
The Radiographer

A publication of the Missouri Society of Radiologic Technologists

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The Missouri Society of Radiologic Technologists (MoSRT) was founded in 1931, chartered as a professional and scientific society dedicated to education, communication, and patient care.

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From the President



Hello fellow MoSRT members, imaging professionals, students, and friends.

Thank you for allowing me the opportunity to serve as your MoSRT President for the 2020-2021 term. I am very excited to start this journey and hope to continue the professional growth of the society. If you are not a current MoSRT member, I highly encourage you to join. As a technologist, some of the perks of having a membership include but are not limited to: networking with other imaging professionals across the state, obtaining continuing education credits, and staying up-to-date on current professional changes. As a student, I encourage you to continue your membership after graduation to also enjoy these perks. We are always looking for new faces to serve on the Board of Directors. If you are interested in serving in this capacity, please don't hesitate to contact me or any of the Board of Directors.

In addition to increasing the society's membership, I would also like to see the passing of our current Licensure bill. I encourage each and every one of you to keep contacting your legislators to enhance this process. If you need help or information in determining who your legislator is or how to contact them, or specific information on events, such as RT in JC, please keep an eye out on our society website mosrt.org.

I want each and every one of you to know that the MoSRT Board of Directors is working hard to provide the best opportunity to get a virtual meeting with some CEUs included for its members. We also will be providing any bylaw changes and the current budget for you to review and vote on as members. As soon as the details are set, we will provide you with the updated information.

Thank you again for allowing me to serve as the President of the MoSRT and I am looking forward to an exciting year! If you ever have any questions, please reach out to any of our Board of Directors. A list of these individuals is available on our website under the "About Us" tab, then go to "Board of Directors". Stay safe and well, and please know that we are here to serve you as imaging professionals.

Thanks again,
Brandi Grindel MEd RT (R)
MoSRT President
Student Quiz Bowl Co-Chair

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From the Student Intern



Hello everyone! My name is Jennifer Roach, and I attend Cox College school of Radiologic Technology. I was born and raised in Kansas, where I later attended and graduated from a cosmetology school. I now live in Nixa, Missouri, and have lived here for the last four years. During my time as a cosmetologist, I have loved making others feel beautiful about themselves but I knew there was more that I could offer. I have always wanted to work in the medical industry and wanted to take the experience I had as a cosmetologist and bring the best patient care to the patients I come in contact with, even if it is only for a short time. Radiology offers me extensive opportunities for professional growth and the chance to make a difference in the lives of others. I plan to support my profession and MoSRT by investing my time, assisting where needed, serving on a committee, and helping to raise awareness of the current legislative movements. It is an honor to be selected as the student intern and I look forward to learning more about MoSRT.

Announcements!

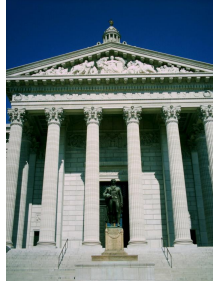
The MoSRT began monitoring the COVID-19 (coronavirus) situation once it became clear that travel restrictions were being placed. Many colleges and healthcare facilities also placed travel bans on employees and students to help protect their staff. This of course caused logistical challenges for the Society. The Board of Directors made the difficult decision to cancel the Annual MoSRT Conference due to the CDC recommendations for the COVID-19 virus. The health and safety of our members is our number one priority which we were able to do by limiting potential exposure and helping prevent the spread of this virus in large group settings.

Radiologic Technologists and Radiography students who attend our conference are on the front lines, in clinics and hospitals, caring for those who are most vulnerable to COVID-19. This decision truly was in the best interest of the citizens of Missouri, and the MoSRT to cancel our annual conference this year.

The MoSRT, Board of Directors, would like to celebrate those of you who go above and beyond and deserve recognition for the work you do. Please visit our website, mosrt.net, or Facebook page (Missouri Society of Radiologic Technologists to let us know who you think deserves recognition! You may see your story published in an upcoming issue of "The Radiographer," as well as our website, and Facebook page.

