Gardening in the Reading Room: The Fine Art of the Radiology Hedge

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Radiology exams, although creating immaculate images, remain an imperfect depicter of actual pathology. Unfortunately, images often fail to precisely and uniquely define a disease or answer a specific clinical question. In addition, most times the radiologists must create a report with incomplete or absent relevant clinical information, precluding precise conclusions in the report. Combining these features with the wide range of normal variants, frequent incidental findings and medico-legal fears of missing significant findings have led radiologists to master the fine art of crafting radiological hedges.

The hedge is usually eloquently worded, with well-crafted phrases such as “the exam is limited by,” “cannot entirely exclude,” and “clinical correlation is recommended.” Implicit to these phrases are the absurd assertions that some exams are perfect without limitations, some diseases can always be entirely excluded, and clinical correlation never happens unless recommended by the radiologist.

Many times the radiologist will complete his hedge with a recommendation to consider an additional imaging exam. Although well-intended, these recommendations sometimes feel like an insurance policy for the radiologist who might be afraid that his report will lead to the under-diagnosis of a particular disease or, worse yet, a revenue-grabbing maneuver for the radiologist.

To be fair, such hedges are often necessary to highlight actual limitations of an exam, clarify the relative probability of a different possible diagnosis that could account for the imaging findings, or direct future workup if the diagnosis remains uncertain.

Recent radiology blogs have strived to simplify the myriad variations of the radiology hedge by creating the ultimate hedge:

“The study may be limited by patient body habitus, motion artifact, inability to tolerate positioning, artifact from external and internal hardware, low-dose technique, lack of intravenous, oral, rectal or intrathecal contrast, and equipment malfunction. Within these limitations, there are no gross findings to definitely suggest possible acute abnormality within the submitted images of the visualized portions of the area of clinical interest. However, the possibility of clinically significant pathology not identified on the current study cannot be excluded. As such, further evaluation with contrast-enhanced MRI of the brain, sella, face, TMJs, internal auditory canals, temporal bones, neck, cervical, thoracic and lumbar spine, heart, chest, abdomen, pelvis, prostate, thighs, knees, lower legs, ankles, feet, toes, sternum, scapula, shoulders, upper arms, elbows, forearms, hands, and fingers should be considered. Additionally, CT urography, MR defecography, Sniff test, MUGA study, radiographs of the mastoid air cells, skeletal survey, bone age study, ultrasound-guided paracentesis or biopsy, fiduciary marker placement, and shuntogram may also be helpful if clinically indicated or for confirmation. Clinical correlation is recommended. Comparison with prior studies may also be useful.”

Some argue that the hedge is too wordy, but it seems to cover all possible limitations. Other radiologists advocate a more honest and humble hedge such as:

“I am a well-trained radiologist who is trying to do a good job. I looked at this exam for a long time and tried to create a really good report. Please use the information to help take care of your patient. The exam and my report are not perfect. Please don’t sue me.”

Both hedges will now be available on our templates and can be added to any report with a single button click. We are confident that these additions will improve the quality and value of our reports; (just kidding).

Seriously, our goal is to provide high-quality exams with concise and precise reports that help our clinicians take care of their patients. Radiology, like all aspects of medicine, is imperfect. Sometimes these imperfections require further discussion in the report. We are always happy to discuss exams further and help with clinical correlation. Please contact our radiologists whenever necessary. Calling or texting on our cell phones is often most efficient.

Wishing you all Merry Christmas, Happy Holidays and a Wonderful New Year from your gardening friends at Radiology Associates!

Reference:
www.appliedradiology.com/articles/wet-read-the-ultimate-hedge