



EMERGENT PEDIATRIC IMAGING & EMERGING TRENDS IN PEDIATRIC RADIOLOGY

JULY 18, 2026

SMX AURA CONVENTION
CENTER, PHILIPPINES

WELCOME MESSAGE



Greetings!

In behalf of the board of trustees of the Philippine College of Radiology (PCR), let me congratulate the Philippine Society for Pediatric Radiology (PSPR) for mounting its convention with the theme of Emergent Pediatric Imaging and Emerging Trends in Pediatric Radiology. Indeed this event is very timely and significant as we continuously improve diagnostic imaging to be able to cater to one of the most vulnerable population of the society.

The program prepared for all radiologists and pediatricians indeed shadow the important aspects in pediatric disease management which can create a big difference as we continue to protect and uplift the hope and future generation of Filipinos-our children. May the learning that each of the attendee will be able to inculcate will be able to be translated to better patient outcome and be applied in every health institution in the country.

My deepest gratitude to the PSPR for always being innovative in coming up with educational activities that will enrich the learning experience of every Filipino radiologist. The continuous commitment of the society is being reflected being hailed as the most outstanding allied subspecialty of the PCR last February 2026. God bless you on your future endeavors and may your tribe increase a hundredfold.

- **MARC JAMES DC. DELOS SANTOS, MD, FPCR, FCTMRISP** -

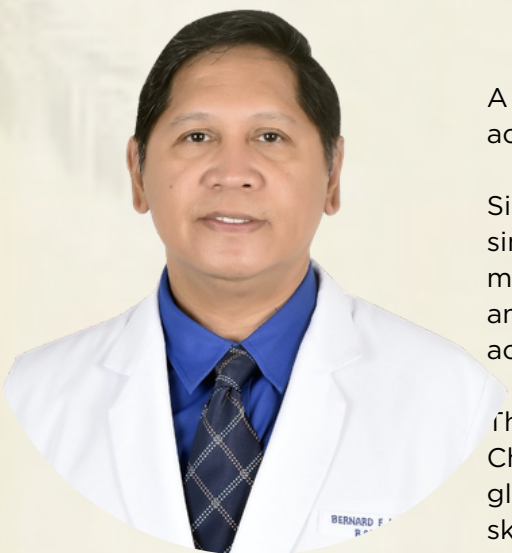


It's a pleasure to welcome you to this conference, made possible through the partnership between the Philippine College of Radiology, the Philippine Society for Pediatric Radiology, and the Children's Hospital of Philadelphia.

This collaboration started a few years ago over lunch with Dr. Bernard Laya and Dr. Mariaem Andres at the Society for Pediatric Radiology conference in Honolulu. That conversation about the shared challenges and opportunities in pediatric imaging education was given real momentum by my colleague Dr. Jordan Rapp, whose visit beforehand helped lay the groundwork for this relationship. Since then, it has grown steadily into shared educational programs, mentorship, and now this conference.

I'm grateful for the work of Dr. James Delos Santos, Dr. Laya, Dr. Andres, Dr. Rapp, and everyone at the Philippine College of Radiology and the Philippine Society for Pediatric Radiology in building this partnership. Thank you for trusting us and allowing us to be a part of your vibrant radiology community. I hope this partnership continues for many years to come.

- **ASSISTANT PROFESSOR ABASS M. NOOR, CIIP, FAAP** -



A warm and heartfelt welcome to all our esteemed colleagues, distinguished speakers, and participants to this milestone academic event!

Since its inception in June 2017, the Philippine Society for Pediatric Radiology (PSPR) has been steadfastly committed to a singular, vital mission: elevating the standard of pediatric care through the promotion of safe, optimized, and high-quality medical imaging for children. Over the past nine years, our collective dedication to continuous education, rigorous research, and scholarly excellence has significantly advanced our field, particularly in sharpening diagnostic accuracy for congenital and acquired diseases, while championing crucial protocols in radiation protection and contrast safety.

This year marks an exciting new chapter in our journey. We are thrilled to highlight our landmark collaboration with the Children's Hospital of Philadelphia (CHOP). This international partnership stands as a testament to our ongoing pursuit of global academic standards, aimed at empowering Filipino radiologists with cutting-edge insights and advanced technological skills.

Our profound gratitude goes out to the organizers whose meticulous planning made this gathering possible, and to our expert speakers for generously sharing their knowledge. We hope today's sessions ignite inspiring dialogues, deepen your expertise, and serve as a powerful catalyst in your professional journey.

Thank you for your presence, your passion, and your unwavering commitment to the well-being of our youngest patients. Enjoy the conference!

- **PROF. BERNARD F. LAYA, MD, DO, MHM, FPCR, FPSPR** -



Welcome esteemed guests, colleagues and friends to this landmark conference that marks a historic collaboration between Philippine Society for Pediatric Radiology (PSPR) and Children's Hospital of Philadelphia (CHOP) with a united mission to bring knowledge about emergency Pediatric Radiology. This conference is a bridge that connects deep local insights of PSPR with the world-renowned clinical expertise of CHOP, a collaboration of immense dedication and unwavering commitment to pediatric medical imaging.

Moreover, this conference introduces Time PerST, Pediatric Radiology Show and Tell, a premier national quiz show that brings together young minds to enhance cognitive skills on Pediatric Radiology and leverage friendly competition among different radiologic training institutions in the country.

Thank you to all of you who are joining us. Arrive curious, leave inspired and with new perspectives...

- **ASSOCIATE PROFESSOR MARIAEM M. ANDRES, FPSPR, FPCR** -

Programme

8:00 - 8:30 AM

Opening Ceremonies

The Radiologist's Prayer
National Anthem

Welcome Remarks

Dr. James Delos Santos

President, Philippine College of Radiology

Prof. Dr. Bernard F. Laya

*Founding President,
Philippine Society for Pediatric Radiology*

Asst. Prof. Dr. Abass M. Noor

*Endowed Chair and Director of Pediatric Radiology
Global Outreach and Education, Department of
Radiology, Children's Hospital of Philadelphia*

Assoc. Prof. Dr. Mariaem M. Andres

President, Philippine Society for Pediatric Radiology

SESSION 1: Moderators: *Dr. Joanna Choa-Go & Dr. Justin Luke Yap*

8:30 - 8:55 AM

Urgent and Emergent Cardiovascular Imaging

Asst. Prof. Dr. Jordan B. Rapp

*Director, Section of Pulmonary Imaging,
Children's Hospital of Philadelphia*

8:55 - 9:20 AM

Radiology Role in Mass Casualty Incidents

Assoc. Prof. Dr. Summer L. Kaplan

*Former Director, Section of Emergency Radiology
Children's Hospital of Philadelphia*

9:20 - 9:45 AM

Emergent MRI Uses Beyond Stroke: Why, When & How?

