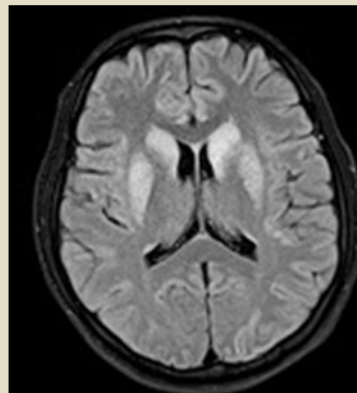
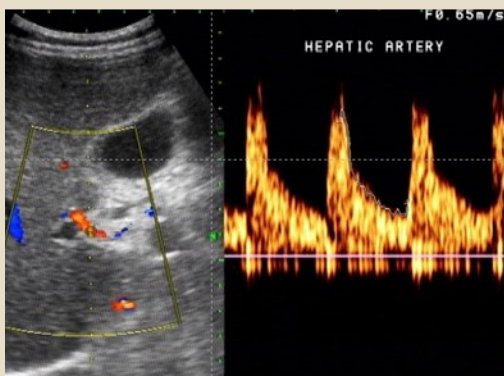
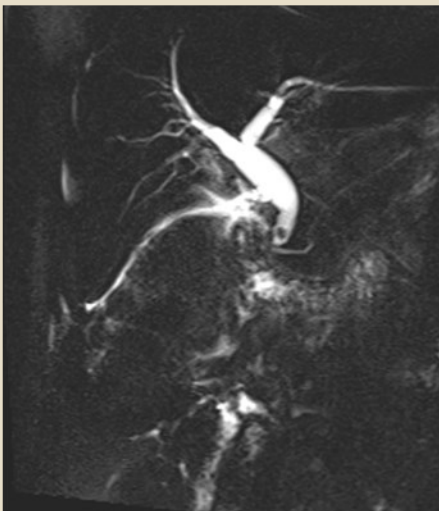
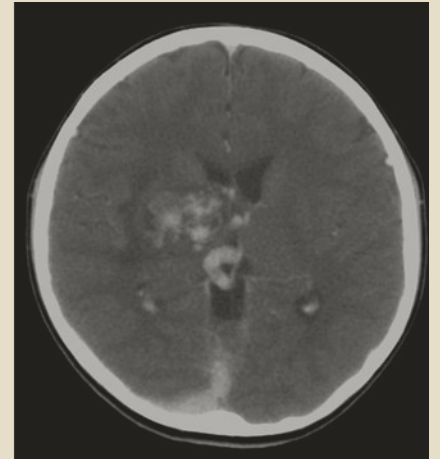
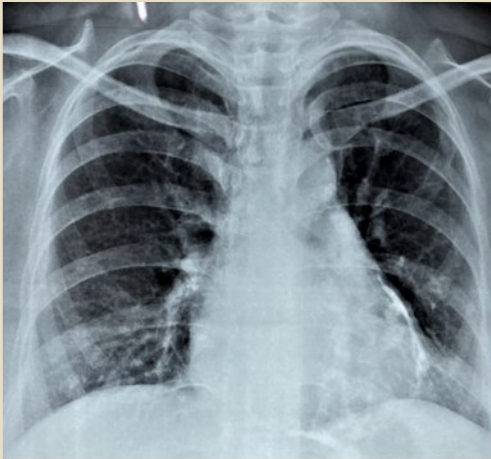




Waves

**WAVES: THE OFFICIAL PERIODICAL OF
CALCUTTA ACADEMY OF RADIOLOGY
VOLUME V, ISSUE IV, DECEMBER 2024**



WAVES

**THE OFFICIAL PERIODICAL OF CALCUTTA ACADEMY OF RADIOLOGY
VOLUME V, ISSUE III, DECEMBER 2024**

Joint Editors: Dr. Anup Sadhu, Dr. Bijon Kundu and Dr. Viral Parekh.

Joint Editors: Dr. Viral Parekh, Dr. Bijon Kundu and Dr. Anup Sadhu



Waves

WAVES: THE OFFICIAL PERIODICAL OF
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Editorial: Dr. Viral Parekh

Radiologists often find themselves in a challenging position within the healthcare ecosystem, particularly in hospital settings where their contributions are frequently overlooked. Unlike clinicians who directly interact with patients and are often viewed as the face of medical care, radiologists operate behind the scenes, interpreting imaging studies and providing critical diagnostic information. This lack of visibility can lead to a perception that they are not direct revenue generators for the hospital, resulting in diminished recognition and support for their work.

In many private hospitals in Kolkata, this issue is exacerbated by inadequate facilities and resources allocated to radiology departments. The focus on financial gain often overshadows the essential roles that radiologists and pathologists play in the healthcare continuum. While clinicians who refer patients to hospitals receive significant attention, support, and resources, radiologists are left to navigate a system that does not fully appreciate their expertise and contributions. This disparity highlights a broader trend within the healthcare industry, where the financial aspects of patient care can overshadow the critical importance of accurate diagnostics.

It is essential to recognize that radiologists and pathologists are integral to the diagnostic process. Their expertise is crucial for delivering accurate diagnoses, which clinicians rely on to formulate effective treatment plans for their patients. Without the insights provided by radiologists, the quality of patient care could be compromised, leading to potential misdiagnoses and inappropriate treatments. Therefore, the neglectful attitude towards radiologists must be addressed.

To combat this discrimination and advocate for equitable treatment, radiologists across the country should unite. By coming together, they can raise awareness about the vital role they play in patient care and push for necessary changes within hospital systems. This collective effort can help ensure that radiologists receive the recognition, resources, and support they deserve, ultimately leading to improved patient outcomes and a more balanced approach to healthcare delivery. It is time for the medical community to acknowledge the indispensable contributions of radiologists and to foster an environment where all specialists are valued for their expertise and dedication to patient care.

We appreciate the help of Dr. Bhavin Jankharia and Dr. Mayukh Bhattacharya in bringing out this issue of this periodical and we invite every Radiologist to be a part of this academic publication.



Section I Cases by Dr. Bhavin Jankharia

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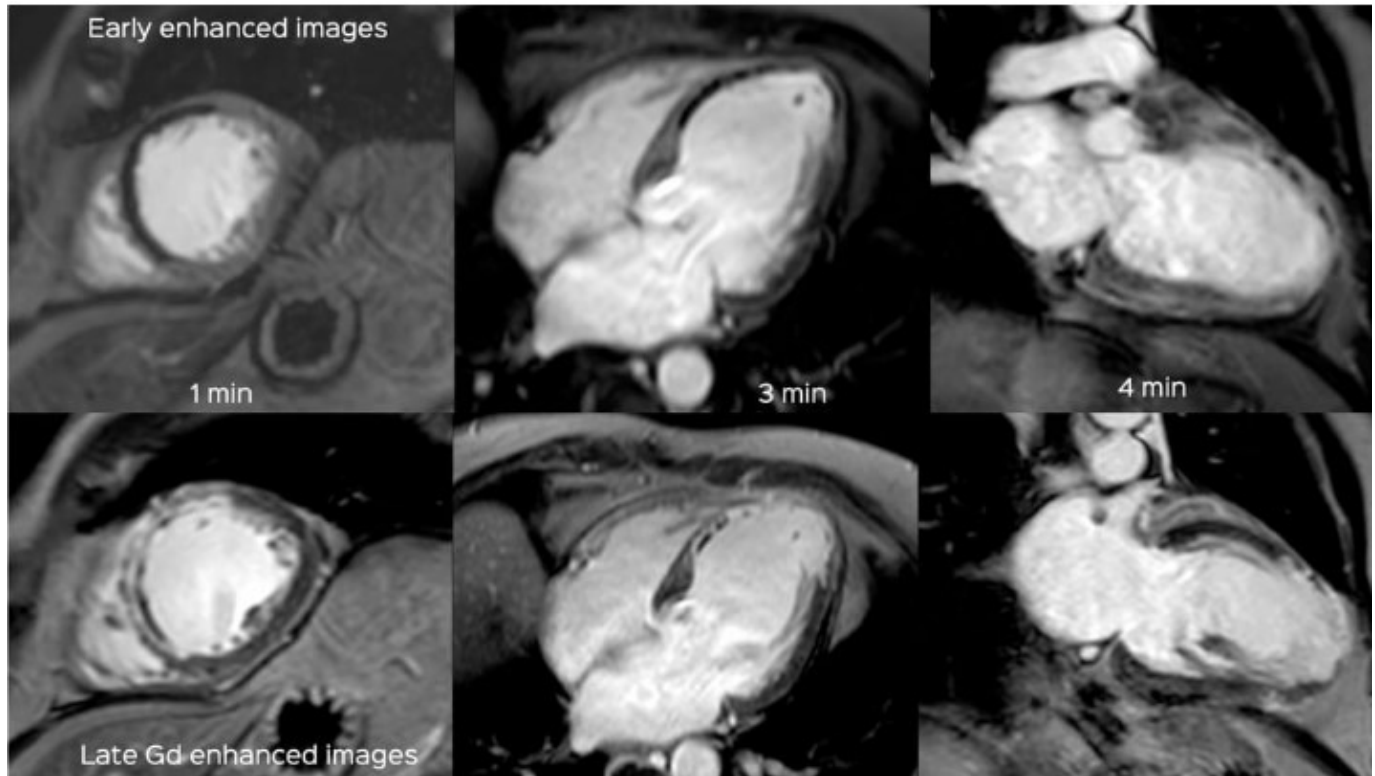
Dr. Bhavin Jankharia is a well-known figure in the Radiology community, recognized for his expertise and contributions to Radiology education. Currently serving as a Consultant Radiologist at Picture This by Jankharia and as a Trustee of the Radiology Education Foundation, he has graciously agreed to share his knowledge with us. With his wealth of experience and expertise, Dr. Jankharia's insights and knowledge are invaluable resources for those in the Radiology community.

