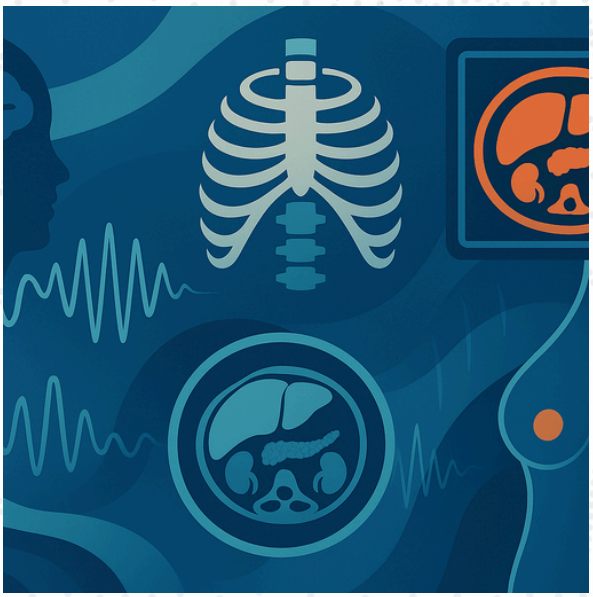
IMAGEN NEWSLETTER

Q3 2026

PROSTATE/OVARIAN CANCER & VASCULAR DISEASE MONTH

Imaging is the cornerstone of early detection, diagnosis, and patient care across many critical conditions. Prostate Cancer Awareness Month highlights how MRI provides unmatched soft-tissue contrast to localize suspicious lesions, while CT assists in staging advanced disease. Ovarian Cancer Awareness Month emphasizes US as the primary, front-line tool for evaluating pelvic masses, often complemented by MRI for complex characterization. Finally, Vascular Disease Awareness Month showcases the power of vascular US for real-time flow assessment in arteries, while X-ray and CT angiograms show structural blockages and aortic pathology. Together, these technologies empower care teams to catch disease early, guide precise interventions, and significantly improve patient outcomes



UPDATES & REMINDERS

- ARRT CME:https://www.medical-professionals.com/en/affordable-quick-free-arrt-ce-credits/
- ARDMS/ARRTCME: https://www.aium.org/learning-events/earn-cme-credits?
- Find all Imagen approved protocols and worksheets at www.imagen.ai/protocols/

IN THIS ISSUE

01 Welcome

02 Updates/Reminders

03 Radiologist Interview/Spotlight

04 Case Study

05 Tech Tips & Website reminder

IMAGEN NEWSLETTER

Q3 2026

IMAGING LEADERSHIP SPOTLIGHT - DR.STIPP

Dr. Lauren Stipp is a fellowship-trained cardiologist with subspecialty expertise in advanced cardiac imaging. She completed her Internal Medicine residency at Orlando Health, her Cardiovascular Disease fellowship through the University of South Florida, and advanced cardiac imaging subspecialty training at the University of Florida, where she obtained her diplomate in multimodality imaging across cardiac CT, cardiac MRI, nuclear cardiology, and echocardiography. She sits on the credentialing board for the Society for Cardiovascular Magnetic Resonance (SCMR), and has spoken nationally for the Society of Cardiovascular Computed Tomography (SCCT) on integrating preventive cardiology with cardiac imaging. She has published peer-reviewed research in the Journal of Cardiovascular Computed Tomography (JCCT) on AI-driven cardiac CT. She also authored work in the Journal of the American College of Cardiology (JACC) focused on hypertrophic cardiomyopathy, contributing to national discussions on imaging-based phenotyping, risk stratification, and modern approaches to HCM management.

INTERVIEW WITH DR. STIPP

Common Image Quality & Protocol Issues - A major quality gap in echocardiography is the lack of consistent, objective measurements needed to trend valvular heart disease over time. Echo is a longitudinal tool, and preventive cardiology depends on reproducible year-over-year data. When measurements such as vena contracta, regurgitant volume, EROA, peak velocities, and mean gradients are not captured accurately or consistently, subtle interval changes can be missed or mistaken for technical variation rather than true disease progression.

