Rad to Rad Learning: Morton’s Neuroma

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

Peer Learning Opportunity

This finding represents a compressive neuropathy of the interdigital nerve primarily in the 2nd and 3rd intermetatarsal spaces.

Morton’s Neuroma

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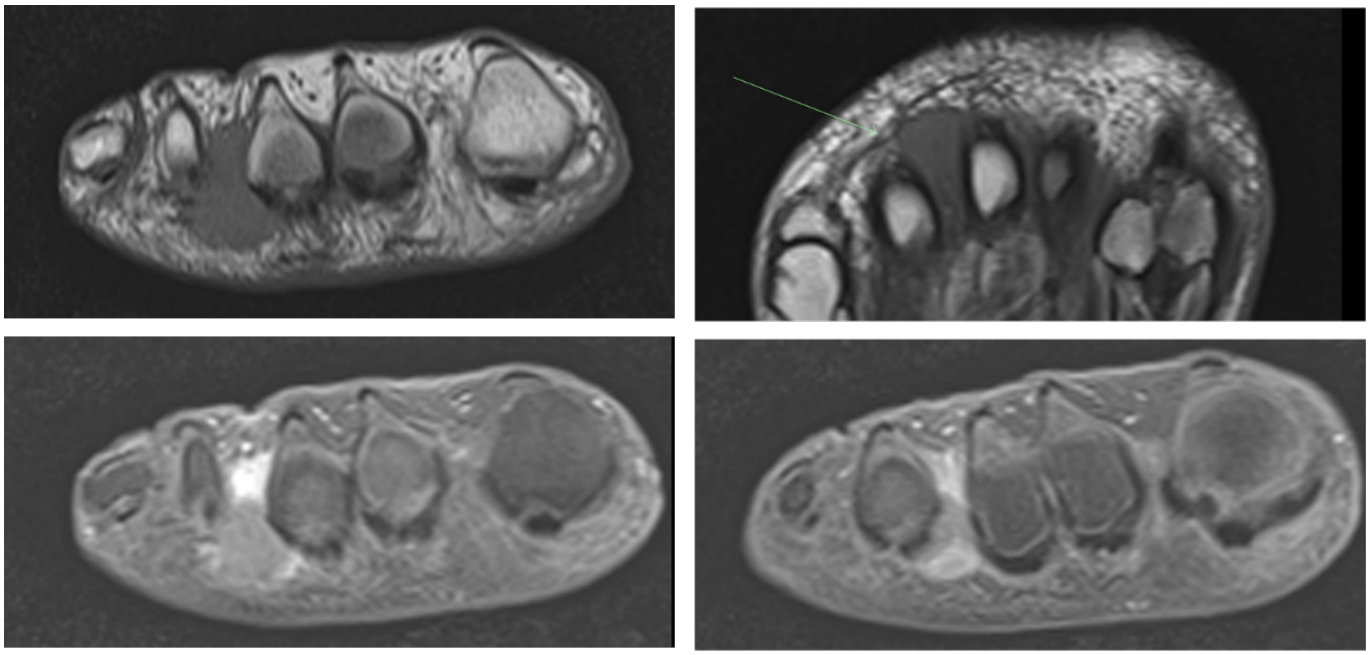

Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **Presents with radiating pain, throbbing, numbness, and burning from the webspace into the toes. (Walking on marbles.)**
- **Differential diagnosis: fracture, osteonecrosis, bursitis, synovial cyst.**
- **Can have concomitant intermetatarsal bursitis.**
- **AKA Intermetatarsal perineural fibrosis.**

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Takeaway: Common cause of forefoot pain – best seen on T1 weighted sequences.

The MSK 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.

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Rad to Rad Learning: Measuring RV/LV Ratio

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

Peer Learning Opportunity

Patients who have lobar or larger PE and evidence of right heart strain are at increased risk for 30 day in-hospital morbidity and mortality.

Measuring RV/LV Ratio

Measure perpendicular to the long axis of the heart, widest inner wall to inner wall RV diameter and LV diameter.