Assoc. Prof. Dr. Hansel J. Otero

*Director of International Pediatric Radiology Education
and Outreach, Department of Radiology,
Children's Hospital of Philadelphia*

9:45 - 10:00 AM

Open Forum and Awarding of Certificates for Session 1

10:00 - 10:15 AM

AM BREAK

SESSION 2: Moderators: *Dr. Anna Pineda & Dr. Dexter Ferrer*

10:15 - 10:40 AM

Pediatric Radiology International Outreach in Pediatric Radiology Education: Expanding Collaboration with the Philippine Pediatric Radiology

Asst. Prof. Dr. Abass M. Noor

*Endowed Chair and Director of Pediatric Radiology
Global Outreach and Education, Department of
Radiology, Children's Hospital of Philadelphia*

10:40 - 11:05 AM

Pediatric Radiology Education in Children's Hospital of Philadelphia: A Day in the life of a Pediatric Radiologist

Asst. Prof. Dr. Minh-Huy Le Huynh

*Director, Body Imaging Protocol,
Department of Radiology,
Children's Hospital of Philadelphia*

11:05 - 11:30 AM

Pediatric Radiology Education and Outreach: World Federation of Pediatric Imaging (WFPI) Experience and beyond

Assoc. Prof. Dr. Hansel J. Otero

*Director of International Pediatric
Radiology Education and Outreach,
Department of Radiology,
Children's Hospital of Philadelphia*

11:30 - 12:00 NN

Open Forum and Awarding of Certificates for Session 2

12:00 - 1:00 PM

INTRODUCTION OF NEW FPSPR & LUNCHEON PRESENTATION

SESSION 3: Moderators: *Dr. Camille Galleguez & Dr. Karl Solidum*

- 1:00 - 1:25 PM** **Ultrasound Utility in Emergency Pediatric Radiology**
Assoc. Prof. Dr. Nathan David Concepcion
*Immediate Past President,
Philippine Society for Pediatric Radiology*
- 1:25 - 1:50 PM** **Imaging of Pediatric Ovarian and Testicular Torsion**
Assoc. Prof. Dr. Summer L. Kaplan
*Former Director, Section of Emergency Radiology
Children's Hospital of Philadelphia*
- 1:50 - 2:15 PM** **Coronary Angiography: Common and Emergent Entities**
Asst. Prof. Dr. Abass M. Noor
*Endowed Chair and Director of Pediatric Radiology
Global Outreach and Education, Department of
Radiology, Children's Hospital of Philadelphia*
- 2:15 - 2:40 PM** **Congenital Anomalies in Fetal MRI Requiring Urgent
Postnatal Management**
Asst. Prof. Dr. Minh-Huy Le Huynh
*Director, Body Imaging Protocol,
Department of Radiology,
Children's Hospital of Philadelphia*
- 2:40 - 3:05 PM** **Imaging of Pediatric Thoracic Trauma**
Prof. Dr. Bernard F. Laya
*Founding President,
Philippine Society for Pediatric Radiology*
- 3:05 - 3:30 PM** **Open Forum and Awarding of Certificates for Session 3**
- 3:30 - 3:45 PM** **PM BREAK**

SESSION 3: Moderators: *Dr. Camille Galleguez & Dr. Karl Solidum*

- 3:30 - 4:55 PM** **Time PeRST**
- 4:55 - 5:00 PM** **Awarding of Scientific Poster Presentation Winners
Time PeRST Winners
Recognition of Industry Partners**
- 5:00 - 5:30 PM** **Closing Remarks**
Assoc. Prof. Lawrence Estabillo
*Vice President
Philippine Society for Pediatric Radiology*



**PHILIPPINE SOCIETY FOR
PEDIATRIC RADIOLOGY**



**Children's Hospital
of Philadelphia®**



**SEASON
THREE**



'Time Per\$T'

Pediatric Radiology Show and Tell

PSPR First National Radiology Quiz



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2. PEREZ, GERARD JOSEPH R.
3. YAP, CHIARA MARIE A.

CHONG HUA HOSPITAL CEBU

1. CARLOBOS, PETER JOHN C.
2. EDUAVE, KRISTAN REY P.
3. MARQUEZ, KRISTINE A.

MEDICAL CENTER MANILA (MANILAMED)

1. AZEEM, AISHATH MEESHA
2. DIMACULANGAN, SOPHIA LOI UY

ARMED FORCES OF THE PHILIPPINES MEDICAL CENTER

1. ZABALA, CHRISTIAN EMMANUELA B.
2. MONTAÑO, GIL EMMANUEL A.
3. TIDOSO, MARK JACOB C.

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1. LOGMAO, FRANCIS MARTIN M.
2. JACOB, JOSE PAOLO A.
3. CO, NELSON CHRISTIAN G.

ST. LUKE'S MEDICAL CENTER - GLOBAL CITY (TEAM 2)

1. SAN PABLO, ROVIEN D.
2. MORA, SOPHIA RUTH S.
3. ACADEMIA, MARY JOYCE M.

BATANGAS MEDICAL CENTER

1. DOMANICO, PAOLO ANGELO D.
2. GARCIA, JOHN ERIC J.
3. IBANEZ, MARIA SHOLEN S.

EASTERN VISAYAS MEDICAL CENTER

1. JUSAYAN, RUTHEL EMILY
2. BALAIS, LORRAINE
3. BAHIN, ALVIN

OSPITAL NG MAKATI (TEAM 1)

1. ABILAY, CARLOS MIGUEL T.
2. PABLICO, PROJAMES S.
3. JUANNI, FATIMA SHERRAINE J.

OSPITAL NG MAKATI (TEAM 2)

1. TORRES, PAOLO T.
2. MALSIL, CAMILLE ANDREA B.
3. GARCIA, JESSICA MAE L.

DR. JOSE N. RODRIGUEZ MEMORIAL HOSPITAL & SANITARIUM (TEAM 1)

1. TEJADA, ENRIQUE O.
2. CUSTODIO, ED KRISTIAN G. VI
3. RIVERA, PAULINE RAY S.

ST. LUKE'S MEDICAL CENTER - QUEZON CITY

1. DATOR, PETER ANGELICO S.
2. SI, PATRICIA JOYCE G.
3. ALDABA, JOSE RAFAEL M.

THE MEDICAL CITY

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2. SABATE, JOMARI P.
3. MARTINEZ, HANNAH MARYSE C.

OSPITAL NG MAYNILA MEDICAL CENTER

1. AGAMATA, LOISSE BRIETHEX C.
2. CORIAGE, MOSES ELIJAH D.
3. CUASAY, MARKUS MIEL A.

PHILIPPINE HEART CENTER

1. SERRANO, BENEDICT REY M.
2. ACIERTO, LIANNE MARGOT M.
3. BUENDIA, MARIA ANDREA M.

NORTHERN MINDANAO MEDICAL CENTER

1. DALIDIG, SHERIHANNE M.
2. NOBLE, OBERT G.
3. ANATALIO, LAWRENCE WILMER P.

FATIMA UNIVERSITY MEDICAL CENTER - VALENZUELA

1. GATBONTON, BRENCÉ CARL D.
2. BENAVIDES, KEVIN WILSON L.
3. STA. ROMANA, MARC JEFFERSON D.

SOUTHERN PHILIPPINES MEDICAL CENTER

1. DE GUZMAN, MIGUEL ALFONSO P.
2. TAY, STEFANIE V.
3. RAKIIN, FATIMA SAHANIYA M.

EAST AVENUE MEDICAL CENTER

1. GUMATAY, ROD ANDREW B.
2. YAP, ALENA ISOBEL P.
3. GUBALLA, KESTER IMMER S.

BAGUIO GENERAL HOSPITAL (TEAM 1)

1. CABANELA, PAMELA L.
2. DALUPING, DAPHNE D.
3. PADILLA, KARMINA NOELLE D.

BAGUIO GENERAL HOSPITAL (TEAM 2)

1. TORRES, LUISITO S.
2. LAYLO, YNDHIRA XHEYENN C.
3. WANGET, CYRIL REXION U.



Time PerST

PARTICIPANTS

22 TEAMS & 65 RESIDENTS

*Welcome
2026
Inductees*



PHILIPPINE SOCIETY FOR
PEDIATRIC RADIOLOGY

2024 BOARD PASSER

Congratulations!



