

# THE REPORT

## News from the MRS

Stay up-to-date with the latest topics and events that are relevant to Michigan-based radiologists, radiation oncologists, and medical physicists with our bi-monthly publication.

Spring Edition 2024 | Issue 24

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#### **Editor-in-chief**

Karen Grajewski, MD  
karen.grajewski@aiarad.com

#### **Executive Director**

Shannon Sage  
shannon@michigan-rad.org



**Walter Sahjidak, MD, FACR**  
**President**  
**2023-24 Term**



Dear Members of the Michigan Radiological Society,

It has been a privilege serving as your President for 2023-2024. As my term ends, I want to share an update on the events and initiatives our society has undertaken to support and empower the radiology community in Michigan.

First and foremost, I would like to extend an invitation to attend our annual meeting, the 2024 Spring Summit on May 3rd and 4th at the Hotel Baronette Renaissance in Novi, Michigan. This will include the 87th annual Preston Hickey Lecture on May 4th. The 27th Annual Resident and Fellow Section conference and the 17th Annual Resident Research Forum on May 3rd will be the start of the engaging two-day event. This year's gathering promises to be an event for professional development, networking, and exceptional speakers. Please mark your calendars and plan to join us for this enriching experience.

Additionally, I am pleased to announce the upcoming 22nd Biennial Breast Imaging Conference on November 9th and 10th at the Detroit Sheraton in Novi, Michigan. This much anticipated conference continues to be a valuable event with a review of current best practices for radiologists, technologists, and healthcare professionals dedicated to providing care and early detection for breast-related conditions. This conference is an example of the ongoing commitment of the MRS to support our member's continued excellence in caring for patients.

On the national front, the Annual Meeting of the American College of Radiology (ACR) is just around the corner, April 13th -17th. The Michigan Radiological Society is the state chapter for the ACR, and our counselors will be attending to represent our interests at the national level.

Our society remains committed to fostering the next generation of radiologists. In line with this commitment, we are pleased to announce the 4th Annual Medical Student Symposium on May 31st. The meeting is designed to allow medical students to present a radiology case to a receptive, friendly audience. It is a learning opportunity for students that could bolster a CV for future residency applications to radiology training programs. It also gives medical students a venue to explore the exciting world of radiology, interact with seasoned practitioners, and gain a deeper understanding of the diverse career paths available within our field.

Lastly, I want to assure you that our society is actively engaged in responding to legislation to change scope of practice in Michigan. Our efforts aim to ensure that radiological services are provided by qualified and appropriately trained professionals, upholding the utmost levels of safety and quality. This effort includes communicating with our state representatives, educational awareness including published editorials and preparing to testify at legislative committee meetings. MRS was awarded an ACR Association grant, which has allowed us to create an organized campaign to educate our representatives and the public (our patients) on the current situation. Please visit the new website ([www.miradiologists.com](http://www.miradiologists.com)) that offers a concise description of scope of practice as it relates to radiologists.

As we move forward, I encourage you all to actively participate in our society's events, initiatives, and advocacy efforts. Together, we can continue to shape the future of radiology in Michigan. There are always occasions for each of us to foster excellence and deliver excellent care to our communities. I am confident that we all contribute to this effort with our work each and every day.

Thank you for your unwavering support and commitment to our profession.

Sincerely,  
Walter M. Sahjidak, MD, MBA, FACR  
President, Michigan Radiological Society



The MRS Foundation, supported by MRS Members like you, continues to create avenues for Medical Students and Residents to enhance their education and leadership capabilities.

The ACR's 2024 Virtual RLI Leadership Accelerator Course commenced on January 18, 2024, and concluded on April 4, 2024. Thanks to your generous contributions in 2023, the MRS Foundation granted scholarships to four Residents who participated in this enriching learning experience. We are excited to learn about their journey and share their testimonials and feedback with you upon completion of the course.

From April 13-15, 2024, the ACR Annual Meeting was held in Washington, DC. Once again, your support through the Foundation enabled a Medical Student to attend this event.

