

# The BEAM

Winter 2018

## Mississippi Society of Radiologic Technologists *Affiliated with the American Society of Radiologic Technologists*

### Contents



- 1....Letter from the MSRT President
- 2....Technologist of the Year: Leigh Moser
- 3....Life Member: Rita Fraser
- 4....MSRT Business Meeting Minutes
- 8....MSRT Conference Speakers
- 9...Student Manuscripts
- 10...1st Place Student Manuscript
- 14...Technologist Manuscripts
- 15....1st Place Technologist Manuscript
- 18...Student Exhibits
- 28...Awards & Recognitions
- 30....Scholarship Recipients
- 32...Student Prep Bowl
- 38...Remembering Ben Riley
- 39...Around Conference Pictures
- 44...Costume Party
- 49...Letter from the Editor

MSRT Members,

Once again, I want to thank you for the faith you have bestowed in me to represent our wonderful organization. I enjoyed serving as MSRT President last year, and I look forward to another successful year. I am thankful to be part of the MSRT as we continue to work hard for our profession, and I look forward to working with the MSRT Board of Directors to ensure our society remains strong.

I want to thank everyone who contributed to the success of the MSRT's 77<sup>th</sup> Annual Conference. I want to say a special thank you to the North District. It requires hard work and dedication to sponsor such an event. I also want to thank the speakers for their time and educational presentations, and the technologists and students who participated in the competitions throughout conference. Congratulations to those who presented papers, submitted exhibits, competed in the student prep bowl, or received an MSRT scholarship. You all are the future of our profession. The future is bright; however, it will require hard work from all of us.

I would also like to thank those who worked behind the scenes to ensure our Capitol Day was a success. We had an extraordinary turnout and I feel we all learned much from the experience. We are currently working on another educational experience for technologists and students at the Mississippi State Capitol in 2019.

As I did last year, I want to encourage all members to remain active and become involved in the MSRT and the ASRT. There are many volunteer opportunities available in both societies. If you would like more information regarding volunteering at the MSRT level, please contact any member of the MSRT Board of Directors. We welcome any member willing to serve.

Thank you again for allowing me to represent the MSRT. I consider it an honor. I am excited to serve one more year as MSRT President and I plan to make it a productive one.

Sincerely,

Lee Brown, MHIIM, R.T. (R)(N), CNMT, RHIA  
MSRT President

# TECHNOLOGIST OF THE YEAR!!



**Leigh Moser, R.T. (R)**



**Past Technologists of the Year  
(in attendance)**

# NEWEST VIP OF THE MSRT LIFE MEMBER: RITA FRASER



Congratulations Mrs. Rita!

One who truly leads by example and is an inspiration to everyone around her. Rita Fraser is now a Life Member; the most prestigious award voted on by the MSRT Board members.

**GREAT LEADERS DON'T  
SET OUT TO BE A  
LEADER...THEY SET OUT  
TO MAKE A DIFFERENCE.  
ITS NEVER ABOUT THE  
ROLE-ALWAYS ABOUT  
THE GOAL.**

LisaHaisha.com



The **MSRT Business Meeting** for the 77<sup>th</sup> Annual Conference was held at The Summit Center in Tupelo, MS, on October 23, 2018. Lee Brown, President of the MSRT, welcomed those present and thanked everyone for attending conference.

A quorum was established and the meeting was called to order by the MSRT President, Lee Brown, at approximately 4:38 p.m.

The minutes from Conference 2017 were accepted as published in the BEAM.

The following reports were given:

1. Treasurer:
  - a. Please refer to Appendix A for Annual Financial Report that was presented at the business meeting.
2. Vice President: Nothing to report.
3. Secretary: Nothing to report.
4. Editor of The Beam:
  - a. The Summer 2018 Beam has been published.
  - b. The location of The Beam was advertised on Facebook.
  - c. The Editor requested that pictures for the winter edition be emailed as soon as possible. The tentative deadline was set for December 15<sup>th</sup>.
5. Executive Secretary/Website Administrator:
  - a. Membership is up a little from this time last year.
    - Active Members (RTs) - 131
    - Associate Members- 1
    - Honorary Members- 3
    - Life Members- 9

- Student Members- 216

- Total membership- 360

6. ASRT Affiliate Delegates: Leigh Moser and Shaz Edgerton represented the MSRT as ASRT Affiliate Delegates at the June 2018 ASRT House of Delegates Meeting in Las Vegas, NV.
  - They shared some of the valuable information gained while attending the House of Delegates Meeting.
    - An opportunity to strengthen the state societies through aid from the ASRT.
    - Job opportunities are increasing
    - ASRT President would like to push research
7. Operating budget:
  - a. Mike Ketchum, Chairman of the Board, presented the proposed operating budget for 2018-2019 that was approved by the board. (See Appendix B)
8. President: Nothing to report.
9. Conference Coordinator/Conference Chair:
  - i. There are approximately 178 registrants for conference.
10. Legislative
  - a. Dr. Mark Gray presented on Capitol Day.
    - Capitol Day is scheduled for January 22, 2019, 12:30 p.m. - 5:00 p.m.
    - Students were encouraged to attend.
    - The goal for the event is to share what we do.
11. Bylaws- Report given by President, Lee Brown.
  - a. Dr. Kristi Moore was required to resign from her position on the MSRT Board of Directors due to her newly elected position as the ASRT Secretary.
  - b. Three amendments need updating in the bylaws.
    - These proposed changes were published in the summer 2018 edition of

The Beam for review.

- c. Amendment 1 was read and accepted by the membership.
- d. Amendment 2 was read and accepted by the membership.
- e. Amendment 3 was read and accepted by the membership. (See Appendix D)

12. Nominations

- a. President- Lee Brown
- b. Vice President- Asher Beam and Leigh Moser
- c. Secretary- Mandy Pearson
- d. ASRT Affiliate Delegate- John Melvin and Sherrill Wilson
  - i) Elections were held for Vice President and ASRT Affiliate Delegate.
    - Asher Beam was elected Vice President.
    - John Melvin was elected as ASRT Affiliate Delegate.

With no further business to be discussed, the meeting adjourned at approximately 5:25 p.m.

Respectfully submitted,

Mandy Pearson, M.H.S., R. T. (R)

## **Bylaw Amendments**

### **Adopted at 2018 Annual MSRT Conference**

#### ***Amendment #1***

Article VII, Board of Directors, Section 1, Composition

##### **Former Wording**

##### **Adopted Wording**

The Board of Directors shall consist of elected officers, the three (3) immediate past presidents, the two (2) ASRT delegates, the ASRT alternate delegate, two (2) student delegates, the treasurer, the conference coordinator, editor of the newsletter, and the executive secretary.