**ELLA MARRI
BALLERRAS-ROJO**

Bringing together emerging leaders, advancing pediatric care, and
celebrating the next generation of excellence in pediatric radiology.



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2026 BOARD PASSERS

Congratulations!



**ANA CRISTINA
ALIDIO**



**JOSE MARCO
MATA**



**AILEEN JOANNE
ARGANZA**

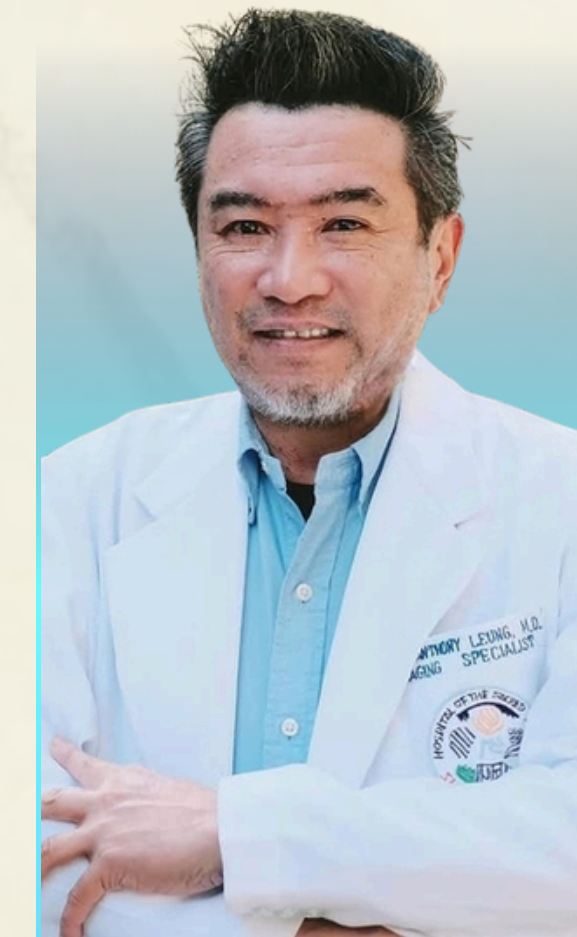
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celebrating the next generation of excellence in pediatric radiology.



PHILIPPINE SOCIETY FOR
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2026 FELLOW

Congratulations!



**REY ANTHONY
LEUNG**

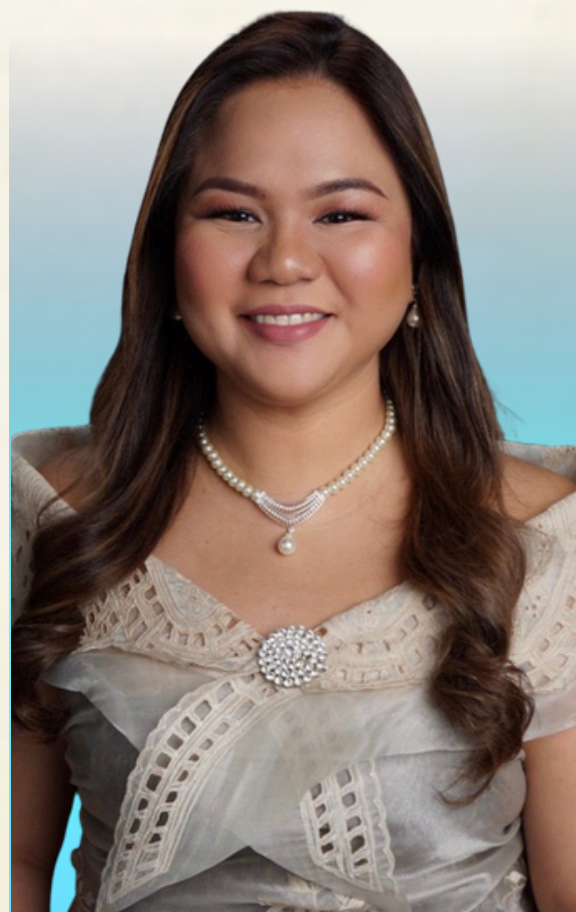
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PHILIPPINE SOCIETY FOR
PEDIATRIC RADIOLOGY

NEW ASSOCIATE MEMBERS

Congratulations!



**GEMMA U.
DE LIMA**



**ABIGAIL LUCERO
PORNOBI**

Bringing together emerging leaders, advancing pediatric care, and
celebrating the next generation of excellence in pediatric radiology.

Speakers

Associate Professor Dr. Summer L. Kaplan, MS

- Former Director, Section of Emergency Radiology
- Associate Chair for Quality, Department of Radiology
- Co-Director, CHOP Point-of-Care Ultrasound
- Associate Professor of Clinical Radiology, Perelman School of Medicine, University of Pennsylvania
- Chair, ER & Trauma Imaging Committee, The Society for Pediatric Radiology



Assistant Professor Dr. Jordan B. Rapp, MMS

- George Taylor Endowed Chair for Pediatric Pulmonary Imaging
- Chair, Thoracic Imaging Committee, The Society for Pediatric Radiology
- Assistant Professor of Clinical Radiology, Perelman School of Medicine, University of Pennsylvania



Assistant Professor Dr. Abass M. Noor, CIIP, FAAP

- Director and Endowed Chair of Global Radiology Outreach and Education
- Assistant Clinical Professor of Radiology Perelman School of Medicine, University of Pennsylvania



Associate Professor Dr. Hansel J Otero, FAAP

- Endowed Chair for Faculty Development, Department of Radiology, Children's Hospital of Philadelphia
- Director of Outreach, World Federation of Pediatric Imaging
- Associate Professor of Radiology, Perelman School of Medicine, University of Pennsylvania



Assistant Professor Dr. Minh-Huy Huynh

- Director, Body Imaging Protocol, Department of Radiology, Children's Hospital of Philadelphia
- Assistant Professor of Radiology, Perelman School of Medicine at the University of Pennsylvania



