IMAGEN NEWSLETTER

Q1

January '2026

WELCOME!

We're excited to launch this newsletter designed just for you—our valued imaging partners! Our goal is simple: to share practical tips, celebrate great work, and keep you connected to the latest updates that make a difference in patient care.-- Each edition will include educational pearls, real case highlights, and answers to common questions from technologists like you. Have a case, question, or idea for a future issue We'd love to feature it!-- Thank you for all you do to ensure quality imaging for the patients we serve together.

UPDATES & REMINDERS

- Heart Awareness Month Is February
- Mammogram CME Opportunity: https://mammographyeducation.com/live-events/

"True excellence in healthcare is achieved when precision is guided by compassion—where every act of skill is infused with humanity, and every patient encounter becomes an opportunity to heal both body and spirit."

Inspired by the principles of Florence Nightingale

IN THIS ISSUE

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RADIOLOGIST SPOTLIGHT

Dr. Howard Kessler is a board-certified radiologist with more than 25 years of experience in imaging. From Pennsylvania, he has built a distinguished career marked by clinical excellence, leadership, and a strong commitment to patient centered care. Since joining Imagen Technologies in December 2019, Dr. Kessler has served as the company's Medical Director, where he provides oversight of clinical quality, supports innovation in imaging and AI development, and helps guide the radiology team in delivering accurate, timely interpretations to providers nationwide.

INTERVIEW WITH DR. KESSLER

What are the most common image quality or protocol issues you see when reading?

Dr. Kessler: "One of the biggest issues is adherence to protocols. Consistency is key—when protocols aren't followed, it makes interpretation harder and can lead to missed or unclear findings.

I also frequently see incomplete assessment of ambiguous findings. When something looks unclear, think critically: Is this real? Is it artifact? Could technique be improved? Getting that extra image or cine loop can make all the difference."

If you could give every technologist one piece of advice for improving diagnostic confidence, what would it be?

Dr. Kessler: "Seek feedback. Solicit opinions from peers and supervisors about the quality of your work and the tools available to improve it. Continuous learning happens in community, and constructive critique is one of the fastest ways to grow your skill set and confidence."

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CASE STUDY

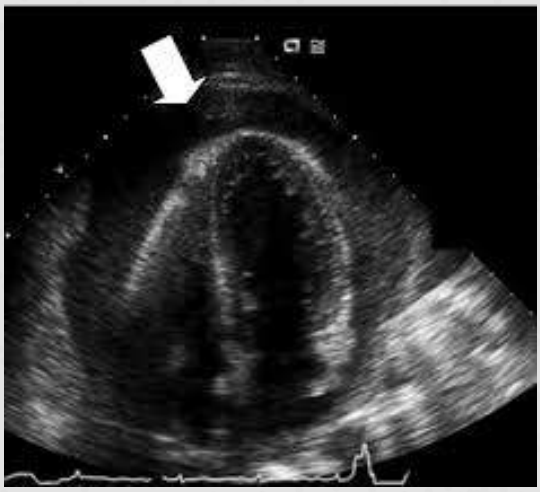
Here we report the cases of two patients who presented to the ER with dyspnea, and their chest X-rays revealed the "water bottle sign", which is the typical appearance of the cardiac silhouette that is present when there is a large pericardial effusion. Chest X-ray is commonly performed for chest pain and shortness of breath in the ER.

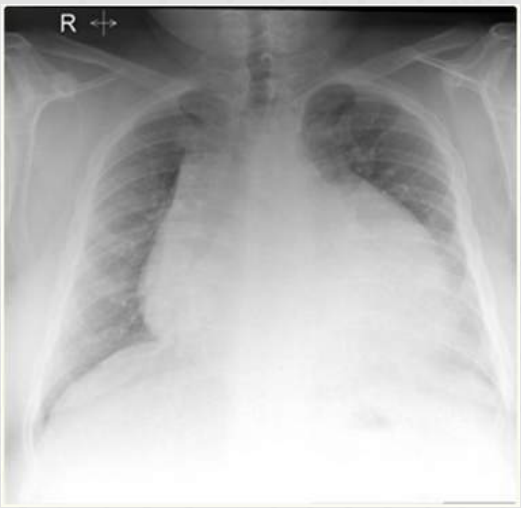
•The water bottle sign can point to a diagnosis of pericardial effusion in the absence of other investigations. Based on the chest X-ray findings, an echocardiogram can then be performed to confirm the diagnosis.

Case 1: Acute Myopericarditis in an Otherwise Healthy Adult

A 40-year-old man presented with 4 days of exertional shortness of breath. His only notable risk factor was a BMI of 40. Exam revealed distant heart sounds, and ECG showed low-voltage QRS complexes. Labs were largely normal except for a significantly elevated CRP.

Chest X-ray demonstrated the classic water bottle sign, and echocardiography confirmed a large pericardial effusion. Under radiologic guidance, 900 mL of fluid was drained. The diagnosis of myopericarditis was made based on elevated inflammatory markers and stable hemodynamics. Both his obesity and the effusion likely contributed to low-voltage ECG findings.





Key Teaching Point:

Even in patients without prior cardiac history, unexplained dyspnea and low-voltage ECG should raise suspicion for pericardial effusion—especially when chest X-ray suggests an enlarged cardiac silhouette.