The MRS Foundation, a 501(c)(3) organization, was established as the educational and charitable arm of the MRS. We deeply appreciate your partnership as we strive to fulfill our mission. Your donations play a crucial role in nurturing these aspiring professionals to become exceptional radiologists, radiation oncologists, medical physicists, and leaders within the MRS. It is an honor to collaborate with you in supporting these individuals.

To those who regularly contribute to the Foundation, we extend our sincere gratitude for your unwavering support.

For those who haven't donated to the Foundation before or have not done so recently, it's never too late to contribute! This Spring, we have a special opportunity just for you...

Join the **MRS Foundation** at the **2024 Spring Summit** at the **Baronette Renaissance** in Novi, Michigan on **May 3-4, 2024**. Visit our booth to meet us in person, make your donation, and receive a special gift.

We look forward to sharing how you can contribute to the work of the MRS Foundation.

We are excited to meet you in Novi and discuss giving opportunities with you! If you are unable to attend the Novi meeting, we offer the following options for your convenience:

**By Check:**

Payable to: Michigan Radiological Society Foundation  
Mail to: P.O. Box 448, Swartz Creek, MI 48473

**Online:**

<https://michigan-rad.org/foundation/>  
and click on the "Donate Now" button.

The Michigan Radiological Society Foundation is a 501(c)(3) organization, making donations tax deductible. A receipt will be sent to you by mail.

# SEEKING VOLUNTEERS FOR COMMITTEES: MAKE AN IMPACT WITH US!

SPRING EDITION 2024 | ISSUE 24

Dear Members,

As we continue to grow and evolve as an organization, we are seeking passionate and dedicated individuals to fill vacant leadership positions within our committees. Your expertise, commitment, and enthusiasm are crucial in advancing our mission and achieving our goals. Whether you're interested in leading a committee or contributing as a member, we invite you to join us in making a difference.

## **Vacant Committee Chair Positions:**

We currently have openings for the following committee chair positions:

1. **Diversity, Equity & Inclusion Committee:** Lead our efforts in promoting diversity, equity, and inclusion within our organization and community.
2. **Communications Committee:** Drive our communication strategies to effectively engage with our members. Lead efforts to enhance our online presence, share updates, and amplify our message.

## **Opportunities to Join Committees:**

In addition to leadership roles, we welcome volunteers to join any of the following committees:

- Awards Committee
- Bylaws Committee
- Economics Committee
- Ethics Committee
- Fellowship Committee
- Finance & Budget Committee
- Legislative Affairs Committee
- Membership Committee
- Nominating Committee
- Program Committee
- Radiation Oncology
- Radiological Safety Committee
- Resident Affairs Committee
- Strategic Planning Committee
- Young and Early Career Physicians

## **Why Volunteer?**

- **Make an Impact:** Committee work allows you to contribute your skills and expertise towards initiatives that benefit our organization and community.
- **Professional Development:** Gain valuable experience, expand your network, and enhance your leadership skills in a supportive and collaborative environment.
- **Connect with Peers:** Joining a committee provides opportunities to connect with like-minded individuals who share your passion for advancing our organization's mission.

If you are interested in filling one of the vacant committee chair positions or joining any of the committees listed above, please contact Shannon Sage at [shannon@michigan-rad.org](mailto:shannon@michigan-rad.org). Your involvement is vital to the success of our organization, and we appreciate your willingness to contribute your time and talents.

Thank you for considering this opportunity to play a meaningful role in shaping the future of our organization. Together, we can achieve great things and make a positive impact on our community.

# RESIDENT OF THE MONTH

A P R I L 2 0 2 4



## MEHRVAAN KAUR, MD PGY-5

Mehrvaan Kaur is an R4 resident at Trinity Health HO/Wayne State SOM in Pontiac, MI. She will be completing fellowship training in Emergency Radiology at MGH/Harvard Medical School in Boston, MA. She was nominated to be resident of the month due to her eagerness to teach junior residents, guidance to her co-residents, and medical students aspiring to pursue the field of radiology, and her infectious positivity around the reading room!