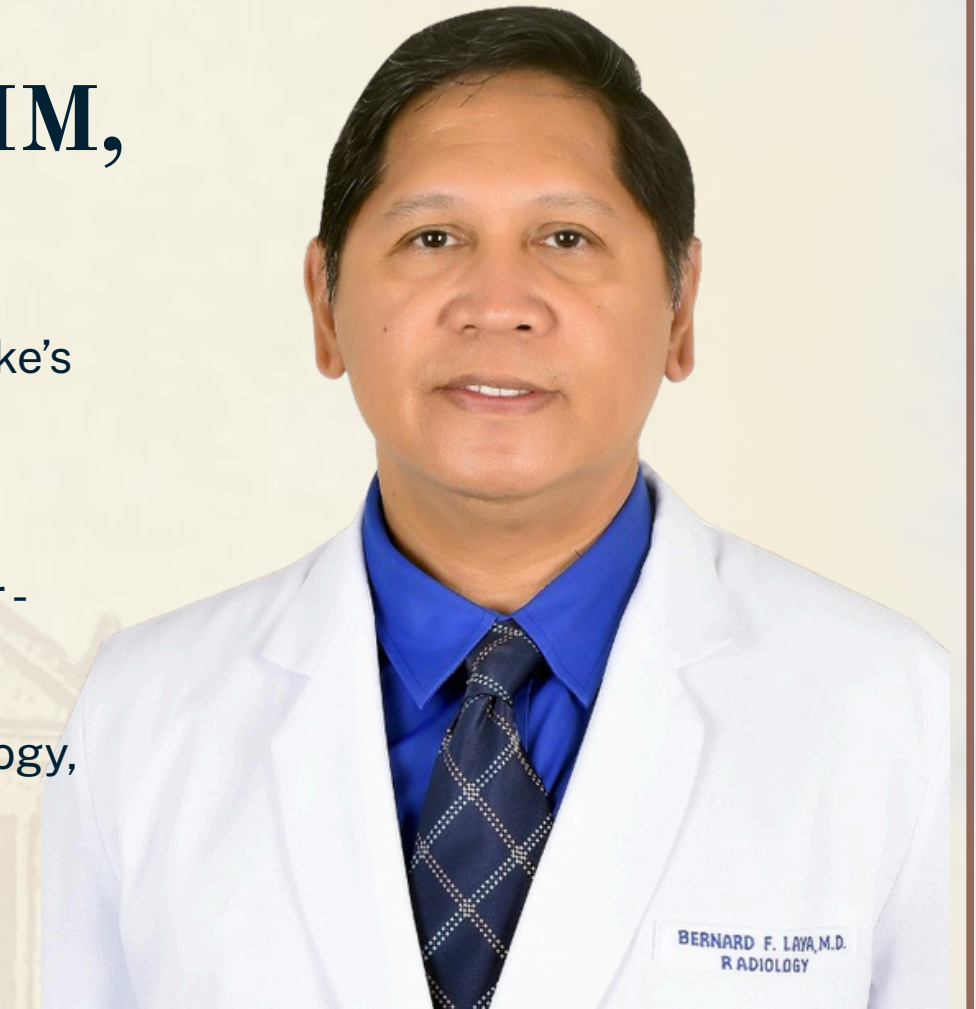
Dr. Nathan David P. Concepcion, FPSPR, FPCR

- Head, Section of Pediatric Radiology, St. Luke's Medical Center - Global City
- Asst. Head, Section of Pediatric Radiology, St. Luke's Medical Center - Quezon City
- Immediate Past President, Philippine Society for Pediatric Radiology



Professor Dr. Bernard F. Laya, DO, MHM, FPSPR, FPCR

- Associate Dean for Research and Scholarly Work, St. Luke's Medical Center College of Medicine - William H. Quasha Memorial
- Academic and Research Head St. Luke's Medical Center - Global City, Philippines
- Head, Section of Pediatric Radiology, Institute of Radiology, St. Luke's Medical Center - Quezon City, Philippines
- Founding President, Philippine Society for Pediatric Radiology



Associate Professor Dr. Mariaem M. Andres, FPSPR, FPCR

- Associate Professor, St. Luke's Medical Center College of Medicine - William H. Quasha Memorial
- Training Officer, Section of Pediatric Radiology, Institute of Radiology, St. Luke's Medical Center, Quezon City and Global City, Philippines
- President, Philippine Society for Pediatric Radiology



Moderators



**Asst. Prof. Joanna Marie D. Choa-Go, MD,
FPCR, FCT-MRISP, FPSPR**



**Jan Dexter P. Ferrer MD, FPCR,
FPSPR, FUSP**



**Asst. Prof. Justin Luke D. Yap, MD,
FPCR, FCTMRISP, FPSPR**



**Asst. Prof. Karl Josef D. Solium MD,
FPCR, FCT-MRISP, FPSPR**



**Camille Joanne DC Galleguez, MD, FPCR,
FPSPR, FCTMRISP**



**Anna Marie G. Pineda, MD, FPCR, FUSP,
FCTMRISP, FDBISP, FPSPR**

Research Abstracts

I WUNDER HOW, I WUNDER WHY SPONTANEOUS SUBCAPSULAR HEMATOMA SECONDARY TO A RARE VARIANT OF RENAL ANGIOMYOLIPOMA IN AN 18-YEAR-OLD FEMALE

ALYSSA DENISE L. SEVILLA, MD & IRENE BANDONG, MD

Institute of Radiology
St. Luke's Medical Center - Quezon City

Introduction:

Renal angiomyolipomas (AMLs) are rare kidney tumors, constituting a mere **0.3** to **3%** of all renal tumors. About **10%** of cases can result in Wunderlich syndrome (WS), a potentially life-threatening condition involving acute onset of spontaneous renal hemorrhage without prior history of trauma.

Case Report:

This is a case of Wunderlich syndrome in an 18-year-old female patient. The patient presented with a sudden onset of left periumbilical pain without other symptomatic complaints. Imaging findings showed a large subcapsular left renal hematoma secondary to a lesion whose origin was not clearly delineated. The initial considerations were renal cell carcinoma and arteriovenous malformation. The patient underwent total nephrectomy. Histopathology of the renal mass eventually revealed Angiomyolipoma with epithelial cysts (AMLEC), an extremely rare variant of angiomyolipoma.

Discussion:

AMLEC is characterized by the presence of cysts and minimal fat tissue. Radiologic diagnosis of AMLEC is challenging due to lack of detectable fat, increasing the difficulty in differentiating it from renal cell carcinoma. Radiologic imaging, particularly CT Scan and MRI, are useful in determining the cause of renal hemorrhage but may still be inconclusive. This case emphasizes the significance of a multidisciplinary approach, involving clinical history, radiological imaging, and histopathologic correlation, to ensure the best clinical outcome and therapeutic intervention.

DECODING HETEROTAXY A MULTI-MODALITY RADIOLOGIC EVALUATION OF RIGHT ISOMERISM

NELSON CHRISTIAN G. CO, MD & NATHAN DAVID P. CONCEPCION, MD

Institute of Radiology
St. Luke's Medical Center - Global City

Introduction:

Heterotaxy syndrome with right isomerism (asplenia syndrome) is a rare laterality disorder characterized by bilateral right-sidedness with complex congenital heart disease (CHD). Because of the highly variable arrangement of thoracic and abdominal organs, accurate multi-modality radiologic imaging is essential for delineating patient-specific anatomy and guiding clinical management.

Case Report:

A term male neonate born via scheduled caesarean section to a 36-year-old primigravid mother presented at birth with severe cyanosis and respiratory distress requiring immediate intubation and admission to the NICU. Initial babygram (Fig. 1) showed an array of abnormal findings which prompted further imaging, such as dextrocardia, a midline stomach with a feeding tube, and a liver shadow that extends to the left upper quadrant. These are suggestive of a heterotaxy syndrome. Subsequent abdominal ultrasound confirmed a symmetric midline transverse liver, a retrohepatic midline stomach, and absence of the spleen (Fig. 2). Thus, a congenital cardiac and whole abdominal CT scan were requested (Fig. 3–5).