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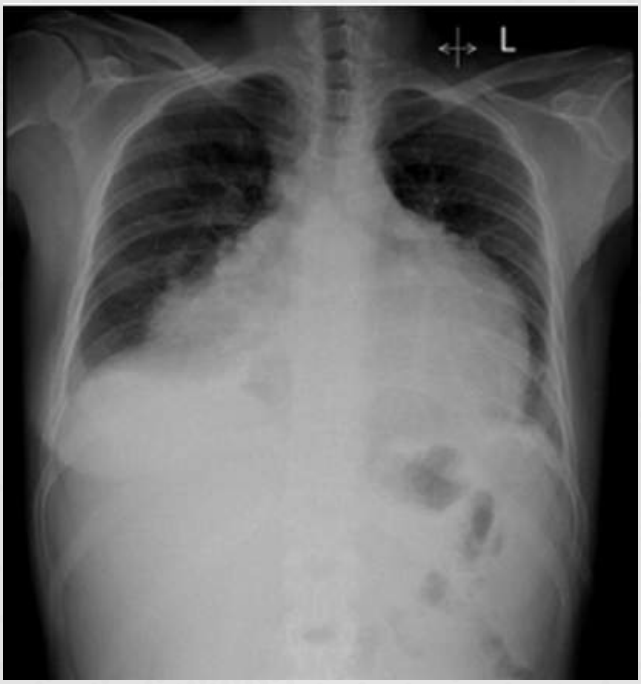
CASE STUDY

Case 2: Hemorrhagic Pericardial Effusion in a Patient With Autoimmune Disease
A 23-year-old woman with SLE, antiphospholipid syndrome, lupus nephritis, and recurrent pulmonary emboli on warfarin presented with one month of intermittent chest pain, palpitations, and shortness of breath. She also reported a recent viral illness. ECG again revealed low-voltage QRS complexes, but vital signs were normal. Labs showed an elevated troponin T, CRP, and a markedly elevated INR. A chest X-ray showed the water bottle sign, and echocardiography confirmed a large effusion. 1200 mL of hemorrhagic fluid was drained.



Key Teaching Point:
Autoimmune disease and anticoagulation can interact to create high-risk effusion scenarios. Low-voltage ECG plus chest pain and dyspnea in an SLE patient should prompt urgent evaluation for pericardial involvement.

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TECH TIPS:

- **Xray techs -** Don't forget to use LEAD MARKERS for you exams!
- **Sono Techs -** Our radiologists love good annotations, be clear and concise!
- **All techs,** a good history is so important as well as prior imaging!

MEET OUR SUBJECT MATTER EXPERTS:

Our team is supported by dedicated Subject Matter Experts for each imaging modality. These specialists provide guidance, education, and quality oversight to ensure our Radiologists and Cardiologists are receiving exams performed to the highest standards. By staying current with best practices, evolving protocols, and industry advancements, our SMEs help support quality feedback, clinical excellence, consistency, and continued growth across all modalities**.** Throughout the newsletters this year you may see some names pop up, so lets introduce them:

We're here for you!

- **Rebecca Southern,** PhD, RVS, RDMS (AB)(OB), RCS
- **Amy Akin,** BS R.T.(R)(M)(ARRT), CBDT(ISCD)
- **Amber Sneed,** BSRS, RVS, RCS, RDMS (AB) (BR)
- **Susan Loudermilk,** BS, RDMS(AB)(BR)(OB), RVT, RDCS
- **Jill Stauber,** RT(R)(M), ARRT
- **Christy Johnson,** R.T.(R)(M)(ARRT) LRT(KS)
- **David Roy,** A.S. R.T. (ARRT) (CRT) (R) (F)
- **Brittany White,** RVS, RCS, RDMS (AB, OB, BR)

PARTNER SPOTLIGHT

ProHealth Physicians in Connecticut

Imaging Center

Ultrasound/Echo/Xray/Bone Density/Cardiac Monitors/ABI

What sets your imaging team apart in your community?
"Our services are designed with patient convenience in mind—flexible scheduling, shorter wait times, and a streamlined check-in process. We provide compassionate, personalized care by taking time to explain each exam, ease anxiety, and treat every patient with dignity and respect. Our skilled technologists work closely with Imagen to ensure accuracy, consistency, and high-quality results in every study."

How do you partner with Imagen radiologists to support quality care?
"Our technologists and staff maintain open, direct communication with Imagen to address clinical questions, review protocols, and clarify exam-specific details. Biweekly meetings further strengthen collaboration and enhance our working relationship."

One moment, story, or win that represents your team well
"Although our department spans multiple imaging locations across Connecticut, we maintain a strong, close-knit culture. Many professional relationships have grown into lifelong friendships, and our team is highly engaged in the community—often the first to volunteer at local events."

How do you support and develop your imaging staff?
"We prioritize consistent communication through quarterly team meetings, an annual in-person meeting, and ongoing updates via Microsoft Teams. One team member serves as a Culture Champion, leading our Weekly Huddle to encourage engagement, discussion, and feedback."

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How does your team approach quality and consistency?
"Our team works closely with Imaging leadership to continuously improve Ultrasound, Echocardiography, and X-ray protocols, communicating updates promptly to ensure consistency. Our Ultrasound and Echocardiography services are accredited by ACR and IAC, and we conduct monthly peer reviews across all modalities to support continuous quality improvement."

What are you most proud of as an imaging team?
"Our team embraces change and rises to challenges. Over the past 24 months, we successfully implemented a new imaging system and multiple workflow changes, remaining engaged and eager to learn throughout the process. We also consistently support one another—especially during short staffing—ensuring continuity of care while maintaining high standards of patient safety and image quality."

Thank You for your partnership!