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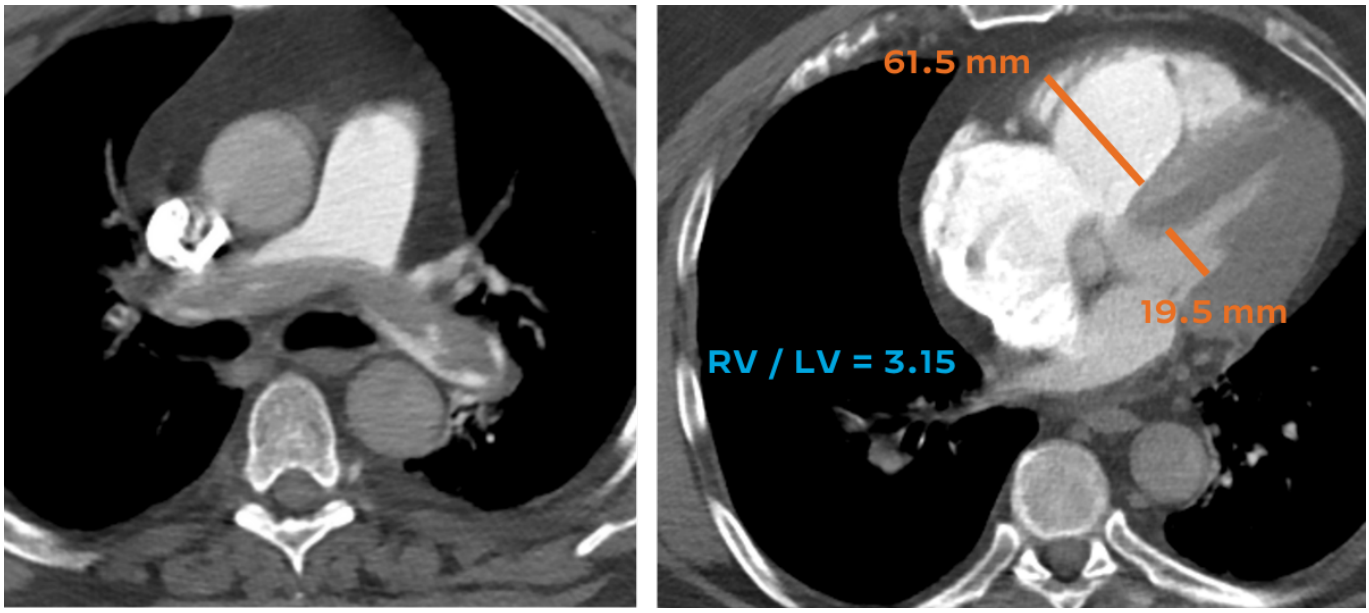

Right ventricle is 61.5mm. Left ventricle is 19.5mm. RV/LV Ratio is 3.15.

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Practical Insights

- **PE with right heart strain is referred to as intermediate risk and warrants assessment.**
- **Measure on the slice(s) where each ventricle is widest.**
- **An RV / LV ratio ≥ 1.0 = right heart strain**

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The inner wall is the edge of the compacted myocardium.

Takeaway: Clot burden must be Central (lobar or main trunk).

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Rad to Rad Learning: Perched Facets

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

Peer Learning Opportunity

This diagnosis is associated with high risk for spinal cord injury and vertebral artery injury.

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Perched Facets

Malalignment of the facet joints with the inferior articular process of C5 sitting anteriorly "perched" on the superior articular process of C6.

