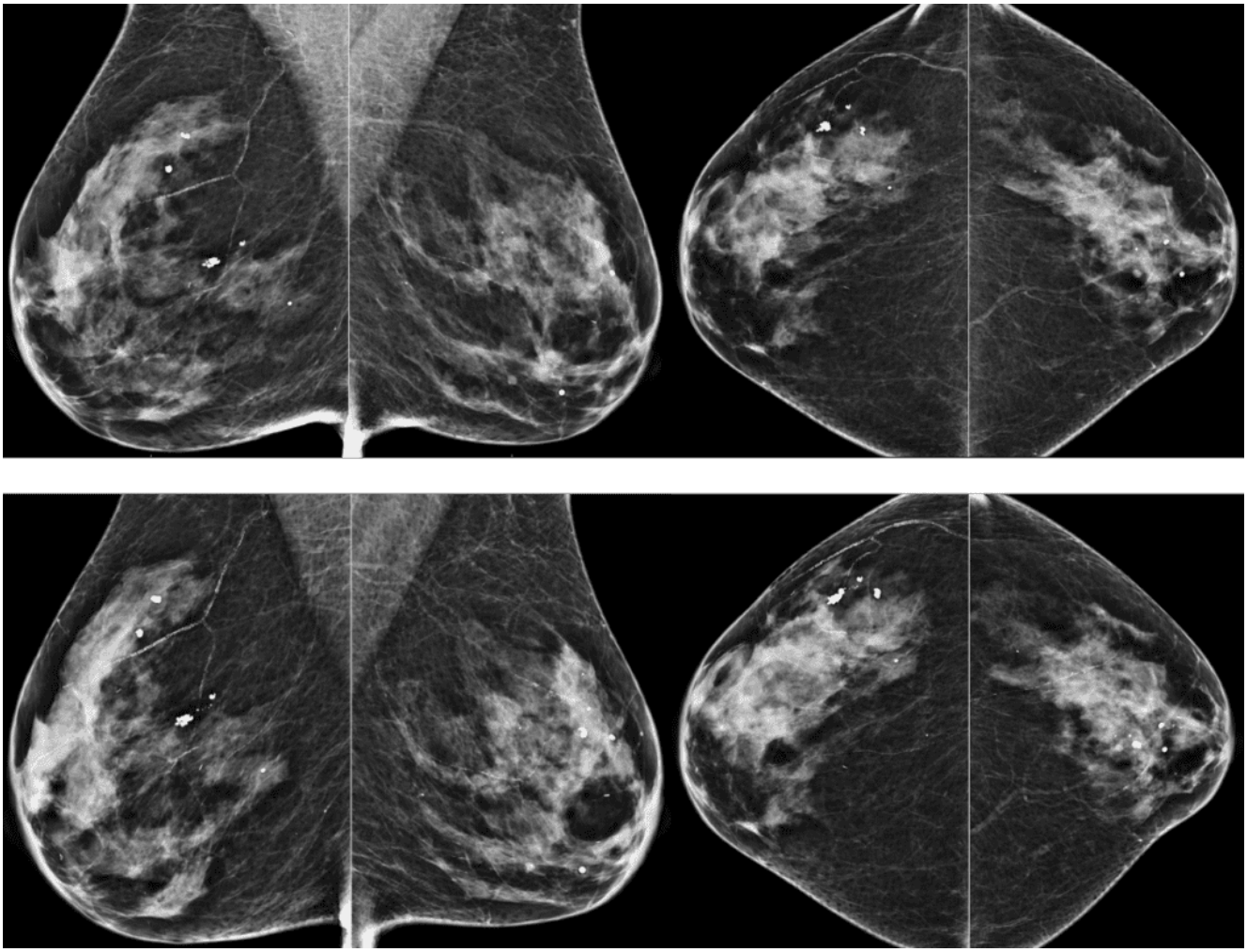
Rad to Rad Learning: False Negative in Dense Breast

The Radiology Partners (RP) Breast Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

Mammographic sensitivity can drop to as low as 50% in extremely dense breasts (Category D), compared to nearly 90% in fatty breasts (Category A).