Here is a brief overview of his accomplishments:

- **Authored 5 books, 35 chapters, and 57 articles listed on PubMed**
- **Presented 32 posters**
- **Delivered over 1500 invited lectures spanning 27 years**
- **Served as the Editor-in-Chief of the Indian Journal of Radiology & Imaging from 2007 to 2012**
- **Published his latest book "Computed Tomography of Interstitial Lung Diseases" in 2019**
- **Holds the position of Honorary Visiting Consultant in Radiology at Tata Medical Centre, Kolkata**
- **Previously held the role of President of the Indian Radiology & Imaging Association in 2014.**

Dr. Bhavin Jankharia, MD.

Case I : Early darkness



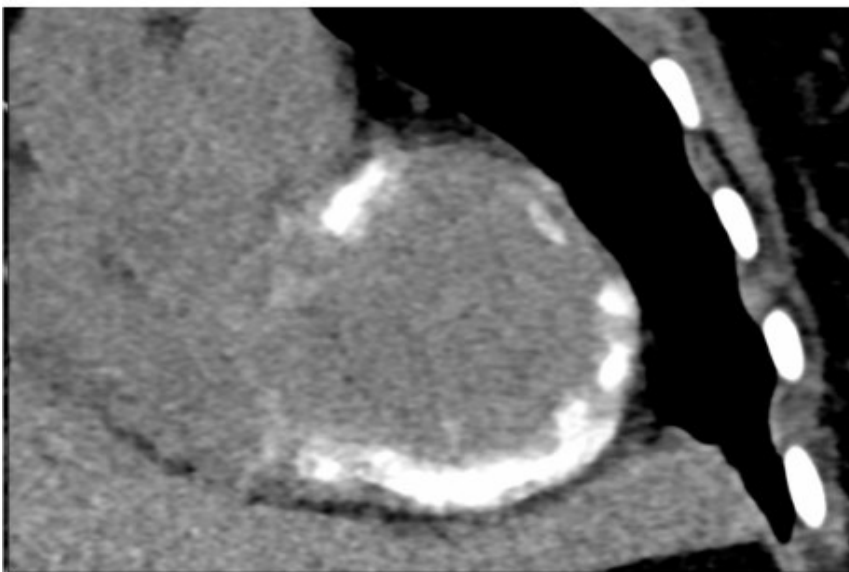
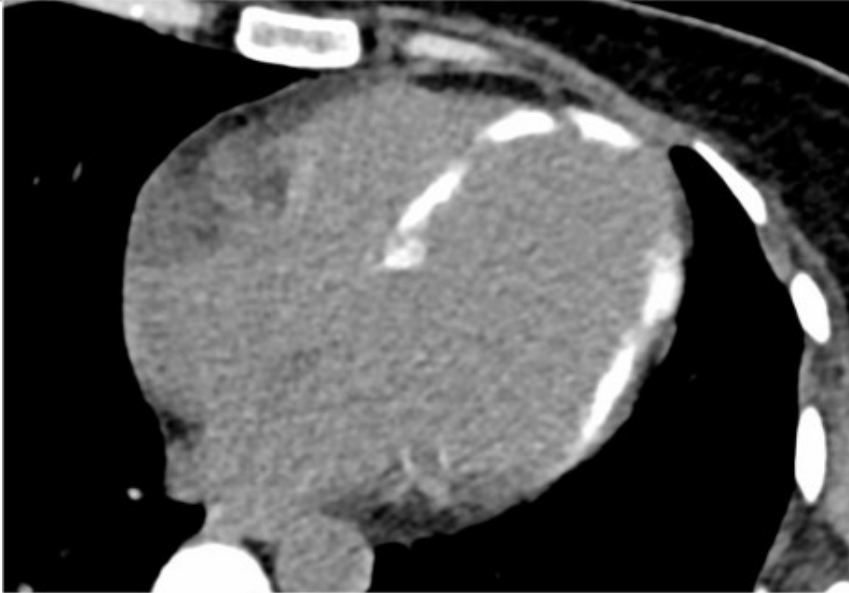
You may access the full discussion regarding the case by scanning this QR code to view the video.



A 53-year-old patient presented with thrombotic occlusion of the left anterior descending artery (LAD) as observed in angiography, occurring one day following a ST-elevation myocardial infarction (STEMI). Cardiac magnetic resonance imaging (CMR) was performed eight days post-infarction, revealing distinct characteristics in both early and late gadolinium enhancement images.

Dr. Bhavin Jankharia, MD.

Case II : Sepsis related dystrophic myocardial calcification



You may access the full discussion regarding the case by scanning this QR code to view the video.

