An MRI image detects even the tiniest structural changes within the body. With its assistance, radiologists can identify trauma or abnormalities to the brain, spine or spinal cord. In addition, soft organs and tissue, glands, joints, as well as bones can be evaluated.

With so many body parts in play, Radiology Associates is excited about securing the latest advancement in MRI technology - a wide bore 3T MRI.

“MRI is an extremely accurate tool helping radiologists diagnose and pinpoint disease or injury throughout the body,” says Dr. David Wilson, Radiologist with Radiology Associates.

Magnetic resonance imaging (MRI) uses a magnetic field and pulses of radio waves to create pictures of organs and structures inside the body.

“In many cases, MRIs offer different information that can’t be seen with an X-ray, ultrasound or computed tomography (CT) scan,” says Dr. Wilson about the value of the exam.

Most importantly, the new technology is stronger and more powerful, delivering sharper, clearer and more detailed images. Dr. Wilson adds, “A stronger magnet delivers a better image, which in turn, provides diagnostic confidence and accuracy.”

MRIs capture images relating to neurology and pain management, as well as orthopedic issues - getting athletes back on the field and weekend warriors working out again.

Even more beneficial is the new 3T’s size and speed. Its open bore design – 70 cm - can help reduce anxiety and that “closed in” feeling, while accommodating patients up to 550 pounds. In addition, the new magnet also provides a faster, more efficient exam and less wait time for patients.

“Because patients of all ages and sizes are able to relax, it’s a more comfortable experience,” says Dr. Wilson.

“Patients will love the comfort and radiologists love the detail and results … now that’s a winning combination for everyone!”

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Recently, too many organizations are saying too many contradictory things about breast cancer screening. News stories, social media and hearsay only add noise to the mix. All the confusion has left many women asking, ...“What age do I start to get my annual mammogram?”

“Our approach is to save the most lives possible. That is why we continue to recommend Coastal Bend women have yearly mammograms starting at age 40,” says Dr. Michael Michell, Chair of Radiology Associates’ Breast Imaging Team.

According to National Cancer Institute, since mammography screening became widespread in the early 1990s, the U.S. breast cancer death rate - unchanged for the previous 50 years - decreased more than 30 percent. More supporting data agrees that the most lives are saved when women begin annual mammography screening at age 40.

Dr. Michell stresses screening mammograms apply to all women including those without a history of breast cancer.

“Unfortunately, seventy-five percent of women diagnosed with breast cancer have no special identifiable risk factors. By screening only women with risk factors, we will miss the vast majority of women who will develop breast cancer,” says Dr. Michell.

Dr. Michell acknowledges that anxiety over test results is real. Fortunately, most women simply need another mammogram or ultrasound exam to answer questions about their screening mammogram. A small number will need a breast biopsy (a minimally invasive needle biopsy) based on an abnormal screening and subsequent evaluation.

“However, most women would balk at comparing the anxiety of a call-back with that of dying from breast cancer,” states Dr. Michell of his patients.

The best medicine remains utilizing mammography starting at age 40 to find cancer earlier when its most treatable and can be treated less invasively. This also helps preserve the quality of life.

“It is time to end the confusion and get your annual mammogram starting at age 40,” concludes Dr. Michell.
Why should you begin annual mammography screening at 40?

The years of life lost to breast cancer are highest for women in their 40s. Breast cancer incidence increases substantially around age 40. The incidence rate for ages 40-44 is twice that for ages 35-39. In fact, one in six breast cancers occur in women aged 40-49.

Forty percent of all the years of life saved by mammography are among women in their 40s.

The largest and longest running breast cancer screening trials found that regular mammography screening cuts breast cancer deaths by roughly a third in all women ages 40 and over.

Annual screening starting at age 40 saves approximately 6,500 more women’s lives each year in the U.S. than screening every other year starting at age 50.

A recent study showed that more than 70 percent of the women who died from breast cancer in their 40s were among the 20 percent of women who were not being screened.

Current science cannot determine which cancers will advance to kill a woman and which will not. Therefore all women 40 and older should be screened annually. Women experience short term anxiety regarding breast cancer screening test results but it rapidly declines over time and there is no measurable effect to their health. Additionally, nearly all women who experienced a false-positive exam support screening.