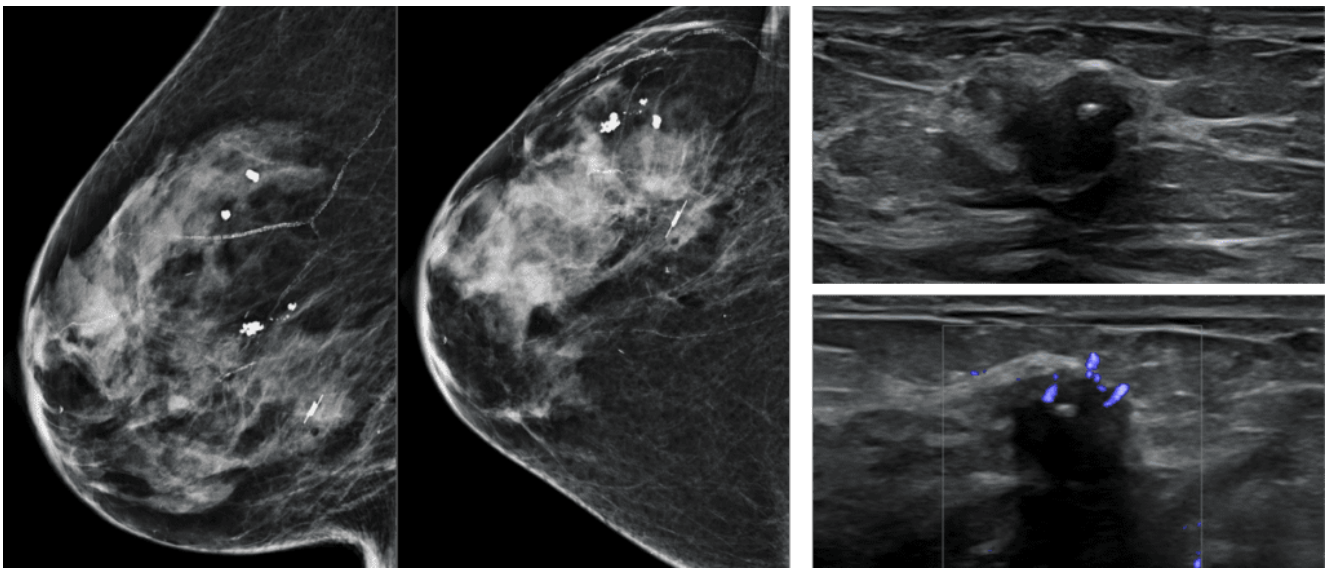
Top: Screening 2021, Bottom: Screening 2024



False Negative in Dense Breast

Cancers detected by supplemental screening whole-breast ultrasound are often invasive, however small and node negative, indicating they are found at an early, more treatable stage.

Post-biopsy reflector. Right breast, 7:00.



Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **Breast density is an interdependent risk factor for breast cancer.**
- **Supplemental breast ultrasound can detect an additional 2-4 cancers per 1,000 women screened with dense breasts.**
- **Ultrasounds have a high false positive rate. The positive predictive value is 5-10% (compared to 25-40% for mammography).**
- **Women with dense breasts and other risk factors (e.g., strong family history,**

genetic mutations) may benefit most from supplemental MRI.

- **Contrast-enhanced mammography is a promising alternative for dense breasts.**

🔔 In dense breasts, US can find additional clinically significant cancers.

The Breast Imaging National Subspecialty Division (NSD) is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



Radiology Partners, through its owned and affiliated practices, is a leading physician-led and physician-owned technology-enabled radiology practice in the U.S. For the latest news from RP, follow us on X, LinkedIn, Instagram, YouTube and the blog.