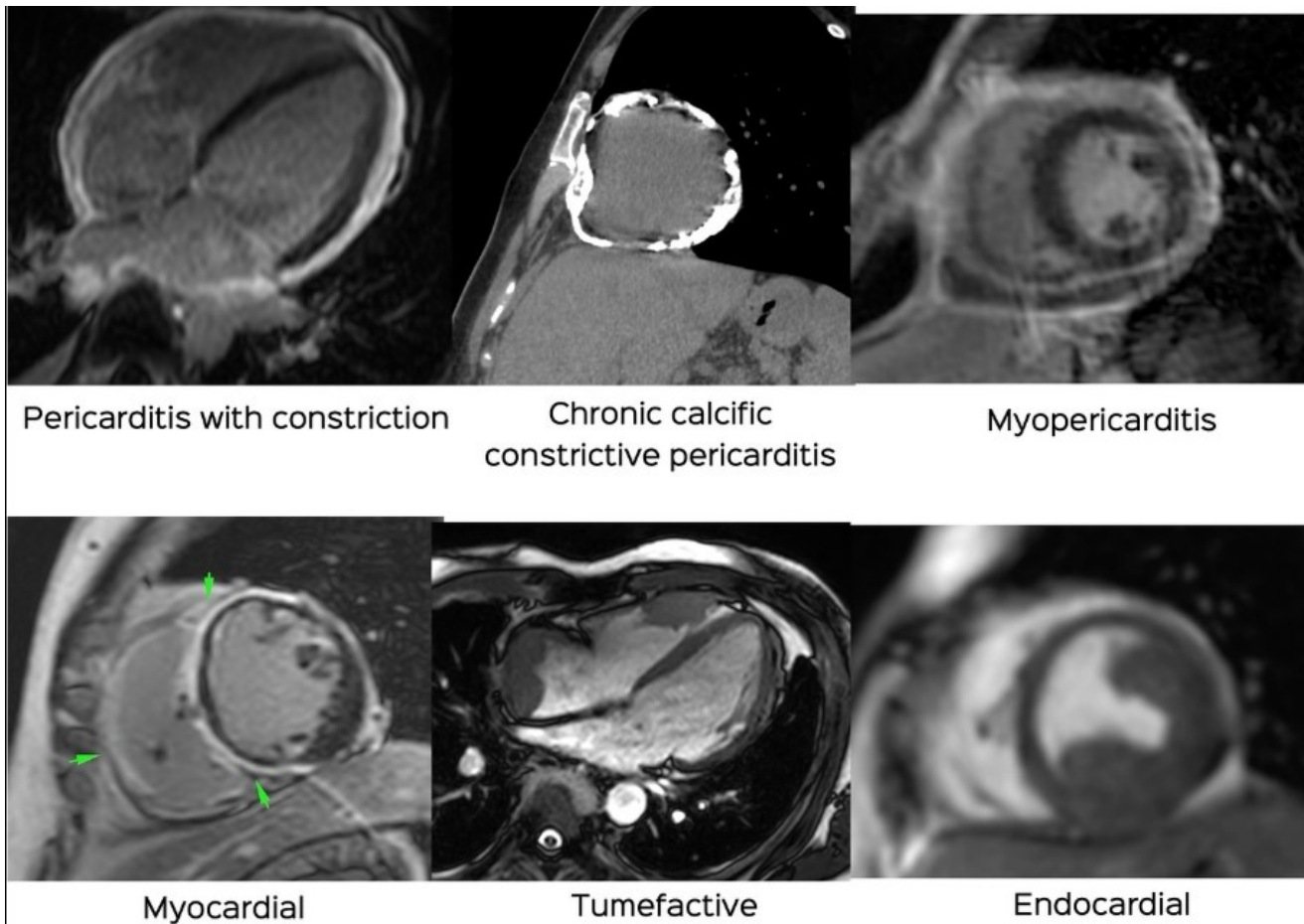


A 45-year-old individual presented for a chest and abdominal CT scan due to abdominal symptoms, during which diffuse myocardial calcification was incidentally discovered. This finding is atypical, particularly given the patient's medical history, which includes a near-fatal episode of sepsis accompanied by multi-organ failure. It is likely that the observed myocardial calcification is a result of dystrophic calcification associated with the previous sepsis.

The various aetiologies of myocardial calcification, as well as other forms of calcification within the heart—such as pericardial, myocardial, valvular, intra-luminal, and coronary calcifications—are examined in detail in an accompanying video, the link to which is provided.

Dr. Bhavin Jankharia, MD.

Case III : The many faces of Cardiac Tuberculosis.



You may access the full discussion regarding the case by scanning this QR code to view the video.



Tuberculosis (TB) is well-documented in various anatomical locations; however, the manifestation of TB in the heart remains relatively obscure. This condition is often eclipsed by sarcoidosis in discussions surrounding granulomatous cardiomyopathy, and there is a notable deficiency in understanding regarding phenomena such as tumefactive TB.

The video presents several cases of cardiac TB, encompassing involvement of the pericardium, myocardium, and endocardium, as well as mixed presentations.



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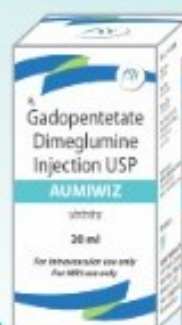
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Section II

Unusual case

Duplication of Middle Cerebral artery - A rare entity

Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

Welkin Medicare &

Ramrik Neurointensive care Hospital

Kolkata.



Dr. Mayukh Bhattacharya
MBBS, MD
Consultant Radiologist
Welkin Medicare and Ramrik Neurointensive care Hospital
Kolkata.

Dr. Mayukh Bhattacharya has had a distinguished career in the field of medicine, starting with his academic achievements at Medical College Kolkata where he graduated with an MBBS and was a Gold Medallist. His dedication and hard work continued as he pursued further education, obtaining his MD from VSS Medical College, Sambalpur in 2008.

Throughout his career, Dr. Bhattacharya has gained valuable experience working at prestigious institutions such as NIMS Hyderabad and KIMS Odisha. His expertise and commitment to patient care have led him to his current position as a private practitioner in Kolkata, where he is affiliated with corporate hospitals and Diagnostic chains.

In his current role as the unit head at Welkin Medicare and Ramrik Neurointensive care Hospital, Dr. Bhattacharya specializes in Thoracic Radiology and Musculoskeletal MRI. His focus on these areas of medicine allows him to provide specialized care and diagnostic services to his patients, ensuring they receive the highest quality of treatment.

Dr. Bhattacharya's dedication to his profession and his ongoing pursuit of excellence make him a highly respected and sought-after medical professional in the Kolkata area. His commitment to patient care and his expertise in his field make him a valuable asset to the medical community.

Duplication of Middle Cerebral artery - A rare entity

Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

**Welkin Medicare and Ramrik Neurointensive care Hospital
Kolkata.**

Duplication of Middle Cerebral artery - A rare entity

The middle cerebral artery (MCA) is the most complex and largest cerebral artery and the most vital as well as it supplied the most developed part of the brain - the neocortex. From embryological viewpoint, the MCA is actually thought to be a collateral branch of the ACA. MCA anomalies are also the least common among all the cerebral vessels. The MCA anomalies have been classified as: duplicated MCA, duplicated origin of MCA, accessory MCA, unfused or twig-like MCA (difficult to differentiate from unilateral moyamoya disease) and fenestration. The total incidence of all MCA anomalies in humans is 0.2 to 4 %.

We reported a case of duplicated (DMCA) in a 60-year old male patient who presented with acute onset left gangliocapsular-paraventricular infarct and was referred to our unit for a CT angiography. The angiogram showed a type B DMCA on left side where a duplicated vessel was found to course parallel to the main MCA trunk and subsequently entered the Sylvian fissure with supply to temporal lobe. The acute onset basal ganglia infarct was also present. In addition, there was mild focal stenosis in distal most portion of ipsilateral cervical ICA segment. The DMCA showed no significant focal stenosis. No aneurysm was detected. Posterior circulation was unremarkable.

CLINICAL IMPLICATIONS:

DMCA incidence is believed to be around 0.2%-2.9% on autopsy and invasive angiography series. It is not to be confused with accessory MCA. Accessory MCA term is used when the extra vessel originates from ACA while duplicated artery is a direct branch of ICA. There are two types of DMCA- type A originates from top of ICA, while type B arises between top of ICA and origin of anterior choroidal artery.

It is generally believed that DMCA's themselves have no clinical relevance. However, aneurysms have been reported at the origin of DMCA - type B more frequently associated with aneurysm presumed to be because of higher hemodynamic stress.

The DMCA is also believed to supply collateral blood flow to frontal lobe and basal ganglia through perforator branches. Cerebral infarctions have been reported with stenosis or occlusion of only one branch of the DMCA. In interpretation of suspected MCA territory infarction, this kind of MCA variation must be kept under consideration.

Lastly, identification of DMCA is critical prior to surgical dissection of associated aneurysms. Care should be taken to preserve this vessel during surgery as it is an important part of cerebral blood supply.

Duplication of Middle Cerebral artery - A rare entity

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Kolkata.

Duplication of Middle Cerebral artery - A rare entity

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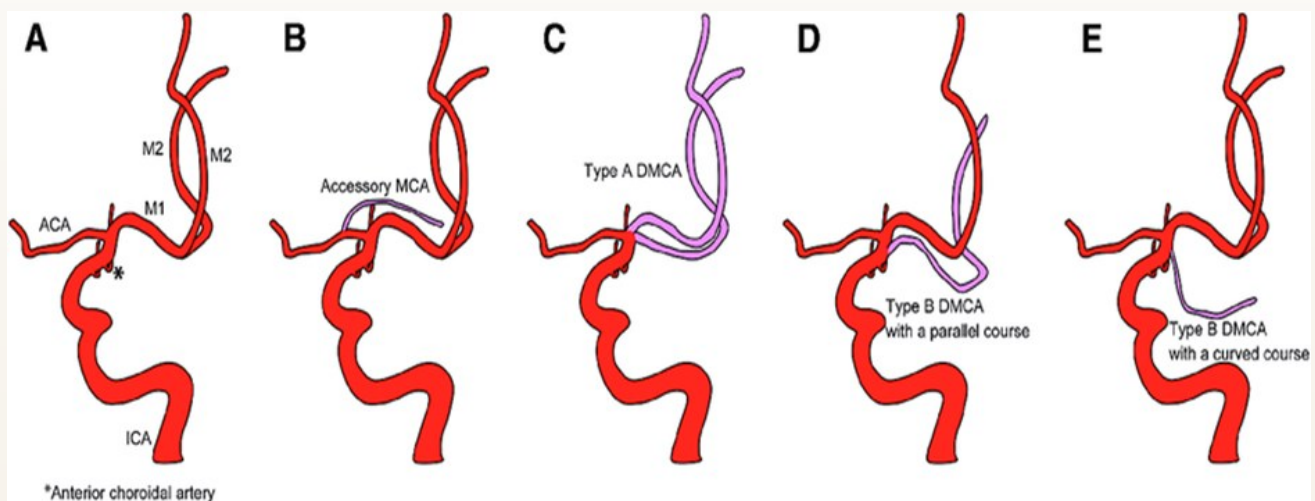


Figure 1:

