

Relevant radiological reporting

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Doctors and patients are aware of advances in imaging trends. Radiologists like to show beautiful images at clinical meetings, and patients research via the internet or hear about new modalities through friends who have experienced modern imaging. These new machines sometimes make pathology startlingly obvious, but does the interpretation that we convey in the report really help the clinician?

Radiologists endeavour to keep pace with imaging advances, and invest in expensive hardware that requires ongoing investment in expensive software upgrades. They modernise the waiting room and the dictation system, and design new packets for the new MRI machine. Yet the most important part of our final product, the report, never really receives any attention. Many radiologists adopt and keep a style of reporting from mentors who impressed them during registrar training.

In private practice radiologists are pressurised to issue reports within minutes of the examination being completed. In many cases this is possible, but how many times have you signed off a report that you wish could have received more attention or been worded differently? It's out there on paper now, and you probably would have preferred to consult the referring clinician, think about the problem and give a more satisfactory report the next day.

Our final product on paper needs the same attention that we give to the image. Essentially this means better knowledge of pathology, an understanding of what the clinician needs to know and a few lessons in sentence construction so that the report does not read like a grade 3 essay. This applies to the bread and butter stuff as well, such as the routine daily mobile chest X-ray done in the ICU. Meaningful liaison with the critical care staff, preferably by joining ward rounds, will ensure a report that has much more relevance rather than once again describing a shadow without knowing about the patient's fluid status.

For this edition of the *Journal* I decided that the theme should be relevant radiological reporting and asked my colleagues to come up with something in their field of interest. We have such varied demands that it is difficult to keep pace with the advances in every field of medicine. Some studies we feel uncomfortable with, but one can go a long way on basic radiology skills if one is aware of what is important in the conclusion.

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Editor