# URINARY TRACT DILATATION (UTD) CLASSIFICATION SYSTEM HIGHLIGHTS.

Marco Lin, DO  
Gauravi Sabharwal, MD



Majority of the information presented is a condensed version of the “Multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilatation (UTD classification system)” by Nguyen et al 2014 and “2021 update on the urinary tract dilatation (UTD) classification system: clarification, review of the literature, and practical suggestions” by Nguyen et al 2021.

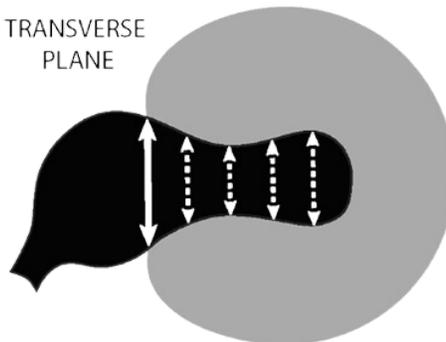
The prenatal diagnosis of urinary tract dilatation (UTD) occurs in 1-2% of all pregnancies (Nguyen et al 2014). Based on the provisional number of births in United States in 2022, which was 3,661,220 (Hamilton et al 2022), about 36,000 to 74,000 children are diagnosed annually with UTD with ultrasound (US). How common is this pathology? How would you approach reporting UTD as a radiologist, when there is redundant and confusing nomenclature such as pelviectasis, pyelectasis, hydronephrosis, etc.? How can you help guide management between transient or physiological UTD, which occurs 70-80% of the time, versus obstructive pathology such as ureteropelvic junction obstruction, which can lead to complications such as renal dysfunction? How can you use common terminology so that the pediatricians, pediatric urologists, and other radiologists can understand? These questions were answered by the collaboration of clinicians from eight professional societies in 2014 with the landmark paper “Multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilatation” by Nguyen et al 2014, and was updated in 2021 by Nguyen et al.

The UTD classification system was for both fetal (A for antenatal) and postnatal (P) ultrasound evaluations, with each having its own category. The categories for antenatal are UTD A1 and A2-3 (2-3 is grouped together because antenatal is harder to interpret than postnatal). The categories for postnatal are UTD P1, 2, and 3. The higher the number, the higher the risk of postnatal uropathy. There are six urinary dilatation descriptors which can be remembered from “upstream” to “downstream” of the urinary tract: renal parenchymal echogenicity (normal or abnormal), renal parenchymal thickness (normal or abnormal), calyceal dilatation (central or peripheral), anterior-posterior renal pelvic diameter (APRPD), ureteral dilatation (present or absent), and bladder abnormality (present or absent). The category given for UTD A1, A2-3, P1, P2, or P3 depends on worst finding and the renal collecting system must be abnormally dilated to use the UTD classification. For example, dysplastic kidneys for APRPD are not included in the UTD classification.

Below is a more in-depth interpretation of the six urinary dilatation descriptors.

1. APRPD: maximal intrarenal diameter of the renal pelvis in the transverse plane of kidney, which is done by drawing a tangential line at the edge of the kidney tissue and then measuring the widest intrarenal diameter. Measure with the spine closest to the transducer (antenatal) or in prone position (postnatal) for more improved accuracy. Common error is to measure the pelvis in sagittal plane or measuring the extrarenal pelvis. Use the image provided by Nyugen et al 2021 below to assist as this is the most important descriptor in the UTD classification.

