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""Splenic Infarction""; ""Splenomegaly""; ""12 Trauma""; ""Traumatic Brain Injury""; ""Skull Fractures""; ""Epidural Hematoma""; ""Subdural Hematoma""; ""Subarachnoid Hemorrhage""; ""Intraparenchymal Hemorrhage""; ""Diffuse Axonal Injury""; ""Spinal Injuries""; ""Cervical Spine Injuries (C-spine)""; ""Thoracic and Lumbar Spine Injuries""; ""Thoracic Trauma""; ""Hemothorax""  
""Pneumothorax""""Tension Pneumothorax""; ""Chest Wall Trauma""; ""Flail Chest""; ""Pulmonary Contusion""; ""Vascular Injury""; ""Abdominal Trauma""; ""Other Intra-abdominal Injuries""; ""Pelvic Fractures""; ""13 Vascular""; ""Abdominal Aortic Aneurysm (AAA)""; ""Thoracic Aortic Aneurysm""; ""Aortic Dissection""; ""Iliac Artery Aneurysm (AAA)""; ""Popliteal Aneurysm""; ""Mycotic Aneurysm""; ""Aortoenteric Fistula""; ""Index""

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## Sommario/riassunto

"Surgery residency training includes the expectation that residents will be able to use radiographic imaging to help confirm diagnosis and to plan treatment options, yet residents do not receive formal training in radiology. Residents are often expected to see a patient, take the history and physical and order a type of imaging that will help decide the treatment plan. However, we residents find it difficult to look at images without any background knowledge or training. Many times residents will look at the images, read the radiologist's report, and then look once again at the images to see what the radiologist was referring to. At the end of the process, the surgical resident still may not be able to identify the positive finding on the images. Residency training is busy and filled with textbook readings, yearly ABSITE reviews, extracurricular research, journal articles and presentations. Little time is dedicated to learning how to read radiology images"--Provided by publisher.

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