# IMAGEN NEWSLETTER

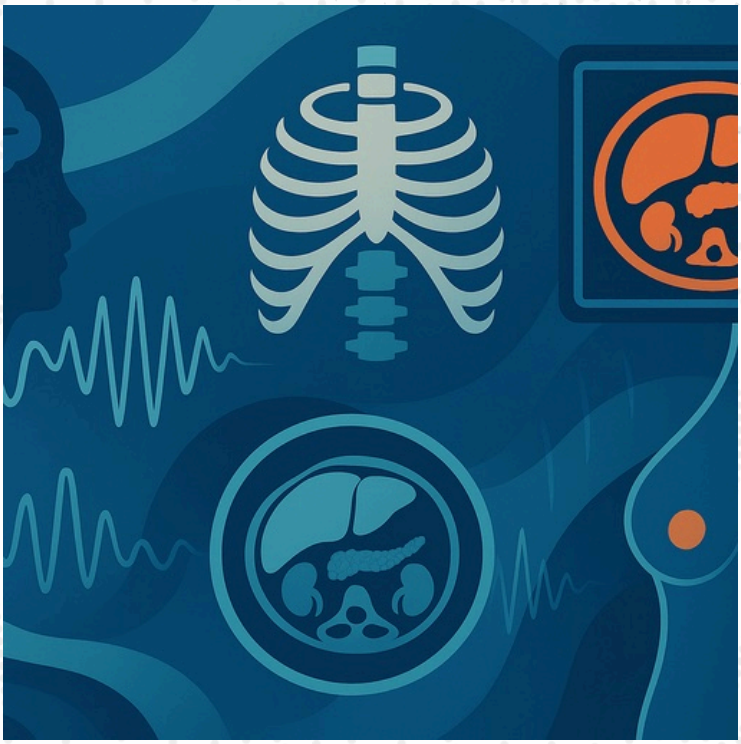
Q2 2026

## NATIONAL WOMENS HEALTH WEEK!

National Women's Health Week is a reminder of the importance of preventive care and early detection. As imaging professionals, we play a key role in supporting women's health—especially through timely screenings like mammography. Encouraging patients to stay up to date with routine exams can make a life-changing difference. Every interaction is an opportunity to educate, support, and provide high-quality care that helps detect issues early and improve outcomes.

## UPDATES & REMINDERS

- ARRT CME:https://www.medical-professionals.com/en/affordable-quick-free-arrt-ce-credits/
- Mammogram CME Opportunity: https://mammographyeducation.com/live-events/
- ARDMS/ARRTCME: https://www.aium.org/learning-events/earn-cme-credits?
- NEW thyroid US worksheet has been released
- Find all Imagen approved protocols and worksheets at www.imagen.ai/protocols/



## IN THIS ISSUE

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## RADIOLOGIST SPOTLIGHT - DR.GIESBRANDT

"A Fellowship-trained breast and cross-sectional imaging radiologist. Completed fellowship at the Mayo Clinic, where she was active in research and quality oversight committees. Earned her MD from the University of Miami Miller School of Medicine and completed a general surgery internship at Jackson Memorial Hospital in Miami. National speaker, served as Course Co-Director for the Mammography in Santa Fe conference (2019–2021), and has published peer-reviewed work and contributed to clinical guidelines (ex. Academy of Breastfeeding Medicine)"

## INTERVIEW WITH DR. GIESBRANDT

**What are some common Image Quality & Protocol Issues you see?**

- Mammography (The Retroareolar "Blind Spot"): Getting the nipple in profile is so important. When the nipple is not in profile, it can easily overlap and obscure a suspicious mass or the nipple itself can mimic a lesion.
- Breast Ultrasound (Consistency in Documentation): Accurate labeling of the clock face and distance from the nipple is paramount. It is also vital to reproduce measurements from prior exams by scanning in the same planes (Radial/Antiradial) to ensure we are tracking changes accurately rather than seeing "growth" that is actually just a different angle.

**What is One Piece of Advice for Diagnostic Confidence?**

*"Aim to match or beat the priors."*

"Before you even begin the exam, take a moment to review the previous year's images. Use them as your benchmark. If the previous technologist captured great posterior tissue or perfect positioning, make it your goal to match that—or do even better. Consistent positioning year-over-year makes it much easier for us to spot subtle, interval changes."

**Additional Insight: The Importance of Clinical History & Marking**

"Never underestimate the power of a thorough patient history. I strongly encourage technologists to inquire about all prior surgeries and biopsies and to consistently mark the skin with scar markers. Architectural distortion is a high-suspicion finding, but when we can see a scar marker directly over the area, it often allows us to confidently attribute the finding to post-surgical changes. This simple step can save a patient from the significant anxiety of an unnecessary callback or even an unnecessary biopsy."