TRANSVERSE  
PLANE



## URINARY TRACT DILATATION (UTD) CLASSIFICATION SYSTEM HIGHLIGHTS. (CONT.)

2. Calyceal dilatation: present or not. If it is present, is it central or peripheral dilatation, the latter being worse. Note that the presence of calyceal dilatation or ureteral dilatation lowers the APRPD threshold for a given UTD category. Normal kidney's renal pelvis can be distended by urine up to 10 mm and have a smooth contour in postnatal children.
3. Renal parenchymal thinning: present or not. This is subjective and the use of the contralateral kidney can assist.
4. Renal parenchymal abnormality(s): hyper-echogenicity, cystic dysplasia or indistinct corticomedullary differentiation. Dysplasia is echogenic and has poor corticomedullary differentiation. Remember that normal infant kidneys might be slightly hyperechoic to the liver, which is not the case in adults.
5. Ureteral dilatation: present or not. For antenatal patients it is any degree of dilatation. For postnatal patients, it is >4 mm because normal ureters are distended by urine. Note that ureteral dilatation without pelvic or calyceal dilatation is not classified by UTD classification.
6. Bladder abnormality(s): present or not. Evaluate the bladder wall thickness, the presence of eterocele (considered part of the abnormal bladder classification because it is assessed when looking at the bladder on ultrasound) and dilated posterior urethra. Note that bladder findings that are not associated with bladder outlet obstruction such as debris, and urachal remnants are not part of the UTD classification.

Based on the six descriptors above and the age of the patient, you can classify the UTD with the table below by Nyugen et al 2021.

Urinary Tract Dilatation (UTD) Classification					
	Antenatal		Postnatal (>48h)		
	UTD A1	UTD A2-3	UTD P1	UTD P2	UTD P3
Anterior Posterior Renal Pelvic Diameter (APRPD)	4 - <7 mm (<28w) 7 - <10 mm (≥28w)	≥ 7 mm (<28w) ≥ 10 mm (≥28w)	10 - <15 mm	≥ 15 mm	≥ 10 mm
		<b>OR</b>	<b>OR</b>	<b>OR</b>	<b>OR</b>
Calyces		Any Dilatation	Central Dilatation	Peripheral Dilatation	Any Dilatation
		<b>OR</b>		<b>OR</b>	
Ureter		Any Dilatation (with APRPD ≥ 4mm or calyceal dilatation)		≥ 4 mm (with APRPD ≥ 10mm or calyceal dilatation)	
		<b>OR</b>			
Parenchyma Abnl, Bladder Abnl, or Oligohydramnios		Yes (with APRPD ≥ 4mm or calyceal dilatation)			<b>AND</b> Yes

*Parenchyma abnormalities: cortical thinning, hyperechogenicity, or cystic dysplasia; indistinct corticomedullary differentiation*  
*Bladder abnormalities: wall thickening, ureterocele, dilated posterior urethra*

After giving the UTD classification, there are specific imaging and consultation recommendations based on the severity shown below by Nyugen et al 2014. The impression of the radiology report should have the UTD classification and recommendations.

### RISK-BASED MANAGEMENT, PRENATAL DIAGNOSIS

UTD A1: LOW RISK	UTD A2-3: INCREASED RISK
<b>PRENATAL PERIOD:</b> One additional US ≥ 32 weeks	<b>PRENATAL PERIOD:</b> Initially in 4 to 6 weeks*
<b>AFTER BIRTH:</b> Two additional US: 1. > 48 hrs to 1 month 2. 1-6 months later	<b>AFTER BIRTH:</b> US at > 48 hours to 1 month of age*
<b>OTHER:</b> Aneuploidy risk modification if indicated	<b>OTHER:</b> Specialist consultation, e.g. nephrology, urology

\*certain situations [e.g. posterior urethral valves, bilateral severe hydronephrosis] may require more expedient follow up

