

Why pediatric radiology? Thoughts from a Pediatric Radiologist (and Parent) on her Subspecialty

Pediatric radiology is a subspecialty that sees various types of imaging cases, one of the reasons Dr. Kellie Greenblatt became a pediatric radiologist.

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Dr. Kellie Greenblatt

Based in Los Angeles, Dr. Greenblatt serves on the Radiology Partners' National Subspecialty Division Advisory Board for pediatric radiology. She received her medical degree from Chicago Medical School, and she completed her residency at Kaiser Permanente, Los Angeles, and her fellowship at Children's Hospital of Los Angeles.

We spoke with Dr. Greenblatt about her role, her subspecialty, her advice for trainees and what she wants parents to know, both as a mother and pediatric radiologist herself.

As a pediatric radiologist, what does a typical day look like for you? What kind of cases do you see?

I'm the primary pediatric radiologist in my practice, and we serve more than 20 hospitals. I would estimate about 20-30% of my caseload is pediatric and the rest adults, but it really varies. Some of the patient volume comes from the NICU because a lot of NICU patients need daily chest imaging and frequent sonographic neuro imaging. We also get a lot of cases from our outpatient imaging centers, as kids go their pediatrician for cough, fever, broken bones and things like that. From the emergency department, we tend to see things like appendicitis or a mix of minor and major trauma.

Uniquely to pediatric radiology, we rely more on x-ray and ultrasound and less on CT to reduce the radiation exposure to children.

Why did you choose pediatric radiology?

I enjoyed all of my rotations as a resident, particularly x-ray. I feel like there is a lot of info to be obtained from an x-ray. X-ray interpretation is kind of a lost art, and when I did my pediatric radiology training, I was able to get a lot of experience with x-ray.

Additionally, as a radiologist, you work with referring physicians, and I really liked working with others focused on pediatrics. Pediatric subspecialists, pediatricians and others who go into the care of children – they are special people. They are extremely empathetic and kind. In the end, I just went

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with my instincts and chose peds.

What advice do you have to trainees looking to choose a subspecialty?

Pediatric radiology is a field where you see all types of cases, musculoskeletal, neuro, cardiac, and all different modalities as well. We need good pediatric radiologists, particularly in private practice. There's just not that many of us. Children aren't just little adults, and we rely on different modalities than in general adult radiology, so it's an important skillset and subspecialty.

September is Childhood Cancer Awareness Month. Is there anything you want to share with parents?

Luckily, childhood cancer is fairly rare, and the most common cancers in children are the most curable.

I would tell parents to go with your instincts. You know your child and you know when something is wrong. My daughter actually had a brain tumor when she was younger. She's 11 now, but when she was 3, I took her to see a few specialists. I was concerned with some recurring symptoms she had – headaches and vomiting in the mornings. The doctor didn't see anything out of the ordinary but I kept persisting, and finally we ended up in the emergency department where they ordered a head CT, and she had a large brain tumor. She had surgery and had it completely removed, and she's doing great now. As a parent, when you go through a diagnosis like that with your child, at first there is a lot of fear and sadness, but then there is also hope. I think one reason people go into pediatrics is because there is that hope.

Dr. Kellie Greenblatt serves on the National Subspecialty Division Advisory Board for pediatric radiology at <u>Radiology Partners</u>, a leading physician-led and physician-owned radiology practice in the U.S. For the latest news from RP, follow along on our <u>blog</u> and on <u>Twitter</u>, <u>LinkedIn</u>, <u>Instagram</u> and <u>YouTube</u>.

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