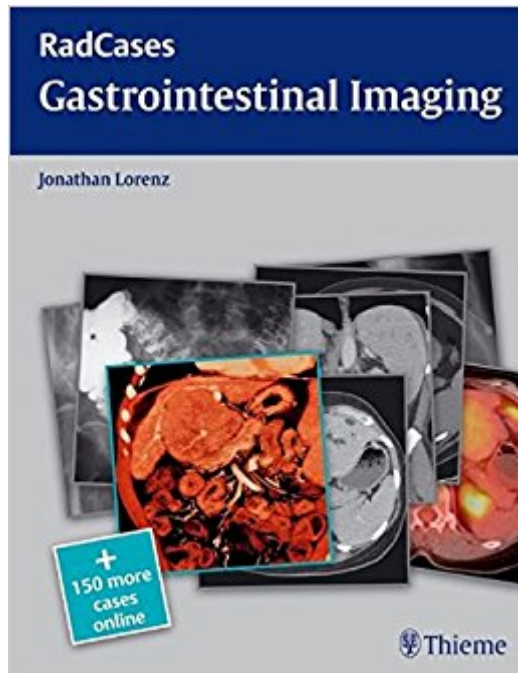


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Radcases Gastrointestinal Imaging



Synopsis

RadCases contains cases selected to simulate everything that you'll see on your rounds, rotations, and exams. RadCases also helps you identify the correct differential diagnosis for each case - including the most critical. Visit RadCases.thieme.com for free sample cases and to experience this dynamic learning tool for yourself! RadCases covers: Cardiac Imaging, Interventional Radiology, Musculoskeletal Radiology, Neuro Imaging, Thoracic Imaging, Pediatric Imaging, Gastrointestinal Imaging, Breast Imaging, Nuclear Medicine, Ultrasound Imaging, Head and Neck Imaging, Genitourinary Imaging. Each RadCases title features 100 carefully selected, must-know cases documented with clear, high-quality radiographs. The organization provides maximum ease of use for self-assessment. Each case begins with the clinical presentation on the right-hand page; simply turn the page for imaging findings, differential diagnoses, the definitive diagnosis, essential facts, and more. Each RadCases title includes a scratch-off code that allows 12 months of access to a searchable online database of all 100 cases from the book plus an additional 150 cases in that book's specialty - 250 cases in total! Learn your cases, diagnose with confidence and pass your exams. RadCases. Gastrointestinal Imaging will enable you to diagnose the full range of digestive diseases and disorders. Features of Gastrointestinal Imaging: High-resolution fluoroscopic studies and state-of-the-art cross-sectional imaging studies demonstrate a wide array of GI diagnoses. A variety of common and uncommon presentations cover everything from acute appendicitis to rare gastrointestinal neoplasms. Examples of critical cases that must be diagnosed immediately to avert potential disaster in daily practice and on exams such as intussusception, volvulus and mesenteric ischemia.

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Customer Reviews

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Associate Professor, Department of Radiology, University of Chicago Hospitals, Chicago, Illinois

I was previously using the Case Review series throughout most of my residency, when I discovered this series during my senior year. Thank heavens because RadCases is the way to go. There are only 100 cases per book, which makes it easier to get through. All of the cases are reasonable (unlike Case Reviews challenge section). MOST Importantly, the answer format gives you a Top 3 differential and best answer which is more how "real" case conferences are.

Far too many atypical and very subtle examples of the diagnoses described. The explanations do not provide adequate justification for the final diagnosis. Several of the cases seems far more difficult than they should have been because of poor image selection. Too many "what am I thinking?" type cases.

Not a bad book to own, and there is worthwhile info in here. But the other books in the series are far better. Some of the examples they used were far from good teaching cases, and seemed they were picked randomly from tumor board that day. But the didactic info did make up for it.

I like the radcases series, they seem to have more relevant cases than some other review series. There are a lot of typos in the book but they don't seem to distract from the learning too much. They explain the imaging findings after each case and give nice pertinent info. I would recommend these books.

The only decent GI review is Mayo. All others are obsessed with zebras and horrible images of uncommon findings. Thumbs down.

thank you so much , very fast shipment and good dealing and the shipment exactly as described

some radcases authors have more direction than others in making these books ideal for boards studying. this one is very conscientiously crafted toward that end.

I agree with many of the other reviews here. This is by far the worst book in the series. Everyone has routinely advised me to use RadCases vs CRS for board preparation, but I went through this book today and it was unfortunately a huge waste of my time. In fact, I think it was a hindrance in my preparation which only muddled concepts that I was previously comfortable with! When you are only allotted 100 cases for a comprehensive review for residents to succeed, I would hope that you would have more classic cases and important differentials as opposed to off the wall/what am I thinking type cases. It seems like author was more interested in showing the wildest case in his teaching file than actually thinking about how this could be used as a tool in the most critical time of a resident's education. I know this seems harsh, but with the new boards format we are really left to our own devices, and I want to be sure that those coming after me can prepare as efficiently as

possible and avoid any unnecessary sources. Although I have been really happy with this series, I guess its back to CRS for this one!

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