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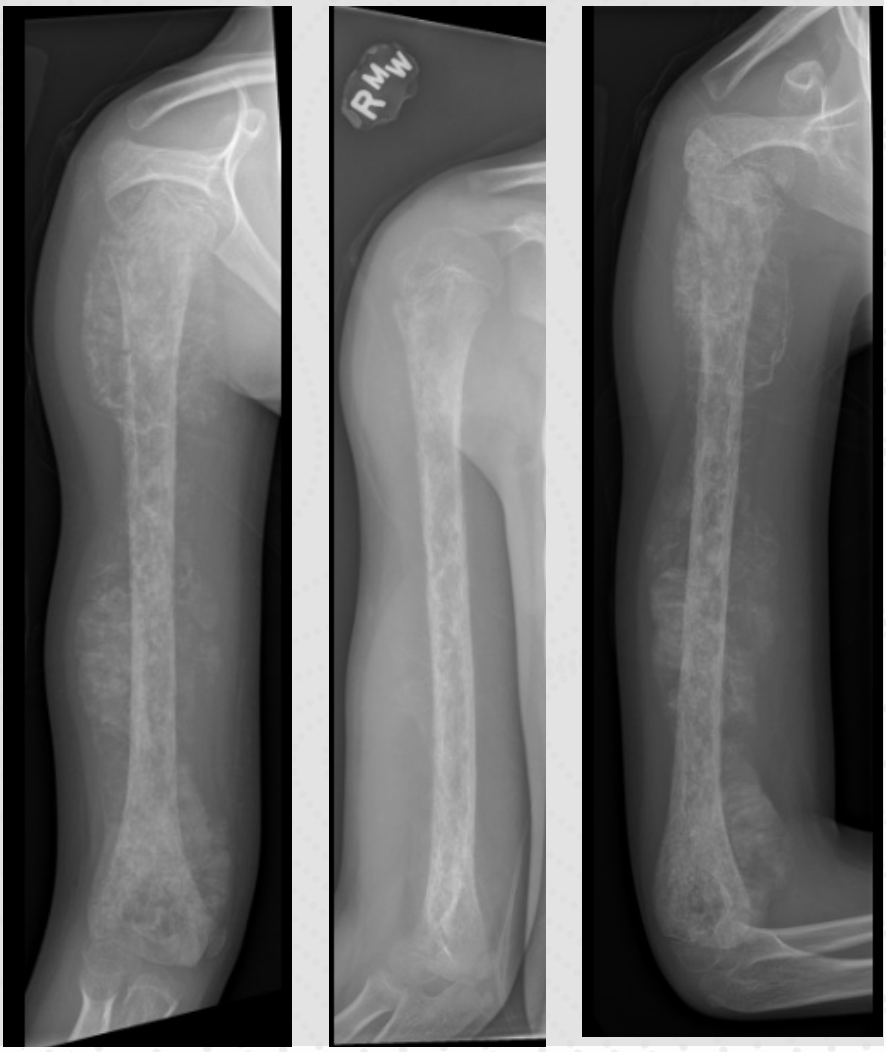
## CASE STUDY

**Case 1:** A 16-year-old male presented with progressive pain and swelling of the right upper arm over several weeks without a history of trauma. The pain had become increasingly severe and was now interfering with sleep and daily activities.

Initial radiographs of the humerus demonstrated an aggressive mixed lytic and sclerotic lesion involving nearly the entire humeral shaft. Extensive cortical destruction was present along with irregular ossified soft tissue extending beyond the bone. Aggressive periosteal reaction and tumor bone formation created a classic malignant appearance highly concerning for osteosarcoma.

MRI further demonstrated marrow replacement and extensive soft tissue involvement throughout the right humerus. Given the aggressive imaging features and extent of disease, the patient underwent surgical resection with limb-salvage reconstruction.
Final pathology confirmed high-grade osteosarcoma.




**Key Teaching Point:**
Persistent bone pain in an adolescent without trauma should never be dismissed. Aggressive periosteal reaction, cortical destruction, and soft tissue ossification on radiographs are critical red flags for primary bone malignancy such as osteosarcoma.

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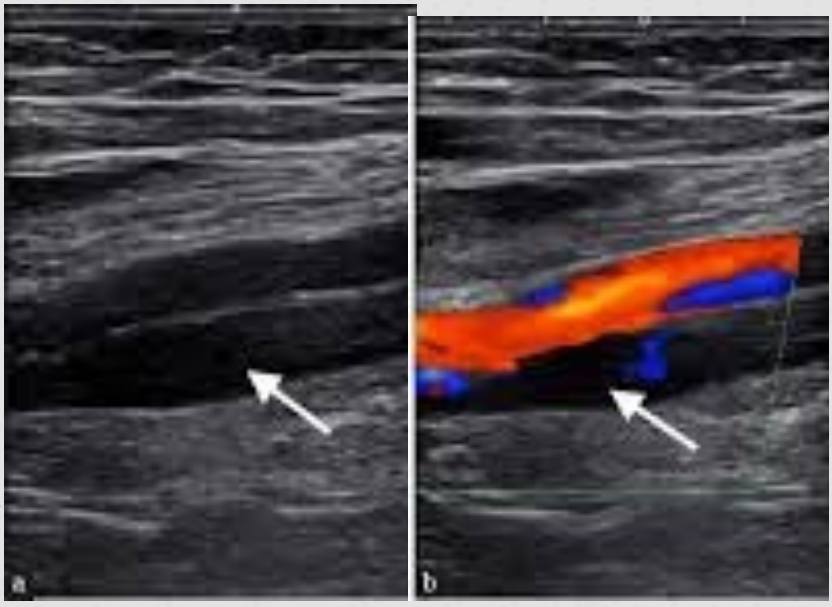
## CASE STUDY