Rad to Rad Learning: Carotid Cavernous Fistula

The Radiology Partners (RP) Neuroradiology National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

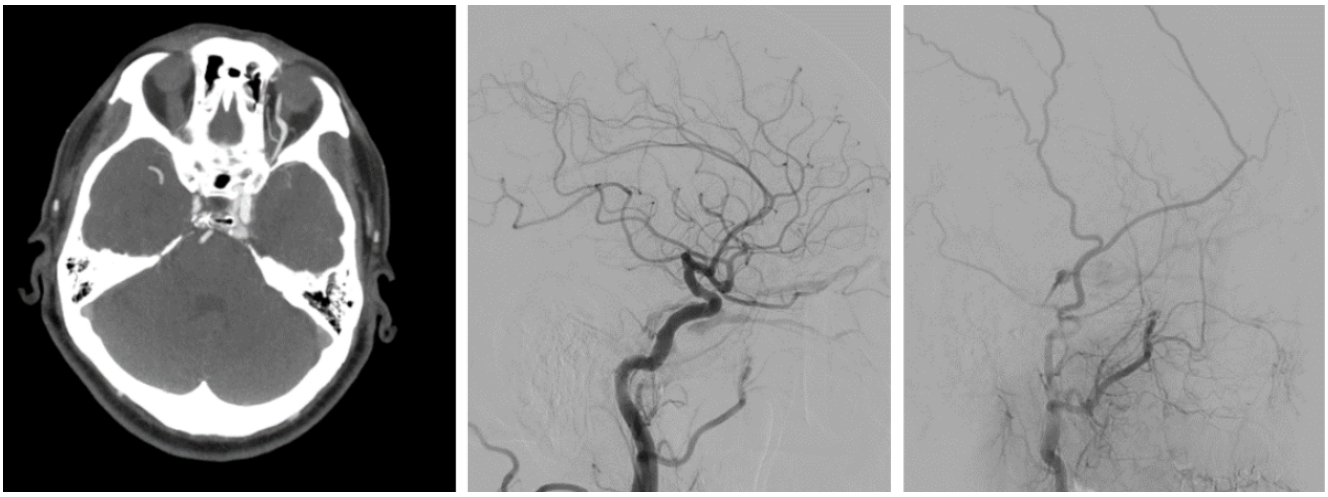


Peer Learning Opportunity

Permanent vision loss is seen in 10-20% of untreated cases. Intracranial hemorrhages or venous infarctions are seen in 5-10% of cases.

Carotid Cavernous Fistula

- **Asymmetric enhancement of left cavernous sinus and dilated left superior and inferior ophthalmic veins in arterial phase.**
- **Type D Fistula is supplied from branches of external carotid arteries**



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Practical Insights

- **Classic clinical triad of pulsatile proptosis, orbital bruit and conjunctival chemosis is often incomplete.**

- **Cortical venous reflux indicates high risk of hemorrhage.**
- **High-flow (Type A) CCF are often traumatic, develop abruptly and have worse prognosis.**
- **Up to 70% of low-flow (Types B, C, D) may resolve spontaneously.**
- **Cranial Nerva palsies II, IV, and VI are often reported.**

Dynamic MRA or CTA initially, DSA for confirmation and treatment planning.

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Rad to Rad Learning: Post-Bariatric Surgery Complications

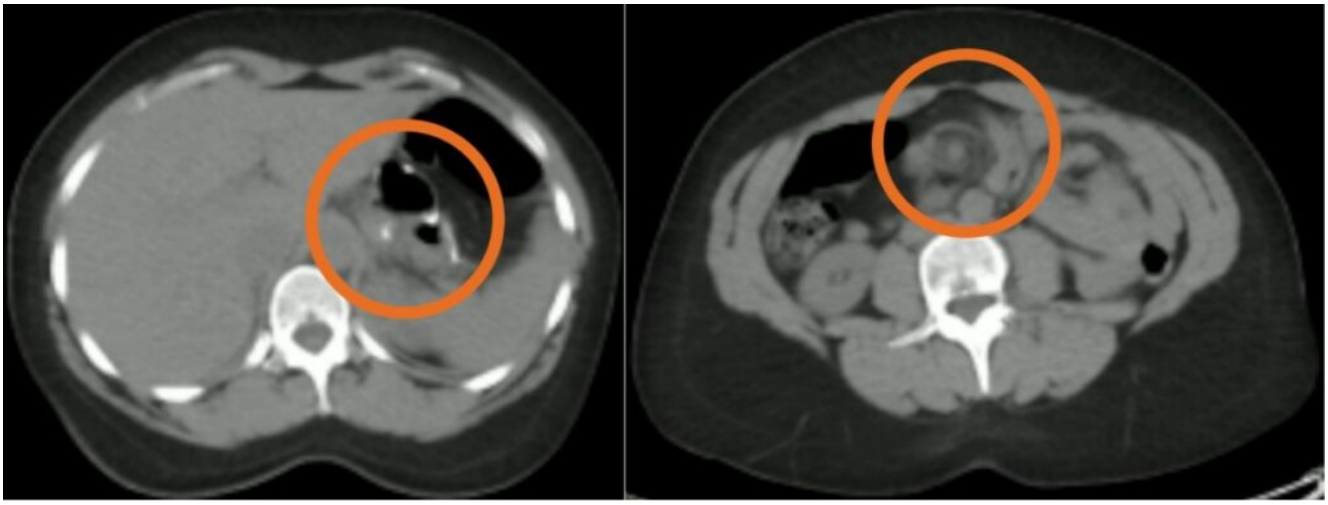
The Radiology Partners (RP) National Quality and Safety Committee presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