Discussion:

Heterotaxy syndrome is a genetically complex disorder resulting from abnormal left-right axis development during embryogenesis. Multimodality imaging plays a central role in defining these abnormalities and guiding surgical planning. Distinguishing right from left isomerism is particularly important, as asplenia is associated with increased risks of severe infection, immune dysfunction, and mortality. Thoracic imaging for right isomerism typically demonstrates bilateral trilobed lungs, bilateral bronchi, bilateral superior vena cavae, and complex congenital heart disease—including anomalous pulmonary venous return, atrioventricular septal defects, transposition of the great arteries, single-ventricle physiology, and right ventricular outflow tract obstruction. Abdominal imaging frequently reveals a midline or transverse liver, abnormal positioning of the stomach and gallbladder, asplenia, and interrupted or duplicated venous structures. Intestinal malrotation is also common and may predispose affected patients to life-threatening midgut volvulus. In this case, ultrasound and multidetector CT accurately delineated some of the expected visceral situs abnormalities, vascular anomalies, and associated cardiac defects in heterotaxy with right isomerism. An annular pancreas was also noted, although more common in left isomerism, further highlighting this condition's phenotypic variability.

Conclusion:

Radiologic evaluation of heterotaxy syndrome with right isomerism extends beyond identifying isolated anomalies and requires comprehensive assessment of the thoracoabdominal viscera and cardiovascular system. Multimodality imaging provides the anatomical roadmap necessary for accurate diagnosis, prognostication, and multidisciplinary surgical planning in patients with this complex congenital syndrome.

INFECTED ABDOMINAL CEREBROSPINAL FLUID PSEUDOCYST COMPLICATING A VENTRICULOPERITONEAL SHUNT IN A PEDIATRIC PATIENT WITH DANDY-WALKER MALFORMATION: A RARE CASE REPORT

LOURDES MAGDALENE S. MABIAS, RRT., MD.

Department of Radiology
Ospital ng Makati, Taguig City, Philippines

Introduction:

Ventriculoperitoneal shunting is a widely used neurosurgical treatment for hydrocephalus, but it may be complicated by the rare formation of abdominal cerebrospinal fluid pseudocysts. These loculated, epithelial-free fluid collections typically develop around the distal shunt catheter and can present with abdominal symptoms or shunt malfunction, particularly in pediatric patients (Fatani et al., 2020). This report details a rare instance of an infected abdominal cerebrospinal fluid pseudocyst complicating a ventriculoperitoneal shunt in an eleven-year-old patient with Dandy-Walker malformation.

Discussion:

Abdominal cerebrospinal fluid pseudocyst is a rare but important complication of ventriculoperitoneal shunting. On imaging and pathology, the pseudocyst is typically a loculated fluid collection surrounding the distal shunt catheter, lined by fibrous or inflamed serosal tissue without an epithelial lining and containing cerebrospinal fluid with debris. In pediatric patients, the condition most often manifests with signs of shunt malfunction and raised intracranial pressure, whereas abdominal symptoms such as pain, distention, nausea, and vomiting may also be present. From a radiology standpoint, the key role of imaging is to confirm catheter position, define the extent of the collection, and assess for associated complications such as bowel compression, infection, abscess, or bowel perforation. Ultrasound could be the initial imaging modality of choice, however it could have limitations. CT is generally the most useful modality because it shows the relationship between the distal shunt tip and the pseudocyst, while ultrasound may be limited by overlying bowel gas or marked bowel distension. The pathogenesis is usually multifactorial and is thought to reflect a chronic low-grade inflammatory response of the peritoneum, often associated with infection, prior revisions, obstruction, or poor peritoneal absorption. In children, pseudocysts are especially relevant because they may develop weeks to years after shunt placement and can present with nonspecific abdominal symptoms. In the setting of ventriculoperitoneal shunt dependency, the presence of an abdominal pseudocyst should prompt careful evaluation of the shunt system and consideration of concurrent infection. This is particularly important because pseudocysts may be sterile or infected, and management often requires both imaging guidance and multidisciplinary surgical-neurosurgical intervention.

Conclusion:

This case highlights a rare but life-threatening complication of ventriculoperitoneal shunting in a pediatric patient with Dandy-Walker malformation. Abdominal CSF pseudocyst should be suspected in shunt-dependent patients who present with abdominal distension, vomiting, fever, or shunt dysfunction, particularly when cross-sectional imaging demonstrates a loculated fluid collection adjacent to the distal catheter. The presence of polymicrobial infection underscores the importance of prompt recognition, culture-directed treatment, and multidisciplinary management. Despite surgical intervention, the severe infectious burden and systemic complications may still result in a fatal outcome.

PARTIAL BOWEL OBSTRUCTION AS THE PRESENTING FEATURE OF MULTISITE EXTRAPULMONARY TUBERCULOSIS IN AN INFANT: A CASE REPORT

LOURDES MAGDALENE S. MABIAS, RRT., MD.

Department of Radiology
Ospital ng Makati, Taguig City, Philippines

Introduction:

Case of an infant who developed progressive abdominal distension, recurrent fever, and recurrent urinary tract infections. Imaging demonstrated bowel wall thickening, peritoneal implants, and features suggestive of partial small-bowel obstruction. Echocardiography supported a diagnosis of pericarditis. Biopsy confirmed granulomatous disease consistent with extrapulmonary tuberculosis involving the gastrointestinal tract, pericardium, and genitourinary tract. This case highlights radiologic findings of pediatric gastrointestinal TB, the role of multimodality imaging in diagnosis and surgical planning, and key differential diagnoses to consider in infants with abdominal distension.

Discussion:

Extrapulmonary tuberculosis in infants is rare and often presents with nonspecific symptoms including fever, failure to thrive, abdominal distension, and recurrent infections. Gastrointestinal tuberculosis can cause bowel wall thickening, peritoneal implants, granulomatous inflammation, and partial bowel obstruction. This case is notable for partial small-bowel obstruction presenting as the primary clinical feature of multisite extrapulmonary tuberculosis involving the gastrointestinal tract, pericardium, and genitourinary system. The radiologic findings of dilated small bowel with intraluminal calcifications, peritoneal implants, loculated ascites, and multiple peritoneal calcifications correlated well with intraoperative findings of plastered bowel loops and peritoneal nodules. The medullary nephrocalcinosis observed on CT was an important marker of hypercalcemia, which in granulomatous diseases results from increased production of 1,25-dihydroxyvitamin D by activated macrophages within granulomas. The pathognomonic finding of caseating granulomas on peritoneal biopsy confirmed the diagnosis of tuberculosis and distinguished it from other granulomatous diseases such as Crohn disease, which typically demonstrates noncaseating granulomas and is extremely rare in infants. This case underscores the importance of considering extrapulmonary TB in infants with unexplained abdominal distension, recurrent fever, and recurrent UTIs, particularly in endemic regions. The use of multimodality imaging including abdominal radiograph, contrast-enhanced CT, and echocardiography was critical for comprehensive evaluation and surgical planning. Early surgical intervention was necessary for bowel obstruction, and multidisciplinary management involving infectious disease, pediatric surgery, cardiology, nephrology, and nutrition was essential for optimal outcomes. The presence of hypercalcemia should raise suspicion for granulomatous disease including TB, and caseating granulomas on biopsy remain the standard for definitive diagnosis.

