



WHAT'S NEW at TRG Group...?



We welcomed our new CEO, Tom Hart, in early June. Tom started his working life as a laboratory scientist and switched over to the pharmaceutical industry ending up as the managing director of a multinational pharma company in South East Asia. Tom joins us with a strong business, and relationship marketing focus.

Northern Radiology has recently opened its new high tech suite at Kensington Avenue, Whangarei, with the commissioning of its new multislice Siemens CT scanner and top of the range wide bore Siemens MRI scanner. The images are superb.

The PACS (digital images) has been rolled out across the Group from Kerikeri in the North to Gisborne and the Hawke's Bay in the East. We thank all our referrers for their support and patience during this process. The Intelrad PACS system we selected has made our images more accessible, particularly with the web

browser. The tools available on the system are fantastic and easy to use.

The next branch practice in the TRG Group is opening in early October at Ormiston Hospital at Botany Junction in South Auckland. This will be a comprehensive practice offering general radiography, ultrasound, breast imaging and MRI scanning.

If you have any comments about our radiology service, I would certainly like to hear from you.

Dr Mike Baker
Clinical Managing Director

trg group radiology newsletter

Profile

Dr Richard Ng



Richard is a consultant radiologist who has worked at TRG since he qualified in December 2006. He graduated from Otago Medical School in 1999. After his intern year in Australia, Richard returned to New Zealand, and completed his radiology specialist training in Auckland in 2006. He also works part-time at North Shore Hospital as a consultant radiologist. Richard is a general radiologist, with a special interest in musculoskeletal and body imaging, including imaging guided biopsies and therapeutic musculoskeletal injections.

Having lived and worked in Australia, Richard much prefers the New Zealand lifestyle, and has not been tempted to follow the trend, and return across the Tasman. "Having grown up in the South Island, I never thought I'd call myself an Aucklander, but having spent 8 years here, I consider it home". Richard's interests outside of work include most sports, history, and travelling. In 2009, Richard looks forward to attending a Musculoskeletal Radiology Conference in San Francisco, and continuing to upskill in his areas of interest.

Searching for patients

The best way to search for studies on PACS is via the patient's NHI number which can be added into the Patient ID field.

As not all patients who have examinations with TRGG have an NHI it is also possible to search via patient name. When searching via patient name it is important to remember to use the correct format.

The correct format: surname, firstname (including comma and space).

For copies, comment, or articles you would like us to cover in TRG Group ClearView please contact: **Yvonne Chadwick**
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MRI: A Routine Investigation

MRI has become a routine tool in diagnostic imaging as the positive impacts on early diagnosis and effective treatment planning are realised. Superb display of normal and pathologic soft tissue anatomy by MRI provides for high diagnostic accuracy. Its other major advantage is that unlike conventional x-rays and CT scanning, there is no exposure to radiation.

Spinal Imaging



MRI is an excellent method of obtaining clear, detailed images of the bony structures and soft tissues of the spine, including the spinal cord. It demonstrates abnormalities, injuries and diseases in the spinal region that may not be visualized with other imaging methods.

Perhaps the most common reason for spinal MRI is to detect a bulging, degenerated, or herniated intervertebral disk, a frequent cause of severe lower back pain and sciatica. Compressed (or pinched) and inflamed nerves are visible on MRI. In most cases the cause of nerve

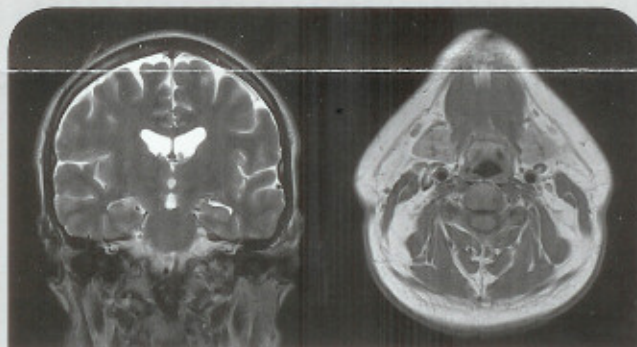
compression, whether from a herniated disk, arthritis, or some other abnormality is demonstrated. With lumbar spinal imaging, MRI is generally the next imaging modality used after conventional x-rays.

Spinal MRI takes little time to carry out, making it very useful for evaluating people who have been injured. It is especially helpful for diagnosing or ruling out acute compression of the spinal cord when clinical examination shows muscle weakness or paralysis.

MRI is able to detect subtle changes in the vertebral column that may be an early stage of infection or tumour. The procedure is generally better than CT scanning for evaluating tumours, abscesses, and other masses near the spinal cord.

Head and Neck Imaging

While CT of the head is often performed as the initial radiological study for most neurological symptoms such as headache, stroke, head injury, seizure, dementia and infection, MRI of the brain offers a much more sensitive and comprehensive investigation of the cerebrum, cerebellum, brainstem, cranial nerves, cerebrospinal fluid spaces and meninges.



Its advantages over CT include the ability to perform cross sectional imaging in any plane with superior anatomical detail and contrast resolution. The use of multiple pulse sequences demonstrating independent tissue factors such as oedema, enhancement, diffusion, blood products and flow within cerebral arteries or dural venous sinuses, allows the accurate diagnosis of a wide range of intracranial pathologies. Indications for which MRI is the investigation of choice include suspected demyelination, exclusion of acoustic neuroma in sensorineural hearing loss, screening for cerebral aneurysms, detection of pituitary lesions and the further work up of abnormalities demonstrated by CT.

MRI has similar utility in head and neck imaging where its multiplanar abilities, soft tissue resolution and technique of fat suppression are of particular value in the non invasive investigation of the orbits, nasal passages, paranasal sinuses, pharynx, mouth, tongue, skull base and neck. Indications for MRI include suspected lesions of the visual pathways, local staging of head and neck tumours, exclusion of perineural infiltration, post treatment monitoring for disease recurrence and as a complementary examination for lesions seen on endoscopy or CT.

TRG Group radiologists are able to advise on the imaging strategy most appropriate for any clinical presentation. We welcome discussion regarding any diagnostic problem, and are always pleased to recommend the most effective imaging pathway. Please telephone one of the TRG Group radiologists at the MRI locations:

The Radiology Group	Milford, Auckland	09 486 1659
Northern Radiology	Whangarei	09 430 3045
Lakes Radiology	Rotorua	07 348 8139
Hawkes Bay Radiology	Hastings	06 873 1166
Waikato Radiology	Hamilton	07 834 3530

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