



## Rad to Rad Learning: Endoleaks

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

---

**Peer Learning Opportunity** 

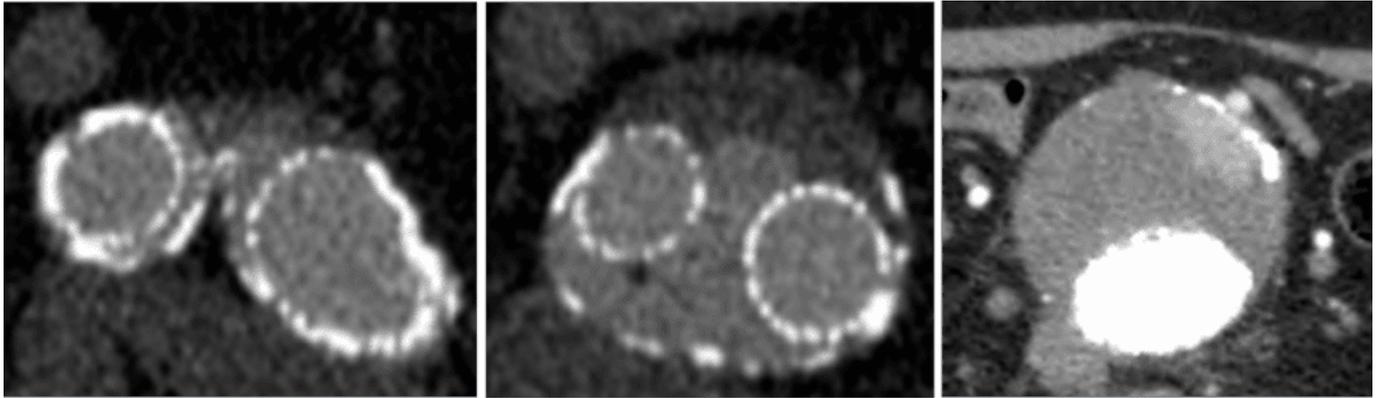
**Classification of endoleaks drives critical management and follow-up.**

**Endoleaks**

Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.

[info@radpartners.com](mailto:info@radpartners.com)

 radiology partners®



Type 1b

Type 2

**Type 1: Incomplete endograft seal and contrast tracking around the graft directly into the sac. Type 2: Retrograde flow of one or more branch arteries into the sac.**

*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

### ○ **Type 1:**

- Type 1a = proximal seal.
- Type 1b = distal seal.
- Both high-risk, requiring urgent repair!

### ○ **Type 2:**

- Most common.
- Not urgent, but requires follow-up.
- For >5mm growth over 6 months, treat with embolization.



## Takeaway: type 1 endoleak is a critical finding!

The Interventional Radiology 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: Pulmonary AVM

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

The IR 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.

*Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.*

**[info@radpartners.com](mailto:info@radpartners.com)**

 **radiology partners®**

*Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.*

**[info@radpartners.com](mailto:info@radpartners.com)**



*Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.*

**[info@radpartners.com](mailto:info@radpartners.com)**

 **radiology partners®**

IR

# Pulmonary AVM

IR NATIONAL SUBSPECIALTY  
DIVISION

**Rad** **RadLearning**  
*Focused tips from our experts*

 **CLINICAL VALUE**

Visit the

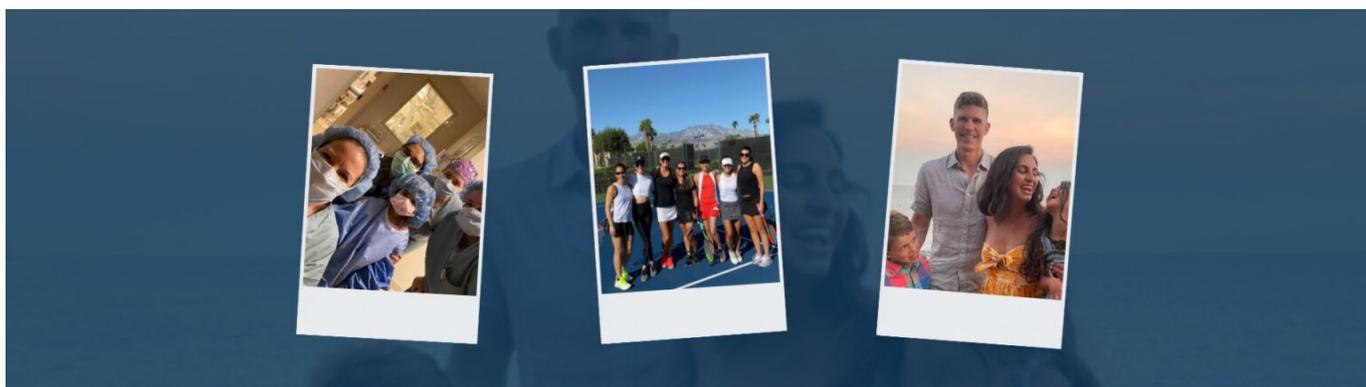
Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.

[info@radpartners.com](mailto:info@radpartners.com)

 radiology partners®

[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 radiology practice in the U.S. For the latest news from RP, follow us on [X](#), [LinkedIn](#), [Instagram](#), [YouTube](#) and [the blog](#). 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.*



## [Why RP? A Q&A with Dr. Anisha Martin, Vascular and Interventional Radiologist](#)

**Dr. Martin shares about her journey to radiology, her passion to connect women trainees to her subspecialty and the support she is offered at RP.**

Dr. Anisha Martin is a vascular and interventional radiologist in Chicago and a member of Radiology Partners' (RP) physician recruiting support board. She is passionate about helping female radiologists pursue interventional radiology (IR), a subspecialty traditionally comprising only ~34% women. She also values work-life balance, as a mother to two young children, wife, avid tennis player and world traveler. We talked to Dr. Martin to learn more about her career, advocacy for women in IR and experience at RP.

Copyright 2025 Radiology Partners | All Rights Reserved. References to Radiology Partners includes its managed physician-owned and operated radiology practices which are licensed to practice medicine. Radiology Partners, Inc. is not licensed to practice medicine and does not provide patient care.

[info@radpartners.com](mailto:info@radpartners.com)

 radiology partners®

### **Why did you pursue radiology?**

It was kind of a long road for me, in the sense it took me a few mental hurdles to get here. Originally, I applied to match with a general surgery residency, planning to be a trauma surgeon. My mentor was a surgeon, and she was pivotal in my decision to transition to radiology. I remember her saying to be a surgeon, surgery needs to be my only interest. However, I liked all of medical school and medicine in general. Radiology, specifically interventional radiology, allows me to have a hand in almost every part of the body and disease process while interacting with every type of subspecialty and physician, and IR allows me to keep up with the surgical life I was drawn to initially. I carry this message to other female physicians who may be interested in IR, and I help advance this important work through my involvement in [Women in SIR](#) and other forums that allow me to open doors for other female radiologists.

### **How did you connect with RP?**

I have a bit of a unique story. When I was a fellow and initially spoke to my practice in Chicago, they were in the process of partnering with RP. I interviewed with the independent practice mentality, but by the time I was ready to sign the contract, they had officially partnered with RP. I'd like to consider myself part of RP from the ground up; my practice was one of RP's first large practice partnerships, so I've seen RP grow from the early stages of several radiologists in one or two states to where we are now with radiologists all over the country.

### **What excites you about RP?**

One of RP's biggest selling points is flexibility. RP has a national network any radiologist can fit into at any point in their career. I know late-career radiologists who are looking to transition to a part-time remote model, and there's something available for them. I know early-career radiologists who want to stay in academic IR, and there's something available for them. Someone from my practice moved out of state for family reasons but remained part of the RP family, making for a smooth career transition. To be able to transition seamlessly within the same network with a sense of familiarity you've already developed is one of the biggest pluses of our practice.

