



Michigan Sonographers' Society

Fine-tuning the skills and careers of sonographers in Michigan

September Meeting Minutes 2010

www.mss1.org

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The meeting was opened at approximately 7:00 pm on Wednesday, September 15, 2010 at the Center Pointe Marriott by President Rita Atikian. Rita began by thanking our sponsor for the evening David Weller and Anju Tomar from GE, and by welcoming all those attending the kick off meeting for the 2010-2011 MSS educational year. Three job openings were then announced.

The MSS is in need of Board and Committee members for next year, so please talk to any current board member or email Rita to indicate your interest.

The meeting was then turned over to our sponsors from GE, and Anju did some live scanning of David to demonstrate GE's "Volume Navigation". Ultrasound is often done to follow up on something that was seen on CT or MRI, and a lot of time can be spent looking for the area of interest. With Volume Navigation, the CT or MRI data can be imported into the Ultrasound machine from PACS or DICOM. With special attachments on the transducer and on the patient, the sonographer can locate the area of interest, and if desired a split screen can be used to display both the US image and the other modality at the same time. This is particularly useful for pediatric and interventional ultrasound.

Rita reminded those attending that we need an interesting case presentation for every monthly meeting in order to qualify for the 2 CME's. A \$50.00 stipend is given to the person or persons presenting the interesting case, so everyone should consider sharing a good case from their department. Please contact Jeanne Beck at least one week prior to the meeting.

The nights interesting case was presented by Janette Wybo, who also encouraged people to get involved with the MSS. Janette began by showing images of three fetal heads, all of whom had schizencephaly, which is a rare developmental disorder of the cerebral cortex, and is a form of porencephaly. It is more common in males than in females, and can be unilateral or bilateral, closed lip or open lip. It is caused by an early disruption in the neural development, and there is a genetic origin for at least one type. It can also be caused by environmental factors like exposure to toxins, alcohol, etc. Depending on the severity of the disorder, the fetus with a small cleft may have normal intelligence, though most have seizures. In more serious cases there can be associated hydrocephalus. The sonographer should look for absence of the cavum septum pellucidum and determine if the defect extends into the subarachnoid space. Treatment usually includes seizure medications, physical therapy and a shunt for hydrocephalus.

Janette then introduced our featured speaker of the evening, David Fessell, MD, Associate Professor at the University of Michigan. Dr Fessell explained that MSK Ultrasound is fun for both the sonographer and the patient. It is fun for the sonographer because the patients are usually outpatients who can tell you what happened, patient motion can be good and the patient doesn't need a full bladder. It is fun for the patient because they can see their anatomy and can be a comfortable, quick and inexpensive exam which has no radiation. Most patients prefer having an Ultrasound to having an MRI. The advantages of MSK sonography include dynamic evaluation, clinical information, contra lateral comparison, greater resolution than MRI, portable, inexpensive, widely available and pacemakers and hardware are no problem. Some disadvantages include operator dependence, learning curve, less global imaging than MRI and no ability to interrogate bone marrow, cartilage or labrum. Dynamic US can be used to image tendon pathology, "snapping" joints, ligaments, fluid and cystic lesions like ganglion, Baker's cysts, joint

fluid, bursal fluid, seroma and hematoma as well as guidance for aspiration or injections. A key point to remember when looking for Baker's cyst is that there is always a communicating neck between the semimembranosus and medial gastrocnemius. A ruptured Baker's cyst will have an ill-defined inferior margin and can be a source of calf pain. US is very useful for detecting foreign bodies not seen on x-ray like wood, plastic and glass, and can be used to aid localization and detect associated complications. Try to position the transducer parallel to the foreign body and use Doppler set for low flow. Tissue harmonics may decrease the conspicuity of the foreign body its posterior shadowing. Assess for complications from the FB like abscess, cortical involvement, nerve, vessel or tendon damage. There are three types of tendon tears: type one is a longitudinal split, type two is a thinning and type three is an actual rupture.

Ultrasound is approximately 80% less expensive than an MRI. For those interested in learning MSK US a good website is, essr.org, helpful textbooks include Dr. van Holsbeeck's MSK Ultrasound and Jacobson's Fundamentals of MSK US. There are hands on scanning courses at RSNA and a course offered by UM in Orlando in 2011.

The meeting adjourned and attendees enjoyed food and drink from our sponsor GE.

Jeanne Beck, RDMS
MSS Secretary 2010-2011