The Board of Directors shall consist of elected officers, the three (3) immediate past presidents who are eligible to serve, the two (2) ASRT delegates, two (2) student delegates, the treasurer, the conference coordinator, editor of the newsletter, and the executive secretary.

#### ***Amendment #2***

Article VII, Board of Directors, Section 3 Letter A., Chairman of the Board

##### **Former Wording**

##### **Adopted Wording**

The candidates for the Chairman of the Board of Directors shall be the three (3) immediate past presidents.

The candidates for the Chairman of the Board of Directors shall be the three (3) immediate past presidents who are currently serving on the board.

#### ***Amendment #3***

Article VII, Board of Directors, Section 7, Vacancy

##### **Former Wording**

##### **Adopted Wording**

A vacancy in the Board of Directors, except for the president, shall be filled by appointment unanimously agreed upon by the remaining membership of the Board of Directors to complete the unexpired term.

A vacancy in the Board of Directors, except for the president, shall be filled by majority vote of the remaining membership of the Board of Directors to complete the unexpired term.

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# MSRT Conference Speakers

2018



Nancy Adams



Dr. Barry Bertolet



Richard "Fuge" Fucillo



Jordan Johnson



Dr. Russ Johnson



Dr. Mary Linda Moss



Cherie Pohlmann



Deborah Shell



Dr. Stephen Southworth

Donna Cleveland and Jeff Crowley (Not Pictured)

Student Papers were mailed to three (3) out-of-state judges for the student manuscript competition. Pictured below are the six students whose papers were selected for manuscript competition.

- **"Placental Abrupton: A Microscopic Diagnosis"** by **Katie Black**  
received **1st place**
- **"A Guide to Ependymoma"** by **Madison Burford**  
received **3rd Place**
- **"Delicate Bones, Resilient Spirit"** by **Davesha Doty**
- **"Let's Talk Radioimmunotherapy"** by **Tiffany Eakins**
- **"A Floating Hospital"** by **Briana Lee**  
received **2nd Place**
- **"Modalities Used in Ophthalmology"** by **Kristen Pearson**



Left to Right - Madison Burford, Tiffany Eakins, Katie Black, Briana Lee, Davesha Doty, Kristen Pearson

# **Student Manuscript: 1st Place Recipient**

## **Katie Black**

### **PLACENTAL ABRUPTION: A MICROSCOPIC DIAGNOSIS**

#### **Abstract**

Placental abruption (PA) is a rare, severe obstetrical complication and a substantial cause of premature birth among a variable group of individuals. Placental abruption has a history of being difficult to diagnose, with its varying severity and location within the placental wall. Although ultrasound is the most widely used modality in the diagnosis of placental abruption, other modalities are also sometimes utilized. Each modality has both advantages and disadvantages; therefore, individual circumstances may determine which method is used. This condition of placental abruption can vary in almost every aspect including symptoms, severity, risk, diagnosis, and outcome. In addition to premature birth and complications associated with premature birth, placental abruption can also cause infant mortality. Since there is generally more risk to the fetus than the mother, early diagnosis of placental abruption is crucial. Each case of placental abruption can be as unique and different as each pregnancy.

## Placental Abruption: A Microscopic Diagnosis

The medical term placental abruption (PA) is defined as, “premature separation from the implantation site after the 20th week of gestation” (Fadl, Sabry, Ramzan, & Linnau, 2017, para. 4). Placental abruption can occur as a partial or complete tear (Boisrame et al., 2014). There are many deviating types of PA that have been researched over the years. Some of these include subchorionic, retroplacental, preplacental and intraplacental hemorrhage (Fadl et al., 2017). The differing types are solely dependent on the location of the tear within the placenta. Even with all the research and knowledge that has progressed regarding placental abruption over the years, it is still not thoroughly understood (Boisrame et al., 2014). This condition is a very unlikely gestational abnormality. According to Boisrame et al. (2014), placental abruption is so anomalous that it only takes place in approximately 0.4 to 1% of pregnancies. Placental abruption is not easily distinguishable diagnostically but is crucial in the health outcomes, both present and future, of the mother and fetus involved.

Placental abruption, like any other medical complication, has a variable amount of factors that can attribute to a woman’s likelihood of suffering from this condition. Any indication of chronic hypertension, pre eclampsia, trauma, or thrombophilia can all increase a woman’s risk of abruption (Fadl et al., 2017). A history of smoking, drug use, or previous cesarean section also increases the chances of a woman developing this condition (Fadl et al., 2017). Many studies indicate that history of a previous cesarean delivery can increase a woman’s risk for many medical complications in subsequent pregnancies (Keag, Norman, & Stock, 2018). Although there are many considerations that could induce an individuals possibility of developing PA, this condition often occurs at random and without cause (Boisrame et al., 2014).

Placental abruption is a severe, emergency obstetric complication for both the mother and fetus. Women often begin experiencing severe abdominal pain along with menorrhagia (Boisrame et al., 2014). Although the symptoms are not always consistent, they are dependent on the severity and complexity of the woman’s placental tear (Boisrame et al., 2014). Complications vary with every case, but some universal maternal complications include hemorrhagic shock, clotting disorders, and even mortality. Maternal death resulting from PA is rare (Boisrame et al., 2014). The main risk associated with placental abruption for the fetus is the likelihood of prematurity. With premature birth comes the high risk of morbidity; there is also a substantial risk for intrauterine fetal death (IUFD) (Boisrame et al., 2014). Studies have shown that placental abruption is considered to be one of the most significant risk factors for preterm birth. Premature birth is considered to be the delivery of an infant between 24 and 37 weeks gestation. The seriousness of placental abruption cannot be overstated, as it is associated with infant mortality. Infants who survive are at greater risk for cerebral palsy, mental retardation and neonatal respiratory distress syndrome. The earlier the risk factors can be identified, the better the opportunity to prevent complications and even death (Alansi et al., 2017).