Bariatric surgeries have a high incidence of varied complications, such as staple line dehiscence, perforation, obstruction, vascular occlusion and postoperative volvulus.

Post-Bariatric Surgery Complications

Distinctive mesenteric vessel “swirl” visible with postoperative volvulus.



Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **Particular attention should be paid to**

the integrity of the staple line, condition of the bowel and patency of mesenteric vessels.

- **Knowledge of typical post-operative anatomy is essential for accurate interpretation.**
- **These studies should be performed with oral and intravenous contrast unless contraindicated.**

Recommend oral and intravenous contrast on bariatric surgery patients.

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Rad to Rad Learning: Implant Obscured Mass

The Radiology Partners (RP) Breast Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

The Breast Imaging NSD is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice.

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Clinical Pathway: Dementia Imaging

Radiology Partners recently created a Dementia Imaging Clinical Pathway.

Drawing on their extensive expertise, RP's national subspecialty division (NSD) advisory boards for both neuroradiology and nuclear medicine and molecular imaging (NMMI) collected practical guidance for dementia imaging, interpretation and reporting. This reference material is geared to serve practicing radiologists when establishing dementia programs at their institutions.

Dr. Igor Mikityansky serves as RP's national subspecialty lead (NSL) for neuroradiology, and Dr. Nathan Gee serves as NSL for NMMI. Both NSLs partner with advisory boards made up of practicing radiologists in their subspecialties to spearhead the development and implementation of programs with a mission to enhance clinical value and quality in imaging across RP.

They focus on refining best practice recommendations, advancing image quality and aligning with the latest industry standards, all to deliver innovation and excellence in radiology services for patients, referring clinicians and client partners, and they share resources, like this clinical pathway, broadly so that all practices can deliver high-quality subspecialty care to patients in their communities.

Radiology Partners Clinical Value Team exists to elevate patient care and enhance value through innovation, collaboration and education. Radiology Partners, through its owned and affiliated practices, is a leading physician-led and physician-owned radiology practice in the U.S. For the latest news from RP, follow us on X, LinkedIn, Instagram, YouTube and the blog.

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Clinical Pathway: RP's Clinical Value Team presents best practices for breast biopsy clips

Radiology Partners (RP) recently created a Breast Biopsy Clip Clinical Pathway.

Drawing on their extensive expertise, the practicing radiologists of RP's national subspecialty division (NSD) for

breast radiology developed practical guidance for breast biopsy clips. This resource includes guidelines for breast biopsy clip documentation, a breast clip education handout for patients and clip shape resources.

See a summary one-pager on the breast clip lifecycle and breast biopsy clip placement patient handout.

Dr. Dana Bonaminio leads RP's NSD for breast radiology. In partnership with an advisory board of practicing breast radiologists, she spearheads the development and implementation of programs with a mission to enhance clinical value and quality in breast imaging across RP. The Breast Imaging NSD focuses on refining best practice recommendations, advancing image quality and aligning with the latest industry standards, all to deliver innovation and excellence in radiology services for patients, referring clinicians and client partners. They share resources, like this clinical pathway, broadly so that all practices can deliver high-quality subspecialty care to patients in their communities.

