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| Nota di contenuto | Chapter 1. Sclerosing Mesenteritis -- Chapter 2. Complex cystic liver lesion -- Chapter 3. Eovist uptake in FNH -- Chapter 4. IgG4 mimicking as pancreatic ductal adenocarcinoma -- Chapter 5. Post-transplant lymphoproliferative disorder (PTLD) -- Chapter 6. Gallbladder Polyp -- Chapter 7. Bilateral Testicular Masses -- Chapter 8. Pancreatic Cancer Presenting as Pancreatitis -- Chapter 9. Radiation Induced Angiosarcoma -- Chapter 10. Hepatic metastatic neuroendocrine tumor -- Chapter 11. Hypervascular lymph node/Castleman Disease -- Chapter 12. Adrenal Mass >_4cm with absolute washout >_60% -- Chapter 13. Adrenal mass with drop out on out of phase imaging. - Chapter 14. Lesions arising from Endometrioma -- Chapter 15. False positive PSMA -- Chapter 16. Fat-containing liver lesion -- Chapter 17. TB/Low intensity mesenteric node -- Chapter 18. Hepatic lesions with a calcification -- Chapter 19. Single or multiple solid peripheral enhancing hepatic lesions -- Chapter 20. Multiple hypo-enhancing solid splenic lesions -- Chapter 21. Ductal dilatation without perceptible mass -- Chapter 22. Enhancing pancreatic lesions -- Chapter 23. Mucinous cystic lesion pancreas -- Chapter 24. Enhancing renal mass in patient with compromised renal function -- Chapter 25. Crizotinib associated renal cyst (CARC) in a patient treated for lung |

cancer -- Chapter 26. Diffuse dilation of bilobar intra- and extrahepatic bile ducts -- Chapter 27. Immune-checkpoint-inhibitor-induced cholangitis -- Chapter 28. Multi-locular cystic adnexal mass in a post-menopausal woman -- Chapter 29. Bile duct wall thickening and enhancement -- Chapter 30. Cortical nephrocalcinosis -- Chapter 31. Medullary nephrocalcinosis -- Chapter 32. Malignant peritoneal mesothelioma -- Chapter 33. Complex-cystic retroperitoneal lesion -- Chapter 34. IgG4 kidney -- Chapter 35. Liver lesions containing intravoxel fat -- Chapter 36. Retroperitoneal lesion containing macroscopic fat and calcification -- Chapter 37. Non muscle invasive bladder cancer -- Chapter 38. Struma ovarii -- Chapter 39. Serous oligocystic adenoma pancreas -- Chapter 40. Solid extra-testicular lesions -- Chapter 41. Hemorrhage exclusion sign; prostate cancer -- Chapter 42. Cystic Renal Mass with CEUS -- Chapter 43. Hepatocellular Carcinoma with CEUS -- Chapter 44. Mucinous rectal CA -- Chapter 45. Malignant transformation of IPMN -- Chapter 46. Semicircumferential intermediate signal intensity lesion involving rectum with enlarged mesorectal lymph node -- Chapter 47. High-grade stricture in primary sclerosing cholangitis -- Chapter 48. Ovarian and testicular torsion -- Chapter 49. Diffuse small bowel wall thickening post allogenic hematopoietic stem cell transplant -- Chapter 50. Presacral angiomyolipoma -- Chapter 51. Endobronchial lesion -- Chapter 52. Biliary plate abnormality -- Chapter 53. Deep infiltrating endometriosis.

Sommario/riassunto

This book offers a practical, evidence-based casebook on abdominal imaging. As imaging is increasingly being used for most clinical scenarios, referring physicians rely on radiologists to provide evidence-based interpretation for the incidental and indication related findings seen on the imaging studies. While imagers are trained in identifying the findings, what makes a report more clinically relevant is the accurate assessment and a more focused differential based on knowing the pertinent evidence-based data that supports one diagnosis over the other or favors benign over malignant etiology. Imagers typically don't have this information readily available to them to provide and make a more informed impression of the findings seen. For example, if a hyperdense renal lesion with attenuation of 80 HU is seen on the noncontrast stone protocol CT, it is important to know what is the likelihood this lesion is worrisome and if any further investigation is needed. While this information is available, it is scattered and one needs to acquire, synthesize, and collate this from the web. This casebook overcomes this void by providing this information in a simplified, case-based template that any reader can then quickly reference and use in their day-to-day work. In addition, template language for dictation where relevant will be provided. Cases are organized around major abdominal areas, including bowel, genitourinary tract, and pancreas. Each case also includes a table of pearls and pitfalls to be learned and applied to everyday practice. This is an ideal guide for residents, fellows, and staff from radiology, as a day to day resource or board review book. Given the lack of a comprehensive text, this will be useful to all cadres of radiologists.