The diagnosis of placental abruption can be quite challenging. In rare cases, there may be no known symptoms of PA and the diagnosis is based solely on the discovery of fresh or fixed clots within the placenta after delivery (Boisrame et al., 2014). The early diagnosis of placental abruption is key in prevention of serious maternal and fetal complications. Placental evaluation can be performed with many different modalities

## PLACENTAL ABRUPTION: A MICROSCOPIC DIAGNOSIS

including computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound (US) (Fadl et al., 2017). Computed tomography is generally only used for placental assessments in regards to a trauma situation. It is exclusively used in an emergency setting because of the high radiation risk to the fetus (Fadl et al., 2017). Magnetic resonance imaging, on the other hand, can be advantageous in the assessment of a woman's placenta because of the ability to increase soft tissue contrast resolution. Unlike CT, MRI does not present radiation risk to the mother or fetus (Fadl et al., 2017). Ultrasound is the most common modality of choice used for uterine evaluation. As with any other modality, ultrasound does possess some negative effects. One negative aspect involved in the use of ultrasound can be the low sensitivity factor (Fadl et al., 2017). A blood clot is oftentimes isoechoic, meaning that it produces the same echoing sound waves as the varying normal tissue surrounding it (<http://medical-dictionary.thefreedictionary.com>). This makes it almost impossible to see a hematoma if the necessary factors are not in line (Fadl et al., 2017). Ultrasound has been able to accurately predict the biological analysis and size of a woman's placenta during the third trimester of pregnancy (Higgins, Simcox, Sibley, Heazell, & Johnstone, 2016). Even with the low grade of sensitivity, ultrasound is still the modality of choice for to the diagnosis and assessment of placental abruptions (Fadl et al., 2017).

Placental abruption has hit close to home which is what has given me the desire to research this topic. Over the course of only four months, PA has affected two individuals in my family, both of which are the same ages and from the same side of the family. Genetics play no factor in a woman's chance of developing PA and despite the fact that both women have many similarities, their experiences with placental abruption vary drastically.

On March 18, 2014, M. R. Simpson gave birth to her first child, a daughter, by natural delivery. Simpson stated that this pregnancy could not have been any more normal. Almost three years later, she found out she was pregnant with her second child, now a little boy. Simpson's second pregnancy, like the first, was nothing out of the ordinary. On July 20, 2017, however, everything changed. Simpson explained that something woke her up suddenly early in the morning, and she had a feeling that something was not right. As she walked to the bathroom she felt what she thought was her water breaking; however, it turned out to be an extensive amount of blood. Simpson immediately called for help and was rushed to the hospital for an emergency cesarean delivery. Luckily, her baby boy was full term. She had not shown any signs of complications, severe abdominal pain, or any previous menorrhagia prior to this incident. Simpson suffered a lot of blood loss but had no severe complications following delivery. The baby boy, however, had aspirated on blood that had been filling Simpson's placenta. The baby was sent to the neonatal intensive care unit (NICU) since his brain lost oxygen for a period of time while still in the womb. Simpson was told that her chances of another abruption have increased drastically. Due to her increased risk, she cannot have any more children. Looking at these two today one would never guess the trauma both mom and baby went through (M. R. Simpson, personal communication, February 28, 2018).

M. R. Norman is a 29 year old female who is currently pregnant with her second child. Norman gave birth to her fist child on March 15, 2016. She had no complications with her first pregnancy but delivered by cesarean because her baby boy was breached. At 22 weeks gestation Norman started having menorrhagia. She was sent to the doctor to check the status of her fetus, with ultrasound being the modality of choice. After the first ultrasound, the doctors proceeded to tell Norman that it was likely her placenta had partially torn; due to this,

## PLACENTAL ABRUPTION: A MICROSCOPIC DIAGNOSIS

her amniotic fluid index (AFI) was extremely low. She was immediately put on strict bed rest and given the appropriate round of steroid shots to properly speed up development of the baby's lungs to prepare the fetus for a likely early delivery. Norman was also told to drink at least 130 ounces of water every day to compensate for the fluid loss. Two weeks later, she began bleeding again and went back to the hospital for another ultrasound. The ultrasound could not detect a tear, but Norman was told that a tear may be occurring. Doctors told Norman that if it were indeed a PA, her placenta would eventually tear completely resulting in immediate preterm birth. They explained that it would be a miracle if she made it past 24 weeks gestation giving her baby the chance of being "viable". Norman is now at 33 weeks gestation and has been moved to partial bed rest and has not had any more recurrent bleeding since the third offense. Until delivery, Norman will go back to the doctor every week for an ultrasound and to check her AFI. The current plan is to perform another cesarean section the first week in April unless more bleeding occurs before then (M. R. Norman, personal communication, February 27, 2018).

Placental abruption is a hard diagnosis to make, but the early knowledge of this condition is vital. As shown with the case study of Mrs. Norman, even with the use of ultrasound, a definite diagnosis of placental abruption is challenging. This difficult diagnosis was due to the low sensitivity of ultrasound. All in all, a woman knows her body and can usually detect when something is wrong. The individual should not hesitate to seek medical advice. Early detection of any obstetric complication, especially placental abruption, can be the difference in life and death.

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Radiologic technologists have the opportunity to participate in the RT category of both scientific manuscript and exhibit competitions at the MSRT Conference each year. Technologist papers were mailed to three (3) out-of-state judges for the radiologic technologist manuscript competition. Pictured below are the six technologists whose papers were selected for manuscript competition.

- "Mad Cow Disease" by Jake Barfield, B.S., R.T.(R)

Received 1st Place

- "Parkinson's Disease: A Summary and Review"

by John Green, B.S., R.T.(R)

Received 2nd Place



John Green B.S., R.T. (R) and Jake Barfield, B.S., R.T. (R)

# Technologist Manuscript: 1st Place Recipient

**Jake Barfield, B.S., R.T.(R)**

## MAD COW DISEASE

Working in a hospital can be dangerous for one's health. The types of diseases that people come in contact with on a daily basis can be fatal. One disease in particular, although rare, variant Creutzfeldt-Jakob disease (vCJD) also known as mad cow disease. Humans can acquire this disease by eating beef contained with central nervous system tissues. This includes spinal cord or brain from cows that are infected with the disease (Knapton, 2017). There is no cure for such a devastating illness, but treatment is still used to maintain the patient's health. As healthcare professionals, radiological technicians can come in contact with such diseases, that safety protection must be enforced. This disease is life threatening once symptoms start there is not much of a positive prognosis. Treatment can be done for this illness; this includes medical imaging modality MRI. This type of modality is the most beneficial in helping diagnosis this disease.

Statistics show that once the onset of this illness begins the person infected will die within a year. Symptoms of VCJD include anxiety, dementia, and sharp pain of pins and needles, psychosis, insomnia, slurred speech, and unresponsiveness (Collie, 2003). Most people tend to fall into a coma after the disease progresses. This disease is caused by transmissible spongiform encephalopathies, a viral infection that alters the functions of the brain. They are developed in the affected brain tissue. They are normally harmless proteins but when they are misshapen is when they become insidious and can cause harm to the biological processes. The vCJD tends to develop later in life, usually around the age of sixty. It can be transmitted in three different ways, sporadically, inheritance, and contamination. It is low chances that a person develops this disease. One of the more common ways to attain this illness is by contamination. People can be exposed to this during surgery from a patient with infected human tissue. Some reports have even been indicated that after going brain surgery that patients can be exposed to this from contaminated instruments. This is known as iatrogenic CJD, although this is very rare it is still possible to attain this disease and correct sterilization techniques still need to be perfected to prevent further outbreaks (Collie, 2003). This disease is fatal and there is no cure, although through correct diagnosis and treatment a person can be relieved of pain for a period of time.