Another advantage—RP is a practice that is truly locally led but also part of this amazing national organization that provides technology platforms, billing procedures, IT help and other things radiologists don't want to deal with daily. Knowing those things are taken care of efficiently and effectively, I can focus on my patients and the cases I'm reading that day. A lot of details are taken care of by the network RP built to allow radiologists to focus on being radiologists.

### **What are some of the unique features RP offers?**

I have a network of colleagues across the country who are thought leaders in radiology. I can lean on

them, ask for support, bounce ideas off each other and collaborate, which is really cool. To have the ability to talk to radiologists in other practices in other states about an interesting case or run a complex case by a specialized pediatric radiologist is an interesting part of our dynamic. We're not limited to the number of radiologists in our immediate practice—we can share ideas, concepts and cases with radiologists who are the best at what they do across the country. I think that is really exciting.

**Since joining RP, has your opinion changed, or has anything surprised you?**

When you take your first job, everybody tells you to expect to be there for three to five years. That's the mentality I went into it with, to be honest. I wasn't sure what to expect, because RP was so new, and nobody really knew what it would mean to be a partner with RP. I have continued to be pleasantly surprised. For example, during a rough pregnancy, working the full IR lab schedule was tough. With the support of my amazing partners and the flexibility offered within RP, I was able to temporarily transition to remote reading. In another situation, I don't know if that opportunity for flexibility would have been available in another practice or if I would have had the support of both the practice and my partners to be able to do that for a few months.

I've been part of RP for almost 10 years because the people here continue to show me who they are and what this practice stands for. Partner physicians voted on our [core values](#), and everybody here strives to embody those values. It's a real pleasure to work with people I can call my friends and see the practice evolve to be able to support me in different ways throughout my career.

**What does the future of radiology look like, and how will RP contribute to that?**

There's a lot of excitement happening in radiology, and wherever you are in our field, you want to be aligned with thought leaders in that progression. For instance, artificial intelligence is a huge hot topic right now in radiology, and RP is stepping in and saying, "We understand this technology is coming; it's out there and it's going to be a part of the specialty. We want to determine what role this is going to play for our radiologists moving forward, as opposed to being a passive recipient of innovation."

Trends like market consolidation are certainly not unique to radiology. In fact, it happened in emergency medicine and anesthesiology well before we saw consolidation in radiology. The difference for us: RP truly is a practice, not a company. It's one of our [practice principles](#), and we talk about it a lot because it's true. I have never once felt like I work for "the man." I feel like I have ownership of this business, I take pride in my work daily, and I love the people I work with as well as the people I've gotten to know throughout the RP network of practices. RP ensures our people and the practice of medicine are the priority, and that is a differentiator in the larger setting of consolidation of medicine. I have never felt like I am just another number or a replaceable quantity. RP is a thought leader in that regard and is intentional about what the future of radiology will look like. I think it's easy for the

human element of practicing medicine to get lost a little bit, but RP does a great job of keeping our radiologists at the forefront.

*Dr. Anisha Martin ([LinkedIn](#)) earned her medical degree from Northwestern University in Chicago; completed her residency in diagnostic radiology at Vanderbilt University Medical Center in Nashville; and completed her fellowship in vascular and interventional medicine at Northwestern Memorial Hospital. She joined RP in 2014.*

*[Radiology Partners](#), through its owned and affiliated practices, is a leading physician-led and physician-owned radiology practice in the U.S. Learn more about our mission, values and practice principles at [RadPartners.com](#). For the latest news from RP, follow along on our [blog](#) and on [Twitter](#), [LinkedIn](#), [Instagram](#) and [YouTube](#). Interested in learning about career opportunities? [Visit our careers page](#).*