



## NEW SERIES

# Imaging in practice

**W**HICH TEST SHOULD I order for acute hemiparesis? For common bile duct stones? For right lower-quadrant pain? Should I order the test with intravenous (IV) contrast or without? What is positron emission tomography/computed tomography (PET/CT)?

Clinicians are confronted with these deceptively simple imaging questions in their everyday practice. Unfortunately, rapid advances in imaging technology—such as high-field magnetic resonance imaging, multi-detector CT, and PET/CT—have resulted in a myriad of imaging choices, too many for most busy clinicians to keep pace with.

For example, the introduction of multidetector helical CT has completely changed the assessment of pulmonary thromboembolic disease and has replaced both ventilation-perfusion imaging and diagnostic angiography in many instances. Yet every diagnostic study has advantages and disadvantages, and the best test for one patient may not be the best for another patient with similar but slightly different clinical findings.

This series aims to further the under-

standing of radiologic examinations and results as they pertain to everyday clinical practice.

Each article will begin with a presentation from an actual clinical case. The focus of each article is to review how imaging should be used to establish or exclude a particular diagnosis, with the emphasis on appropriately directing the care of the patient. Advantages and disadvantages of each imaging option will be discussed. And for those of you whose curiosity has been piqued and want to dig deeper into clinical radiology, references for further reading will be provided.

Subsequent topics will include:

- Evaluation of patients with suspected pulmonary embolism
- The patient with acute flank pain
- The patient with right lower-quadrant pain
- With or without IV contrast: what's the difference?

We also welcome suggestions for future topics, as the goal of this section is to answer the questions about radiologic imaging that our readers find most pressing.

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