The ASRT will host a virtual special meeting of the House of Delegates on Saturday, June 27. If you have never attended a House of Delegates meeting, this is an opportunity you will not want to miss. Click [HERE](#) for more information.

Legislative Update



Regarding activity in Jefferson City for the medical imaging profession, let me remind you that SB 275 passed last session (2019) which included an amendment that created a task force charged with developing language for our next bill. Representative Kathy Swan and Senator Jeannie Riddle were appointed to sit on the task force. There are representatives from most of the organizations who, in the past, have been opposed to our efforts. More information to follow.

RT in JC was held on Tuesday February 11, 2020, in HR 2 (hearing room). Attendance was sparse but we had several Missouri schools who brought their students. I cannot thank you enough for bringing your students and introducing them to advocacy. It means a great deal to the legislators to have their constituents there to speak to them in person about what is important to them. I am going to ask each of you to begin planning now for the next RT in JC. Let us make this one our biggest and best one yet. It will probably be in February 2021 so begin now by looking at the dates and let me know what will work best for you. I usually schedule this early after the new year so we can get the date/time we want. Check out your calendars! Thank you so much. (assuming we can have large gatherings again!)

Where are we now? During the 2020 legislative session, the report from the task force mentioned above was attached to SB 508 as an amendment. However, with the

shortened legislative session due to COVID 19, we lost six weeks of session. I am sure you realize the legislative session only runs from January till May, taking out six weeks of activity hampered our efforts. The legislation had to constitutionally concentrate on getting the budget completed. Therefore, we did not have a successful session and the bill died in committee.

What does all this mean? We will begin the 2021 legislative session where we ended this year, we can move forward with the task force report, and will not need to repeat that portion. I do not want to mislead you; there are still organizations that do not think licensing a medical field is in the best interest of everyone. But we have hammered out a lot of the opposition and have been able to come to an agreement. There are still a couple of groups who did not participate in these discussions, at their choice, but will still oppose us, nonetheless. Representative Kathy Swan has reached term limits for the House and will be running for Senate. It is my understanding she will still sponsor us in the Senate. If Representative Swan is in your district, Cape Girardeau area, please support her run for Senate. She is awesome and has been a wonderful sponsor.

Now, what can you do? We will begin working on the next bill soon. I will let you know once we have a bill number so you can then contact your legislators to ask for their support. Ask your legislators if they have questions/concerns regarding the concept of the bill. Many legislators feel with a state license, we will be limiting access to the Radiology field. Please express to them this will in no way limit the field just as in other licensed fields but will assure Missouri patients of educationally prepared and clinically competent individuals will be providing Radiology services. Get to know what our purpose is and follow up with them with answers. We need to provide answers to the legislators as to why this is important. Proper radiation exposure and protection is important, even if our profession changes the guidelines. Then education on

collimation and exposure parameters becomes even more relevant. As always, let me know if I may help you in some manner. Healthcare is important to everyone.

Stay tuned! I will share information as it becomes available. Thank you for sticking with the MoSRT, our patients are worth our efforts to assure them we always have their best interest in mind.

‘Education before exposure’.

Respectfully,

Diane Hutton BA RT(R) ARRT

Legislative Activities Chair

Diane.hutton@mosrt.org

2020 Conference Update

While the Annual Conference was canceled, we still had a lot of great submissions for our competitions. Check out the winners below!

Scientific Display Winners (Technologists)

1st Place: Janet Akers-Montgomery, Jefferson College

“EVALI: The New Lung Disease”

EVALI : The New Lung Disease

Vaping with electronic cigarettes has contributed to at least **3,648 hospitalizations** and **50 deaths** in the U.S.