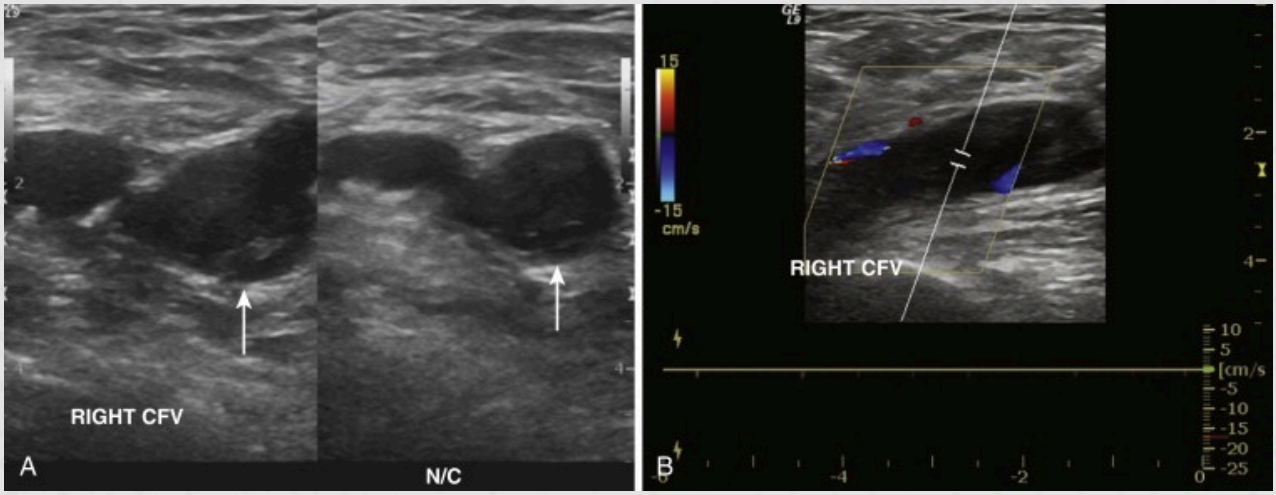
**CASE 2: A 42 year-old male former professional soccer player sustained a right lower extremity popliteal contusion during a soccer game. Duplex ultrasound was positive for DVT, and the patient was admitted to hospital for anticoagulation (heparin, warfarin). Upon discharge from hospital the patient continued oral warfarin anticoagulation (six months), and the use of compression stockings (nine months).**

**Key Teaching Point:**

This case study illustrates the importance of considering deep vein thrombosis in the diagnosis of sport-related extremity trauma. DVT is classically related to venous stasis, intimal injury, and coagulation diathesis (Virchow's triad).




Echlin, Paul S et al. “Traumatic deep vein thrombosis in a soccer player: A case study.” Thrombosis journal vol. 2,1 8. 14 Oct. 2004, doi:10.1186/1477-9560-2-8



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## TECH TIPS:

- **X-ray: Double-check rotation → especially on chest and extremities (easy miss, big impact)**
- **Sonos - Adjust depth first, then gain → getting the structure centered improves overall image quality faster than overcompensating with gain**
- **Mammo - Slow, steady compression wins → improves tissue spread and patient tolerance**

## CHECK OUT OUR NEW WEBSITE

Please visit **www.imagen.ai/protocols/** to see the complete list of Imagen Radiologist approved protocols and Sonographer worksheets.

**A note from the Imagen Medical Director Leadership:**
*On behalf of our Medical Director team, thank you for your partnership and commitment to standardized imaging protocols. Consistency in image acquisition and workflow practices plays a critical role in supporting diagnostic accuracy, improving continuity across sites, and ultimately enhancing patient care. We appreciate your collaboration and dedication to maintaining high clinical standards across all of our shared programs.*

For questions regarding Protocols, Worksheets, or Modality Specific Workflows, please email with "protocol" in the subject line: help@imagen.ai

You can also find our contrast procedures and past Newsletters will be stored here as well.


If you have any requests for future newsletters or would like for us to feature your team, please email Rebecca.Southern@imagen.ai

## KNOW A GREAT RADIOLOGIST?

As Imagen continues to grow, we're actively expanding our network of exceptional Radiologists across the country. Have you worked with a Radiologist in the past that you would love to see reading for Imagen? We'd love an introduction. We're proud to be one of the fastest-growing teleradiology groups in the United States, offering flexible opportunities, a collaborative culture, and the chance to help shape the future of diagnostic imaging. If someone comes to mind, please share our careers page with them **Imagen.ai/careers/**, or email **specialistrecruiting@imagen.ai**. Your referral could help us find the next great addition to the Imagen team!