

MEDICAL IMAGING

NORTHWEST

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June 2007

MultiCare Gig Harbor Medical Park Opens June 11, 2007

Where Care Meets Health and Wellness



Medical Imaging Northwest and MultiCare are excited to announce the June 11 opening of a new imaging department in the MultiCare Gig Harbor Medical Park. Located on Pt. Fosdick Drive in Gig Harbor, this new imaging department will, like the Medical Park, be different from other clinics.

“The imaging department will not only have the latest equipment for patient comfort and ease, but the staff in the center will be especially trained to provide the kind of service that a traveler would expect to receive at a five star hotel,” states Joann Casebolt, Imaging Department Manager. “Services offered will include digital plain film, digital screening mammography, bone density testing, general ultrasound, CT (64 slice Siemens) and MRI (Siemens Espree 1.5 Tesla), short bore, OPEN magnet (a picture can be seen on the back page) for a patient weighing up to 550 pounds. We will have all of the bells and whistles in this beautiful new facility.”

The imaging department will be a place where a woman can get her mammogram, then have a facial or a massage, take a Pilates class, or enjoy child care provided by the YMCA, all in one location. After her workout, she will be able to enjoy a snack from the Bistro, browse the Healthy Reflec-

tions Boutique or sip tea in front of a welcoming stone fireplace. This is just the beginning of a unique place where care meets health and wellness.

The medical center’s unique location is centered close to a pedestrian plaza where first-rate restaurants will provide fine dining. Brand name stores will offer upscale specialty shopping. This premier medical facility will provide a sweeping range of innovative services, programs and leading-edge technology unlike anything area residents have seen before.



Katherine A. Choi-Chinn M.D.
Board Certified Radiologist

*Dr. Katherine Choi-Chinn
MultiCare Gig Harbor
Imaging Department Director*

technology in a relaxed and comfortable atmosphere. This will be convenient for our patients since we share the building with other medical/surgical practices. Gig Harbor has been rapidly growing in the past few years. This will provide residents with options of obtaining diagnostic services locally. Medical Imaging Northwest is proud to be able to provide this care. We are excited to be a part of this community as it grows and prospers.”

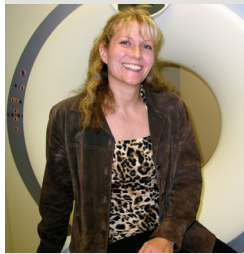
Dr. Katherine Choi-Chinn will provide expert diagnostic consultation and reading for the new imaging department. “We are pleased to work as a partner with MultiCare in the opening of this new imaging center where excellent patient service is the standard,” said Dr. Chinn. “We feature state-of-the-art

Imaging Study for June: Congenital Malrotation of the Bowel

Congenital malrotation of the bowel has been estimated to occur in approximately one in 500 live births. It is difficult to determine the true incidence because this condition will go undetected during childhood in a substantial subset of patients. Reportedly, 64-80% of patients present within the first month of life, but these figures generally do not take into account those who remain undiagnosed after childhood. In older children and adults, malrotation is rarely suspected on clinical grounds and is generally first visible on imaging studies or at laparotomy. Many cases of malrotation in adults, such as the images noted in this article, are currently being detected on cross-sectional imaging (particularly CT) performed for various unrelated reasons. CT not only shows the intestinal malpositioning but also depicts associated extraintestinal findings not evident on conventional examinations. The radiologist may encounter this important diagnosis in several different clinical settings such as an incidental imaging finding, the cause of acute abdominal symptoms, or a condition associated with abdominal abnormalities.

Detection of uncomplicated or quiescent malrotation on conventional or cross-sectional imaging should not be trivialized because no reliable means exists to predict which patients might experience future complications. Some patients with ostensibly asymptomatic malrotation may, in fact, relate a history of episodic abdominal pain or vomiting. Although the recommendation is controversial, many authorities advocate surgical

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New MultiCare Imaging Marketing Representative

Welcome to MultiCare Tawnya Lichtenwalter! "I will be visiting doctors in the Gig Harbor area and letting them know about the fabulous new facility

*Tawnya Lichtenwalter
MultiCare Sales and
Marketing Representative*

and the range of imaging exams that are available to their patients," says Tawnya. It is also my role to listen to the doctors in the community and make sure they are receiving the best imaging quality and service possible."