E-cigarette or **V**aping **A**ssociate **L**ung **I**njury : name given to vaping related illness (MedicineNet, 2020)

Symptoms: Diffuse alveolar hemorrhage, Cough, chest pain, shortness of breath, and gastrointestinal symptoms including abdominal pain, nausea, vomiting, and diarrhea, fever, chills, weight loss, and possibly death (MedicineNet, 2020)

Chemical Causes:

- THC
- Nicotine
- Vitamin E acetate- oil derived from Vit E (Centers for Disease Control and Prevention, 2020)

Common Radiologic Findings

- ❖ Hypersensitivity pneumonitis: upper and mid lung- predominant ground-glass opacity, poorly defined centrilobular nodules **Figure 1** (Nov, 2019)
- ❖ Acute eosinophilic pneumonia: secondary to first-time vape usage, increased use, a brand change, or the resumption of traditional smoking products (Nov, 2019)
- ❖ Organizing pneumonia: fibroblast proliferation and collagen deposition, and typical CT findings are bilateral patchy ground-glass opacity, consolidation, or both in peripheral or perilobular distribution (Nov, 2019)
- ❖ Lipoid pneumonia: lipid-laden macrophages on bronchoalveolar lavage **Figure 2** (Nov, 2019)
- ❖ Giant cell interstitial pneumonia: rare pneumonia, due to trace amounts of cobalt in the patient's vape mechanism- **Figure 3** (Nov, 2019)
- ❖ Vascular dysfunction: MRI showed immediate affect to vascular function including aortic stiffening and impairs function of endothelium (Nov, 2019)
- ❖ Pulmonary Infiltrate: CXR opacities (U.S. Department of Health and Human Services, 2020)
- ❖ Histology Findings: resemble chemical burns (Foden-Wencel, 2019)

Figure 1

Figure 2

Figure 3

References:

Centers for Disease Control and Prevention. (2020, August 10). Retrieved from <https://www.cdc.gov/e-cigarettes/>

MedicineNet. (2020, August 10). Retrieved from https://www.medicinenet.com/electronic_cigarettes/article.htm

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Scientific Display Winners (Students)

1st Place: Danielle Campbell, University of Missouri

“Players Vs. Watchers: An Echocardiographic Evaluation of Left Heart Morph”

Players Vs. Watchers: An Echocardiographic Evaluation of Left Heart Morphology and Physiology

Background:

“Athlete’s heart” is a term to describe the morphologic and physiologic changes in the heart due to prolonged stress from physical exertion. Morphologic changes include increased ventricular wall thickness, slight increase in atrioventricular diameter, and increased left ventricular mass. Physiologic changes include increased ejection fraction, blood pressure, and cardiac output. It is well known that physical activity is an important aspect of maintaining cardiovascular health but it could also cause serious harm. One article states, “percentage of sudden death among competitive athletes is not only a medical issue but also a social issue”. Sports medicine physicians and cardiologists have been investigating this phenomenon and have linked it to the morphologic and physiologic changes the heart undergoes when a young adult is a competitive athlete. Furthermore, research explains the danger of prolonged high intensity training and its effects on the cardiovascular system, in some cases leading to cardiovascular disease (CVD). This study investigates the potential role of echocardiography for monitoring cardiac changes in young athletes.

Research Questions:

The purpose of this study was to investigate anatomic and physiologic differences in the left side of the heart, between athletic and non-athletic college-age males. The research questions addressed in this study were:

1. What are the morphologic differences visualized on an echocardiogram between an athletic vs. a non-athletic college-aged male?
2. What are the physiologic differences when comparing a male athlete’s heart vs. a non-athletic heart?

The researchers hypothesized that the left ventricular walls and interventricular septum of athletes would be thicker and that their ejection fraction would be lower.

Method:

The two specific groups compared were athletic vs. non-athletic males. For the purpose of this study an athlete was described as a male who undergoes intensive training roughly 7 times a week, 3-4 hours a day. The non-athlete was defined as a male who does not have a consistent exercise routine or is lacking one altogether. For both groups, the focus included college-aged males between ages eighteen and twenty-five years old. This study was comprised of a survey, a limited echocardiographic exam, and manual recordings of blood pressure and heart rate. The limited echocardiographic exam consisted of three different views of the heart: parasternal long axis, apical 4-chamber, and apical 2-chamber. In parasternal long axis, measurements are obtained of the Interventricular Septum at end-systole (IVS), Interventricular Septum at end-diastole (IVED), Left Ventricular Dimension at end-systole (LVESD), Left Ventricular Dimension at end-diastole (LVEDD), Left Ventricular Interventricular Wall at end-systole (LVPIES), Left Ventricular Interventricular Wall at end-diastole (LVPIED), Left Ventricular Outflow Tract diameter (LVOT), and Aortic Root Diameter (ARD). In the 4-chamber view, measurements were obtained of the Left Ventricle End-Systolic Volume (LVESV), and Left Ventricle End Diastolic Volume (LVEDV). Also in the 4-chamber view, a valve clip was acquired in this view using Color Doppler to evaluate regurgitation in the Aortic Valve. In the 2-chamber view, septal measurements were obtained of LVESV and LVEDV.