Conclusion:

Partial bowel obstruction secondary to gastrointestinal tuberculosis is a rare but important presentation of extrapulmonary TB in infants. This case demonstrates the critical role of contrast-enhanced CT in identifying bowel obstruction, peritoneal disease, and associated complications, with histopathologic confirmation via caseating granulomas. Early recognition, surgical management, and multidisciplinary care are essential for optimal outcomes in pediatric extrapulmonary tuberculosis.

HUNCHBACK BABY: A RARE CASE REPORT OF POSTERIOR MEDIASTINAL TERATOMA IN A PEDIATRIC PATIENT

ALYSSA CHARISSE I. CAPUCHINO, M.D.

Department of Radiology
Ospital ng Makati, Taguig City, Philippines

Introduction:

Mediastinal masses are the most common location of chest masses in the pediatric population. Contrast-enhanced CT scan is the primary modality to evaluate these masses. Germ cell tumors account for 6-18% of anterior mediastinal tumors in children, wherein 60% are teratomas. Clinical presentation usually includes chest pain, cough, dyspnea, dysphagia or respiratory failure, however, most of the time they are asymptomatic. They are commonly found in the anterior mediastinum (80%), but may involve multiple compartments (13-15%) and rarely, can be located in the middle or posterior mediastinum (2-8%).

Case Report:

A 1-year-old male was brought for consultation for a 1 year history of back deformity. Physical examination showed an 8 cm by 4 cm, firm, swelling, non-erythematous, non-movable mass on the left mid-lateral lumbar region, not warm to touch, and non-tender upon palpation. Other findings were unremarkable. Chest radiograph and ultrasound were then requested. Consideration for a teratoma was made upon correlation of the images and physical exam findings, and a chest and abdominal CT scan were subsequently requested for further evaluation. The result of the imaging done was consistent with teratoma and a biopsy was performed which further supported the diagnosis.

Discussion:

The most common location of the mediastinal masses especially in the pediatric population would be the anterior mediastinum. Differential diagnoses for anterior mediastinal mass include thymic lesions, lymphoma and germ cell tumors. Middle mediastinal masses could be foregut duplications cysts or lymphadenopathies while posterior mediastinal masses usually are neurogenic tumors. Teratomas are germ cell tumors derived from the 3 embryonic layers (endoderm, mesoderm, and ectoderm). Their usual location is in the anterior mediastinum (80%) and are rarely found in the posterior mediastinum (2-8%), with only 10 cases reported in infancy and childhood, making this case the 11th and probably the 1st in the Philippines. Careful localization of these masses can help in the management and differential diagnoses. Majority are asymptomatic but commonly presents with respiratory symptoms. Rare presentation includes a back mass or deformity, or even involving the spinal cord especially if it has a mass effect or compromising to the spinal canal. They are usually indistinguishable from other causes of anterior mediastinal mass in chest radiographs, and CT scan remains the mainstay of diagnosis which shows variable attenuation with different tissue components such as fat, cystic spaces, fat-fluid levels, homogeneous soft tissue density and calcifications. Tissue correlation is usually suggested to further support the diagnosis. Management for benign teratomas are usually surgical while immature teratomas are also treated with chemotherapy and radiation.

THE ROLE OF EMERGENCY CT IN SUSPECTED TRILATERAL RETINOBLASTOMA

KARL ANSEL Y. SANTIAGO, MD & MARTINA AUREA J. TAC-AN, MD
Department of Radiology
Northern Mindanao Medical Center, Misamis Oriental, Philippines

Introduction:

Trilateral retinoblastoma is a rare clinical syndrome in which unilateral retinoblastoma (60–75% of cases) or bilateral retinoblastoma (25–40% of cases) is accompanied by a midline intracranial neuroblastic tumor, most commonly a pineoblastoma. Studies in the Philippines indicate a high prevalence of late-stage diagnosis, with approximately 47% of patients presenting with extraocular disease. The intracranial tumor is most frequently located in the pineal region (approximately 78% of cases), followed by the parasellar or suprasellar region (20–25% of cases). Importantly, this intracranial lesion represents a separate primary neuroblastic tumor rather than metastatic spread from the ocular retinoblastoma.

Discussion:

CT scan revealed an ill-defined, heterogeneous mass with calcifications replacing the vitreous body of the right globe, consistent with an intraocular neoplasm. Additionally, a well-defined, lobulated, slightly hyperdense suprasellar mass is identified. The lesion demonstrates a lobulated extension into the basal right frontal lobe, accompanied by surrounding perilesional edema. There is significant mass effect with compression of the third ventricle, resulting in upstream dilatation of the lateral ventricles, consistent with obstructive hydrocephalus.

Conclusion:

Plain CT may provide the first critical clues to trilateral retinoblastoma by demonstrating characteristic intraocular calcifications together with an associated intracranial lesion. Early detection of these findings facilitates prompt referral for advanced neuroimaging, comprehensive evaluation, and timely multidisciplinary management.

WHEN THE EYE IS NOT THE END: A CASE OF METASTATIC RETINOBLASTOMA

GARIE ERNESTINE B. SAN JUAN, MD & JOSE MIGUEL G. IMPERIO, MD, FPCR, FCTMRISP
Department of Radiology
Northern Mindanao Medical Center, Misamis Oriental, Philippines

Introduction:

Retinoblastoma, the most prevalent primary intraocular malignancy in childhood, necessitates early and accurate diagnosis for optimal patient survival, globe salvage, and preservation of visual acuity (Silvera et al., 2021). Consider the poignant case of a three-year-old male patient who presented ten months prior with a distressing six-month history of striking color changes in the left eye, gradual bulging, and persistent purulent discharges. Initially managed as unilateral retinoblastoma, he underwent enucleation four months later, only for a gradually enlarging occipital mass to emerge one month post-surgery. By four months after the procedure, the mass had ballooned dramatically, leaving the patient struggling to ambulate. A follow-up cranial CT scan with contrast then revealed a mass in the right cerebellar hemisphere with lytic destruction of the right parietal bone, right occipital bone, and right lambdoid suture.

Discussion:

The follow-up cranial CT scan unveiled a striking, large, lobulated heterogeneously-enhancing mass in the right parieto-occipital lobes measuring at least 12.4 × 10.0 × 11.5 cm, which dramatically compressed and displaced the right parieto-occipital lobes anteriorly while shifting the left cerebellar hemisphere laterally, alongside lytic destruction of the right parietal bone, right occipital bone, and right lambdoid suture. The left globe was surgically absent post-enucleation, whereas the right globe remained normal in size and configuration; no acute hemorrhage, leptomeningeal enhancement, or midline shift was present. These dramatic radiographic features, particularly the intracranial dissemination and extensive calvarial involvement, highlight the advanced stage of the disease, necessitating a comprehensive understanding of the metastatic patterns to guide appropriate therapeutic interventions (Mondal & Misra, 2026).