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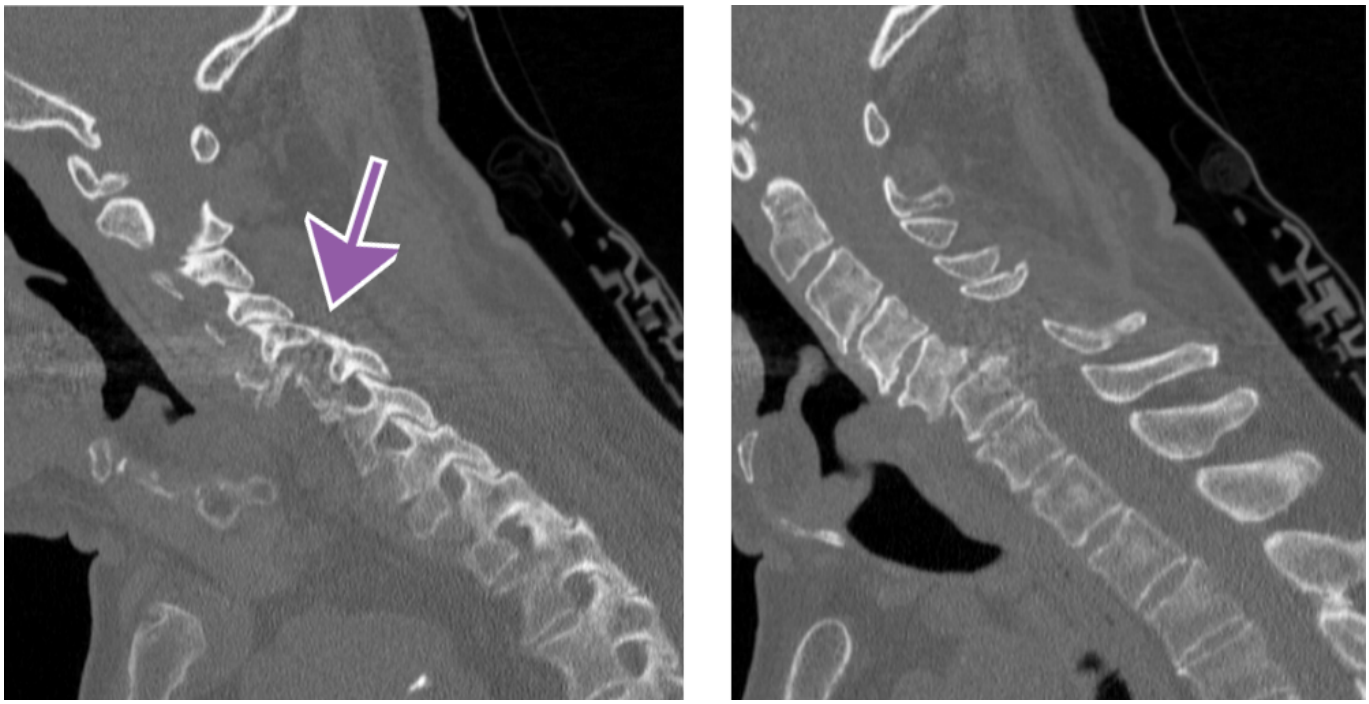

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Practical Insights

- **Mechanism matters: Due to hyperflexion, lateral compression and rotation, most often from automobile accident.**
- **Widening of the interspinous distance.**
- **Up to 90% of patients with interfacetal dislocation will present with symptoms, and up to 40% can have a complete spinal cord injury.**

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Early diagnosis and treatment can decrease permanent neurologic injury incidence.

Search Pattern alert: Examine facet joints on parasagittal images.

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Why RP? Q&A with Dr. Myka Veigel, Musculoskeletal Radiologist

Dr. Myka Veigel discusses how RP offers the support network, technology and resources that allow him to focus on patient care while enjoying work-life balance.

Dr. Myka Veigel is a musculoskeletal (MSK) radiologist at Medical Imaging Associates, where he served on the local practice board for the last five years. He and his practice joined RP in 2021. Outside of work, he prioritizes spending time with his wife and kids. Often, they spend time together outdoors in the hills and mountains of western Wyoming, where they live, and enjoy hiking, exercising, sports, fishing and riding motorcycles.

We talked to Dr. Veigel about how he chose radiology to address a need in his small hometown in Wyoming – and how RP offers the network and resources to support his commitment to providing high-quality radiology care to rural communities.

Tell us about why you chose radiology. What inspired you to become a radiologist?

My interest in radiology was based on providing a need in my hometown, where I currently live. It's a small town in western Wyoming with about 10,000 people. At the time, there were no radiologists, and I felt it was needed. After exploring various specialties, I found radiology fascinating and decided it was the right fit. I also thought it would offer a good work-life balance, allowing me to spend time with my family.

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What drew you to your subspecialty?