There are multiple ways in diagnosing Creutzfeldt-Jakob disease. One of the most accurate is by brain biopsy or examination of the brain tissue after death has occurred. There are noninvasive ways to diagnose this illness and that involves the patient's personal history, neurological exams, and diagnostic testing. MRI is one of the best diagnostic ways in helping diagnose vCJD. MRI uses radio waves and magnetic fields to create cross sectional images. It is efficient in detail by having high resolution of the grey and white matter of the brain. MRI helps by having different imaging sequences (ARRS, 2005). Most commonly sequences are T1- weighted, T2-weighted, and a proton density weighted sequence. As research continued it was noted that the FLAIR (fluid-attenuated inversion-recovery) sequence was used in replacing the proton density weighted imaging. The most accurate sequence in MRI to help diagnose vCJD

## MAD COW DISEASE

was the diffusion-weighted sequence. Patients that are scheduled for having a MRI done are notified that the patient needs to hold completely still for more accurate diagnosis. This is known to be difficult with these patients because of their anxiety or sharp pains that occur randomly may cause this artifact. It is very crucial that the patient is immobilized the best way possible to help prevent this from decreasing the quality of the image. In doing so of this, it makes out for better diagnosing image so the doctor can analyze the produced image (Brown, 2017).

While observing the image obtained by the technologist the two sequences that help diagnose vCJD are the FLAIR and the DWI. The doctor can notice specific abnormalities on the two sequences and that is concern for this disease when that is observed. The abnormalities are “unilateral or bilateral high signal intensity involving the striatum and more than one of the gyrus of the cerebral cortex involved in ribbon like fashion without corresponding T1 shortening or extensive cortical ribboning without involvement of underlying the white matter and without evidence of T1 shortening in the same region”(Creutzfeldt-Jakob disease). The doctor views the images and he writes a report clarifying the details on the images, then the ordering doctor will do one final test for confirmation. This is when a brain biopsy would be necessary in confirming the diagnoses. This is a very tragic diagnosis. It would difficult to tell the patient because there is no cure treatment is limited.

Drugs have been tested to help fight this disease but have all come back in negative testing. The only option to help patients is to give them treatment to help with the symptoms (Brown, 2017). Such as for patients that have severe pain, the doctor might give them pain medicine to alleviate the sharp stinging pains. The other treatment is for the doctor to focus on the patient’s symptoms and tries to make the person with the disease as comfortable as possible. Since death occurs within a year the treatment and research for this disease is very difficult to learn more about (Creutzfeldt-Jakob disease, 2015).

In conclusion, Creutzfeldt-Jakob disease or “mad cow” is a critical disease. The technology we have in the medical field today, it can only help diagnose this illness. There is no efficient treatment for such disease, but with our medical imaging and other test to help diagnose this disease makes it all possible for the patient. This can hopefully help alleviate the few people that are exposed to such or horrendous illness. The research on this disease is hard to find the right medication that can come in place to fight and be effective to destroying this disease. This disease is rare in the United States. In the healthcare world providers are exposed to more dangerous pathogens such as this, with safe practice this can help demolish accidental exposition to oneself and others. Each day researchers for the mad cow disease work hard and efficiently to find the resulting treatment, for future effected patients.

# MAD COW DISEASE

## Reference

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# Student Exhibits



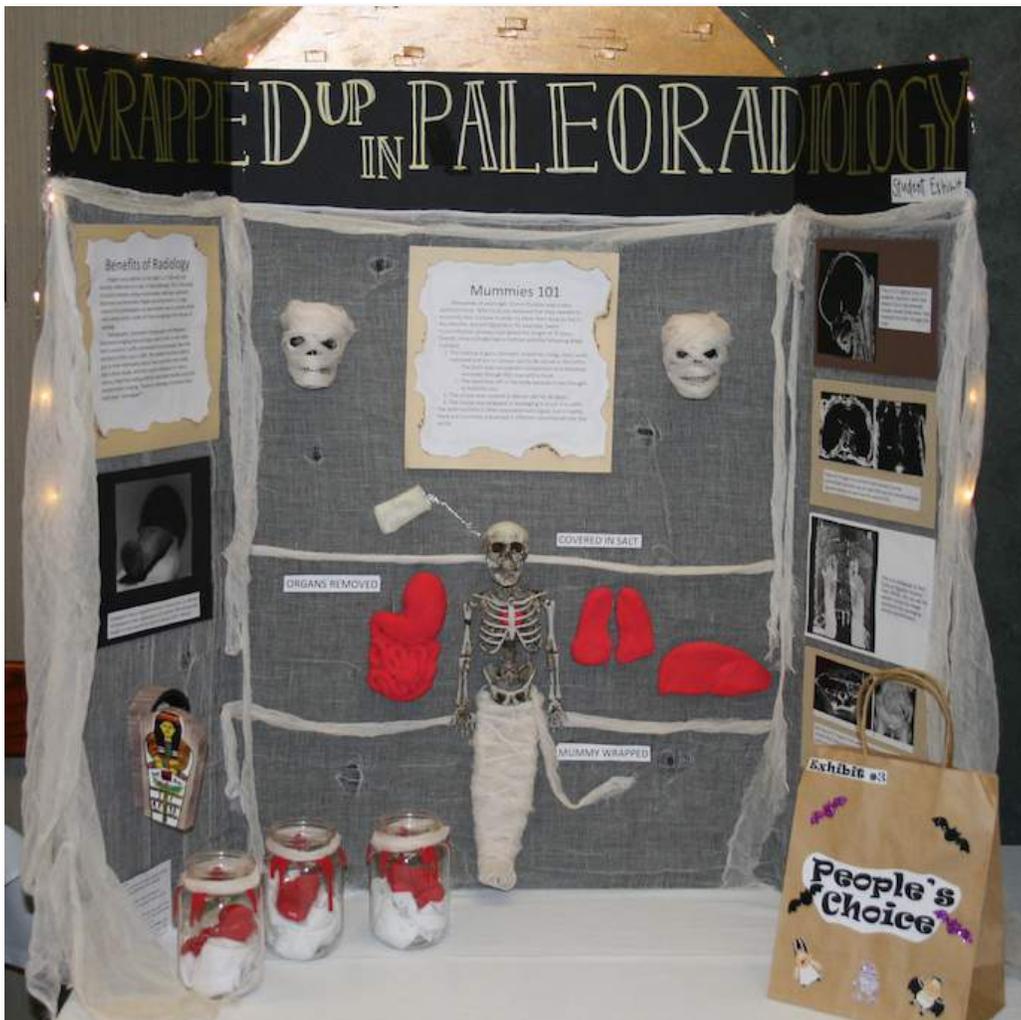
## "Hands of Time"