Conclusion:

While enucleation is definitive for localized disease, it may fall short if microscopic extraocular extension has already occurred. This case highlights why close, serial post-operative imaging is essential. Catching calvarial and intracranial metastases early is critical, as any delay severely limits our systemic treatment options and compromises patient survival.

MULTIMODALITY IMAGING OF AMBIGUOUS GENITALIA
WITH POSTERIOR HYPOSPADIAS AND PERINEAL
LIPOMATOUS MASS IN A 4-YEAR-OLD MALE

PETER JOHN C. CARLOBOS, M.D.
Department of Radiology
Chong Hua Hospital, Cebu, Philippines

Introduction:

Complex congenital genital malformations presenting with ambiguous genitalia are uncommon and require accurate anatomic characterization to guide diagnosis and surgical planning. Ultrasonography is the first-line imaging modality, while magnetic resonance imaging (MRI) provides complementary evaluation of the external and internal genital anatomy. Reports describing the combined prenatal ultrasonographic, postnatal ultrasonographic, and MRI findings of these anomalies remain limited.

Case Report:

A 4-year-old Filipino male presenting with complex congenital genital malformations was evaluated for ambiguous genitalia and congenital hypospadias noted since birth. Prenatal ultrasonography demonstrated a bulbous penis-like structure at 18 weeks gestation and persistent genital ambiguity with an associated perineal lesion at 26 weeks gestation. Postnatal ultrasonography demonstrated bilateral inguinal testes and a fat-containing perineal mass. MRI demonstrated posterior (perineal) hypospadias with ventral penile curvature, proximal corpus spongiosum deficiency, bifid scrotum or partial scrotal transposition containing bilateral testes, a prepubertal prostate gland, no definite visualization of the seminal vesicles or vas deferens, absence of Müllerian duct structures, and a perineal lipomatous lesion favoring a perineal lipoma with accessory labioscrotal tissue as a differential consideration. Karyotyping, endocrine evaluation, and genetic testing have not been performed at the time of imaging.

Conclusion:

This case highlights the complementary roles of prenatal ultrasonography, postnatal ultrasonography, and MRI in the evaluation of complex congenital genital malformations raising suspicion for an underlying disorder of sex development. Multimodality imaging accurately delineated the genital anatomy, localized the gonads, excluded Müllerian duct structures, characterized the associated perineal lipomatous lesion, and provided essential information for multidisciplinary evaluation and preoperative planning.

BRAIN MRI YIELD AND EEG CONCORDANCE
IN PEDIATRIC SEIZURES

Kristan Rey Eduave, MD
Department of Radiology
Chong Hua Hospital, Cebu, Philippines

Introduction:

Electroencephalography (EEG) and magnetic resonance imaging (MRI) provide complementary functional and structural information in pediatric seizures. Whether a normal EEG is reassuring against a major brain MRI abnormality, and how closely abnormal findings localize, remain clinically relevant questions.

Discussion:

We retrospectively analyzed a de-identified, single-center dataset of paired EEG and brain MRI reports; MRI examinations dated March 2023 to June 2026. The earliest paired encounter was retained for each unique patient. Major intracranial MRI abnormality, EEG status and pattern, and laterality/region were assigned using predefined report-based rules. Examination timing was not standardized, and no blinded image re-review was performed.

The cohort comprised 108 patients (56 male, 52 female), aged 1 month to 18 years (median, 8.5 years). EEG was abnormal in 84 (77.8%), normal in 21 (19.4%), and indeterminate in 3 (2.8%). Major MRI abnormalities were present in 77 (71.3%), including 64/84 patients with abnormal EEGs (76.2%) and 11/21 with normal EEGs (52.4%; 95% confidence interval, 32.4%–71.7%). Among 64 patients with both studies abnormal, laterality was concordant in 52 (81.3%), while both laterality and region were concordant in 24 (37.5%). Common primary MRI categories were nonspecific white-matter foci (n=20), hypoxic-ischemic or periventricular leukomalacia sequelae (n=12), and developmental malformation/cortical dysplasia (n=10). Twenty patients had abnormal EEGs with normal or incidental MRI findings, whereas 13 had major MRI abnormalities with normal or indeterminate EEGs.

Conclusion:

In this selected paired cohort, major MRI abnormalities were frequent and occurred in over half of patients with normal EEGs. EEG lateralization often agreed with the side of MRI abnormality, but exact regional agreement was limited. A normal EEG should not preclude MRI when clinically indicated; EEG and MRI are complementary rather than interchangeable.

THREE TESTS, THREE TALES: THE IMAGING SPECTRUM OF
PEDIATRIC RECURRENT UTI, A CASE SERIES

Kristine Alianza Marquez, MD
Department of Radiology
Chong Hua Hospital, Cebu, Philippines

Introduction:

Pediatric recurrent urinary tract infections (UTIs) are well-known clinical precursors to vesicoureteral reflux (VUR) and subsequent renal parenchymal scarring.¹ Although renal and bladder ultrasound (US) serves as the standard first-line imaging modality owing to its safety profile and lack of ionizing radiation, its sensitivity for capturing dynamic urodynamic abnormalities and early cortical injury remains a subject of ongoing debate.

Case Report:

Five pediatric patients (ages 20 months to 9 years), all presenting with a primary history of recurrent UTI, were evaluated using a multimodality imaging approach. The cohort demonstrated three distinct radiologic patterns, including a significant diagnostic pitfall where severe, high-grade VUR and established cortical injury existed behind a structurally normal or near-normal ultrasound appearance.

Discussion:

A morphologically normal ultrasound does not rule out active pathophysiology. These cases suggest that relying exclusively on a normal initial scan can lead to missed diagnoses of advanced reflux. DMSA and VCUG offer complementary data necessary to accurately map functional deficits and urodynamic failure.

Conclusion:

Multimodality imaging remains essential for complete anatomic and functional mapping. A structurally reassuring ultrasound should not preclude further investigation in highly symptomatic pediatric cohorts.

BEYOND THE ORBIT: A DEVASTATING CASE OF
EXTENSIVE LEPTOMENINGEAL SEEDING

Marc Andre Redoble, MD
Institute of Radiology
St. Luke's Medical Center - Quezon City

Introduction:

Parameningeal rhabdomyosarcoma (RMS) is an aggressive pediatric soft-tissue sarcoma with a high propensity for skull base invasion and intracranial extension. However, diffuse leptomeningeal dissemination from a primary orbital tumor remains exceedingly rare.

Case Report:

We report the case of a 2-year-old boy presented with progressive bilateral lower extremity weakness and paralysis, preceded by right eye proptosis and previously diagnosed orbital rhabdomyosarcoma. Brain MRI demonstrated a rapidly enlarging heterogeneously enhancing mixed solid-cystic mass centered in the genu and rostrum of the corpus callosum with restricted diffusion, surrounding edema, and multifocal frontal lobe lesions, consistent with recurrent intracranial disease. Whole-spine MRI revealed extensive intradural extramedullary nodular enhancement extending from T2 to S3, representing diffuse leptomeningeal dissemination. FDG PET-CT demonstrated intense hypermetabolic activity corresponding to both the intracranial and spinal lesions, confirming widespread active disease. Histopathology and immunohistochemistry confirmed recurrent rhabdomyosarcoma.