Every major American medical organization with expertise in breast cancer care, including the American Congress of Obstetricians and Gynecologists, American Cancer Society, American College of Radiology, National Accreditation Program for Breast Centers and Society of Breast Imaging agree that starting annual mammography at age 40 saves the most lives.

IN HER OWN WORDS …

Sylvia Hinojosa, age 40, Breast Cancer Survivor

Sylvia Hinojosa was on top of the world! She had a wonderful life with two “almost-grown” children. She used to work in real estate as a “Girl Friday” flipping houses, but was now employed with the Corpus Christi Independent School District as a secretary at the new Veterans Memorial High School.

Upon turning 40, Sylvia followed her doctor’s recommendation and scheduled her very first mammogram with Radiology Associates.

A screening mammogram showed “something abnormal.” With no history of breast cancer in her family, she assumed it might be dense breast tissue and quickly returned for a 3D mammogram interpreted by Radiologist Dr. Rebecca DeLancey, a wonderful woman she considers her teammate in this journey.

A sonogram and biopsy followed under Dr. DeLancey’s watchful eye. Ultimately, Sylvia was diagnosed with an aggressive form of Stage I breast cancer. Due to her very early diagnosis, Sylvia had a mastectomy and did not have to undergo chemotherapy.

After almost one year after her diagnosis, Sylvia is living life to its fullest with an excellent prognosis.

“...My very first mammogram ever at age 40 found my cancer. It all happened so fast - it got very real, very fast. Oddly enough, when I was recuperating from my mastectomy, I saw the news and all the new information about changing the age of first-time mammograms to 50. And, I am the perfect example of why not to wait until 50. If I had waited, I probably would have died. If I can get cancer – an otherwise healthy woman with no history of breast cancer in her family - anyone can. I was blessed - it could have been worse. We caught the cancer early so I didn’t have to have chemotherapy. Dr. DeLancey and the staff were patient, kind and most of all knowledgeable through the whole experience. At first, I was shy, but now I tell everyone about my journey. I tell all women to get their mammogram each and every year. Whether they have insurance or not, they need to find the money and time, and go get a mammogram.”
Recently, Radiology Associates earned two prestigious designations from the American College of Radiology for our breast imaging centers and low-dose CT scans.

The care of patients who are at increased risk of development of lung cancer has been a frustrating clinical problem due to poor outcome principally from late detection.

It has been approximately 9 months since CMS has approved payment for screening of lung cancer for those patients at risk using low dose CT. The use of CT for screening has been used in a limited role at several major centers for the past few years to prove its utility. After CMS approval of its use this spring, low-dose CT is now being used across the country by sites that qualify for participation, in which patient results are being entered in a national data bank to evaluate outcomes and to improve recommendations for care.

The format for screening follows guidelines similar to the BI-RADS breast cancer classification and is known as the LungRads classification system. Patients in Class I and II are benign and are followed with CT at a yearly interval. Class III is followed more frequently with CT and Class IV has a high suspicion of cancer and requires more aggressive imaging evaluation or biopsy.

As of October 31, 2015, of those patients that received a low-dose screening CT study at Radiology Associates, 6.67% of patients were found to have a cancer (5.71% were bronchogenic and .95% metastatic from an unsuspected head and neck cancer found on subsequent PET scan). All primary cancers except for the metastatic head and neck cancer were early stage cancers.

The incidence of cancer in our first group of patients was 6.7%. The national rate for cancer detection in initial screening CT for lung cancer has been ~1 - 2%. In comparison to breast cancer screening, which is well accepted and understood by patients, the incidence of cancer detection on initial screen is ~0.1 - 0.2%.

In Radiology Associates’ initial screening group, the incidence of cancer was 4 times the expected national average. CT lung cancer screening is a better method for detection of early lung cancer, with detection occurring at an earlier stage than conventional radiography and with an expected higher cure rate due to its earlier detection. In patients at risk (>30 pack-year history of smoking and either current smoking or < 15 years since quitting smoking), screening with CT is justified on a clinical basis and is strongly recommended.

Questions? Please contact Dr. David Wilson or Dr. Aaron Moon at (361) 887-7000.