Results and Discussion:

The most significant difference that was noticed was in the interventricular left ventricular wall and the IVS thickness. The researcher decided to use an a priori significance level of 0.1 (90% confidence). This level of significance is considered acceptable and supports a conclusion that there is an association between the exposure and the outcome being examined. Based on this confidence interval the research showed a statistically significant difference in the interventricular wall and interventricular septum thickness in systole and diastole in athletes vs. non-athletes. The LVPIED and IVS were thicker in athletes than in non-athletes in both systole and diastole (Figure 1). The results support the hypothesis that there are morphologic changes in athletes compared to the non-athletic group. These results are consistent with previous literature on “Athlete’s Heart”. Based on the literature, the researchers expected to see a greater degree of aortic insufficiency in the athletic group. Previous literature also presumed the expectation of changes in aortic root diameter and ejection fraction of athletes compared to non-athletes, but no significant differences were noted in this study.

Conclusion:

This study is important because it contributes to existing knowledge about the condition known as “Athlete’s Heart” and how it can mimic other cardiovascular pathology. The results of this study, along with previous literature, may support changing the way echocardiograms are assessed. It shows the importance for asking young males if they are athletic or participate in a sport. This question gives insight to the physician the patient lives and can inform the interpretation of echocardiographic findings. Having this information could make something that looks pathologic normal just by knowing the patient’s history. This research study supports current findings in the literature stating that there are morphologic changes in athletes compared to the non-athletic group. Changes that were observed in the athletic group included an increase in the diameter of the IVS and interventricular left ventricular wall in both systole and diastole. The changes that were observed are consistent with previous literature on the topic. While the findings regarding ejection fraction, aortic root diameter and aortic insufficiency were not statistically significant in this study, findings in previous literature prompt further investigation with a larger number of participants in order to further define the potential relationship between these structures and strenuous physical training associated with college athletes.

Figure 1: Bar graph comparing wall and IVS thickness in athletes and non-athletes.

Measurement	Athletes (mm)	Non-Athletes (mm)
Para Wall (s)	~1.4	~1.1
Para Wall (d)	~1.1	~0.8
IV (s)	~1.3	~1.0
IV (d)	~1.1	~0.8

References:

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2. Janssen A J, Cortina R, Singer Libanelli S, Salazar G, Quares R, Van D, Chen H, Linnegren G, Salvo D, Cramer E, Cane F, Basso M, J. Basso E. Aortic Root Dimensions in Elite Athletes. *Heart Jan; 2015; 91: 223*
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4. Janssen A.J. Introduction to Health Research Methods, a Practical Guide. 1st ed. Burlington, MA: Jones and Bartlett Learning; 2017. 740-247.

2nd Place: Laura Huddleston, University of Missouri

“Do You Have the Guts? A Comparative Study of the Sonographic Appearance of the Thickness of the Intestinal Wall between Healthy Patients and those with Celiac Disease”

Do You Have The Guts? A Comparative Study of the Sonographic Appearance of the Thickness of the Intestinal Wall between Healthy Patients and those with Celiac Disease

Background

Celiac intolerance, more commonly known as celiac disease, is an autoimmune condition that affects intestinal wall and weakens the intestinal wall as a result of the body being unable to digest gluten.^{1,2,3,4} The intestinal wall becomes thickened due to the inflammatory response that occurs when the immune system attacks gluten tissue as if they were foreign.⁵ When the wall thickens, the body has trouble absorbing food which can lead to malnutrition.⁶

