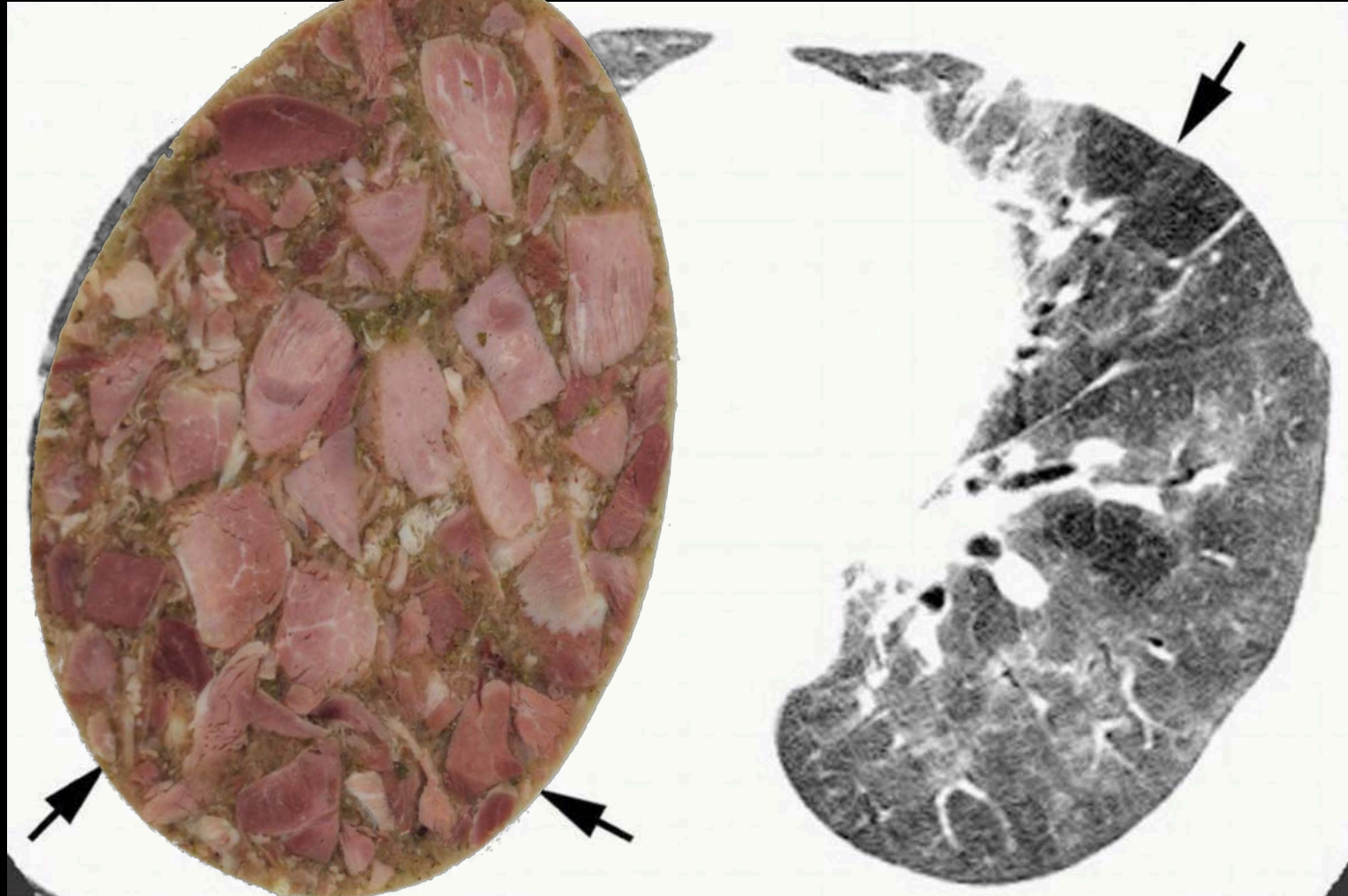
Hypersensitivity Pneumonitis

Ground Glass
Nodules



Hypersensitivity Pneumonitis

Headcheese
Sign

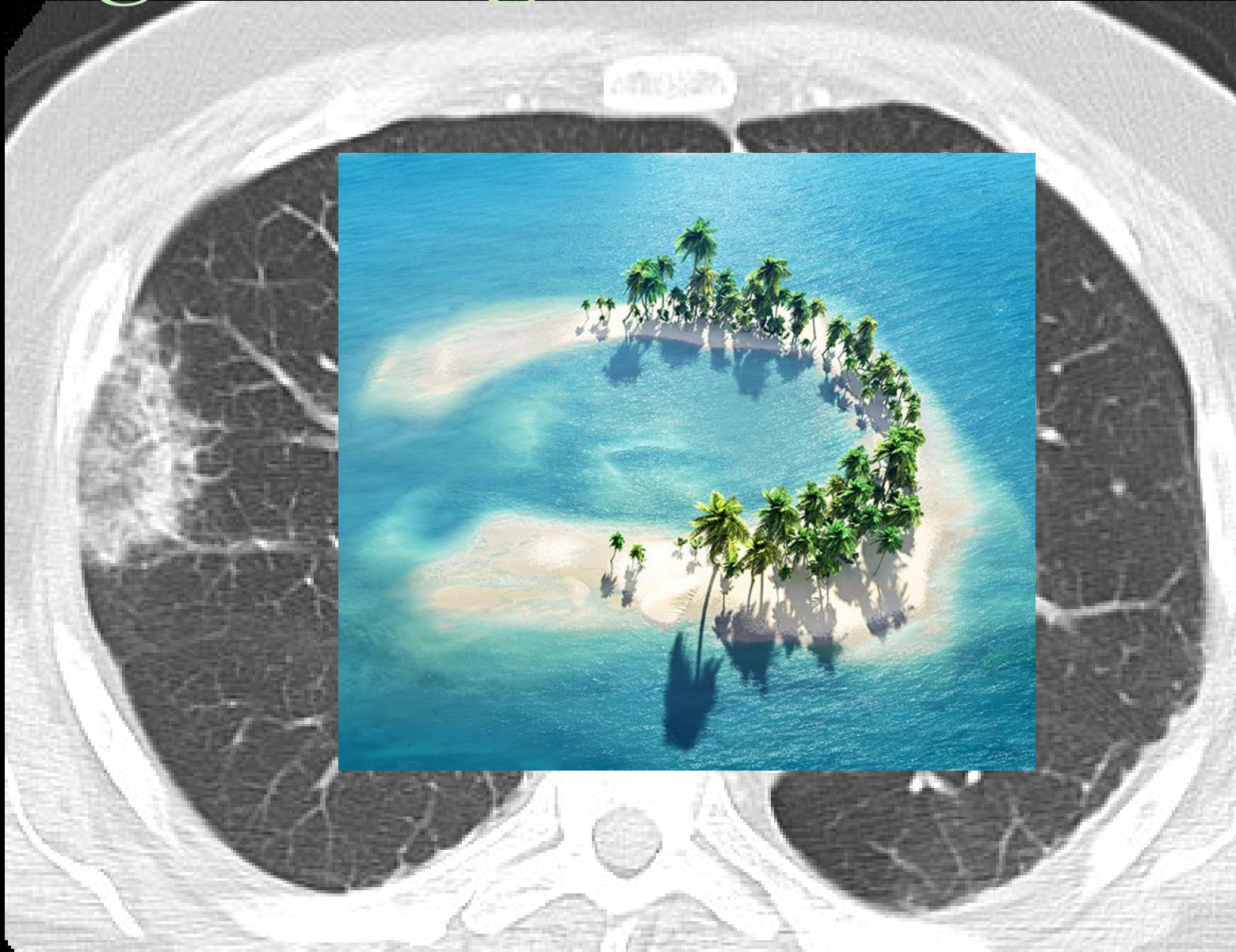


Common ILD Patterns

Organizing Pneumonia

Organizing Pneumonia

Atoll Sign



Organizing Pneumonia



Common ILD Patterns

Non Specific Interstitial Pneumonia (NSIP)