"Actively participating in patient care and contributing to the early detection of breast cancer and other breast-related issues is a great honor," said Dr. Bonaminio. "Encouraging patients to take an active role in their breast health is empowering. I thoroughly enjoy working collaboratively to ensure the overall best outcome for each patient."

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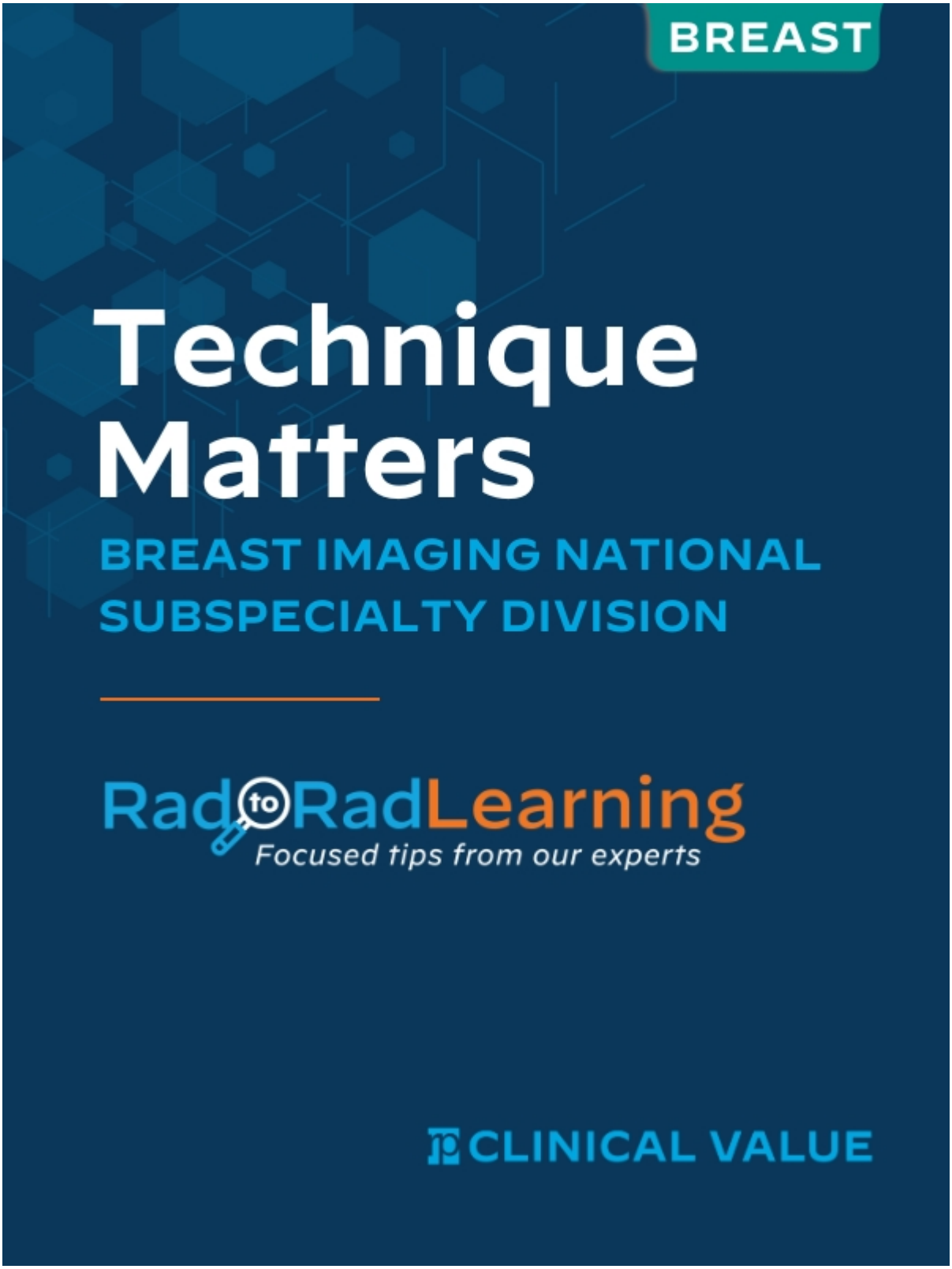
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Rad to Rad Learning: Technique Matters

The Radiology Partners (RP) Breast Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

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Breast Cancer Awareness: Insights into Breast Health and the Importance of Breast Density

National Mammography Day is October 18, part of Breast Cancer Awareness Month, and as a radiology practice, we emphasize the importance of regular mammogram screenings.