### RISK-BASED MANAGEMENT, POSTNATAL DIAGNOSIS

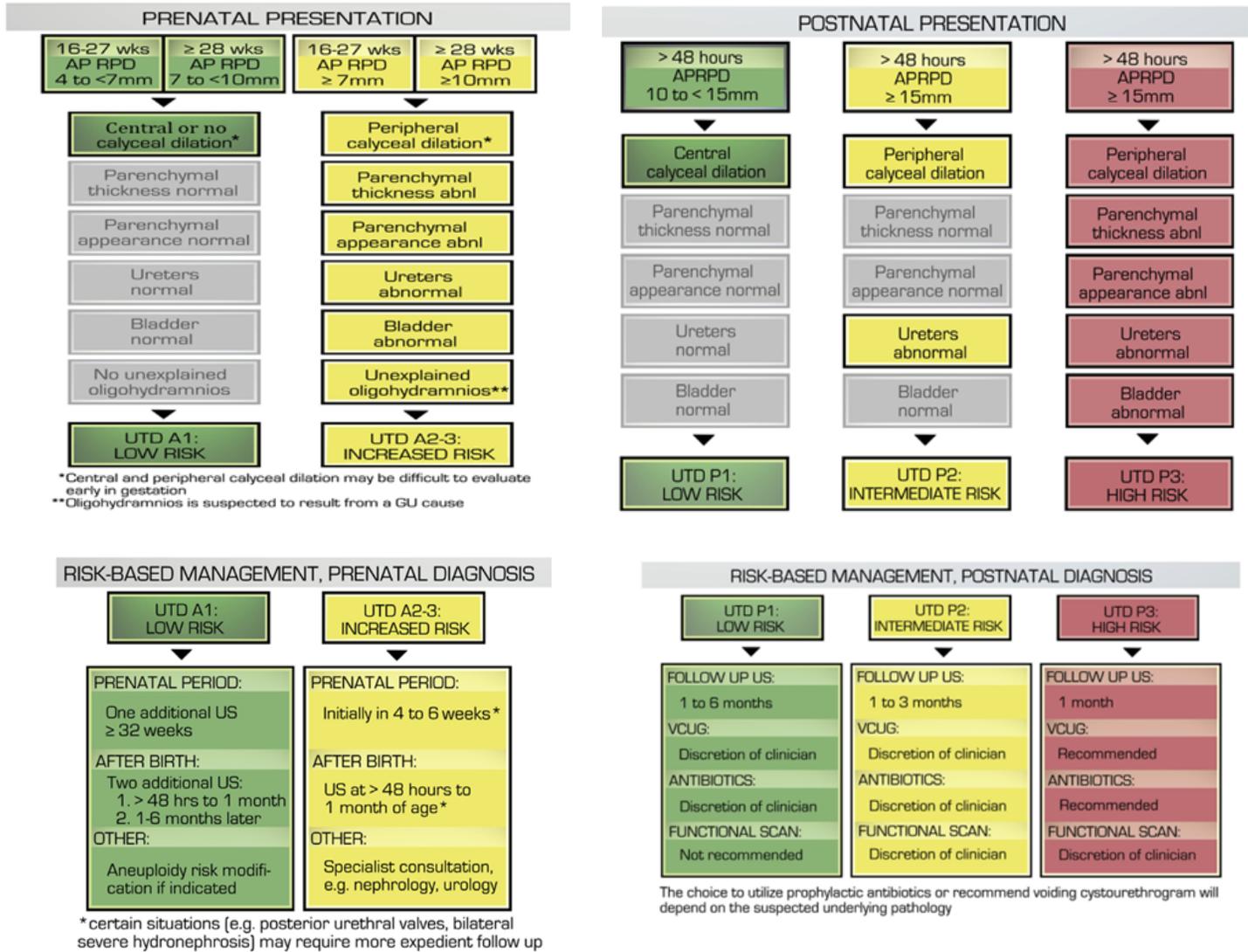
UTD P1: LOW RISK	UTD P2: INTERMEDIATE RISK	UTD P3: HIGH RISK
<b>FOLLOW UP US:</b> 1 to 6 months	<b>FOLLOW UP US:</b> 1 to 3 months	<b>FOLLOW UP US:</b> 1 month
<b>VCUG:</b> Discretion of clinician	<b>VCUG:</b> Discretion of clinician	<b>VCUG:</b> Recommended
<b>ANTIBIOTICS:</b> Discretion of clinician	<b>ANTIBIOTICS:</b> Discretion of clinician	<b>ANTIBIOTICS:</b> Recommended
<b>FUNCTIONAL SCAN:</b> Not recommended	<b>FUNCTIONAL SCAN:</b> Discretion of clinician	<b>FUNCTIONAL SCAN:</b> Discretion of clinician

The choice to utilize prophylactic antibiotics or recommend voiding cystourethrogram will depend on the suspected underlying pathology

# URINARY TRACT DILATATION (UTD) CLASSIFICATION SYSTEM HIGHLIGHTS. (CONT.)

Congratulations! You now have the necessary information to give a standardized report that has evidence based good clinical outcomes and reliability.