Non Specific Interstitial Pneumonia

Ground glass with
subpleural
sparing



Non Specific Interstitial Pneumonia

Lower Zone
Predominant

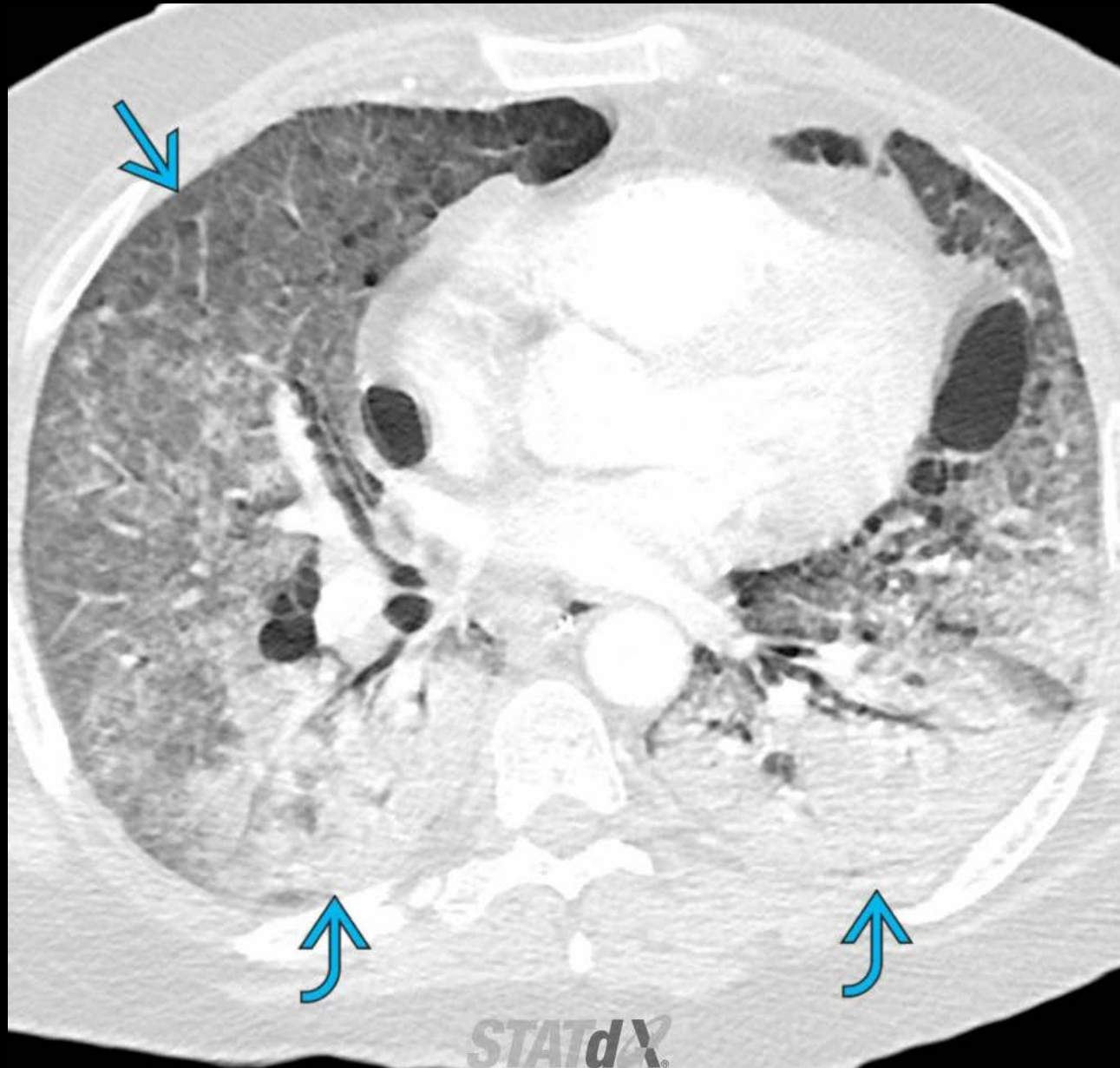


Common ILD Patterns

Acute Interstitial Pneumonia

Acute Interstitial Pneumonia

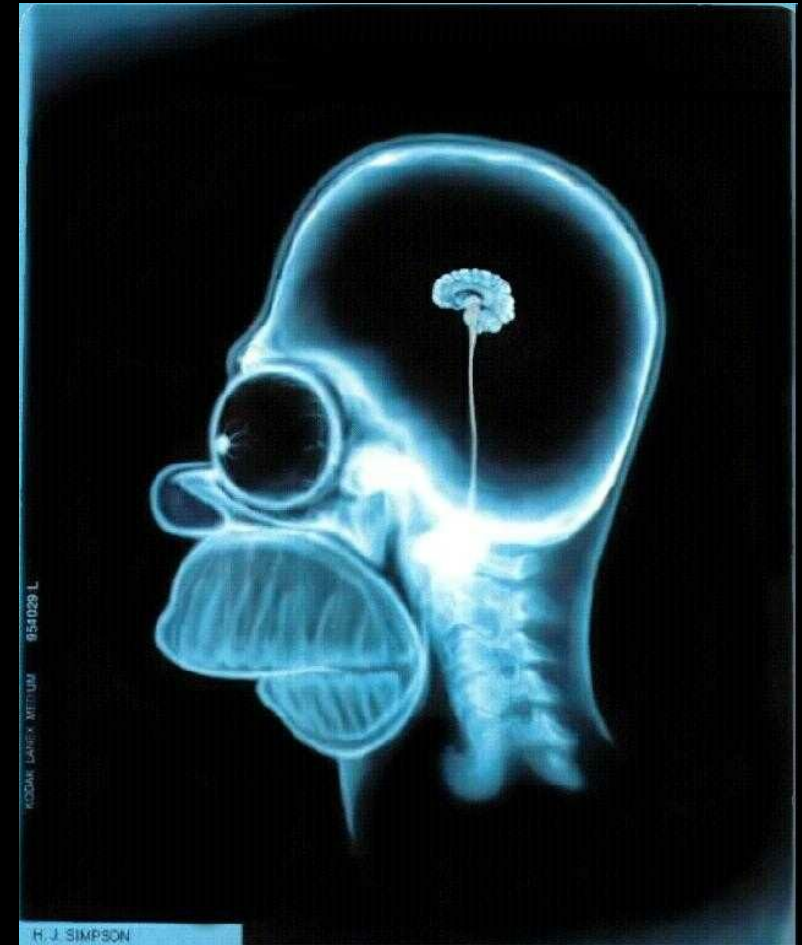
“Anterior Posterior Gradient”



**When do I need to talk to a
Radiologist?**

When do I need to talk to a Radiologist?

- High acuity
 - Sick patients
 - When you need a study quickly
- What is the best/most appropriate test?
- What does this report mean?
 - OR: It doesn't make sense!
- My question wasn't answered. "Could it be this?"



Who you gonna call?



- If a study hasn't been done yet:
 - Call the Radiology Dept at the Hospital you will be sending the pt to
- If the study has been done:
 - Call Hospital and ask for the Radiologist who read the study
 - Could also try paging
- When in doubt, call a Tertiary Care Center
 - Health Sciences Centre or Saint Boniface
 - Radiologists of all subspecialties available



Back to Dr. Dawe