Conclusion:

This case illustrates an exceptionally rare recurrence pattern of orbital/parameningeal rhabdomyosarcoma characterized by corpus callosal involvement and diffuse craniospinal leptomeningeal seeding. The concordant MRI and PET-CT findings highlight the complementary role of multimodality imaging in distinguishing recurrent malignancy from treatment-related changes. Early craniospinal imaging should be considered in rhabdomyosarcoma patients presenting with new neurological deficits, as prompt recognition of leptomeningeal spread has important diagnostic, therapeutic, and prognostic implications.

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Closing Remarks



Good Day, colleagues and friends.

As we close this year's Philippine Society for Pediatric Radiology convention, I am filled with immense pride and gratitude. Over the past few days, we have shared groundbreaking research, honed our clinical skills, and engaged in invaluable discussions.

Though our practices span the country, we are united by a singular mission: ensuring the highest standard of radiological care for the children of the Philippines. Behind every scan is a child whose future is impacted by our dedication.

This event's success is a shared achievement. I extend my deepest thanks to our brilliant speakers, our tireless organizing committee, and our generous industry partners. Most importantly, thank you to our delegates. Your active participation and unwavering commitment to pediatric radiology make our society vibrant and essential.

As we return to our respective hospitals and clinics, let us carry forward the knowledge, innovations, and renewed inspiration we have gained. Let us continue to advocate for our young patients and push the boundaries of what we can achieve together.

I wish you all safe travels home. Thank you, and Mabuhay!

- DR. NATHAN DAVID P. CONCEPCION, FPSPR, FPCR-



On behalf of the Philippine Society of Pediatric Radiology (PSPR), we extend our heartfelt gratitude to all our distinguished local and international faculty, moderators, industry partners, researchers, and participants for making this scientific collaboration possible.

This meeting is a testament to what can be achieved when experts come together with a shared commitment to advancing pediatric imaging. Through the exchange of knowledge, innovation, and experience, we continue to strengthen our practice and reaffirm our collective responsibility to provide the highest standard of care for every child.

We are especially grateful for the partnership with the Children's Hospital of Philadelphia (CHOP), whose collaboration reflects the power of global learning and professional exchange. Together, we have created opportunities to broaden perspectives, inspire innovation, and foster meaningful connections that extend beyond this scientific program.

We also recognize and congratulate our new Fellows of PSPR. Your passion for discovery and excellence will continue to shape the future of pediatric radiology in the Philippines and beyond.

As this chapter concludes, may the knowledge gained, the friendships formed, and the collaborations established continue to inspire us in our shared mission. Let this scientific program serve not as an end, but as another milestone in our continuing journey of learning, innovation, and service.

Thank you for being part of this meaningful endeavor. We look forward to future opportunities to learn, collaborate, and advance pediatric radiology together.

- DR. LAWRENCE JOHN T. ESTABILLO, FPCR -

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PEDIATRIC RADIOLOGY: Interesting Cases and Current Trends in Training



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Luncheon Conference

July 17, 2026 | 12:00 to 2:00 PM

CHBC Auditorium 1 - 14th Floor,
St. Luke's Medical Center - Quezon City

1.5 CPD units applied.

Pediatric Radiology: Interesting Cases and Current Trends in Training

Time	Topic	Speaker
12:00 - 12:15 PM	Opening Prayers Lupang Hinirang	Dr. Annette Bautista Chief Resident Institute of Radiology SLMC-QC
	Welcome Remarks	Dr. Nelson V. Pasia, MHM Chairman Institute of Radiology SLMC-QC Prof. Dr. Bernard F. Laya, MHM Head, Section of Pediatric Radiology Institute of Radiology SLMC-QC
12:15 - 12:40 PM	Interesting Case Presentations Wunderlich Syndrome Osteosarcoma Rhabdomyosarcoma	Dr. Alyssa Sevilla Dr. Carl Marbella Dr. Andre Redoble
12:40 - 12:50 PM	Open Forum	
12:50 - 1:05 PM	Pediatric Congenital Neurology Cases	Assoc. Prof. Dr. Mariaem Andres Training Officer, Pediatric Radiology Fellowship Institute of Radiology SLMC-QC
1:05 - 1:20 PM	Pediatric MSK Cases	Assoc. Prof. Dr. Summer Kaplan Associate Professor, Clinical Radiology Children's Hospital of Philadelphia
1:20 - 1:35 PM	Pediatric Thoracic Cases	Assoc. Prof. Dr. Jordan Rapp Director, Section of Pulmonary Imaging Children's Hospital of Philadelphia
1:35 - 1:50 PM	Pediatric Cardiac Tumor Cases	Asst. Prof. Dr. Abass Noor Endowed Chair and Director, Pediatric Radiology, Global Outreach, and Education Children's Hospital of Philadelphia
1:50 - 2:00 PM	Open Forum	
2:00 - 2:10 PM	Closing	Dr. Nathan David P. Concepcion Head, Section of Pediatric Radiology Institute of Radiology SLMC-QC
Moderators	Dr. Jerard Sio and Dr. Patricia Si Institute of Radiology SLMC-QC	

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PEDIATRIC RADIOLOGY EMERGENCY IMAGING:

TECHNIQUES AND CASE-BASED DISCUSSION

SPEAKERS



Pediatric Imaging in Chest Emergencies

Dr. Summer Kaplan

Department of Radiology, Children's Hospital of Philadelphia



Pediatric Abdominal Emergency Imaging

Dr. Lawrence John Estabillo

Sections of Pediatric Radiology and CT-MRI
Institute of Radiology, St. Luke's Medical Center - Global City



Emergency Imaging of Pediatric Head and Neck

Dr. Jacqueline Austine Uy

Sections of Pediatric Radiology and CT-MRI
Institute of Radiology, St. Luke's Medical Center - Global City



Emergent MRI Uses Beyond Stroke: Why, When & How?

Dr. Hansel Otero

Department of Radiology, Children's Hospital of Philadelphia

Moderator: Dr. Mariaem M. Andres



July 16, 2026
12:00 PM - 2:30 PM



Henry Sy, Sr. Auditorium, 5th Floor
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PEDIATRIC RADIOLOGY EMERGENCY IMAGING:

TECHNIQUES AND CASE-BASED DISCUSSION

PROGRAM

12:00 - 12:15 PM	Opening Prayer Lupang Hinirang (Institute of Radiology) Welcome Remarks Dr. Maricar Reyes Dr. Nathan David Concepcion
12:15 - 12:35 PM	Pediatric Imaging in Chest Emergencies Dr. Summer Kaplan
12:35 - 12:55 PM	Pediatric Abdominal Emergency Imaging Dr. Lawrence John Estabillo
12:55 - 1:15 PM	Emergency Imaging of Pediatric Head and Neck Dr. Jacqueline Austine U. Uy
1:15 - 1:35 PM	Emergent MRI Uses Beyond Stroke: Why, When & How? Dr. Hansel Otero
1:35 - 1:55 PM	Open Forum and Awarding of Certificates
1:55 - 2:05 PM	Closing Message Dr. Bernard F. Laya



July 16, 2026
12:00 PM - 2:30 PM



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