- Women who are at average risk for breast cancer should begin annual screening mammograms at age 40.
- Women with a family history of breast cancer should work with their healthcare provider to assess their risk.
- Breast Cancer Awareness Month is a key time to learn about genetic carrier screenings, such as BRCA and preventative measures for early detection.

In this two-part video series, we spoke with two breast imaging experts at RP to walk us through the basics of breast health and breast cancer and to explain the importance of breast density.

In part one, Dr. Arthy Saravanan, practicing breast radiologist and associate chief medical officer for recruiting, shares the myths related to breast cancer, the importance of early detection and the significance of breast density.

In part two, Dr. Dana Bonaminio, national subspecialty lead for breast imaging, walks us through a case involving breast density and masking in mammography.

Dr. Arthy Saravanan (LinkedIn) is the Associate Chief Medical Officer for Recruitment at Radiology Partners, and Dr. Dana Bonaminio (LinkedIn) is the national subspecialty lead for breast imaging at Radiology Partners. Radiology Partners, through its owned and affiliated practices, is a leading physician-led and physician-owned radiology practice in the U.S. For the latest news from RP, follow us on X, LinkedIn, Instagram, YouTube and the blog.

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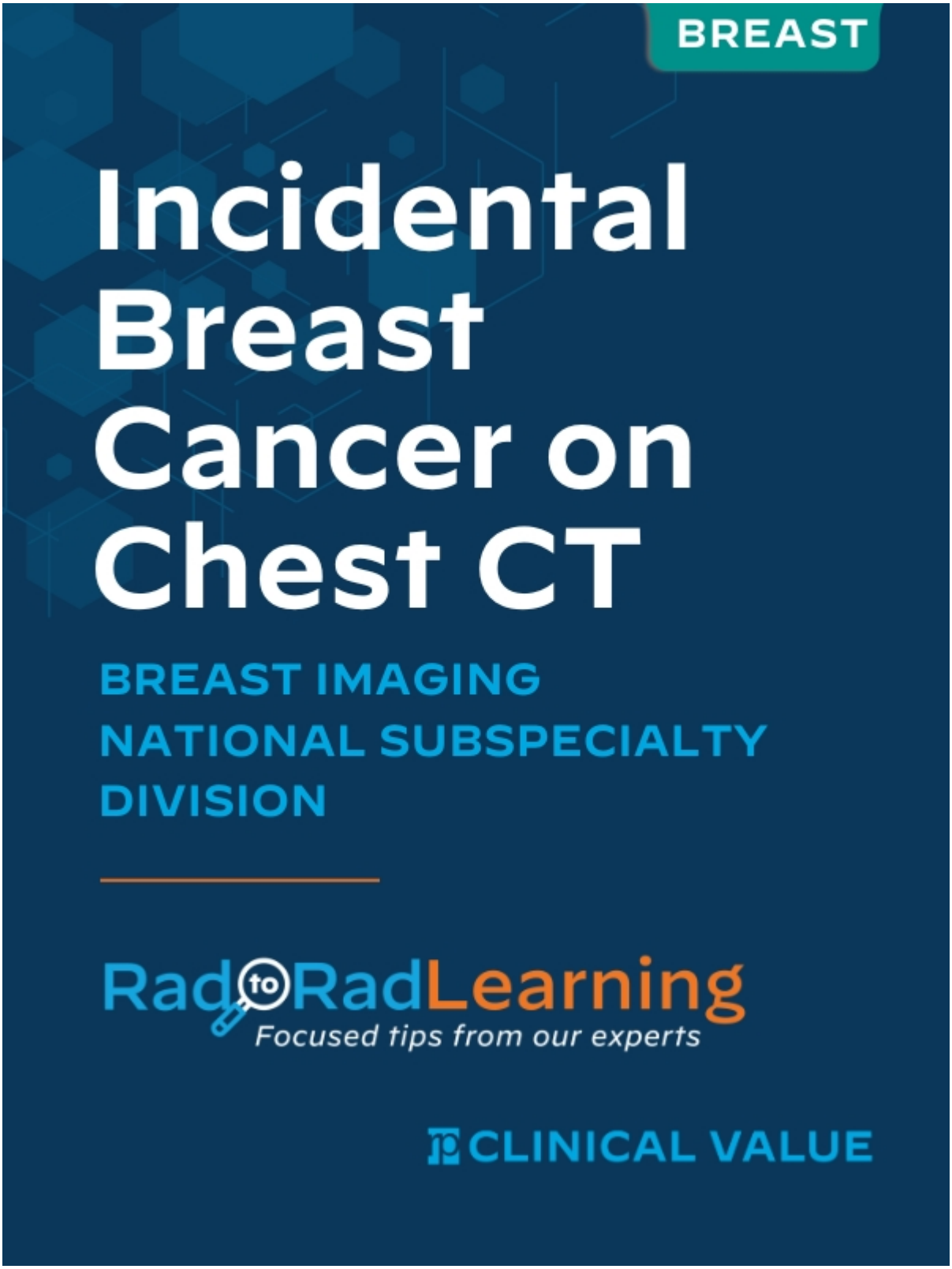
Rad to Rad Learning:

Incidental Breast Cancer on Chest CT

The Radiology Partners (RP) Breast Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

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Why RP? A Q&A with Dr. Meghan Woughter, Breast Radiologist

Dr. Woughter shares how RP provides opportunities for growth, leadership development and collaboration, while maintaining a healthy work-life balance.

Dr. Meghan Woughter is a breast radiologist in Houston, Texas. She is a member of the Society of Breast Imaging and the Radiological Society of North America. Outside of work, she enjoys spending time with her husband and two young sons. Her family enjoys traveling and taking annual trips to Disney, and she and her husband recently were scuba-certified and have gone on several dives together. She joined RP in 2020.

We talked to Dr. Woughter to learn more about her radiology career and why RP is the right fit for her.

Tell us about why you got into radiology.

For me, it was kind of a slow process through medical school, figuring out what I liked and what I didn't like. I think it started in anatomy lab, just seeing the correlation between the radiographs and imaging and some of the real-life cadavers – the different things we were learning about anatomy. I realized in radiology, I would touch every facet of medicine and take part in the diagnosis and treatment of all kinds of different patients if I wanted to. That really appealed to me.

Why did you pursue breast imaging as a subspecialty?

There were a lot of people along the way who shaped my decision-making. Most recently, when I decided to go into breast imaging, I had the fortune to train under Dr. Deborah Monticello at Texas A&M, who was instrumental in my understanding of breast imaging and showed me what an excellent physician and caregiver looked like. For me, breast imaging is a combination of multiple aspects I really like, including focusing predominantly on women's health coupled with the actual clinical work. Every single day at work, I see patients in clinic, do biopsies in real-time and take care of them, in addition to doing all the imaging.

How did you connect with RP?

It was kind of unexpected. I finished breast fellowship in June 2020 in a very uncertain time in the pandemic, especially for breast imaging. A lot of breast centers had closed, and it was a scary time all around. I actually had a job lined up for a while, even before fellowship. It was up north (I'm from Texas), far from home and family, but at the time we thought, "No big deal. Three-hour plane ride, three-hour car ride; what's the difference?" And then, of course, the pandemic hit, which really changed our perspective – we wanted to be close

to family. In April 2020, when all the breast centers were closed, I decided to look for a new job where I was doing my fellowship in Dallas. I reached out to local contacts and was connected with an RP recruiter who asked, “Have you ever thought about Houston? Would you be willing to go there?” It was a whirlwind and totally meant to be, because within a week of talking to the recruiter, then talking to our practice president Dr. Khanh Huynh and doing virtual interviews, I was signing a contract and coming to Houston. It was great, and it has worked out better than I could have ever imagined.

