



# Illawarra Nuclear Imaging- Est. 1988 Winter Update 2007 .

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## Nearly Twenty Years on and Continuing to Serve the Illawarra area with Quality Private non-corporate Nuclear Medicine Practice

INI will be entering its **twentieth year of service** to the Illawarra area in September 2007. Our commitment to private practice remains unchanged. We do not have any conflict of interest as our only policy directive is highest quality patient care. As part of our “continuous improvement” philosophy we are about to undergo yet another major upgrade to both the premises and equipment levels (see below).

Our **Smith Street rooms in Wollongong** have many attributes which make it the ideal location. It continues to enjoy **easy patient access** (wheelchairs via the rear entrance), **trouble free parking**, including disabled parking at rear (parking is now even better with the availability of the Collegians car park across the road) and of course **comfortable and spacious patient waiting and scanning areas**.

No lifts, no escalators, no worries!

## Refurbishment and Upgrading for Illawarra Nuclear Imaging (INI)

Your patients can look forward to enjoying the results of a major refurbishment of the INI rooms. Internal and external building works are about to commence to provide a major uplift to the building. Every part of the building is going to undergo renovation. Starting with a **new wheelchair access ramp to the front door** all the way through to **all weather access** through the car park level rear door, nearly everything in between will be modernised. We are looking forward to the next twenty years at this location and give an undertaking to ensure that we adopt the latest technology as it emerges.

Following building renovation we will be upgrading and installing new “State of the Art” diagnostic equipment.

## Watch this Space!!

Try this quick quiz:

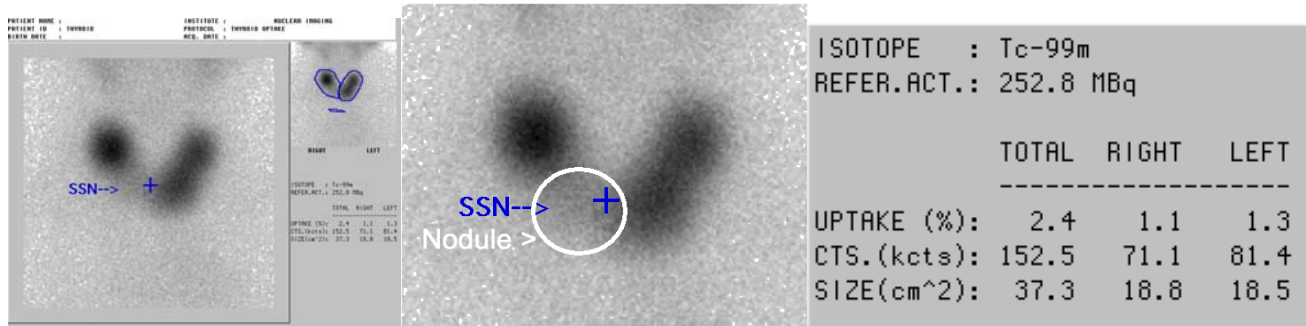
*What is this camera?  
(See next issue)*



*How does it improve  
diagnostic accuracy?*

## Case of the Month

Thyroid cancer has an age-adjusted incidence of approximately of 0.4 to 1/1000 (F>M) in the USA. A simple sodium pertechnetate ( $^{99m}\text{TcO}^{4-}$ ) thyroid study in a patient with a suspected thyroid nodule is still an effective, low cost screen for the detection of a 'cold nodule', which can then be considered for fine needle aspiration biopsy. In a normal thyroid study, the  $^{99m}\text{TcO}^{4-}$  is rapidly trapped inside thyroid cells. It then washes out without organification. The following scan demonstrates significantly reduced uptake of tracer in the inferior pole of the right lobe. In the clinical context of a painless swelling, this would require fine needle aspiration biopsy.



## The Utility of Prone Imaging in Myocardial Perfusion Scanning.

One of the standard complementary procedures undertaken within the Southern Nuclear Imaging Group of practices is **PRONE imaging of all Myocardial Perfusion scan patients**. This approach corrects for the presence of 'false perfusion defects' in the left ventricular inferior wall (due to the proximity of the diaphragm [See Figure 1] and adjacent hot gut activity) and anterior wall (due to breast tissue). This allows for a more accurate assessment for the presence of ischaemia or infarcts and hence enhances the accuracy of the myocardial perfusion study. The question it answers is: "is it a true defect or falsely attributed to attenuation" (JNM, 2003: p. 1638)?

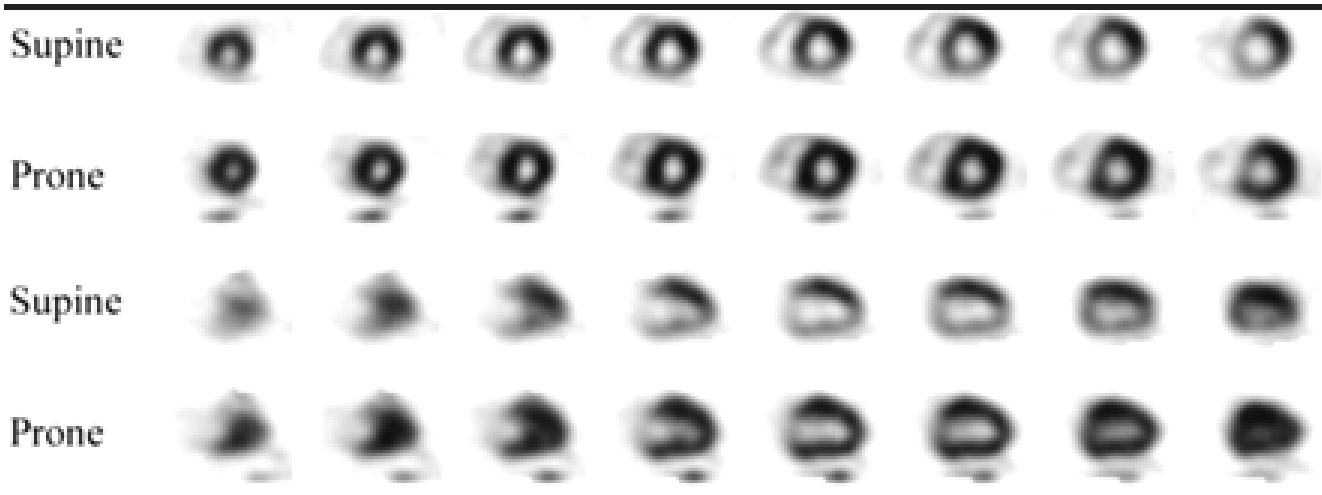


Figure 1 demonstrates a large perfusion defect in the inferior wall which "corrects" with prone imaging.

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