Below are additional tables and figures by Nyguen et al 2014 and 2021 to help use the UTD classification.



**Table 3** Normal values for Urinary Tract Dilatation Classification System.

Ultrasound findings	Time at presentation		
	16–27 weeks	≥28 weeks	Postnatal (>48 h)
Anterior-Posterior Renal Pelvis Diameter (APRPD)	<4 mm	<7 mm	<10 mm
Calyceal dilation			
Central	No	No	No
Peripheral	No	No	No
Parenchymal thickness	Normal	Normal	Normal
Parenchymal appearance	Normal	Normal	Normal
Ureter (s)	Normal	Normal	Normal
Bladder	Normal	Normal	Normal
Unexplained oligohydramnios	No	No	NA

## References

Hamilton E. B, Martin A. J, Osterman J.K. M. Births: Provisional Data for 2021. National Center for Health Statistics (U.S.); 2022. doi:10.15620/cdc:116027

Nguyen HT, Phelps A, Coley B, Darge K, Rhee A, Chow JS. 2021 update on the urinary tract dilatation (UTD) classification system: clarifications, review of the literature, and practical suggestions. *Pediatr Radiol.* 2022;52(4):740-751. doi:10.1007/s00247-021-05263-w

Nguyen HT, Benson CB, Bromley B, et al. Multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilatation (UTD classification system). *J Pediatr Urol.* 2014;10(6):982-998. doi:10.1016/j.jpuro.2014.10.002

## OVERVIEW

JIM CAVANAGH, JD  
MRS LOBBYIST



The Legislature began its Spring Break on March 21 and returned on April 9. Prior to recessing for its break, the Senate Health Policy Committee held a hearing on SB 279, the bill that expands the scope of practice for nurse practitioners. The House of Representatives is currently deadlocked between Republicans and Democrats at 54-54. A special election which was called by the Governor to fill two vacancies will be held on April 16. Most pundits expect the Democrats to win both seats and will once again hold an outright majority for the rest of the year. A three-judge federal district court panel had ruled House district lines in and around the City of Detroit were unconstitutional, resulting in an underrepresentation of African Americans. A new map was submitted to the Court by the Independent Citizens Redistricting Commission and those district lines met with the Court's approval. The newly created districts should not drastically alter the current composition of the House of Representatives.

Michigan held its Presidential Primary on February 27 with President Joe Biden for the Democrats and former President Donald Trump for the Republicans, the clear winners. Both men are now the presumptive nominees of their parties. The outcome of the US Senate race could determine the partisan makeup of that body. Current US Senator Debbie Stabenow is not seeking reelection. Leading candidates on the Republican side for the open seat are former Congressman and former CNN analyst Mike Rogers, former Congressman Peter Meijer, former Congressman Justin Amash, and Grosse Pointe businessman Sandy Pressler. At this point it appears Rogers has the most money, considerable local backing and the endorsement of Donald Trump. For the Democrats, the clear leader is Congresswoman Elissa Slotkin who has the most endorsements and a considerable amount of money in the bank. Her closest rival is former actor and activist Hill Harper. At this stage, Slotkin appears to be the overwhelming favorite. The issue of who is in control of the Michigan Republican Party appears to be settled. A Kent County Circuit Court issued a declaratory ruling in favor of the insurgents who ousted former Chair Kristina Karamo.

## LEGISLATION

### Scope of Practice:

Last April, Senator Jeff Irwin (D-Ann Arbor) introduced SB 279, which is a reintroduction of last session's SB 680. The bill has bipartisan co-sponsorship and has been referred to the Senate Committee on Health Policy. This legislation, in essence, allows nurse practitioners to practice medicine by granting them authority to diagnose and prescribe controlled substances without being under the supervision of a physician. It also specifically allows nurse practitioners to engage in "ordering, performing, supervising and interpreting laboratory and imaging studies."