1st Place

Students: Joanna Kincaid, Chandler Gagliardi,  
Harley McKay, Karli Garcia

(CO-LIN)

# Student Exhibits



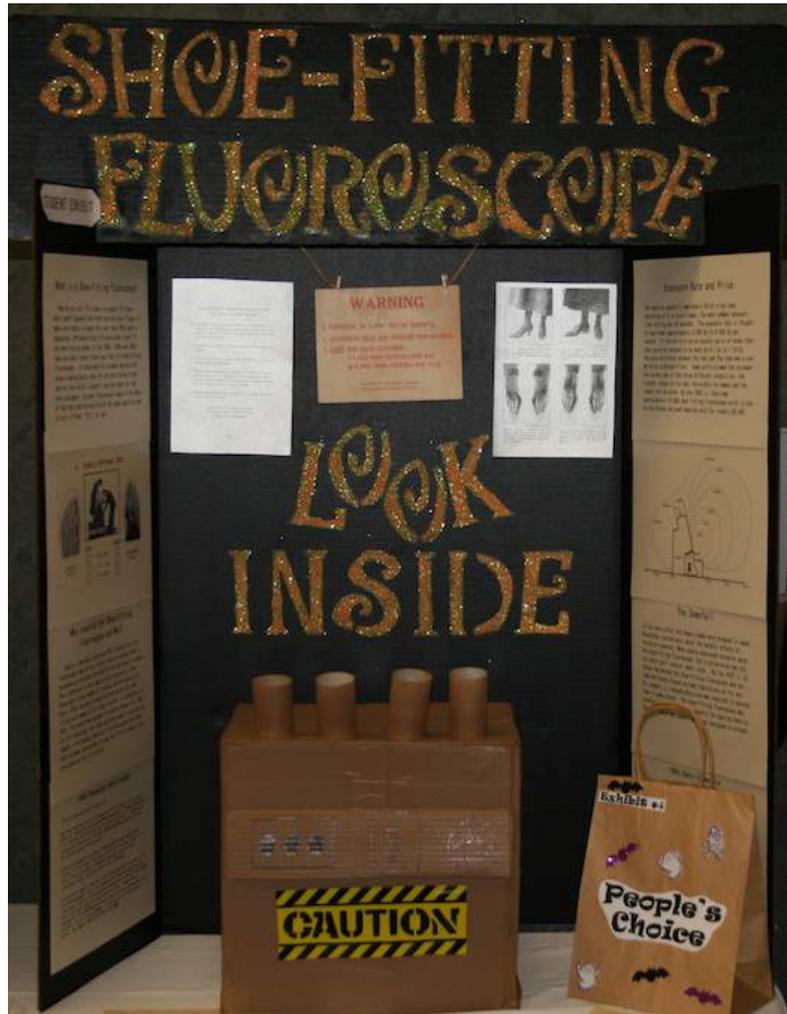
**"Wrapped Up In Paleoradiology"**

**2nd Place**

**Student: Amy Valenciano**

**(UMMC)**

# Student Exhibits



**"Shoe-Fitting Fluoroscope"**

**3rd Place**

Student: Shelby Wilkerson  
(UMMC)

# Student Exhibits

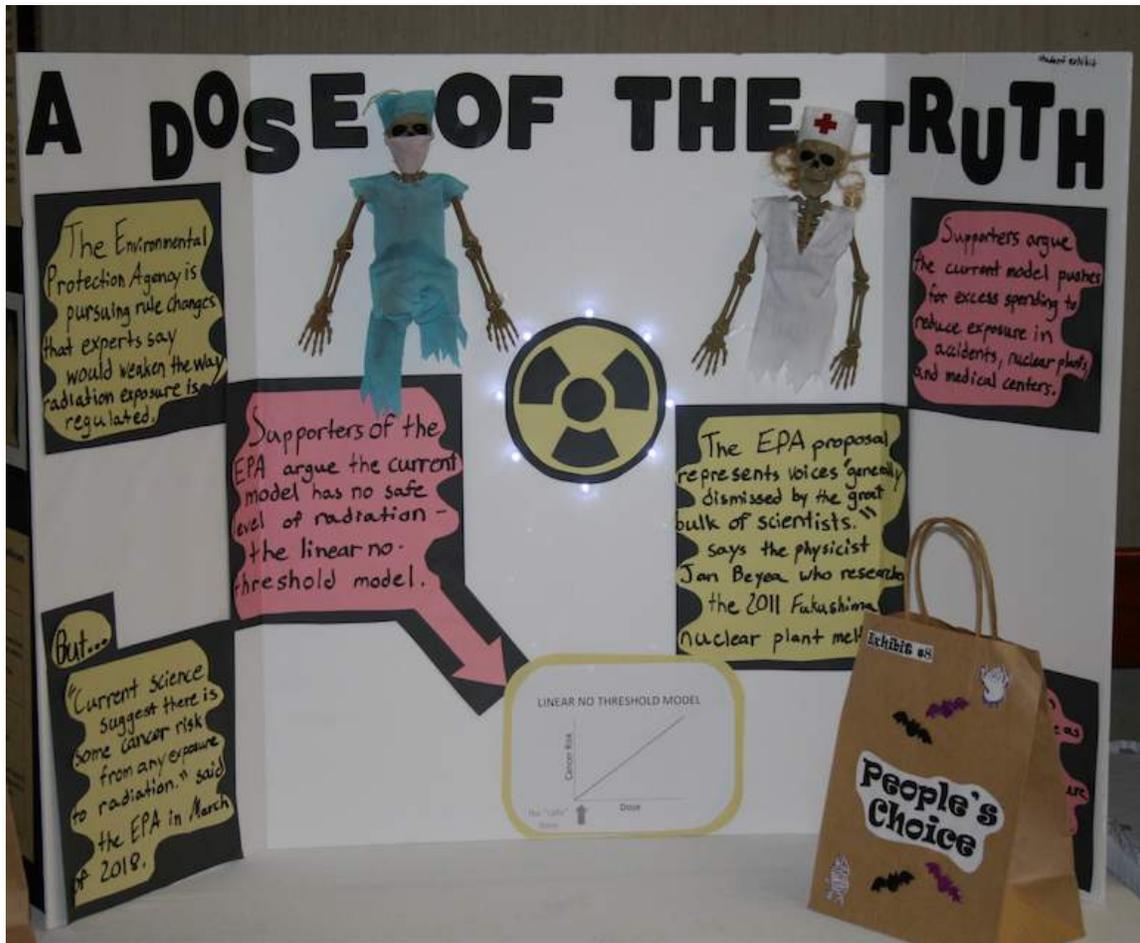
People's  
Choice  
Winner!!



