DEDICATION

TO MY SON WILLIAM CHARLES HOOK, MD, FORMER B52 PILOT AND MECHANICAL ENGINEER TURNED PHYSICIAN. HOPEFULLY THE OLD MAN CAN STILL TEACH THE KID A FEW THINGS.
ACKNOWLEDGEMENTS

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I should not be surprised at the skills demonstrated by my son, Paul Hook, computer whiz extraordinaire, who saved me many hours of frustration during computer glitches in the preparation of this manuscript. I am grateful!

Not to be excluded are those dedicated teachers of my past including the late Professors of Radiology Drs. Ben Felson, Lee Theros, Stew Imes, and Johan Eriksen as well as current star Mo Reeder. There are many more too numerous to list. You know who you are. To all of you I give heartfelt gratitude for a lifetime of learning and fun.
INTRODUCTION
After 30 plus years of teaching the fundamentals of film interpretation to radiology residents, and more recently, family practice residents and medical students, it is with some dismay that I see more and more pressure to provide quickie courses in a matter of days or even hours to nurse practitioners, physician’s assistants, and interested others, who then, armed with a few simple rules, disappear.

I hope, (but suspect otherwise) they are not thrown upon an unsuspecting public as fully capable of rendering radiological opinions, but then, I’ve heard it said, everyone is an expert these days.

Teleradiology, a nearly fully developed reality, will someday ease the pressure from educators, ER physicians, and unavailability of immediate radiological consultation in rural settings. Teleradiology and/or Picture Archiving and Communication Systems (PACS) will also relieve the additional pressures from out patient satellite clinics, administrators and the demand for immediate answers in busy practices. I bemoan the current practice of unread films disappearing from the department because administrators, in an effort to keep service ahead of the competition, cater to the demands of clinicians who insist on a first look at studies, quality control often not included before the patient leaves the department. We have for the most part corrected this problem by having the films hand carried to a diagnostic radiologist before the patient is released. And this is one problem that will disappear with digital radiology and PACS.

I am also sad about some of the ever-changing aspects of the practice of medicine where technology has become a substitute for thinking. Some doctors no longer talk to, but even more important, no longer listen to their patients. Medical imaging studies should be used for confirmations of clinical impressions. Let’s not get the x-ray and lab studies and then, if all else fails, do a history and physical! Most patients will tell you what is wrong with them if you will just ask the right questions, and a thorough PE will point you in the right direction. Yet, day after day we receive orders for imaging studies in the high tech modalities for patients who often have not only not been examined properly, but have not even had a simple plain film radiograph!

Oh well, I could expound for hours on what is wrong in medicine and medical education. (I guarantee if I ever become the czar of medical education, the rotating internship will return!) However, there is a lot of “what’s right” in medicine too. I have always been of the “see one, do one, teach one” school, and have never felt that knowledge should not be shared with anyone interested, regardless of turf wars or other motives. For that reason we will proceed with this manual which my wife, Linda, an experienced RN, calls “Radiology for Dummies”, and insert the disclaimer that the tips herein are not intended as a substitute for expertise.

William F. Hook, MD
Carefree, AZ. December 2000.