



Newsletter



GETTING STARTED WITH TELERADIOLOGY

1 CONSULTATION

Call us at 1877 225-3393 or email us at info@tetradiology.com for a free consultation.

2 Q & A

Review a variety of pricing options and ways to benefit your practice, including full time coverage, vacation coverage and subspecialty consultations

3 NETWORK SETUP

Let our IT team setup our state of the art PACS and reporting system to seamlessly integrate into your hospital RIS or practice information system.

4 RELAX

Our skilled team of subspecialty radiologists will provide fast and accurate expert reports. We will communicate directly with your referring physicians, and give you peace of mind.

Imaging Update: CT Enterography comes of age

The use of low density oral contrast for imaging the bowel is not a new concept. The use of various preparations for low contrast luminal bowel imaging has been advocated for over a decade. Volumen is one of the more common agents. Volumen has a very low barium concentration, and pulls fluid into the bowel lumen. Volumen combined with water functions to distend the bowel as well as opacify the lumen with low density material, so that mucosal enhancement with intravenous contrast can be detected and even quantified.

Several studies have shown the efficacy of CT enterography for the diagnosis and staging of Crohn's Disease. It can detect fistulas and other complications of the disease. However, it has also proven useful for detecting other inflammatory conditions, as well as angiodysplasias and neoplasms of the bowel and mesentery. It also improves imaging of the pancreas for tumor and for

inflammation and other complications of pancreatitis. It is very sensitive for bowel ischemia and intussusception, and can be a useful tool for the localization of small bowel obstruction.



A variety of protocols using a low density oral contrast exists, but almost all of them use a combination of water and the contrast agent over a period of approximately one hour prior to imaging.