## "ROCM: Go With The Glow!"

Students: Tiffany Eakins, Kristen Pearson,  
Kelsie Luke  
(UMMC)

# Student Exhibits



## "A Dose of the Truth"

Student: Chase Keenan

(UMMC)

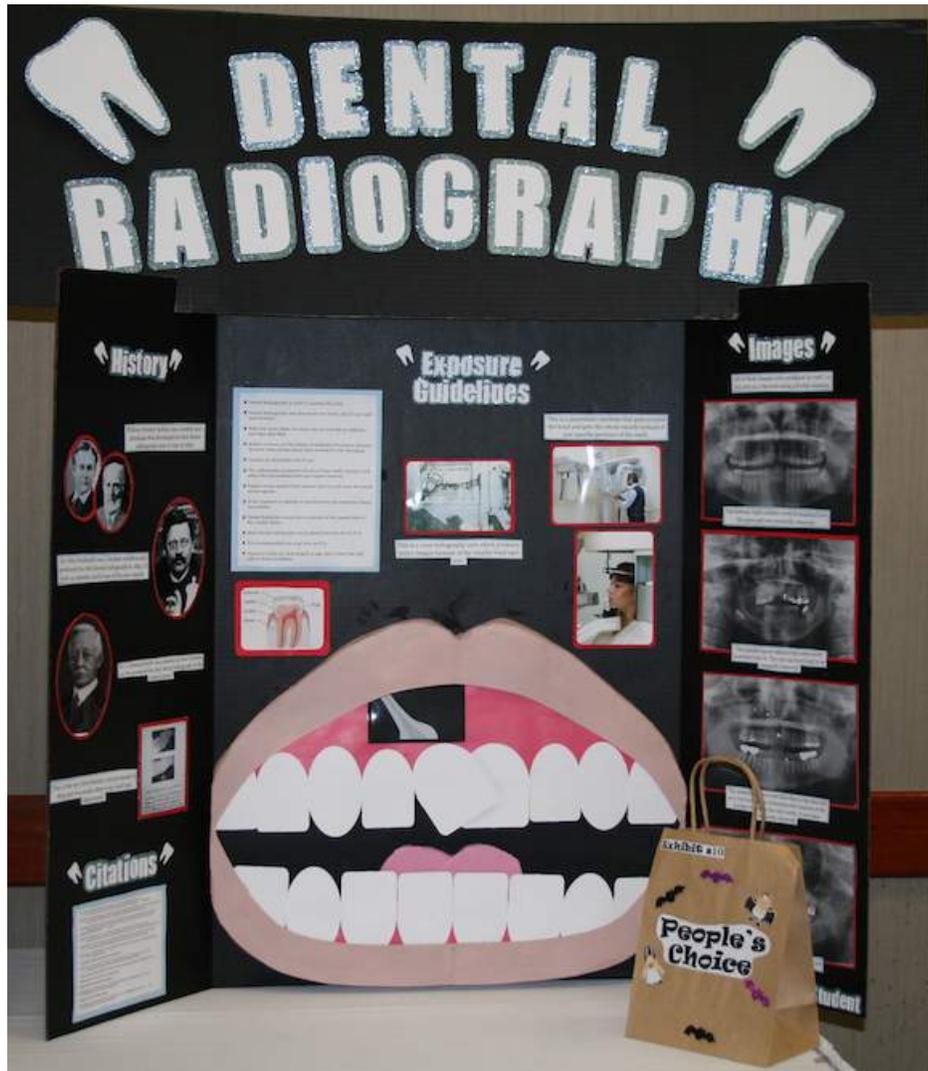
# Student Exhibits



## "Epidermodysplasia Veruciformis - 'Tree Man Syndrome'"

Student: Samantha Mirandy  
(UMMC)