Symptoms include bloating, diarrhea, constipation, stomach pain, back pain, headache and anemia/fatigue. Celiac is found in numerous areas such as wheat, barley, and rye. Currently, gluten intolerance is diagnosed via blood work and biopsy of the small intestine. Computed Tomography (CT) has also been used, however, this modality can result in significant radiation exposure, particularly if repeat scans are required.⁷ Sonography has been used to image the intestine, but it is not a primary modality used when diagnosing gluten intolerance.⁸ With the advances in technology, sonography is being used to image the intestine to assess for Celiac disease and identify early findings to gluten intolerance, those known as the “leaky gut” syndrome.⁹ One research article stated that the best images resulted from a continuous transducer and a linear transducer by providing a balance between adequate penetration, field of view, and spatial resolution to enable a complete assessment of the small intestine.¹⁰

Research Question

The purpose of the study was to find a more efficient method to detect gluten intolerance as well as determine the sonographic appearance of effects on the intestinal wall and evaluate whether the effects continue after starting a gluten free diet.

Research Question: How does the intestinal wall thickness, as assessed with sonography, of patients with a known gluten intolerance compare to that of those who are not gluten intolerant?

The researchers hypothesized that the intestinal wall would be thicker in patients who report symptoms of gluten sensitivity but are not on a gluten free diet.

Methods

There were 22 participants: 10 normal/symptomatic, 11 with physician diagnosed gluten sensitivity, and 10 malnourished/symptomatic. The participants were recruited via word of mouth, social media, and flyers. After informed consent was obtained, participants were screened regarding their gluten intolerance and dietary habits. The sonographer was blinded to the participants’ gluten intolerance and dietary status. A GE Logiq T ultrasound machine was used to obtain images of the small bowel in the supine, left lower quadrant, and right lower quadrant of each participant’s abdomen with a 7 MHz linear probe. The intestinal wall thickness was measured at each site. Statistical analysis was performed using a One Way ANOVA and the Kruskal Wallis test.

Results

There were 22 participants. Based on their survey results they were classified as normal/symptomatic (10-NS), physician diagnosed gluten sensitivity (10-IG), or malnourished/symptomatic (10-M).

ANCOVA was used to analyze the variance between the sites where images were obtained. Using an a priori significance level of 0.05, there were no significant differences in the measurements between sites.

A Kruskal Wallis test was used to analyze the variance between all gluten sensitive participants (physician diagnosed and malnourished/symptomatic) and participants without a gluten sensitivity (normal/symptomatic). Using an a priori significance level of 0.05, there was a statistically significant difference in the measurements between the two groups (p=0.04).

Discussion

The results from the ANCOVA test were not statistically significant, showing that no specific site was more likely to demonstrate wall thickening. This is consistent with the diffuse nature of small bowel inflammation associated with gluten intolerance. Therefore, there is an advantage to subjectively evaluating the area of the small bowel over another with sonography when evaluating the thickness of patients exhibiting symptoms associated with the condition.

The results from the Kruskal Wallis test are significant because it showed people with a gluten intolerance that are not malnourished with a gluten free diet have a thicker intestinal wall. This is important because patients who are experiencing abdominal pain due to gluten intolerance are more likely to have a thickened intestinal wall based on these findings. Therefore, sonographers who are evaluating patients with diffuse abdominal pain can improve patient outcomes by evaluating intestinal wall thickness and reporting the finding to alert physicians for the potential need of a further working to resolve gluten intolerance as the source of the symptoms.

Limitations of the study included recruiting participants and having some finding participants that were malnourished/symptomatic was difficult. However, this did not skew the data due to the use of the Kruskal Wallis test as compensation for the lack of participants within the malnourished/symptomatic category. Therein error was minimized due to the initial lack of consistency regarding the thickness of the bowel wall due to the inconsistency of the student sonographers performing the exams.

Conclusion

Celiac intolerance, particularly in those who do not follow a gluten free diet, significantly affects intestinal wall thickness. However, when one is diagnosed with a gluten intolerance and follows a gluten free diet, their intestinal wall seems to be inflated, as there was not a statistically significant relationship between intestinal wall thickness and being diagnosed with a gluten intolerance.