What are some of the unique features that RP offers that are hard to find elsewhere?

Everything at RP is very practice-dependent, which is one of the things I like, because we’re all unique in our individual local practices and how we operate in our local practice’s culture. The culture of my practice is amazing, and the people I work with are amazing, so I have nothing but good things to say about my group. Since joining RP, one of the things I’ve seen is the ability to collaborate with other practices. There are several RP practices in Houston, and previously, our practice was in a position where we could help another local practice with radiology coverage. It was seamless because we’re all working under RP; we’re different groups, but we could come together like that, and I think that is a really nice example of the benefits of RP.

When I first started at RP, one thing that stands out is the leadership development opportunities. RP will connect new physicians with a mentor or encourage you to serve on some of the different physician support boards. I got involved with the Advocacy Support Board, where we advocate for radiology’s role in the broader U.S. healthcare system. As a relatively new physician coming into practice, this has opened up a great opportunity for me and an experience at my level that wouldn’t

have been available to me, but RP really mindfully tries to help develop people in areas where they have an interest. It's also been amazing to get to work with Dr. Rich Heller, Associate Chief Medical Officer for Health Policy and Communications, who is such a wealth of knowledge. When we gather for meetings, he's on top of everything new that's happening in Congress and what bills are passing, which helps everybody stay informed to then pass that information on to our local practices. Having him as a mentor and as someone to watch and learn from has been a really great opportunity. Later this year, we're planning to visit Washington, D.C., to meet face-to-face with some of these congressional officials and advocate for our specialty.

How has the field of radiology evolved since you first started your career and what does the future of radiology look like to you? How will RP contribute to that?

I haven't been practicing a long time, but in breast imaging, we've seen tomosynthesis (3D mammography) become a standard of care. There's always new technology on the horizon. What I'm most excited about for the future is AI and what that's going to look like for how we practice radiology. I foresee it as something that enhances our ability to read studies, care for patients and do things in a timely way. I really look forward to having that as something to build on for the future, and hopefully RP's size and resources will allow us to utilize that and become early adopters.

You mentioned being excited about the future of AI. In the past, there has been

skepticism about the role of AI in healthcare; has there been a recent tangible shift from skepticism to excitement about AI, especially in radiology?

I think there was a pivotal moment for me when I was in training because that fear and that saying, “stop training radiologists” definitely hit home. Later, I went to a conference, and a speaker put up this brilliant meme that said, “It’s not man versus machine; it’s man versus man with machine.” That’s exactly it. It’s not like we’re not sending pilots up because there’s autopilot on the plane; it’s just an enhancement. AI is a way to improve safety and outcomes for patients. I don’t foresee that they’re not going to have a radiologist who ultimately looks out for patients and has clinical judgment. As we’ve seen, people aren’t perfect, and the machines aren’t perfect, but hopefully together we’re going to make something that is safer and more consistent for our patients. I see it doing nothing but hopefully enhancing what we currently do.

As a full-time, busy radiologist and parent, how do you find work-life balance, and how does RP support you in this?

One of the things I loved about breast imaging and one of the things that drew me to it – in addition to everything else – was the fact that it’s clinic hours. I don’t have call, and I don’t work nights or weekends. I’m home with my kids on those days. This is in addition to loving the work, so it’s a win-win for me. Also, I think our local practice values listening to us about our needs. Once it came up there were several of us in the breast section who wanted to work more part-time,

and the practice actually rearranged things and hired another rad to make it happen. Some people went to 80%, some went to 90% and some stayed at 100%. That was something that our practice did because that's what we said we needed so we could have more time and balance.

Dr. Meghan Woughter (Twitter) earned her medical degree from Eastern Virginia Medical School in Norfolk, Va.; completed her residency at Texas A&M Health Science Center College of Medicine/Scott & White Healthcare in Temple, Texas; and completed her fellowship in breast imaging at University of Texas Southwestern in Dallas, Texas.

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