I have a good friend from high school who was just one year ahead of me in training, and he returned here as an orthopedic surgeon. When I was deciding whether to pursue MSK or body imaging for fellowship, I asked him what the hospital needed. He said, “Oh, definitely MSK,” which helped me decide. I also love looking at the anatomy of bones, joints and muscles. Being involved in sports and having a lot of interaction with local high school athletes, as well as working closely with the orthopedic surgeon here, made this part of radiology particularly enjoyable for me. As a radiologist, I have a lot of interaction with the patient during their imaging because of the small-town atmosphere. In some instances, I’ll discuss imaging results with patients before they follow up with their doctor. It’s a unique small-town radiologist dynamic.

Tell us more about your practice, Medical Imaging Associates.

Our practice is based in eastern Idaho but spans into Utah, Montana and Wyoming. We support many small, critical access hospitals. As a subspecialty practice, we provide great service to these areas. We are traditionally partnership-based, with all radiologists either on a partnership track or already partners. We want our radiologists to be invested in the practice and each other, looking towards the future. We’ve been able to weather a lot of the storms, and I’m proud of our practice.

What does serving on your local practice board entail? How has it helped you feel more connected to your local practice?

I just finished serving for five years on our local practice board and was involved in the transition to RP. I’ve been with Medical Imaging Associates for 11 years, and we’ve seen many great changes over time. What I love most about our practice is the culture and the collegiality of our team. We’re not perfect, but no practice is. Our practice faces challenges head-on and believes in very open, transparent and forward thinking, which is why we wanted to be a part of RP.

What excites you about RP? What is most fulfilling about working as a radiologist for RP?

I appreciate RP’s support, especially with AI. Having served on the local practice board, I have been closely involved with new technologies where RP is at the forefront. RP has great access to information that can be used to develop and implement AI. We’ve been involved with rolling out different forms of AI in our practice, and we’ve been able to see the benefit of RP’s focus on the radiologist to try to make it easier for us to practice while enjoying what we’re doing day-to-day, despite the increasing demands on radiologists. There are fewer radiologists going into the workforce, and with the demand and imaging utilization that continues to go up, RP makes it so we can enjoy what we’re doing. I love the support we’ve received and look forward to what is yet to come. RP’s network, with so many radiologists, leaders and innovators, offers numerous opportunities. When you bring many minds together, you can develop innovative ways to support the radiologist.

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

The biggest change I see is the volume and demand on the radiologist. This can lead to stress and burnout, which can affect any physician. I'm excited to implement the tools being developed by RP because I want a long career where I feel good about my work and make a difference. Radiology will keep evolving, and imaging utilization will keep increasing. Looking back at our decision to join RP, I'm happy with the direction we're going. We're locally led with excellent local leadership and strong national support. As a younger practice in RP, we're seeing the fruits of those labors come through, particularly over the last year.

If you met someone interested in the medical profession, what would you tell them to encourage considering radiology?

While doing a rotation as a medical student, I told a physician I was going into radiology, and he said, "What a shame. Why are you going into that?" Apparently, he thought radiologists just look at a computer all day without interacting with patients. In reality, I do procedures that help people and have a huge impact. When interpreting imaging, there's a person on the other side of that image with something going on in their life. If you know what you're doing, you may be the only one who will be able to tell that patient or the referring doctor what's actually going on, and you can save people's lives. You will save people's lives. Additionally, the field is so interesting, with amazing technology used to image the body, including MRIs, CT scans, X-ray and ultrasound. Radiology is at the forefront of medicine, and everything revolves around it. I'd be upfront about the challenges, but we need people who care and want to help patients. That part of the job is satisfying because you are truly making a difference for people.

Tell us more about practicing in a smaller or more rural setting.

The great thing about radiology is you can provide care for everyone, regardless of whether you live in a big or small city. If you choose to live in a city, you're probably reading studies for people in small towns, where your read can be very critical, because those patients may need to get transferred somewhere quickly. As a radiologist, being on top of that can make a difference for those patients. I'm in a unique position as a fellowship-trained radiologist in a small town. The hospital system I serve covers a broad region, and the leadership is very forward-thinking and brought in a lot of excellent physicians to help the rural community.

Dr. Myka Veigel earned his medical degree from Kansas City University of Medicine and Biosciences; completed his residency at University of Missouri – Kansas City; and completed his fellowship in musculoskeletal radiology at the University of Iowa.

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