Physician groups are adamantly opposed to this legislation and are actively lobbying against it. The MRS Legislative Committee has been fully engaged and with the help of an ACR grant has been making an aggressive public relations effort to oppose the legislation. MRS, along with other physician specialty organizations and MSMS, are waging a very vigorous, grassroots campaign in opposition. On March 20, the Senate Health Policy Committee took testimony on the bill. Of course, the Nurses Association testified in support, as did the Dean of the Michigan State School of Nursing, the Team Wellness Center, the Detroit Wayne County Health Authority, AARP, Families Against Narcotics and the American Academy of Nurse Practitioners. Testifying in opposition were Dr. Kate Rettinger for MSMS who is an emergency room physician and a professor at the Western Michigan University Medical School, Dr. Nicolas Fletcher, professor of psychiatry at the MSU Medical School, Dr. Emily Hunt representing the Michigan Association of Osteopathic Physicians, a representative from the Michigan Academy of Family Physicians, and Dr. Leah Davis representing the Michigan Radiological Society. Dr. Davis exposed the legislation for what it is, that being, a clear expansion of the nurse practitioner scope of practice. It appears the hearing was given to the nurses in an attempt to show them how much and how intense the opposition is. With the help of Dr. Davis' testimony and those who testified in opposition, Committee members were made aware of the depth of concern about the legislation. Thank you Dr. Davis. In addition to testimony, 39 other groups including the Michigan Society of Radiologic Technologists submitted cards in opposition that are part of the record. We will continue to stay vigilant.

Physician-Led Patient Care Teams:

Rep. Alabas Farhat (D-Dearborn) has introduced HB 4472, which would establish and mandate practice agreements for physician assistants and nurse practitioners. The agreements call for a patient care team led by a physician or physicians. The legislation was introduced at the request of Michigan State Medical Society and is supported by physician specialty groups. It is now with the House Committee on Health Policy. The introduction of this bill was a counter-offensive by MSMS and physician groups to the nurses' efforts to legislate a medical degree.

HB 4015, Insulin Co-Pay:

Sponsored by Rep. Jennifer Conlin (D-Dexter), places a limit on the co-pay of Insulin at \$35 for every 30-day supply. This bill remains with the House Insurance and Financial Services Committee.

SB 27, Mental Health Parity:

Sponsored by Sen. Sarah Anthony (D-Lansing), requires health insurers to give equal coverage for behavioral health and substance use disorder services as that given for physical health. Much of this is a codification of federal law; nevertheless, I do expect it to pass. The bill has passed the Senate by a vote of 35-3 and has been referred to the House Committee on Insurance and Financial Services.

Radiation Technology Rules:

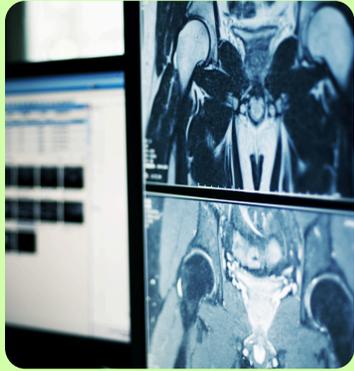
The Department of Labor and Economic Opportunity (DLEO) has promulgated administrative rules that establish education and training requirements for operators of ionizing equipment. The Rules took effect March 13, 2024. A public hearing was held on August 16 with MRS former President Ralph Lieto testifying along with members of the Society of Nuclear Medicine, Molecular Imaging and the American Society of Radiologic Technologists. As I reported in November, the Department went ahead with the Rules, but excluded nuclear medicine because it believes it has no jurisdiction to regulate nuclear medicine.

