VIVA Set 10

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Case 1

Cholangiocarcinoma

- MRCP
- Low signal intensity lesion at distal CBD with dilated ducts
- What next: ERCP – biopsy, Staging with CT-CAP
- PTC + drainage or metallic biliary stent to relieve acute obstruction
Case 2

Medial meniscus tear and extrusion

- fragment lying lateral to medial collateral ligament
- Know your knee sequences: Sag T1, Sag T2, Cor STIR and axial 3D
- Sag: look for menisci and Cruciates
- Coronal: look for collaterals and postero-lateral corner
- Axial: look for cartilage, patellar compartment
- Compliment all sequences
- If you don’t have a fibula, then how do you say medial or lateral?
- Lateral: less muscle bulk!
Case 3

Lisfranc’s dislocation

- Clinical significance
- What is Lisfranc ligament?
- What next?
Case 4

Rt MCA Infarct

- Dense RT MCA
- Loss of Grey-White matter differentiation
- Is there mass effect, bleed, how old is it, what next?
- Role of CTA, MRI – DWI/ADC
- Rx options?
- When do you thrombolyse, intra-arterial?
- Easy case to recognise but will be bombarded with questions to test practical knowledge!!!
Case 5

- History: 19 y/o with pain in RUQ
Case 5

Renal abscess

- History is important, listen to examiners with EARS open
- If no hx of acute pain, go on RCC route
- Describe findings systematically
- Management
Case 6

- SAH
- Describe findings
- What next?
Case 6

CTA and Conventional 3D angio with coiling

- Know the treatment options for aneurysms
- When do you coil and when do you clip
- How do you follow-up
- What about the incidental asymptomatic aneurysms?
Case 7

Segond on Plain film (must get this to see MR)

- MRI: ACL tear – indistinct ACL, buckled PCL
- What is terrible triad
- Know your MR Knee
Case 8

- Teratodermoid
- Expect a plain film preceding CT/MRI
- Describe findings
- Look for fat and teeth
- Management
Case 9

- Full thickness tear – Supraspinatus
- Anatomy of rotator cuff
- Sequences and artefacts (magic angle)
- Role of MR arthrogram: labral tears
- Management: when do you repair?
Case 10

Interstitial Lung Disease: Approach and SCRIPT

- Lung volume: reduced / increased (LAM, LCH, CF, Emphysema)
- Zone: affected and preserved or no zonal prediliction
- Pattern: reticular, nodular or mixed
- Fibrosis: look for honeycombing
- Look for: bronchiectasis, tree-in-bud, ground glass, mosaicism

Establish the cause:

- RA (shoulder, distal clavicle), AS(spine), LN (sarcoid), Egg shell (silicosis), PMF, Esophageal dilatation (Scleroderma), Pleural plaques (asbestos)
- No cause: UIP (as in this case)
- No honeycombing in NSIP
FINAL TIPS

• Listen to the examiner for any history at the beginning

• Be methodical and systematic in approach

• If an auntminnie, go for it and get the full marks

• Don’t have a clue film: don’t panic, be systematic in approach and go through R/V areas, ask for old films or next I/N (you will earn these)

• VIVA in the Exam is a dialogue, unlike in the courses where the films come down once you have made a diagnosis

• You will be probed on your confidence, breadth of knowledge on the subject and definitely on further management of the case

• Remember, you are being assessed to see if you can be in the next league: ‘Consultant Radiologist’

• Be Confident and ACT Like a Consultant
Best Wishes

Dr Sameer Shamshuddin