Areas of future research could include evaluating the intestinal wall thickness of people with known gluten intolerance, showing no difference associated with compliance with the recommended gluten-free diet. It would also be helpful to repeat this study with a larger number of participants in order to demonstrate more generalizable results.

References

1. Celiac Disease: A Hidden Epidemic. <https://www.celiac.com/celiac-disease/a-hidden-epidemic/>
2. Celiac Disease: A Hidden Epidemic. <https://www.celiac.com/celiac-disease/a-hidden-epidemic/>
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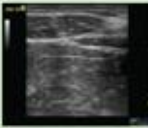


Figure 1: approximately normal-gliex




Figure 2: approximately normal-gliex




Figure 3: thickened-gliex-intestine-normal-gliex

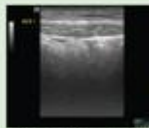


Figure 4: thickened-gliex-intestine-normal-gliex




Figure 5: approximately normal-gliex




Figure 6: approximately gliex-free diet

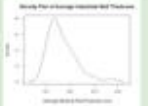


Figure 7: High frequency distribution of the average thickness of the intestinal wall.

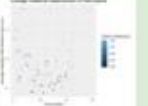


Figure 8: Scatter plot showing the relationship between the average thickness of the intestinal wall and the average thickness of the intestinal wall.

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3rd Place: Whitney Evans, Rolla Technical Center
 “Cardiac Catheterization”

CARDIAC CATHETERIZATION



Image #1 (AAMI)

CARDIAC CATHETERIZATION IS:

The Catheterization Lab (Image #1 and #2) is where procedures are performed using a “C-Arm” to gather information and perform procedures to care for the heart. In a Cath Lab an RT would assist a cardiologist with invasive procedures to treat the heart using fluoroscopy to view the heart and surrounding blood vessels. Procedures such as: angioplasty, stenting, thrombolysis, and biopsies are common in the Cath Lab.



Image #2 (Adventist Health Georgia)

TECHNIQUES

In a Cath Lab, cardiac catheterization procedures are performed often. Techniques such as: Sones Technique (brachial approach) and Judkins Technique AKA the Seldinger Technique (femoral approach) are used to place heart catheters. The Judkins Technique is the most commonly used.

PREPPING THE PATIENT

The patient must fast for 6-8 hours before the procedure and discontinue the use of any anticoagulant, antiplatelet, or any other blood thinning or clotting medications. (JOHN BONDING MEDICINE)

PROCEDURES

The three most commonly used techniques to access the heart are through the femoral (Image #4), carotid (Image #3), radial or brachial arteries. (ARA, WISANI J.) Contrast media is used along with fluoro to guide the catheter to the blockage. Once the catheter is placed, the balloon is inflated to open the blocked artery. During an angioplasty a stent is placed inside a coronary artery to expand the constricted artery. After the artery is expanded the stent is placed to prevent the artery from closing or narrowing again. (JOHN BONDING MEDICINE)



Image #5 (Wishes Wisconsin)

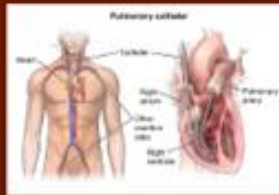


Image #3 (University of Rochester Medical Center)

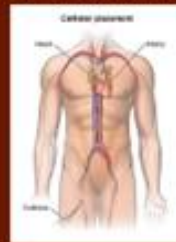


Image #4 (Johns Hopkins Medicine)

INDICATIONS

The most common procedure performed in a Cath Lab is for coronary artery disease. (SHELL, WILKINS J.) Coronary artery disease develops when cholesterol and fatty deposits build up and restrict the blood flow to the heart, sometimes causing a heart attack. An angioplasty would be performed in the Cath Lab to open an artery using a balloon or stent.

CONTRAINDICATIONS

Some contraindications that would prevent a patient from having a procedure include: Chronic Heart Failure, infection, fever, uncontrolled arrhythmia, or uncontrolled hypertension. (JOHN BONDING MEDICINE) Medications can be given beforehand in order to continue with the procedure, however the urgency of the procedure and the patients risks are all considered.

