Preaching to the Choir
Acknowledgements and Thanks

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Cardiology
Bill James

- Founder of SABERmetrics
- You’ve probably seen Moneyball (the movie)
- Employed by the Red Sox
Rob is on kind of the campaign now to help keep small town Post Offices open. They are being closed name of efficiency. "How many bombers would we have to give up," Rob asked, "to maintain Post Offices in our smallest towns?"

Why is it always bombers we have to give up? This nation spends a hell of a lot more on totally unnecessary medical tests than it does on bombers.

Why doesn't anyone ever want to give up a radiologist?
• I would like to ask Dr. Muse to review the radiographic findings and to specifically describe the location, size, and number of lesions and the presence or absence of cavitation or calcification.

• It would be informative to know whether the margins of the lesions are are well demarcated or poorly defined and whether the lesions have a peri-bronchovascular distribution.
Describe a Radiologist
Describe a radiologist
Creating Victory From Defeat

Learn how one former Super Bowl champion turned his darkest hour into a promising career in radiology.

There is nothing more than that John Michels, MD, loves to do than play football. From his days as the Pro Bowl Linebacker for the San Francisco 49ers and one of the Super Bowl-winning teams for the Green Bay Packers, football was the love and passion of his life. But when an unexpected injury suddenly ended his career, he didn’t retreat to the sidelines, he got back out on the field in a different way—a radiologist.

Q: How did you become interested in playing football?

A: My mother grew up in Texas and was a huge football fan. I played a few seasons of soccer as a child, which benefited my mother’s health. She finally asked me if I wanted to play football and, of course, said “Yeah.” I was one of the worst players on my team as a kid. A still hard-core bowl-overer. As I grew into my tall body as a sophomore in high school, I began to have a lot of success in the game. I knew that at that time if I worked very hard, I might be able to play at the next level.

Q: Why did you decide to pursue football professionally?

A: Like many young boys, I dreamed of playing in the Super Bowl when I grew up. It wasn’t until after my junior year of high school, when I started receiving recruiting letters from many universities, that the real possibility of playing at the next level entered my consciousness. I chose USC in large part because of my childhood dream of playing in the Rose Bowl and the fact that they went more players to the NFL than any other university.

Q: Share your experiences as an athlete in the NFL.

A: Getting drafted in the first round of the 1996 NFL draft was a dream come true. To watch the draft live on ESPN and then to hear my name called by Paul Tagliabue (the NFL Commissioner at the time) was surreal. I became a starter instantly in the NFL and helped the Green Bay Packers win the Super Bowl in my rookie year. I earned NFL All-Rookie honors and was named the Packers’ Rookie of the Year. Later that year, our team went to the White House and I had the opportunity to meet President Bill Clinton. I was even invited to throw out the first pitch on opening day for the Milwaukee Brewers.

However, it wasn’t all fun and glory. There was the constant battle with injury. Training and rehabilitation required long, hard, often painful hours every day. There was a lot of blood, sweat, and tears and the constant threat of losing my job. The media (and) great when you played well but bad when you didn’t!

Q: What did it feel like to be part of a Super Bowl-winning team?

A: Sometimes I still wonder if it was all a dream. Actually having won a Super Bowl still feels surreal. Sometimes it’s all a dream at any Super Bowl. You know that I was so blessed to have had that experience.

As a team, it was an amazing combination of superstars, without superstar attitudes. We played, won, and lived as a team. We all cared and everyone loved each other. It was an amazing season and we had the time of our life.

Q: How did your injury change your career?

A: It was the end of training camp in 1996. We had lost to the Oakland Raiders over the weekend and our coaches were pretty upset about the way we had played. We had raised the night before and our coaches were yelling at us about warms the players equipment on the field that day. I never played in long coats. I always wore long-sleeved turtleneck shirts.

However, that day, I was not about to get screamed at over any chairs. At the end of every practice, we did a lot of push-ups and I was up against Yancey Holliday who was the first round draft choice that year. As I was doing push-ups, Yancey made an inside move and got the inside shoulder pad. My right knee stuck in the ground and my entire body twisted and twisted around 90 degree. I instantly felt to the ground in excruciating pain. I was carted off the field and taken to the hospital to get an MRI. I tore my ACL, MCL, and lateral meniscus and took a quarterback’s shot of cartilage and bone off of the tibial bone of my femur.

Q: How did you feel after you discovered that this injury would end your career?

A: I underwent six surgeries over the next two years as an attempt to get back on the playing field. When I finally saw the writing on the wall that my football career was over, I was devastated. I thought that the rest of my life was behind me, all at the age of 27 years old.

Q: Why did you decide to go into diagnostic radiology?