MRS Public Relations Task Force:

As part of the MRS Legislative effort, a public relations firm has been engaged to keep educating legislators and the public in general, about the practice of radiology and the need to have qualified people interpret images. Market Resource Group (MRG) has developed effective messaging to inform decision makers about the perils of SB 279, the need for HB 4472 and what it takes to become a radiologist. To combine and expedite this effort a Working Group has been appointed to work with MRG and act as liaison for the Board of Trustees. Group members include Legislative Committee Chairs Doctors Joe Junewick and Leah Davis, Dr. Rocky Saenz, Dr. Michael Hicks, Dr. Sonia Somant, and MRS lobbyist Jim Cavanagh. Also, special thanks to President Walter Sahijdak for his efforts with this project. Use of the messaging developed by MRG with the help of the Working Group was instrumental toward gearing up opposition to SB 279 among MRS members.



# UPCOMING *Events*



## 27TH ANNUAL RESIDENT SECTION CONFERENCE

[Baronette Renaissance, Novi, MI](#)

May  
3  
2024



## 2024 SPRING SUMMIT

[Baronette Renaissance, Novi, MI](#)

May  
4  
2024



## 4TH ANNUAL MEDICAL STUDENT SYMPOSIUM

[Zoom](#)

May  
31  
2024



## 2024 BIENNIAL BREAST IMAGING CONFERENCE

[Sheraton Detroit Novi](#)

Nov  
9&10  
2024

[www.michigan-rad.org/events/](http://www.michigan-rad.org/events/)

# Discover Job Opportunities

Explore thrilling job openings available through the MRS Job Bank!

## **Accountable Healthcare Staffing**

- [Breast Imaging—on-site w/procedures – SE Michigan](#)
- [Multiple Opportunities- SE MI Physician Led Group](#)
- [Locums/1099 Opportunities- Michigan](#)

## **Advanced Radiology Services, PC**

- IR Lansing
- IR St. Joseph
- IR Tri Cities
- Body Remote Days/Standard
- Body/US Remote 9 p to 4 a
- Breast Imaging Lansing
- Breast Imaging Grand Rapids
- Breast Imaging Kalamazoo
- Breast Imaging Tri Cities
- Breast Remote
- Thoracic Grand Rapids
- PT or FT Assoc Physician Plain Films Remote
- Independent Contractor
- ER Remote Days/Standard
- ER Remote Nights 7 p to 4 a
- Neuro Remote Days/Standard
- Pediatric Remote Days/Standard
- Pediatric Remote Nights

## **Botsford Medical Imaging, Farmington Hills**

- [Cross-sectional Imaging and Vascular Interventional](#)

## **C. S. Mott Children’s Hospital, Ann Arbor**

- [Pediatric Radiologist](#)
- [Radiologist-In-Chief and Assoc. Chair for Ped Radiology](#)

## **Drs. Harris, Birkhill, Wang, Songe and Associates**

- [MSK Fellowship Radiologist](#)

## **Grand Traverse Radiologists**

Hiring board certified/eligible radiologists with sub-specialization in the following areas:

- Interventional Radiology
- Women’s Imaging,
- General Diagnostic and
- Body Imaging/Cross Sectional

## **Garden City Hospital – SE MI**

- [General Radiologist](#)

## **Henry Ford Hospital, Detroit**

- [ACGME Musculoskeletal Imaging Fellowship](#)

## **Med Centric**

- [Remote, X-rays Only](#)

## **Regional Medical Imaging – SE/MID MI**

- [Body Imaging MSK](#)
- [Breast Imager](#)
- [Breast Imager – Hybrid](#)
- [MSK Radiologist](#)

## **Neuroradiologist, Hybrid**

- [Cardiothoracic Radiologist, Hybrid](#)

## **Rochester Radiology PC – SE MI**

- [Special Interest in Neuro](#)

## **University of Michigan – SE MI**

- [Cardiothoracic Radiologist](#)

## **X-Ray Associates of Port Huron – East MI**

- [BE/BE Radiologist](#)

To post a job opportunity for your group, reach out to Shannon Sage at [shannon@michigan-rad.org](mailto:shannon@michigan-rad.org).



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MORE

