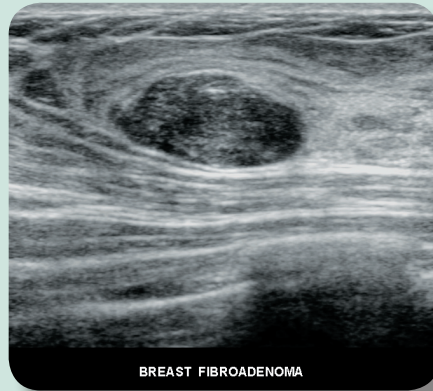


## A Brief Explanation of Ultrasound

Ultrasound (US) is an extension of the physical exam: instead of placing one's hands on an organ or mass to feel it, the US probe (transducer) is placed on the skin over the organ or mass making an image of it (by bouncing US waves off the surfaces of the anatomy and receiving the reflected waves which are processed by a computer into a picture). Gel is applied to the skin to exclude air from the transducer-skin interface since US waves do not pass through air. Similarly, air in the bowel or lungs and calcium in the bones stop US waves so that one must choose the appropriate "window" to look through to identify the internal organs. US waves pass especially well through fluid, so patients are asked to fast so their gallbladders fill with fluid to make gallstones more visible. That is also why patients are sometimes asked to fill their bladders by drinking water to provide a window into the pelvis. The closer we can place the US transducer to the anatomy, the better we can see it. So superficial organs like the thyroid and breast are well visualized and deeper structures such as the abdominal aorta may be more difficult to see.



BREAST FIBROADENOMA



Anthony Carter, M.D.

US has some special properties which make it well-suited to differentiate solid from fluid filled structures such as tumors from cysts in the breast, kidney and liver. US waves also travel well through dense tissue unlike X-rays, so US is used for breast cancer screening to compliment mammography in which dense breast tissue may obscure a mass. US allows one to see the anatomy in "real-time", as it is moving, such as the contracting heart. "Real-time" US is used to direct biopsy needles into cysts, fluid collections and tumors. Doppler US is a technique that depicts the motion of blood within the heart and vessels allowing the diagnoses of blood vessel narrowing or obstruction, as in the carotid arteries, or blood clots, as in the leg veins.

The successful diagnosis of disease by US depends on all of these factors of air, fluid, proximity and motion as well as a thorough understanding of anatomy, pathology and the technical aspects of the US equipment.

## American Cancer Society Guidelines for Breast Cancer Prevention

- ❖ Yearly mammogram starting at 40
- ❖ Clinical Breast Exam (CBE) every 3 years for women in 20's & 30's, every year for women in 40's and over
- ❖ Breast self-exam (BSE) starting in 20's
- ❖ Women at high risk (greater than 20%) should get an MRI & mammogram every year. Moderate risk (15% to 20%) should talk w/their doctor about benefits & limitations of yearly MRI.

## USPSTF Recommendations

- ❖ Most women in their 40's should not routinely get mammograms
- ❖ Women 50-74 should get a mammogram every other year until 75, after which the risks and benefits are unknown
- ❖ The value of breast exams by doctors (CBE) is unknown and breast self-exams (BSE) are of no value

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## DRA Docs on Teaching Staff at Yale

Two of our doctors here at DRA still spend time in school! Drs. Berg and Hyson both hold teaching positions at Yale New Haven School of Medicine and have been teaching for over twenty five years. When asked why they continue to do it they both answered similarly; they continue to teach because they had great physicians that passed on a love of radiology to them and they want to provide the same inspiration to future generations of health care providers.

Gerald Berg, MD, began teaching in 1974; he currently holds the position of Clinical Associate Professor of Diagnostic Imaging at the Yale University School of Medicine and is an Attending physician at Yale-New Haven Hospital. Over the years his teaching responsibilities have included "reading out" cases with students and discussing findings with both residents and fellows. Now Dr. Berg is a member of the Board Review team that discusses protocol with the residents and fellows in order for them to pass their radiology boards. He also advises many of them answering their questions as to what radiology is like in the environment of a private practice. Currently four of our staff radiologists were recruited by Dr. Berg while he was an Attending physician at Yale -New Haven Hospital.



Gerald Berg, MD, FACC



Eric Hyson, MD, FACC

On Tuesday afternoons you can find Eric Hyson, MD back at his old stomping grounds where he completed his Residency - Yale-New Haven Hospital; however, this time around Dr. Hyson is the teacher. Dr. Hyson started teaching at Yale in 1979 and his focus for the past ten years has been the medical students and physician assistants from Yale School of Medicine. His radiology teaching conferences focus on the broad view of radiology. When medical students and physician assistant students from Yale and Quinnipiac University rotate through Waterbury Hospital they are also under Dr. Hyson's supervision.



## Hour of Operation

**Waterbury**  
8:00- 5:30

**Middlebury**  
8:30- 5:30

## Saturdays

**Waterbury**  
8:00 a.m- 1:00 p.m

**Happy New Year**  
from  
All of us here at  
DRA!

[www.draxray.com](http://www.draxray.com)

(continued from cover)

Lastly, I would like to say that mammography is not a perfect test, but it has unquestionably been shown to save lives. The earlier a cancer is caught there is the possibility of less invasive treatments. I participate in a health fair at Naugatuck Community College every year and I talk to a lot of students that tell me their mothers had breast cancer in their 40's. I ask them how it all worked out and the majority of them tell me that their mothers are fine. They had their mammograms, the cancer was caught early and they are alive and well watching their kids go to college. Enough said.