A: I knew that I wanted to have another career that I was passionate about. My wife and I sat down and made a list of possible careers we could see our future. The list was medical and included careers such as ER nurse, college professor, pilot, painter, and lawyer. To my surprise, my wife said, “What would you do with a great doctor?” We both laughed and said how that would be a stupid question, considering how long and hard the journey would be. However, at the end of the day, when we evaluated our gifts and passions, becoming a physician was not the perfect fit.

I chose diagnostic radiology during medical school. After examining several different specialties, I felt that I had found the right fit. Radiologists are a lot like offensive linemen. They are the consummate team players who do not receive a lot of glory or recognition for their work. In fact, like offensive linemen, the only time you could tell a radiologist’s name is when you make a mistake. However, both radiologists and linemen play an essential role in the overall success of the team. They make the team better. And their satisfaction is not derived by personal fame or glory, but comes from being part of the team.

IN PRACTICE

“Sometimes I still wonder if it was all a dream. Actually having won a Super Bowl still feels surreal. I sometimes sit and stare at my Super Bowl ring, amazed that I was so blessed to have had that experience.”

—John Michels, MD

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Following a fall from a ladder, Patrick Coleman was rushed to the operating room at Massachusetts General Hospital (MGH), trailed not only by a trauma surgery team but also by an ABC News film crew. The details of Mr. Coleman’s fall were unclear, but what became apparent as the scene unfolded was that Mr. Coleman was dying. He was profoundly hypotensive and losing massive amounts of blood. Despite receiving bag after bag of blood products, Mr. Coleman remained in critical condition. Approximately 1 hour and 30 minutes later, Mr. Coleman continued to crash.

The trauma surgeon was packing Mr. Coleman’s abdomen with multiple sterile towels to stop the internal hemorrhage but to no avail. The trauma team then discovered that the blood loss seemed from injuries to the vessels of his pelvis. After the bleeding was halted (which was not shown), Mr. Coleman’s condition stabilized, and he was transferred to the intensive care unit (ICU). Viewers then encountered a much different Patrick Coleman. Two weeks had passed, and no longer in the ICU, he is sitting up in his hospital bed talking with the trauma surgeon who tended to him that fateful night. Mr. Coleman expresses his sincere gratitude for the surgeon’s efforts while the surgeon emphasizes how lucky Mr. Coleman is to be alive.

Wow! The MGH trauma surgeons saved the day, and ABC News was there to capture the story as it unfolded. This report lost its all-drama, suspense, and a happy ending. But is the story accurate?
HISTORY:
- Trauma, pelvic bleed

REPORT:
- POSTTRAUMATIC PELVIC BLEED EMBOLIZATION

OPERATORS:
- Dr. Shams Iqbal
- Dr. Peter Choud
- Dr. Sanjeeva P Kalva

Dr. Sanjeeva P Kalva was present for the entire procedure

CONSENT:
- Implied consent

Radiation Exposure: The procedure was performed in the OR 24.

Fluoroscopy Time: Not recorded min.
Dose: mGy
Dose Area Product (DAP):
Number of Spot films:

ANESTHESIA: the procedure was performed under GA

TECHNIQUE:
The patient was prepped and draped in a sterile fashion. The
right common femoral artery was punctured in a retrograde fashion
and a 5F wire was advanced into aorta. A 6 French pigtail sheath
was exchanged for the needle. Through the sheath a 5F cobra1
catheter was introduced and used to select the left internal iliac
artery. A DSA run was performed showing active extravasation
in the pelvis. The left internal iliac artery was embolized using
Gelfoam slurry. A post embolization run showed no extravasation
in the pelvis and complete occlusion of the left internal iliac
artery. The cobra catheter was pulled back and a Wallman loop was
formed, and this was used to select the right internal iliac
artery. Again a DSA run was performed showing extravasation in
the pelvis. Embolization of the right internal iliac artery was
performed with Gelfoam slurry. Post-embolization DSA run showed
complete occlusion of the branches of the right internal iliac
artery. At this point the blood pressure of the patient improved.

The cobra catheter was pulled out and the sheath was left for
arterial access as requested by the surgeons. There were no acute
complications.

FINDINGS:

IMPRESSION:
1. Angiogram of bilateral internal iliac arteries showing
   extravasation in the pelvis
2. Gelfoam embolization of bilateral internal iliac arteries
3. Postembolization angiography showed no contrast extravasation
   in the pelvis

In accordance with the department policy, the teaching physician,
Dr. Sanjeeva P Kalva has reviewed all images, and edited the
report as required.

RADIOLOGISTS:
- IQBAL, SHAMS I MD
- KALVA, SANJEEVA P MD

SIGNATURES:
- KALVA, SANJEEVA P MD
He is a 43-year-old gentleman who is status post a fall in the past with a pelvic injury. He presents now for follow up. He has been doing well and is back to his normal activity.