Variations in MCA anatomy

Duplication of Middle Cerebral artery - A rare entity
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Duplication of Middle Cerebral artery - A rare entity

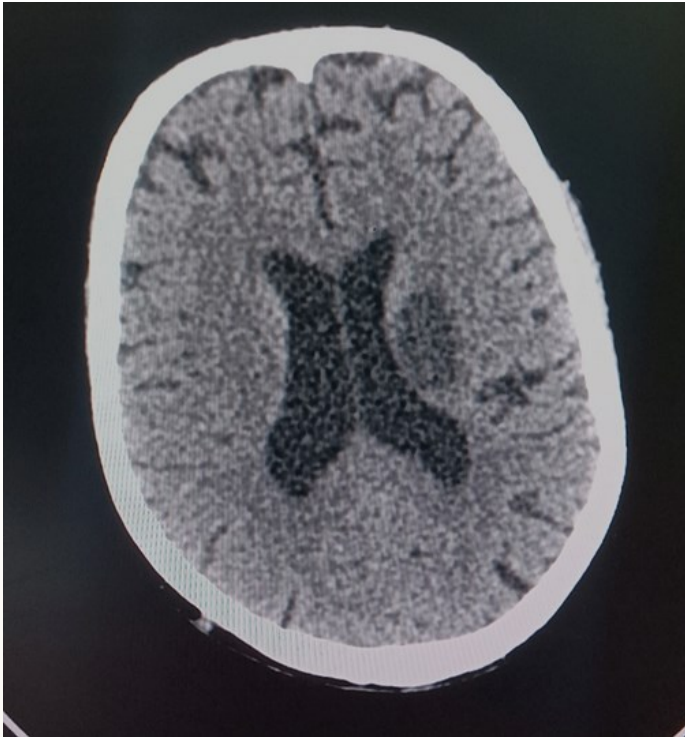


Figure 2:

Plain CT showing left gangliocapsular infarct.

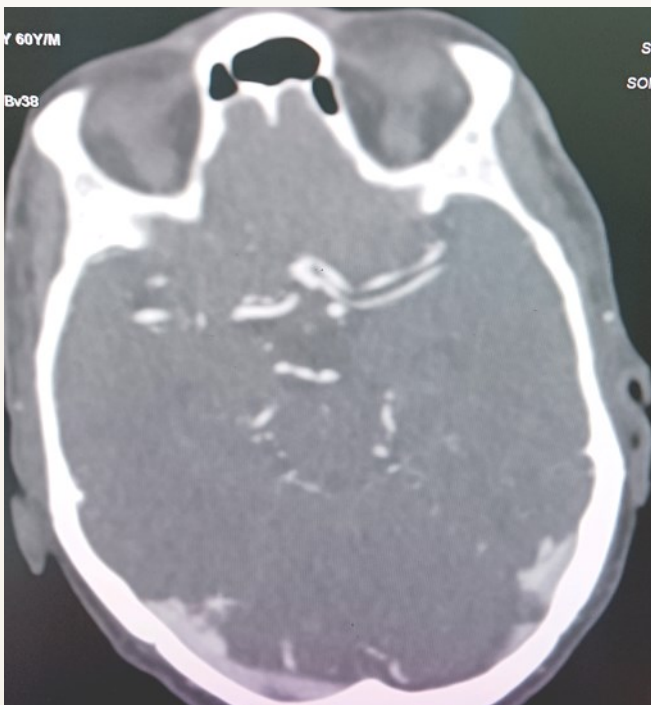


Figure 3:

CT angiography showing duplicated left MCA

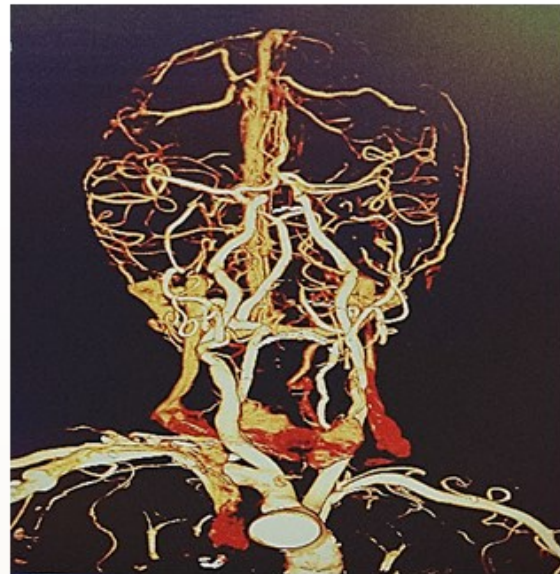
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Kolkata.

Duplication of Middle Cerebral artery - A rare entity



Figures 4, 5 & 6:

**VRT 3D CT showing left
DMCA and mild focal steno-
sis in left distal cervical ICA**

Section III

Saphenopopliteal junction: Radiological anatomical variations and their implications

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Welkin Medicare &

Ramrik Neurointensive care Hospital

Kolkata.

**Saphenopopliteal junction: Radiological anatomical variations
and their implications**

Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

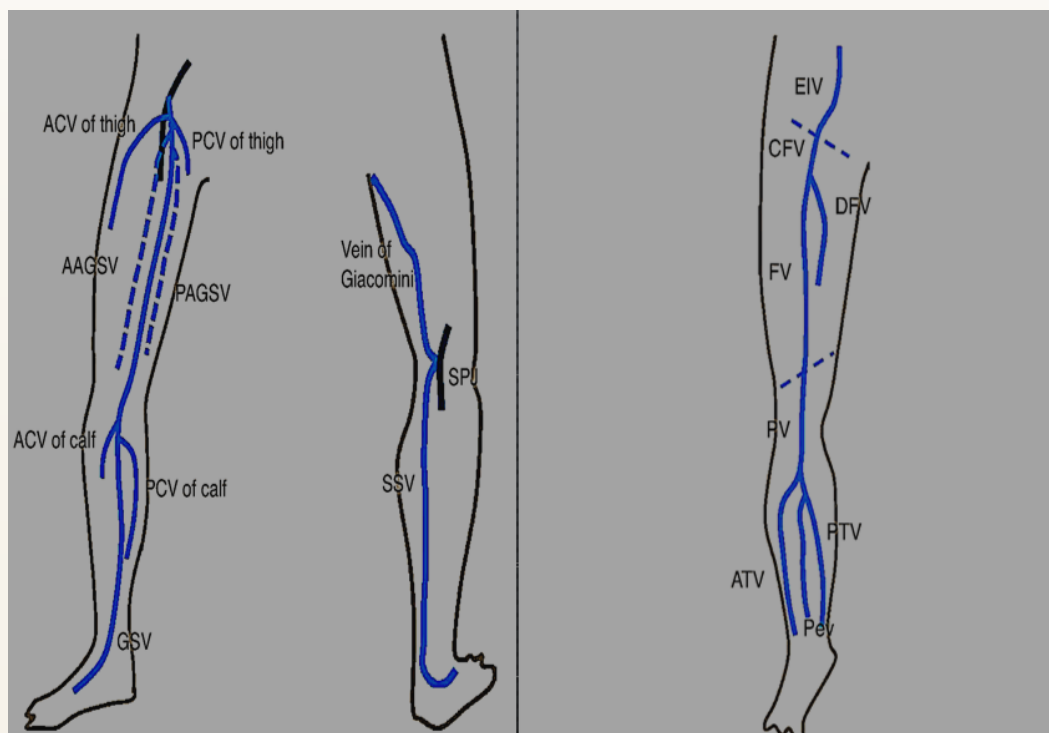
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Aims & Objectives:

The objective of this study is to assess the various anatomical variations of the saphenopopliteal junction (SPJ) and to investigate any potential correlation between SPJ incompetence and the termination level of the small saphenous vein (SSV), whether it is positioned low or high.

Methods & Materials:

- The research was conducted by a sole operator across two distinct multidisciplinary diagnostic centres located in Kolkata, spanning a duration of three years from September 2022 to August 2024.
- A total of 79 patients presenting with varicose veins were assessed in both supine and standing positions.
- The equipment utilized included the Samsung RS80A and VOLUSON E10, employing a linear array transducer with a frequency of 5 MHz or higher, highlighting the trade-off between image resolution and beam penetration.