Diagnostic Confidence — Through a Preventive Lens- "Aim to match and trend with the priors." Review prior studies so each exam aligns in acoustic window, Doppler angle, and labeling. This reproducibility makes true interval changes stand out clearly instead of being mistaken for technical variation. In a preventive cardiology program, trending with priors is essential. Consistent imaging allows clinicians to follow ventricular remodeling, detect early diastolic dysfunction, track aortopathy growth, and monitor atrial volume changes that signal rising atrial fibrillation risk long before symptoms appear. Matching and trending with priors builds the longitudinal dataset needed for early detection, risk stratification, and proactive intervention — turning echocardiography into a preventive surveillance tool rather than a reactive diagnostic test.

Intentional Scanning in Technically Difficult Patients-The sonographer's insight is most valuable when it is tied directly to why the exam was ordered and what pathology the cardiologist is looking for. This means: For hypertension or diabetes: focus on LV remodeling, diastolic function, LA volume, and strain. For valvular disease: ensure objective trending of gradients, vena contracta, EROA, and regurgitant volumes. For aortopathy: prioritize reproducible measurements of the ascending aorta, root, and arch. For heart failure symptoms: capture IVC dynamics, diastolic parameters, GLS, and right-sided pressures.

This alignment ensures the cardiologist receives exactly the data needed to interpret the study within a preventive cardiometabolic framework.

IMAGEN NEWSLETTER

Q3 2026

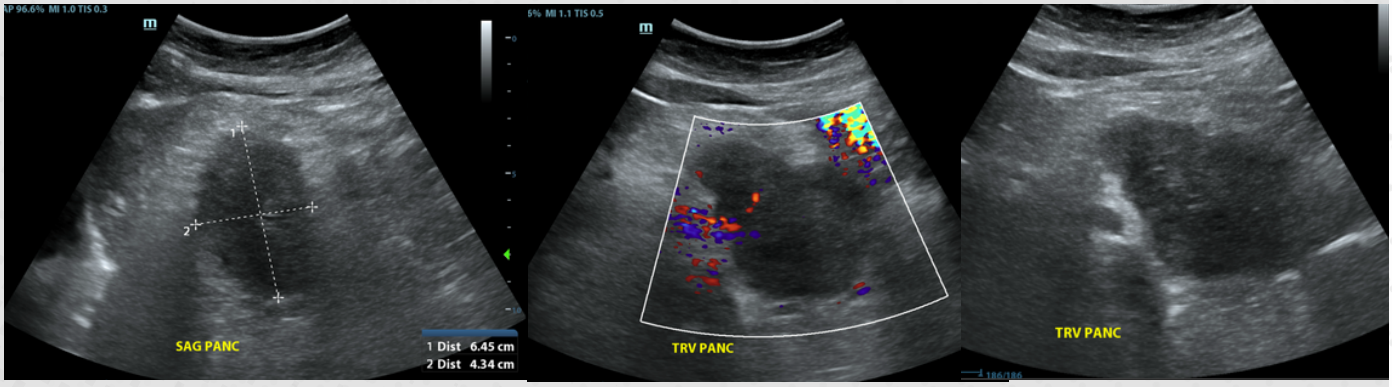
CASE STUDY

Case 1: An 81-year-old female presents for a complete abdominal ultrasound due to progressively worsening generalized abdominal pain and bloating for approximately two months. She denies nausea, vomiting, fever, diarrhea, or recent abdominal trauma. The patient has noticed occasional constipation but denies dark stools or visible blood in her stool. She has not observed jaundice or changes in urine color.

Her medical history includes hypertension, hyperlipidemia, and type 2 diabetes mellitus. She denies a known history of pancreatitis or pancreatic disease. Her surgical history includes a remote cholecystectomy. She is a former smoker but quit more than 25 years ago. She denies alcohol use. There is no known family history of pancreatic cancer.

US Finding: A complete abdominal ultrasound was performed. Within the region of the pancreas, there is a large, heterogeneous, predominantly hypoechoic mass measuring approximately 6.5 × 4.3 cm. The mass demonstrates irregular or lobulated margins and internal vascularity on color Doppler imaging. The pancreatic tissue is incompletely evaluated due to the size of the abnormality and overlying bowel gas.

Teaching Point: A pancreatic mass may present with vague symptoms such as abdominal pain, bloating, early satiety, and weight loss. Careful evaluation of the entire pancreas is essential, and any suspicious mass requires prompt follow-up with CT or MRI for further characterization.



CASE STUDY

Patient History - A 60-year-old female presents with severe upper abdominal pain radiating to her back, decreased appetite, bloating, and unintentional weight loss.