# Student Exhibits

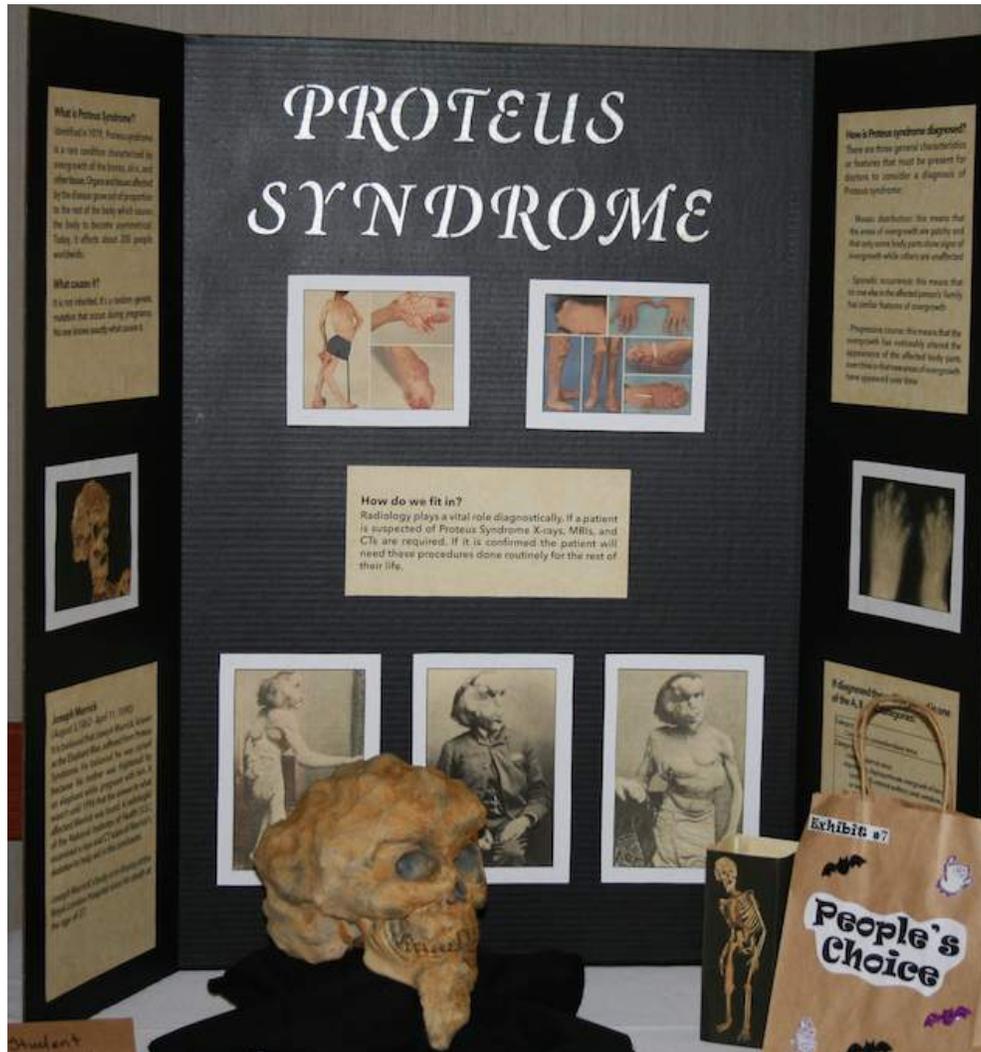


## "Dental Radiography"

Students: Danica Fuller, Jordan Petty, Ariyanna Mason,  
Sara Jane Bales

**(CO-LIN)**

# Student Exhibits



## "Proteus Syndrome"

Student: Michele Husbands

(UMMC)

# Student Exhibits

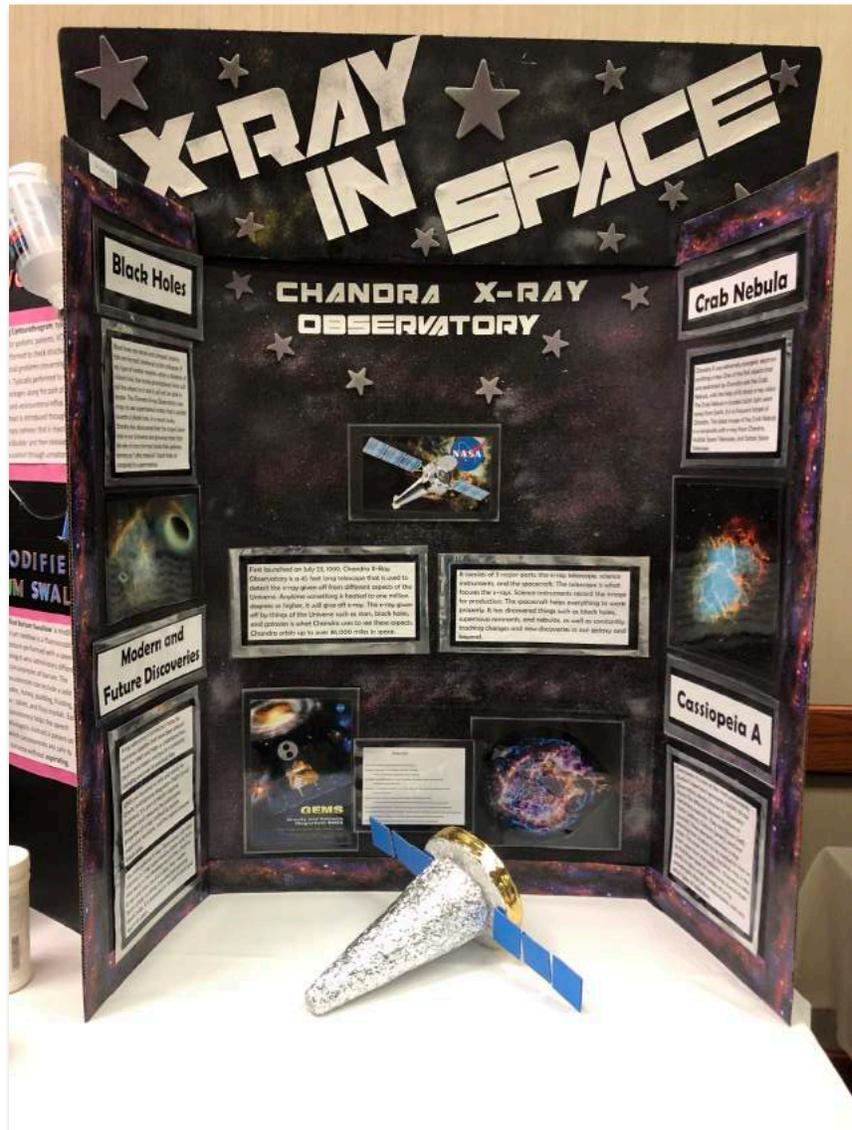


## "Save the Boobs"

Students: Callie Sheperd and Rebekah Roberson

**(UMMC)**

# Student Exhibits



## "X-Ray in Space"

Students: Adrian Brewer, Lindsey Alford, Megyn Rhodes, Shelby White,  
Nikki Powells

**(CO-LIN)**

# Congratulations!!

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## **1st Place Student Exhibit "Hands of Time"**

**(L-R) Karli Garcia, Joanna Kincaid, Chandler Gagliardi,  
and Lee Brown - MSRT President**



## **1st Place Technologist Manuscript "Mad Cow Disease"**

**Jake Barfiled and Lee Brown -  
MSRT President**



## **1st Place Student Manuscript "Placental Abruption: A Microscopic Diagnosis"**

**Katie Black and Lee Brown - MSRT  
President**



**(Left) MSRT Elected Officers: (L-R) Mandy Pearson, MSRT Secretary; Asher Beam, MSRT Vice President; Lee Brown, MSRT President; Kristi Moore, ASRT Secretary**