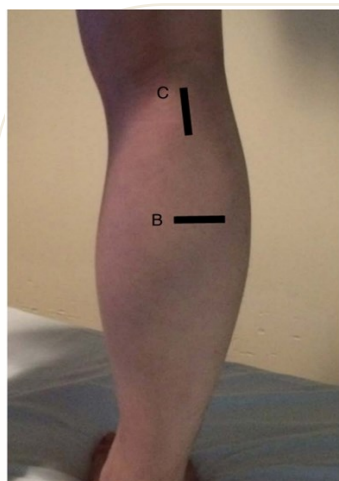


**Saphenopopliteal junction: Radiological anatomical variations
and their implications**

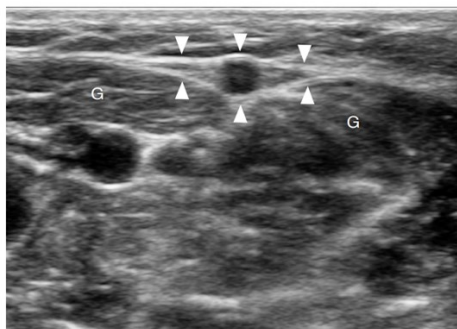
Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

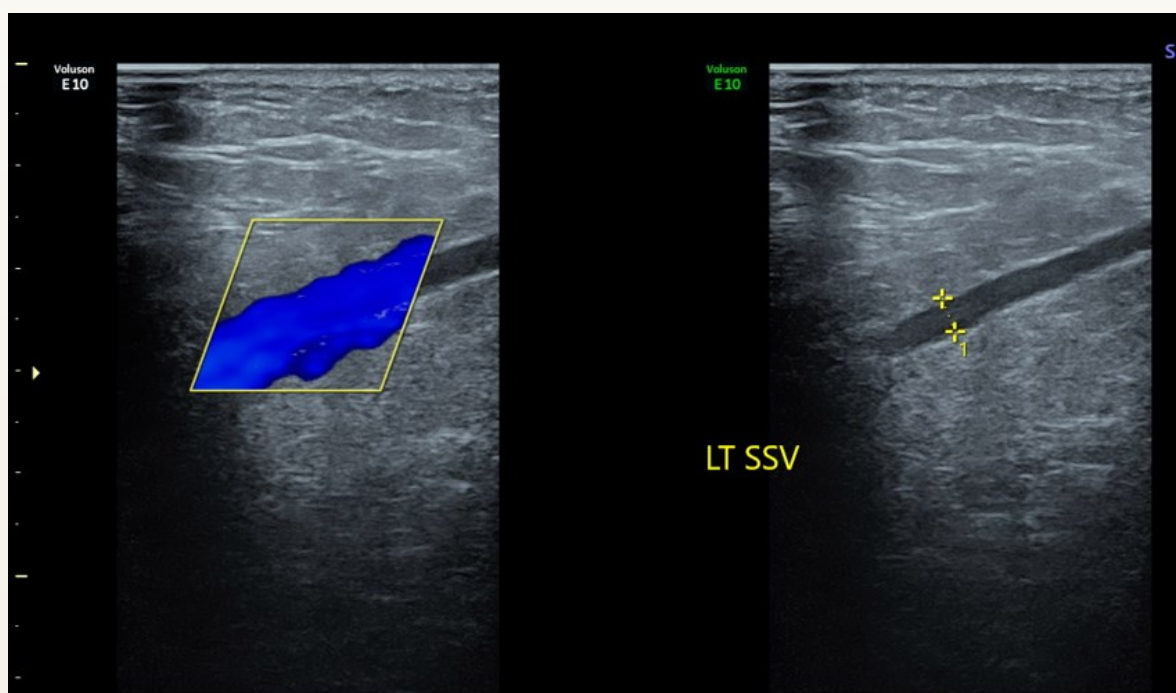
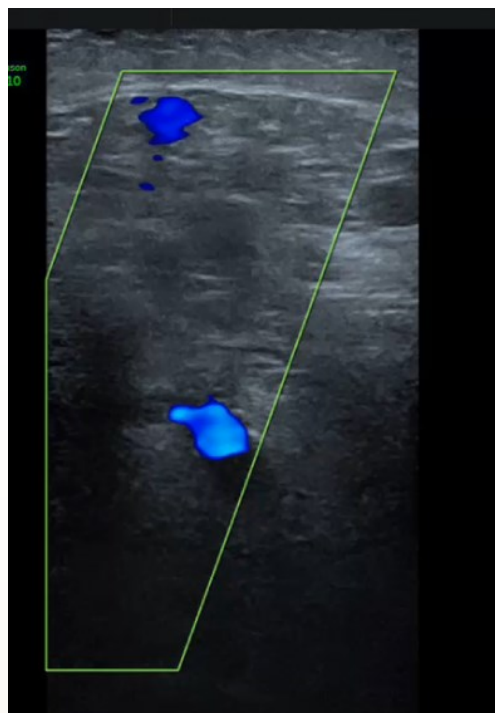
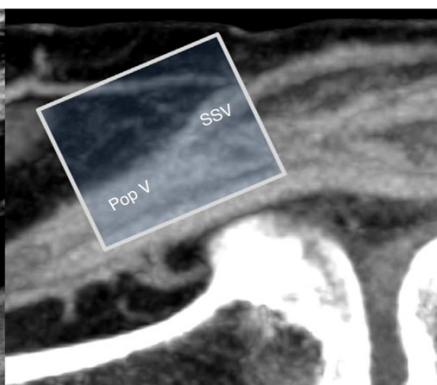
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A



B



Saphenopopliteal junction: Radiological anatomical variations and their implications

Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

Welkin Medicare and Ramrik Neurointensive care Hospital

Results:

Location of SPJ	No. of Cases (n=79)
Normal anatomical position	25 (31.6%)
High up termination of SSV	29 (36.7%)
Cross less SSV (no junction)	21 (26.6%)
Low junction of SSV with Popliteal vein	4 (5.1%)

SPJ location	SPJ competent (n=70)	Incompetent (n=9)
Normal	18 (72%)	7 (28%)
High up	28 (96.5%)	1 (3.5%)
Cross less	21 (100%)	-
Low	3 (75%)	1 (4%)

SPJ location	SPJ competent (n=70)	SPJ incompetent (n=9)
High up (type 2 anastomosis)	28 (40%)	1 (11.1%)
Rest (type 1, type 3)	42 (60%)	8 (88.9%)

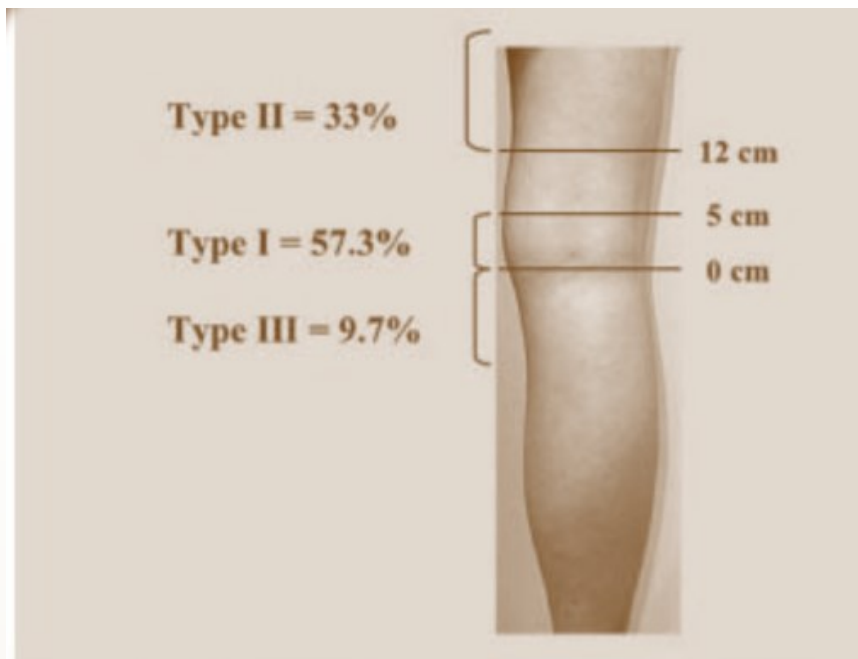
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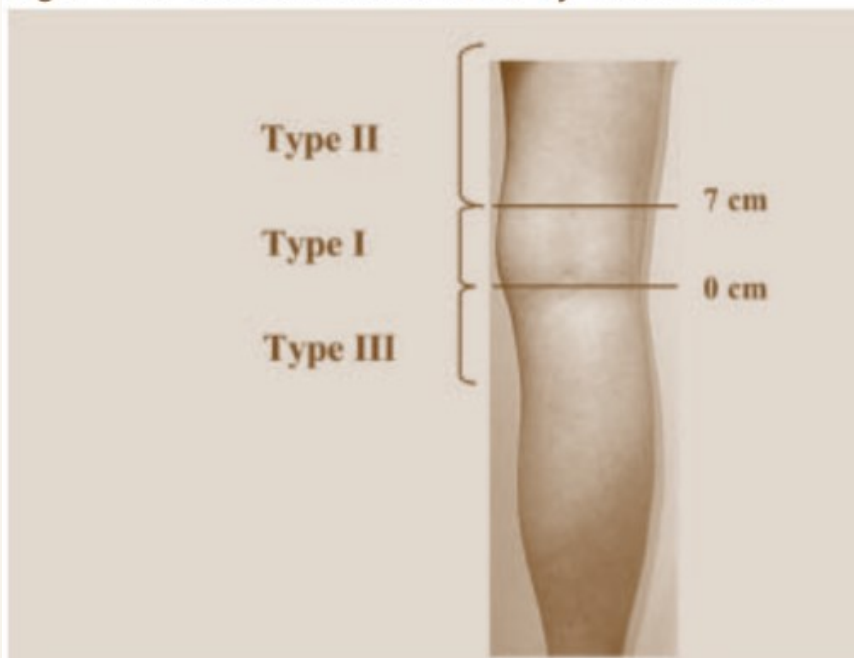
Discussion:



**KOSINSKI CLASSIFI-
CATION**

- Type 1 anastomosis = SPJ within 0 to 5 cm from popliteal bend
- Type 2 anastomosis = SPJ >12 cm from popliteal bend
- Type 3 anastomosis = located below popliteal bend

Figure 1. Classification used by Kosinski.⁵



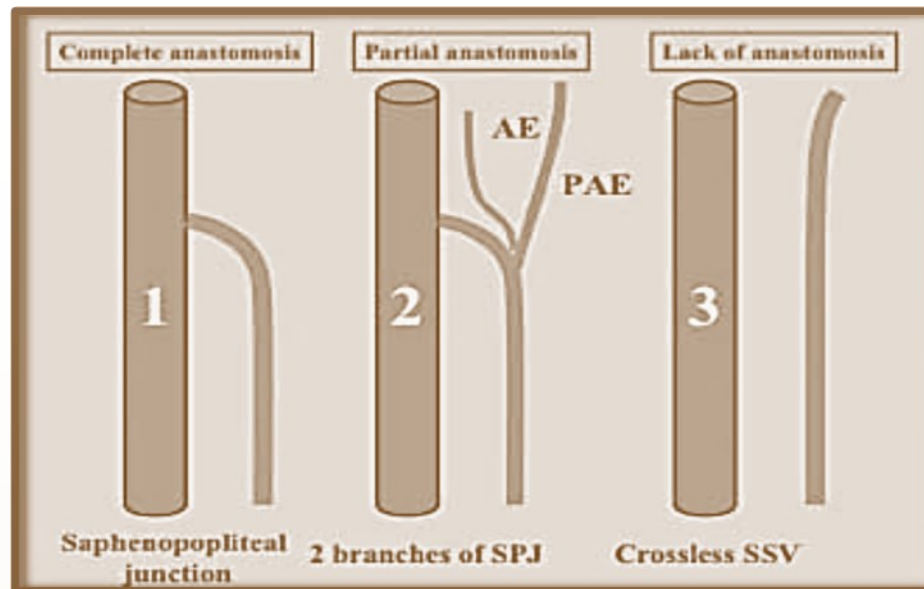
**Saphenopopliteal junction: Radiological anatomical variations
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MBBS, MD, Consultant Radiologist

Welkin Medicare and Ramrik Neurointensive care Hospital

Discussion:



Variations in morphological anatomy

- The typical configuration of the short saphenous vein (SSV) involves a direct connection to the deep venous system without any extensions.
- A frequently observed variation includes the SSV exhibiting both axial and post-axial extensions.
- Another morphological variant is characterized by the absence of anastomosis between the popliteal vein and the SSV, resulting in a cross-less formation.

**Saphenopopliteal junction: Radiological anatomical variations
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Welkin Medicare and Ramrik Neurointensive care Hospital

Discussion:

- The investigation revealed that among nine patients exhibiting SPJ incompetence, eight (88.9%) had the SPJ positioned either normally or lower than expected, while only one patient (11.1%) presented with a high position indicative of valvular insufficiency. Previous studies by Sugrue (1988), Engel (1991), and Sahary (1996) reported that 80%, 78%, and 93.7% of patients with incompetent SPJ had a type 1 anastomosis, defined as SPJ located within 0 to 7 cm, respectively. Conversely, high positioning of the SPJ was observed in only 19%, 15.4%, and 2.2% of cases with SPJ insufficiency.
- Our study did not reveal a statistically significant difference between the proportions of patients in the SPJ competent and incompetent groups. These findings align with those reported by Sugrue et al. (n=21). However, Engel's study (n=62) demonstrated a significant statistical difference between the two groups.
- Limitations of our study, including the smaller sample size and reliance on a single operator, may account for the discrepancies in outcomes when compared to other studies from a statistical perspective.
- The increased likelihood of valvular insufficiency in the short saphenous vein (SSV) situated within the popliteal fossa can be elucidated through the embryological development of the SSV and the femoropopliteal venous system.
- Generally, the formation of the superficial venous system precedes that of the deep veins, leading to the earlier emergence of the SSV compared to the popliteal vein.
- The developmental timeline indicates that the initial superficial venous network is established by six weeks of intrauterine growth, while the deep veins begin to form by the ninth week, resulting in a well-defined configuration of three venous networks in a 10 mm embryo: the superficial postaxial system (SSV), the superficial secondary preaxial system (great saphenous vein), and the deep venous networks associated with the femoropopliteal region.

**Saphenopopliteal junction: Radiological anatomical variations
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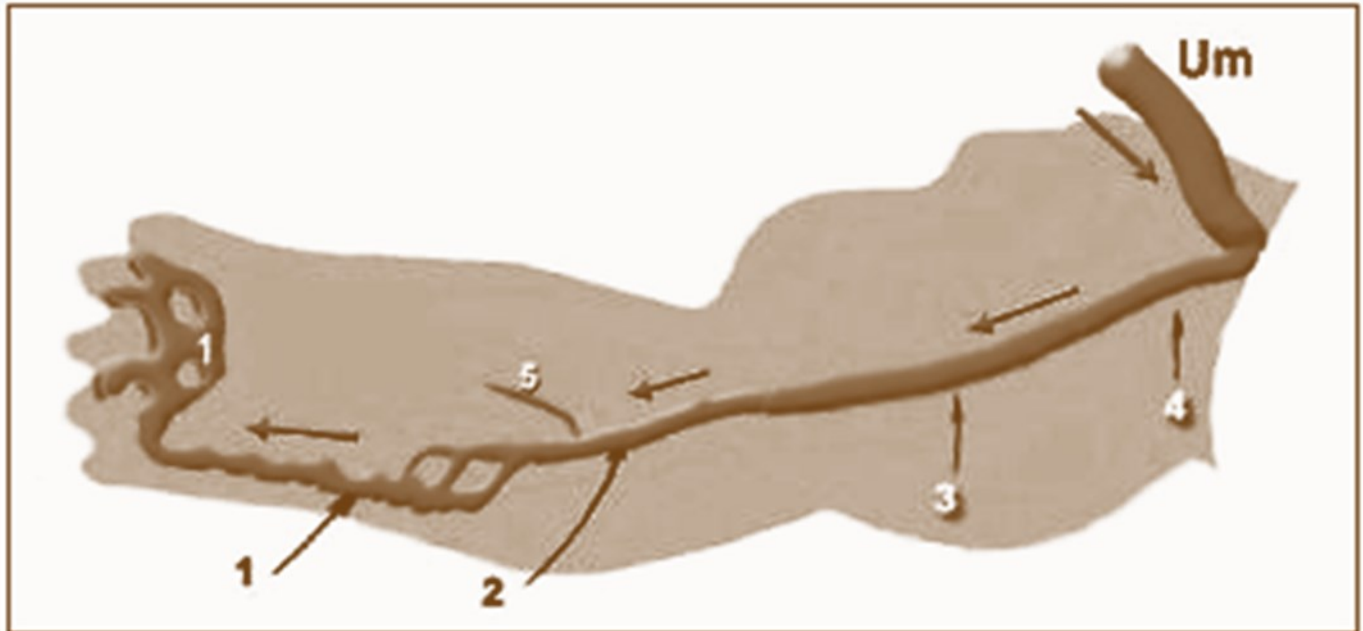
Discussion:

- Venous drainage in the developing embryo begins through the postaxial venous system, extending from the limb bud to the pelvic region, with the small saphenous vein (ssv) linking to the pelvic venous network via the postaxial and ischiatic veins.
- At the 20 mm stage of embryonic development, there is a transition in venous drainage from the postaxial ischiatic system to the preaxial iliac venous system.
- By the 35 mm stage, the ssv detaches from the ischiatic vein and instead drains into the great saphenous vein (gsv), culminating in the 50 mm embryo where the venous configuration resembles that of postnatal anatomy, with the SSV's connection to the popliteal vein shifting caudally throughout fetal development.
- The development of venous structures is closely associated with the formation of the neural network in the lower extremities, particularly involving the sciatic nerve and the axial venous system.
- The preaxial femoral nerve, along with its sensory branch represented by the saphenous vein, is accompanied by the preaxial venous plexus.
- The posterior cutaneous nerve is linked to the postaxial venous plexus, establishing a connection between neural and venous systems.
- The interconnections among these venous plexuses culminate in the establishment of a mature venous network, characteristic of adult anatomy.
- The initial ventral anastomosis between the axial venous plexus below the knee and the preaxial plexus above leads to the formation of the popliteal vein, while a subsequent dorsal anastomosis facilitates the saphenopopliteal communication.

