Case 1

Left R4 Ca Breast

- Put up the film as shown
- Comment on: Technical adequacy, Breast density, Symmetry
- Localise lesion: focal/diffuse, which quadrant
- Features: Bn vs Malg, look for other lesions in other breast
- Use magnifying glasses for micro-calcs
- Further mx: tripple assessment
- Role of Breast screening and use of MRI
Case 2

Cong Lobar Emphysema

- CXR: description, Dx and DDx
- CT: Identify the emphysematous lobe
Case 3

Caecal Volvulus

You know what to expect, have a SCRIPT
Case 4

MRI Female Pelvis

- Teratodermoid
- Identify sequences, anatomy and the lesion
- Any tumour anywhere apply the bone tumour approach
- Fat sat sequences

Management
Case 5

CT Brain: On-call Stuff (expect anything from on-call)

- Acute on chronic SDH (hx of warfarin?)
- Mass effect, herniations (sub-falcine, uncal, trans-tentorial)
- Secondary infarcts, complications and management
- Emergency: Pick up the phone
Case 6

- **CXR**: LUL patchy pn and tree-in-bud pattern, Paraspinal mass (look out again if u missed – r/v area)

- **CT**: TB pattern on lung window settings (describe)

- Discitis and complications (DDx – Staph)

- Discuss management

- Pick-up phone and involve neuro
Case 7

- MR Brain: T1 and T2: Cortical tubers, T1+Gd: enhancing nodules (ventricles)

- CT Abd: Angiomyolipomas (high density in the right – bleed)

- Dx: Tuberous Sclerosis

- Know all the features, complications and acute presentation in TS
Case 8

Wagener’s Granulomatosis

- PNS – destructive granulomas
- Chest – Cavitating nodules
- DDx and Mx
Case 9

Bone Tumour: hehe ( ABC /GCT – think )

- Approach to bone tumour ( read my presentation)

- Management (important)
Case 10

Neurofibromatosis

- Know NF1 and NF2 associations

- You may get any of the associations as the other image

- Check R/V areas if you don’t see an abnormality at first, examiners don’t mind if you say that I am now looking at my r/v areas again!
Thank You

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