COMPLICATIONS/SIDE EFFECTS

Most complications after angioplasty procedures are minor and easily treated. Generally, complications involve: allergic reaction with the contrast, infection of the area of the catheter placement, or even side effects from the catheter placement. (JOHN BONDING MEDICINE) Although strokes are serious complications after a stent placement, the stroke rate is significantly low for this procedure.

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 1. American Association of Cardiovascular and Intensive Care Technicians. (2017). *Cardiac Catheterization*.
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Scientific Essay Winners (Technologists)

1st Place: Janet Akers-Montgomery, Jefferson College

“EAVLI: E-cigarette or Vaping Associate Lung Injury”



2nd Place: Don Hessel, Research Medical Center

“Improving Patient Satisfaction Scores in the Imaging Department”



3rd Place: Mark Reynolds, Research Medical Center

“Determining the Effectiveness of the Online Web Tools, Kahoot and Quizlet, on Knowledge Retention and Confidence in Learning in Neuroanatomy”



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Scientific Essay Winners (Students)

1st Place: Katie Jones, St. Lukes School of Radiologic Technology

“Medical Imaging and Three Dimensional Printing”



2nd Place: Carly Spooner, Research Medical Center

“Radiation Immunity in Tardigrades and the Future Use for Humans”



3rd Place: Delanie Uehlin, Hillyard Technical Center

“Radiographic Scientific Study of Biological Criminology”



Scholarship Winners (Students)

Robert A. Feldhaus Award: Taylor E Gray, Cox College



Henry .Y Cashion Award: Carter R. Ball, Missouri Southern State University



Stephanie A. Whisler Award: Maggie E Figler, Jefferson College



Scholarship Winners (Technologist)

Coretta A. Schroer Winner: Daniel Edwards, Cox College



MoSRT Fellow 2020

Kristi Littleton



The Missouri Society of Radiologic Technologists implemented the honorary category of Fellow, Missouri Society of Radiologic Technologists (FMoSRT) with the first class elevated in 2015. The application, requirements, and other details are loosely based on the ASRT Fellow application, and may be found on the MoSRT website. Congrats, Kristi!

mosrt.org

General Housekeeping

- Please Note: Due to the cancellation of the annual conference, there was no Student Bowl, therefore no Student Bowl Winners. Also, there were no Outstanding Technologist or Life Member Awards given this year.
- The membership vote on the Bylaw revisions will be postponed until next year's annual conference.
- If you are interested in submitting a Scientific Essay, Display, or Scholarship entry for 2021, please monitor mosrt.org or our Facebook group (Missouri Society of Radiologic Technologists) for an announcement regarding those timelines.
- Are you interested in volunteering on behalf of your profession? The MoSRT Board of Directors wants you to get involved! We're always recruiting newcomers to expand the representation of the Radiology field. Please click [HERE](#) to be taken to our Volunteer Application, and someone from our Board of Directors will contact you shortly.
- Special shoutout goes to Casey Feigly for her work on putting together a special #alonetogether video that includes many of the MoSRT Board members. Click [HERE](#) to view it.
- Recently the MoSRT Board of Directors put out a call for names and stories about technologists who have gone above and beyond in our profession. For those who have submitted something, thank you. For those that have not, what are you waiting for? Click [HERE](#) to submit someone you wish to acknowledge!

The Missouri Society of Radiologic Technologists

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Thank You

As you may or may not be aware, the MoSRT's previous Publications Chair Jessica Dines, informed the Board of Directors that she would no longer be able to continue publishing The Radiographer at the conclusion of the 2020 Conference. The Board thanks her for all of her hard work over these past several years and wishes her nothing but the best in her future endeavors.

I, William "Joe" Oller, have volunteered to take on the duties of the Publications Chair, and only hope that I can fill the shoes of the individuals that came before me. I have a few ideas for sections that I hope to start implementing in the future. If there are items that you would like to see more or less of, please let me know by emailing me at webmaster@mosrt.org.



Thank you for taking the time to read Volume 79, Issue 1 of The Radiographer. Our next issue is expected to be published this fall/winter.