### Middlebury Office

Turnpike Office Park, Lower Level  
1579 Straits Turnpike  
Middlebury, CT 06762  
203-758-2588  
Diagnostic Radiology • Ultrasound  
Multi Slice CT Scanning  
High Field MRI

### Waterbury

Medical Arts Building  
134 Grandview Avenue, Suite 101  
Waterbury, CT 06708  
203-756-8911  
Diagnostic Radiology  
Digital Mammography • Ultrasound  
DEXA Bone Scanning

### Imaging Partners

134 Grandview Avenue, Suite 101  
Waterbury, CT 06708  
203-573-6200

32 Slice CT

A partnership between Witby Hosp. and DRA

### Valley Imaging Partners

Crosspointe plaza  
799 New Haven Road  
Naugatuck, CT 06770  
203-723-8470

Open MRI

A partnership between Witby Hosp. and DRA

### Our Doctors

Kenneth Allen, M.D.

Duncan Belcher, M.D.

Gerald Berg, M.D.

Stewart Berliner, M.D.

Anthony Carter, M.D.

John De Leon, M.D.

Eric Hyson, M.D.

Andrew Lawson, M.D.

Marco Verga, M.D.

Justin Champagne, MHS, PA-C

Daniel DeJesus, MPAS, PA-C

Ross Utter, MHS, PA-C

### DRA Participates with the following Insurances

Aetna Better Health  
Aetna US Healthcare  
Anthem Blue  
CBA  
CIGNA  
Community Health Network  
Connecticare  
Connecticut Health Plan  
Consumer Health Plan  
Corvel  
Focus  
Health CT\* Great West  
Healthchoice\* Great West  
Health Care Value Management  
Health Connecticut  
Health Help  
Beech Street Corp  
AmericaCare National  
Radiology Network

Three Rivers Provider  
- Network, INC.  
Health Network Management  
Health Net  
HMC  
Medicaid  
Metacare  
Medicare, RR  
National Preferred Provider  
NothEast Direct  
One Call Medical  
One Health Plan  
Oxford  
Private Healthcare Systems  
Tech Health  
Tricare  
United Healthcare  
Worker's Comp (most)  
Most other  
Commercial Carriers

### Welcome and Happy New Year

As I write this welcome article there is yet another controversy concerning mammography in the news. The USPSTF (U.S. Preventive Services Task Force) has published new recommendations for Mammography Screenings causing confusion and concern among many women. It is important to understand that these are recommendations, not new laws. These recommendations will be debated and reviewed before anything changes as far as breast health is concerned.

It is very difficult for me to stay calm about these recommendations and not scream that this is part of "healthcare rationing," so rather than scream I want to point out a few things for women to remember. First, as I said before, these new guidelines are just, recommendations, nothing has changed as of this writing. Insurance companies are not likely to change coverage overnight because of them. Secondly, you need to talk to your doctor about what this means for your own health. You need to be your own health advocate more now than ever before!

Next I would like to mention that the American Cancer Society and the American College of Radiology (the accrediting body of radiology) have come out against these new recommendations. DRA has always followed the ACS and ACR guidelines and will continue to do so. I have printed the charts so that you can review the new USPSTF recommendations and the current ACS guidelines that have been the standard of care for 20 years.



Donna Johnson (continued on back cover)

### DRA on Board With State of CT: New Dense Breast Ultrasound Screening Laws

The state of Connecticut has implemented important laws to help in the fight against breast cancer. The first requires insurance companies to provide insurance coverage for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or extremely dense breast tissue based on the BIRADS (Breast Imaging Reporting and Data System) established by the American College of Radiology (ACR). This is a covered service under the specifications of your policy. The cost of the ultrasound may be applied to your deductible if it has not been met at the time of your exam.

**"We are doing all that we can to help in the fight against breast cancer."**

The second step is that it is required that all mammography reports given to physicians on and after October 1, 2009 include information about breast density. The new reports include a BIRAD code as well as a tissue description of the breast. The report that patients receive must include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI exam, or both, depending on your individual risk factors."

DRA has taken several steps to ensure that ultrasound services are available to all our mammography patients in a timely manner. We have increased our ultrasound department with additional exam rooms and sonographers. We have also added Saturday hours and we have the capability to schedule your mammogram and ultrasound together if ordered by your physician.

DRA has designated a waiting room just for women in case there is a waiting period between exams. Patients can relax, watch TV, read and have a cup of tea or coffee. We have expanded the responsibilities of our Breast Health Coordinator, Felicia Ferry RT (R) (M), to include the tracking of all patients with dense breast tissue to ensure that they understand the need and the follow-up for women with dense breasts. Here at DRA we want to ensure that all that can be done for good breast health is offered to our patients. We are doing all that we can to help in the fight against breast cancer.