**Saphenopopliteal junction: Radiological anatomical variations
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Welkin Medicare and Ramrik Neurointensive care Hospital



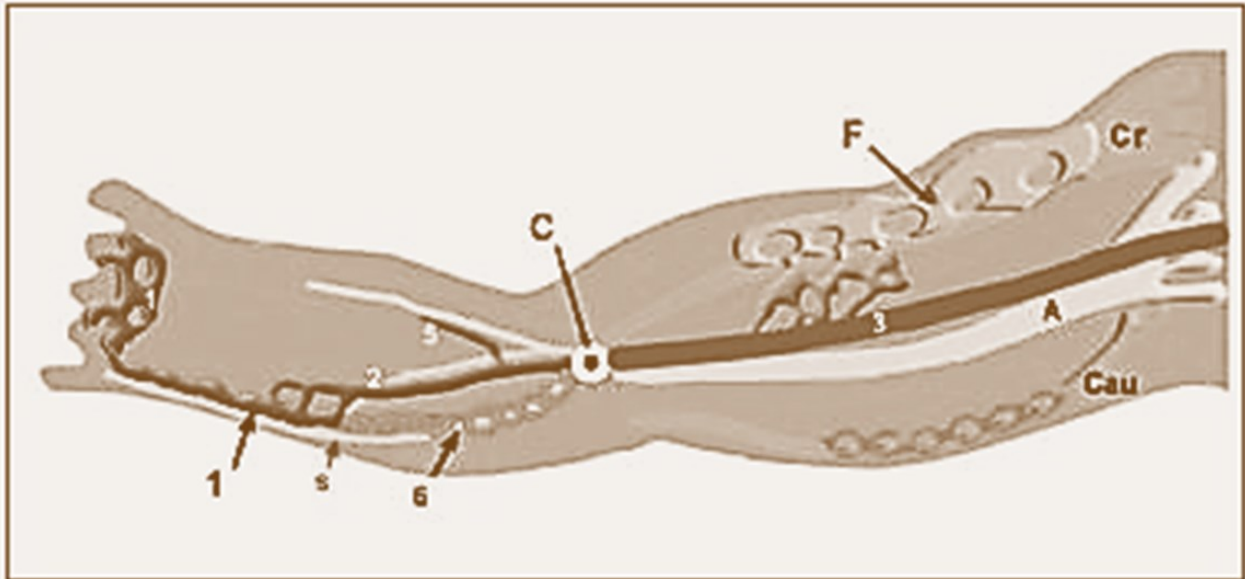
- At the fifth week of development, the primitive veins associated with the limb are supplied by the umbilical vein, which carries oxygen-rich blood; this results in a blood flow that moves from the base to the tip of the limb, as indicated by the black arrows.
- Consequently, the formation of veins occurs prior to that of arteries, which are responsible for returning blood from the limb, as illustrated by the red arrows.
- The following abbreviations are used: 1 for the primitive marginal vein, 2 for the primitive fibular vein, 3 for the primitive axial vein, 4 for the primitive ischiatic vein, 5 for the primitive anterior tibial vein, and Um for the umbilical vein.

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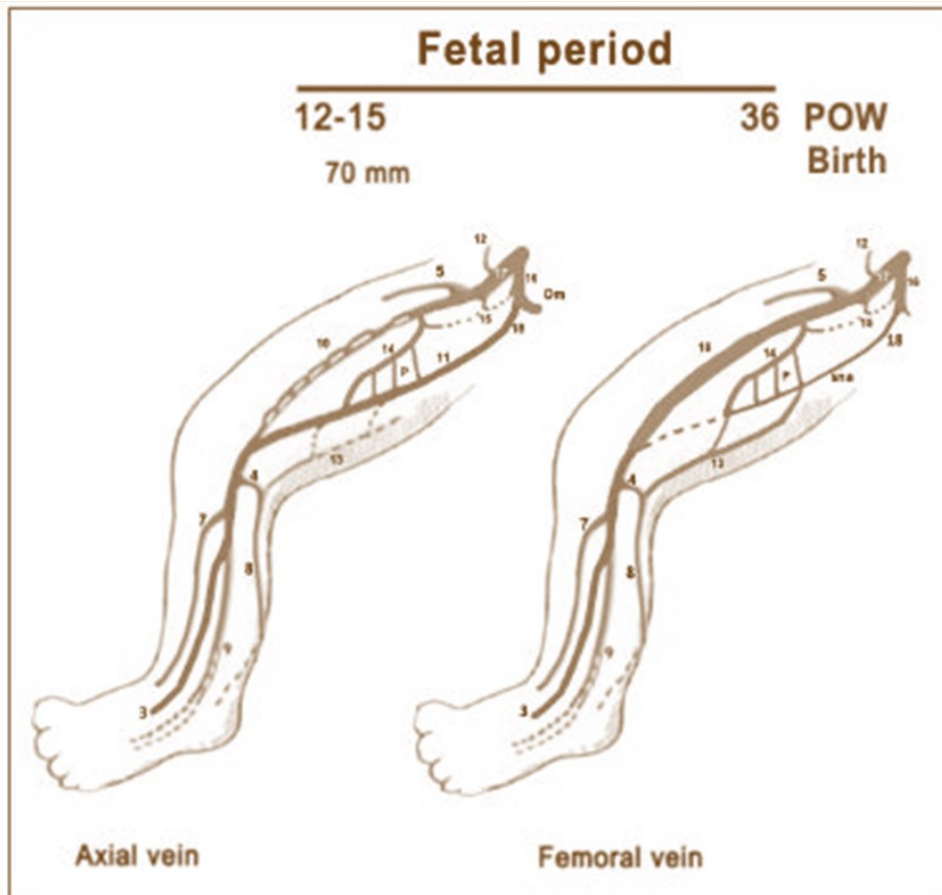
Growth of the three angio-guiding nerves at week 6.
Abbreviations: 1, primitive marginal vein; 2, primitive fibular vein; 3, primitive axial vein; 5, primitive anterior tibial vein; 6, intergemellar vein (vein of the sural nerve); A, axial (sciatic); C, popliteal crossroad; Cau, caudal (small sciatic); Cr, cranial (femoral); F, femoral plexus; purple, caudalplexus; s, sural nerve.

**Saphenopopliteal junction: Radiological anatomical variations
and their implications**

Dr. Mayukh Bhattacharya

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- The diagram illustrates the summary of fetal development during the period following week 8, highlighting the primitive veins in purple. It is observed that between weeks 9 and 15, the fetus typically exhibits a prominent axial vein, while the femoral vein appears smaller and takes on a plexiform shape.
- As development progresses, the axial vein transforms into a minor arcade structure adjacent to the sciatic nerve, whereas the femoral vein evolves into the primary venous trunk of the thigh in most cases at birth, often accompanied by a collateral canal.
- The figure includes various abbreviations for anatomical structures, such as fibular veins, great saphenous vein, and external iliac vein, providing a comprehensive reference for understanding the vascular changes occurring during this developmental stage.