CT Findings - Contrast-enhanced CT demonstrates a 7.7 × 4.8 cm low-enhancing, mixed cystic and solid mass within the pancreatic body, extending into the lesser sac. Distal pancreatic atrophy and dilation of the main pancreatic duct are present. Loss of the fat plane between the mass and left hepatic lobe, along with a contiguous 2.4 × 2.2 cm hypodense liver lesion, is concerning for direct invasion.

Key Teaching Point

Pancreatic duct dilation and distal atrophy associated with a pancreatic mass should raise concern for an obstructing neoplasm.

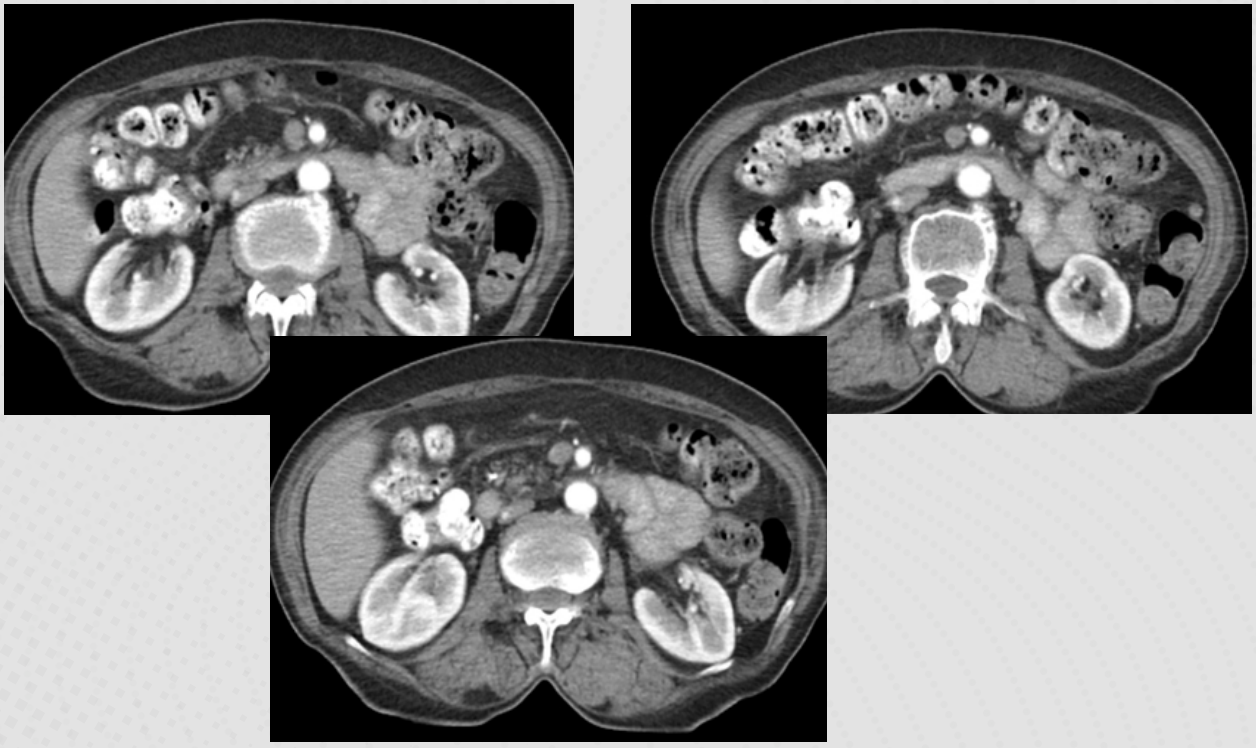


IMAGEN NEWSLETTER

Q3 2026

TECH TIPS:

- **CT: Practice breath-holds before scanning → A quick rehearsal outside the bore prevents motion artifacts and costly re-scans.**
- **Mammo: Nipple profile before compression -> Secure anatomical positioning upfront to ensure clear retroareolar visualization.**
- **XR: Verify SID first -> A quick distance check prevents magnification distortion and density mismatches.**

CHECK OUT OUR NEW WEBSITE

Please visit **www.imagen.ai/protocols/** to see the complete list of Imagen Radiologist approved protocols and Sonographer worksheets. These are updated with the most recent versions.

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.

We're here for you!

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!