The objective of the radiology residency-training program is to enable the resident to become knowledgeable in all aspects of the field of veterinary diagnostic imaging through clinical experience, course work, research, and teaching. The resident should become competent in small and large animal diagnostic radiology, diagnostic ultrasound, computed tomography, magnetic resonance imaging and nuclear medicine. The ultimate goal of the program is to enable the resident to be eligible to take and pass the certification examination of the American College of Veterinary Radiology, and to be prepared to function well in either academic or private practice settings.

Completion of a research project suitable for publication in a peer-reviewed journal such as Veterinary Radiology and Ultrasound is the primary non-clinical task. This project can take a variety of forms or involve any diagnostic imaging modality. Prospective studies are ideal. Presentation of this project at one of the ACVR meetings is encouraged. Study time to prepare for the preliminary board examination and vacation make up the remainder of the non-clinical time.
<table>
<thead>
<tr>
<th>ACVIM</th>
<th>Andrew Bugbee</th>
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<tr>
<td>ACVIM</td>
<td>Marc Kent</td>
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<tr>
<td>ACVS</td>
<td>Chad Schmiedt</td>
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<td>ACVS</td>
<td>Samuel Franklin</td>
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<tr>
<td>ACVP</td>
<td>Corrie Brown</td>
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<tr>
<td>ACVP</td>
<td>Elizabeth Howarth</td>
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Briefly describe how the program meets the facility requirements.

Diagnostic Radiology
Small Animal Rooms (3)- RadPRO Elite XM Overhead Suspension with 400KHU X-ray tube and manual collimator with Canon CXDI-70C digital detectors, and RadPRO Elite XM 4-way float elevating table with dual mode 70 series docking station. RadPRO 80kW 3-phase 480V integrated DR generator- 40-150 kVp, 10-800 mA, 1 ms-10s

Small Animal Radiology/Fluoroscopy Room- RadPRO D2-50RF Dynamic Radiographic System with CanonCXDI-50RF dynamic/static detector. Rad- 40-150kV, 10-150kV, 10-800mA, 1ms-10s. Fuoro- 40-120kV, 0.5-5mA (low dose) up to 7mA.

Large Animal Radiology Room-CPI Indico 100 RAD 100 kW, with Canon CXDI-70C OEM Detector.

Portable units- RadPRO Mobile 40kW digital x-ray system, used with the Canon CXDI-70C OEM detector. MinX-ray machine HF80/15+dlp, 80kVp, 15mA with lighted collimator. Sound SprintAir DR Portable system, Eklin EDRS MarkV

Other Equipment-Fuji Smart CR, AGFA Drystar Axys printer and AFP imaging Mini-Medical automatic processor

Ultrasound
Toshiba Xario- full range of transducers, contrast US, 4D transducer and software
GE LogiQ- full range of transducers and contrast US
Philips CX50- Portable ultrasound unit with curvilinear and linear transducers

Computed Tomography
Siemens Somatom Sensation 64 slice scanner with an EquusCT large animal table.
Medrad Stellant automatic power injector

MRI
Siemens Magnetom Skyra 3T with large animal compatible table

Nuclear Medicine
Gamma camera system- IS, Digital 55, HRGP gamma camera. Mirage Nuclear Medicine Processing Computer System. Dedicated computer workstation. Ultrascan lift system (Enhanced Technologies)

Interventional Radiology
OEC 9900 Elite digital mobile high-resolution motorized C-arm with 12” image intensifier; 15kWgenerator for pulsed cone bolus chasing, digital subtraction angiography (DSA) and road mapping. Large animal accessible.

Radiation Therapy
Trilogy (Varian) linear accelerator with 6MV x-ray beams and electron beams and a Hight Definition multi-leaf collimator with a six degrees of freedom couch. Supported by Varian Eclipse computerized radiation treatment planning equipment with IMRT and SRT software and record and verify (Varian Aria).

Diagnostic Imaging Research
All hospital equipment is available for research purposes. Most research is conducted unobstructed between 8-10AM. Research during other hours can be performed if the equipment is not needed for clinical patients.

Indicate the approximate number of patients seen annually by the home institution?

27,800

What is the annual imaging caseload?

13,500
What percentage of imaging reports are typically available within 48 hours after the examination is conducted in typewritten or electronic form?

95%

Of the preliminary reports generated from the imaging caseload what percentage are initially produced by the resident?

99%

What percentage of the resident reports are reviewed by the imaging faculty prior to finalization of the report?

100%

When preliminary resident reports are reviewed and edited by the imaging faculty responsible for training, what percentage of the time are two or more faculty present?

25%
Over the last five years, what is the average number of peer reviewed publications, on which the IMAGING faculty listed under Direction and Supervision in IV, are included as authors? 3

What is the number of publications/submissions expected of a resident completing the program? 2

If this is an established program, what percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting? 80%

Is an advanced degree a requirement of the training program? No

How many lectures or scientific presentations are expected of each resident during the course of their training? 6

Did all of your current resident(s) adequately complete the last six months of training? Yes

List the current members of the residents’ review committee.

Scott Secrest
Ajay Sharma

List the internal mechanisms in place to protect your resident if conflicts arise.

If conflicts arise, residents are encouraged to address them with their assigned mentor and/or resident director. If not appropriate or further discussion is needed, the Hospital Director and Department Head are available for consultation.

What is the nature and scope of the teaching file available to residents? A log of interesting cases is maintained by residents and faculty which can be easily accessed via the RIS/PACS. These cases are listed by diagnosis and/or imaging finding. In addition, a large number of hard copy film cases suitable for board preparation and teaching are available for review, many of which have finalized reports for self study. Cases from outside sources are also acquired for Known Case Conference, particularly in the exams given to the third year resident preparing for the certifying examination.

How is it maintained/updated? By faculty and residents

On average how many Known Case Conferences are conducted annually? 17
What is the geographic relationship between the nearest medical library and the training program?

Provide the pass rate for first time, second time, etc for both the preliminary and certifying exams for your residents for the past 5 years. For example, for all residents finishing your program 5 years ago (Year 5): x number passed prelim 1st time, y number passed certifying exam 1st time, z number was unsuccessful.

On main campus, approximately 3 miles from the Veterinary Teaching Hospital. All residents have use and access to UGA library resources electronically as well.

<table>
<thead>
<tr>
<th></th>
<th>Year 5</th>
<th>Year 4</th>
<th>Year 3</th>
<th>Year 2</th>
<th>Year 1</th>
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</thead>
<tbody>
<tr>
<td>Passed preliminary exam 1st time</td>
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<td></td>
<td></td>
<td></td>
<td>Withdrew from the program</td>
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<tr>
<td>Passed preliminary exam 2nd time</td>
<td>NA-transferred</td>
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<tr>
<td>Passed preliminary exam after 2nd time</td>
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<td>1</td>
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</tr>
<tr>
<td>Passed certifying exam 1st time</td>
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<td>1</td>
<td>Scheduled for Sept. 2017</td>
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<tr>
<td>Passed certifying exam 2nd time</td>
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<tr>
<td>Passed certifying exam after 2nd time</td>
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<tr>
<td>Unsuccessful in all attempts</td>
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