Tawnya Lichtenwalter and Vicki Brown of Medical Imaging Northwest will be working together to open Gig Harbor MultiCare Imaging Department, Building C Imaging Department at Allenmore, and to get the new Espree MRI up and running at Covington MultiCare. We are glad you are here, Tawnya!



Siemens Espree 1.5T MRI



Covington MultiCare - A New OPEN MRI Installed

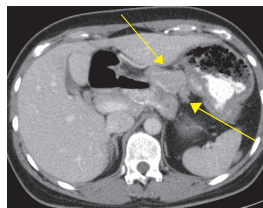
Darrell Coughran-Imaging Department Manager: "MultiCare is very excited to have a new Siemens Espree 1.5T short bore, open magnet installed at Covington MultiCare in

*Darrell Coughran, MultiCare
Imaging Department Manager*

June. Picture this...we will be going from a very narrow trailer that includes a narrow MRI unit to a wonderful, open 'breathing space' for our claustrophobic and large patients. Patients will no longer have to fear an MRI exam. We are very excited and looking forward to the improved image quality of the Espree and to broaden the scope of our current services at Covington. This great improvement to our radiology department and will be a winner for the entire community!"

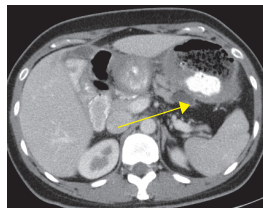
correction (Ladd's procedure) for all operative candidates with malrotation, regardless of age. This viewpoint might come as a surprise to those who previously viewed incidental malrotation in adults as little more than an academic curiosity. Regardless of patient age, surgical treatment of quiescent malrotation should be considered because surgery remains the only real safeguard against complications. In older patients who present with acute symptoms related to unsuspected malrotation, rapid imaging diagnosis and surgery may be life-saving.

Image 1:



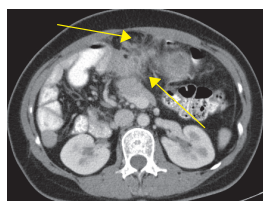
Dorsal and ventral portions of the pancreas

Image 2:



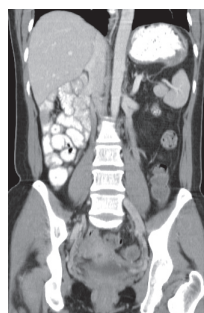
Fluid collection lesser sac

Image 3:



Soft tissue stranding underlies antrum of stomach

Image 4 & 5:



Small bowel primarily lying on the right side of the abdomen



Colon primarily lying on left side of abdomen



Barbara A. Blankenship, M.D.
Board Certified Radiologist

*Dr. Barbara A. Blankenship
Medical Director
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This 41-year-old patient came into the office experiencing abdominal pain. A CT abdomen/pelvis was completed at Sunrise Imaging Center in Puyallup. A mixture of contrast and debris was noted within the stomach. The exam was difficult to assess for gastric wall thickening. Within the inferior epigastric region there was an area of soft tissue stranding. A gastric ulcer could represent a potential source for soft tissue stranding in this area. Additionally, the gall bladder has a mildly thickened wall, so cholecystitis with adjacent inflammatory stranding could not be excluded.

You will note there is a congenital malrotation of the bowel in these images. The colon is lying on the left side of the abdomen with the small bowel primarily lying on the right. There are no findings to suggest gastric outlet obstruction or small bowel obstruction. An incidental finding: What appears to be a hemangioma within the posterior right lobe of the liver measuring 2.2 x 1.5 cm. A second hemangioma may be present at the take off of the right portal vein. This area measures 16 x7 mm. Bilateral adrenal glands are unremarkable. There is a possible accessory spleen versus lobulated splenic tissue within the splenic hila measuring 1.5 cm.

Conclusion:

There is a concern for acute cholecystitis. Mesenteric fat stranding inferior to the antrum of the stomach which raises concern for a gastric ulcer as an alternate source of inflammation. A small fluid collection within the lesser sac. A third possibility could be pancreatitis. There are extensive congenital abnormalities with small bowel predominantly located on the right side of the abdomen and large bowel on the left. Dorsal and ventral portions of the pancreas may also be present.