**(Below) Past President's Plaque presented to Lee Brown by Mike Ketchum**

*Congratulations!!*

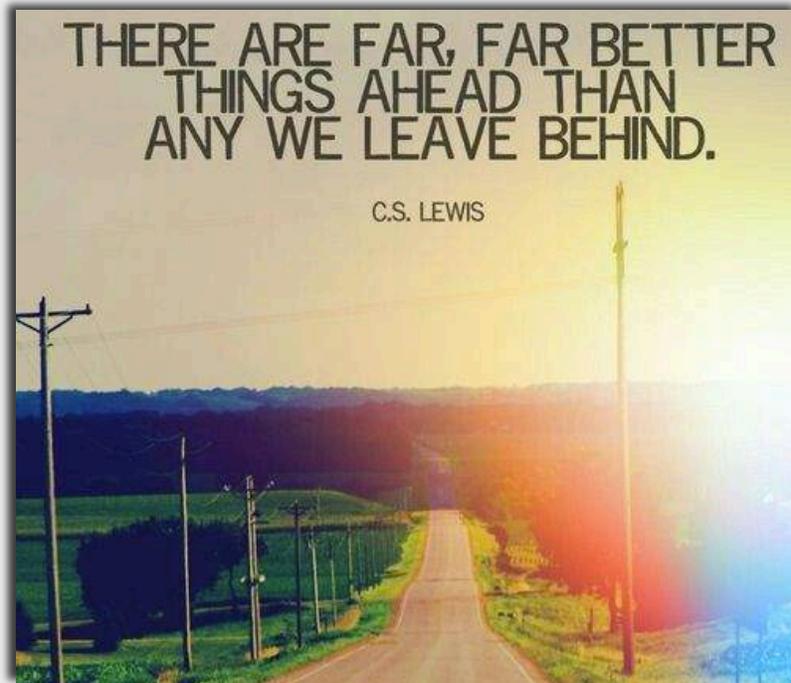


**(Above) Newly Elected Student Delegates(L-R) Jessie Bennett, Chase Keenan and Lee Brown**

**(Right) Student Delegates (L-R)- Chase Keenan (Newly elected - UMMC); Jessie Bennett (Newly elected - Co-Lin), Will Lindsey - Student Liaison; Hannah Ross (UMMC); Adrian Brewer (Co-Lin)**



# MSRT Scholarship Recipients



Each of these students has demonstrated outstanding academic and clinical performance throughout their education. We salute them and wish them well in their future endeavors.

MSRT Board of Directors

# Congratulations!!



Adrian Brewer

Co-Lin Community College



Megan Vinning

Itawamba Community College



Mitch Murphy

Jones County Junior College



Mari Max Wilson

Meridian Community College



Beth Barnes

MS Delta Community College



Rachel Jones

Pearl River Community College



Davesha Doty

University MS Medical Center



# Student Prep Bowl Competition



## **1st Place - Copleh Lincoln Community College**

(L-R) Karli Garcia, Lindsey Alford, Adrian Brewer, Jordan Petty,  
Chandler Gagliardi

# Student Prep Bowl Competition



## **2nd Place - University of MS Medical Center**

(L-R) Amy Valenciano, Hannah Ross, Davesha Doty,  
Stephanie Smith and Shelby Wilkerson,

# Student Prep Bowl Competition



## **3rd Place - Pearl River Community College**

Front (L-R) Mallory Nuccio, Darrian Merritt, Natalie Woo, Myles Deets and Rachel Jones

# Student Prep Bowl Competition



## **Prep Bowl Participants - Itawamba Community College**

(Front L-R) Ca'Najah Alford, Maura Jane Autry, Sarabeth Elrod

(Back L-R) Madison Halvorson and Christopher Smith

# Student Prep Bowl Competition



## **Prep Bowl Participants - MS Delta Community College**

Front (L-R) Casey Lewis, Hanah Davis, Sarah Burdine

Back (L-R) Andrew Moseley and Mari Max Wilson

# Student Prep Bowl Competition



## **Prep Bowl Participants - Northeast MS Community College**

Front (L-R) Briley Talley, Shelbie Cartwright, Mary Carol Crawford  
Back (L-R) Mallory Neal and Beth Barnes

# A Tribute to Ben Riley

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This picture was the last time our dear friend Ben Riley attended our annual conference. He expressed such great joy and appreciation for being recognized during the MSRT 76th Annual conference in the fall of 2017. Mr. Ben had many friends in the MSRT and he will be truly missed. Below is a letter from one of those dear friends.

## BEN RILEY, MY FRIEND

IF YOU WERE TO ASK WHAT IS THE MSRT, BEN RILEY WOULD BE A GOOD ANSWER. BEN HAD BEEN A MEMBER OF THE MSRT LONGER THAN SOME TECHS. NOT JUST A MEMBER, BUT AN ACTIVE MEMBER, PAST PRESIDENT AND LIFE MEMBER. MORE THAN THAT, HE LOVED THE MSRT NOT AS A THING BUT AS INDIVIDUALS.

NANCY WROTE ONCE ABOUT "BEN'S ROOM" WHICH IS NOW A GOOD MEMORY. HE HAD HIS OPINION OF THINGS BUT ALWAYS HAD HIS LOVE OF THE MSRT FIRST. HE WAS AN EMOTIONAL GUY AND SHOWED THIS MANY TIMES WITH TEARS. THERE IS SO MANY EXPERIENCES, SO MANY THINGS, SO MANY TIMES, ONE CAN NOT STATE OR SHARE. IT WAS TO BE EXPERIENCED. TO KNOW BEN IS TO LOVE THE MSRT. IF WE AS MEMBERS ARE THE LIFE BLOOD, THEN HE WAS THE HEART. I JUST CAN'T SAY ENOUGH.

HAVE YOU EVER TRIED TO EXPLAIN EMOTIONS OR FEELINGS AND WORDS JUST DON'T COME TO YOU OR SEEM TO FIT? YOU HAD TO EXPERIENCE BEN AND COME AWAY DIFFERENT. WORDS WOULD NEVER DO IT.

MY LASTING MEMORY WILL BE EVERY TIME I OR SOMEONE WOULD LEAVE BEN TO GO HOME AFTER A MEETING, HE WOULD ALWAYS SAY:

"NOW, Y'ALL TAKE CARE NOW -A PAUSE- YOU KNOW WE LOVE YOU"

YES, WE KNOW BEN, THAT'S WHY WE LOVED YOU!

J.M.(MARK) EVANS III

PROUDLY KNOWN AS ONE OF HIS BROTHERS IN THE MSRT.

# Out and About

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# THANK YOU

to our wonderful Vendors!



# Sneak Peek inside the Student Meeting















## Letter from the Editor

I would like to take this opportunity to thank everyone for helping make the 77th MSRT Conference another great annual meeting. There is so much that goes on behind the scenes from planning and arranging schedules of speakers and meetings, to taking pictures and setting up all of the tables/displays. Now is the time to volunteer to be on a conference committee and/or on the MSRT board. We need to come together as a united front to make sure our profession thrives. I am so excited for this new year and I challenge you to help make a difference for OUR profession. Remember that our board meetings are open and anyone is invited to come. Our next meeting is scheduled for July 20, 2019 at noon. It will be held in Jackson at the SHRP building conference room. Remember to like our Facebook page, "MSRT- Mississippi Society of Radiologic Technologists". Announcements about future events and meetings will be posted on the page. Get connected!! I can't wait to see everyone October 2019 in Natchez, MS!!

- Leigh Moser, R.T.(R)