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Phylogenesis and ontogenesis

- The short saphenous vein (ssv), being the oldest vein, exhibits a robust diameter and thick walls at its inception, which contributes to its reduced vulnerability to reflux disease.
- In large quadrupedal mammals, the ssv serves as the primary superficial vein responsible for draining the lower limb into the pelvic veins, with a significantly high junction with the deep vein.
- In contrast, in bipedal species such as apes and humans, the ssv is no longer the principal superficial vein in the leg, as this role is assumed by the great saphenous vein (gsv). The junction of the ssv with the popliteal vein occurs at a lower position, specifically at the level of the popliteal fossa, reflecting adaptations to bipedal locomotion.
- The embryological and evolutionary regression of the ssv in humans has resulted in a decline in its functional capacity.
- The evolutionary theory regarding the functional regression of the ssv elucidates the morphological alterations observed in the vein, such as its reduced diameter, and the progressive descent of the saphenofemoral junction (spj) level in humans, which correlates with an increased risk of ssv reflux disease. Thus, a lower spj is associated with a heightened likelihood of developing venous incompetence.

Surgical Implications:

This research underscores the significance of the observation that an incompetent superficial femoral vein junction (spj) is predominantly found within the popliteal fossa. Surgeons infrequently encounter incompetent junctions situated significantly above the popliteal fossa. In instances of high spj reflux accompanied by varices, there is typically an associated element of pelvic venous insufficiency. In cases of recurrent varices in the popliteal fossa following short saphenous vein (ssv) surgery, the long stumps that contribute to disease recurrence are frequently situated within the popliteal fossa rather than at higher anatomical locations. Dissection of high spj is challenging and often leads to long stumps that are inadequately resected; however, this rarely results in the recurrence of reflux disease.

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Conclusion:

While no statistically significant difference was found in the percentages between the spj competent and spj incompetent groups concerning the anatomical location of the Saphenopopliteal junction, it was noted that an incompetent SPJ frequently coincided with a normal or low termination of the short saphenous vein (SSV). This observation could assist surgeons in strategizing both endovascular and open surgical procedures for patients experiencing SPJ valvular insufficiency, as well as in forecasting the likelihood of varicose vein recurrence in the popliteal fossa and posterior leg following surgical intervention.

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Section IV

CAR commemorated the International Day of Radiologists in a distinctive manner by acknowledging the significant contributions of Radiographers to the field of diagnostic radiology.



The organization honoured Mr. Anil Kanti Datta, the most senior radiographer at 85 years of age. Born on September 18, 1939, he completed his ISC at Ashutosh College in Kolkata. Mr. Datta received his training in radiography from the Government of West Bengal at SSKM Hospital, where he worked from 1963 to 1965. After resigning from his government position, he transitioned to the private sector, establishing his own X-ray clinic. Over the years, he has trained numerous radiographers and has also provided voluntary services in various districts of West Bengal, including charitable organizations.





Minati Seal radiographer of Students Health Home also felicitated on 8th Nov 2024 IDOR by CAR



Tushar Kanti Roy felicitated by CAR on 8th Nov 2024 at Students Health Home a charitable organization in Kolkata for Students



QR code of Calcutta Academy of
Radiology YouTube channel



QR code of Calcutta Academy of
Radiology Website



Section V

**E-learning: Links of YouTube teaching videos and
About Us.**

**Hyperlinks and QR codes of academic material published on YouTube by
Calcutta Academy of Radiology**

1	Imaging of acute Pancreatitis—Dr. Anirudh Kohli	
2	USG of rotator cuff - Dr. P. K. Srivastava	
3	PET CT Physics - Dr. Sikandar Sk.	
4	PET CT in Neurology - Dr. Sikandar Sk.	
5	CAR - Case of the week - Case 1 - Megalencephalic leukoencephalopathy with subcortical cysts. - Dr. Viral Prekh	
6	CAR - Case of the week - Case 2 - Adenocarcinoma of terminal ileum - Dr. Viral Parekh	
7	CAR - Case of the week - Case 3 - Stener lesion - Dr. Nivedita Chakraborty	
8	CAR - Case of the week - Case 4 - Anterior shoulder dislocation - Dr. Nivedita Chakraborty	
9	CAR - Case of the week - Case 5 - Secondary intracranial hypotension. - Dr. Viral Parekh	

**Hyperlinks & QR codes of academic material published on YouTube by
Calcutta Academy of Radiology**

10	CAR - Case of the week - Case 6 - Intramyocardial Dissection - Dr. Ritu Agarwal	
11	CAR - Case of the week - Case 7 - Radiation Necrosis and BT - RADS - Dr. Nivedita Chakraborty	
12	CAR - Case of the week - Case 8 - Undisplaced right ulnar styloid base fracture - Dr. Nivedita Chakraborty	
13	CAR - Case of the week - Case 9 - Hypoglycaemic encephalopathy. - Dr. Viral Parekh	
14	CAR - Case of the week - Case 10 - Myocardial annular dysjunction - Dr. Ritu Agarwal	
15	CAR - Tribute to Wilhelm Conrad Roentgen - Immortal Roentgen.	
16	CAR - Case of the week - Case 11 - Dacryocystocele with anatomy of Nasolacrimal apparatus. - Dr. Viral Parekh	
17	CAR - Case of the week - Case 12 - Tubercular osteomyelitis - Dr. Nivedita Chakraborty	

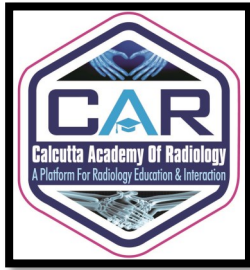
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18	CAR - Case of the week - Case 13 - Marchiafava Bignami disease - Dr. Viral Parekh	
19	CAR - Case of the week - Case 14 - Parosteal Sarcoma - Dr. Nivedita Chakraborty	
20	CAR - Case of the week—Case 15 - Adrenal haemangioma - Dr. Viral Parekh	
21	CAR - Case of the week - Case 16 Patellar GCT - Dr. Nivedita Chakraborty	
22	CAR - Case of the week - Case 17 - MEN Syndrome - Dr. Sayan Sarkar	
23	CAR - Case of the week - Case 18 - Langerhans cell histiocytosis - Dr. Sayan Sarkar	
24	CAR - Case of the week—Case 19 - Hepatic angiomyolipoma - Dr. Viral Parekh.	
25	CAR— Case of the week - Case 20 - Cirrroid aneurysm - Dr. Viral Parekh	

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Calcutta Academy of Radiology**

26	CAR CME - Heart Anatomy	
27	CAR- Case of the week - Case 21 - Pancreatic metastases - Dr. Viral Parekh	
28	CAR - Case of the week - Case 22 - Intrapulmonary teratoma - Dr. M. Bhattacharya	
29	CAR- Case of the week - Case 23 - Gall stone ileus - Dr. Viral Parekh	

We have just unveiled our website cal-academy-radiology.in dedicated to sharing our educational resources. Be sure to explore the site and stay informed. Additionally, you can connect with us on WhatsApp, Telegram, and YouTube. Don't hesitate to share your own cases for a chance to be showcased on our channel.



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**A Platform For Radiology
Education & Interaction**

The Calcutta Academy of Radiology was founded on the 8th of November 2019, the International Day of Radiology, specifically, with the aim of promoting Radiology education for both Residents and practicing Radiologists.

Since then, we have been actively engaging on WhatsApp and Telegram, where members from around the globe have participated in discussions on thousands of cases, allowing us to share experiences and support one another. These social media platforms have proven to be invaluable learning tools.

In February 2020, we successfully organized a half-day CME focusing on GI Radiology. Subsequently, another CME on Neuroradiology was held in July 2022. We have intentions to host more CME programs in the future.

Furthermore, our presence on YouTube enables us to regularly share teaching videos, contributing to the dissemination of Radiology knowledge as widely as possible.

Next issue will be published in February 2025

We release our periodical every two months, so the next edition of "Waves" is set for February 2025. We are in search of compelling cases and original content from our Radiology colleagues, which will be selected based on their quality. We invite all of you to contribute to this publication. Please send your material in Word format with high-resolution images, as well as your photo and workplace details and email address. The deadline for submissions is July 15th, 2024. You can email the Word file to the provided address or share it via WhatsApp using the three listed phone numbers.

On our YouTube channel, we regularly showcase new cases and have received positive feedback on our educational videos. We kindly request all Radiologists to share their educational videos with us. If they contain valuable content, we will definitely feature them on our channel. Our Telegram group currently lacks academic engagement compared to our WhatsApp group.

Therefore, we urge all of you to join our Telegram group. Telegram can accommodate up to 200,000 members, so by posting our study material there, we can reach and benefit a larger audience. Stay safe and take care, my friends. We look forward to seeing all of you in the upcoming issue of Waves.

Best regards,

Anup Sadhu, Bijon Kundu, and Viral Parekh.

**We appreciate all the contributors who
have shared their experiences and
literature with us, ultimately assisting
the Radiological community.**