

ABDOMEN & PELVIS

CT & MRI

Indication Guidelines

Clinical Problem (ABDOMEN & PELVIS)	Preferred Study	Contrast	Comments
Non– focal Pain	CT Abdomen	IV Contrast	IV needed for solid organ disease
Appendicitis, Diverticulitis	CT Abdomen & Pelvis	IV Contrast	IV contrast helpful if
Painful Hematuria; R/O Kidney Stone	CT Abdomen & Pelvis	Without	Evaluation for Renal Stones
Painless Hematuria; Renal Mass	CT Abdomen; consider MRI W/O contrast if CT indeterminate	IV Contrast; With & Without	Useful for indeterminate renal cysts/lesions on Ultrasound
Liver Mass	MR	With & Without	Evovist Contrast
Bile Duct Stone or Obstruction	MR	Without	Request MR Cholangiopancreatography (MRCP)
Aortic Aneurysm	CT	IV Contrast	

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Clinical Problem (ABDOMEN & PELVIS)	Preferred Study	Contrast	Comments
Cancer Patient	CT Abdomen & Pelvis With Contrast	IV Contrast	
Adrenal Glands	CT Abdomen Without Contrast; If needed after non-contrast CT per radi- ologist discretion	Without Contrast maybe sufficient No Oral Contrast	Contrast only if non- contrast CT is inconclusive
Pelvis- Female	Ultrasound; then MR > CT	CT– IV Contrast	MRI With & Without contrast if indicated
Pelvis– Male	CT or MR	CT– IV Contrast	MRI With & Without contrast if indicated

>recommended over other study

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EAST MEMPHIS **BRAIN/HEAD**

IMAGING

CT & MRI

Indication Guidelines

Clinical Problem (BRAIN– HEAD)	Preferred Study	Contrast	Comments
CVA	CT (0-24 hours) MR	No No	If less than 6 hours, also consider CTA or MRA of neck and brain. If less than 24 hours, referral to ER/ Acute care facility for imaging is usually preferred
Acute Bleed	CT >> MR	No	
Subarachnoid Bleed	CT	No	
Brain Tumor Metastases	MR>> CT MR	With & Without	CT better for tumor calcification
Seizure	MR	With & Without	Contrast for adults first time seizure, especially if over 40
CNS Infection, Abscess, Meningitis	MR	With & Without	
AIDS	MR	With & Without	
Headache	MR	With & Without	Contrast for meningeal/dural disease, mass, meningioma

>recommended over other study

>> strongly recommend over other study

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EAST MEMPHIS **BRAIN/HEAD** IMAGING

CT & MRI

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Clinical Problem (BRAIN– HEAD)	Preferred Study	Contrast	Comments
Dementia	MR > CT	No	MR gives superior evaluation of white matter changes; patterns of atrophy
Neurodegenerative	MR	No	Parkinson's disease, etc.
Carotid Stenosis	CTA	With & Without	
Subdural Hematoma	CT = MR	No	MR detects smaller non-surgical acute SDH and Sub-acute to chronic SDH
MS	MR	With & Without	Contrast helpful if non-contrast is abnormal
Posterior Fossa; Brainstem Lesion	MR	With & Without	MR far superior in this region
Acoustic Neuroma, Sensorineural Hearing Loss	MR	With & Without	CT not sensitive for small IAC lesions but, may be needed for Otic Capsule Disease

= comparative studies

>recommended over other study

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Clinical Problem (CHEST)	Preferred Study	Contrast	Comments
Pulmonary Embolus	CTA	Yes	Evaluation of acute chest pain and SOB
Nodule, Mass,, Infiltrate	CT	Yes or No	Peripheral nodules remote from hilum can be imaged without contrast. Contrast is helpful for Hilar Disease.
Interstitial Lung Disease	High Resolution CT	No	1 or 2 mm slices at 5 or 10mm increments
Coronary Artery Disease	CT of Heart CCTA	Yes	Detailed visualization of coronary arteries
Coronary Calcium Screening	CT	No	Screening for people with low to moderate risk of CAD
Aortic Aneurysm	CT	Yes	

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Clinical Problem	Preferred Study	Contrast	Comments
(ABDOMEN & PELVIS)			
Neck Mass	CT MR	Yes With & Without	Adenopathy better on CT; Tongue and perineural skull base disease better on MR with & without contrast if needed
Sinus	CT	No	CT defines ostial obstruction bone changes
Conductive Hearing Loss; Sensorineural Hearing Loss	CT MR	No With & Without	Mastoid, middle ear, ossicles IAC, brainstem/CPA Labyrinth
Skull Base	MR = CT	With & Without	CT sometimes necessary to better show bony detail
Squamous CA	CT > MR	With & Without	Skull base to thoracic inlet
Vocal Cord Paralysis	CT >> MR	With & Without	Skull base to carina
Optic Proptosis	CT MR	Yes With & Without	No contrast for Graves Disease

= comparative studies

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(ABDOMEN & PELVIS)			
Optic Nerves	CT MR	Yes With & Without	MR– Optic neuritis, high field works best; MRI Orbits with & without CT– Meningioma, calcification
Cavernous Sinus	MR	With & Without	MR brain/sella
Cranial Nerves	MR	With & Without	
Facial Trauma	CT	No	
Salivary Glands	CT	Yes	

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Clinical Problem (SPINE)	Preferred Study	Contrast	Comments
Herniated Disc, Cervical, Thoracic or Lumbar	MR >> CT	Yes if previous surgery	Contrast essential to distinguish scar from disc after surgery MR = With & Without
Stenosis	MR >> CT	No	Helical CT with Reconstructions can be adequate especially if MR contraindicated
Discitis/Osteomyelitis	MR	With & Without	
Metastasis Bone	MR	With & Without	Non-contrast for bone metastasis
Epidural or Intraspinal	MR	With & Without	Contrast for epidural or intrathecal tumor
Compression Fracture, Bone Metastasis	MR Focal CT	No No	MRI Allows evaluation of bone marrow Focal CT for operative planning
Cord Disease	MR	With & Without	Demyelination, syrinx
Cord Tumor	MR	With & Without	

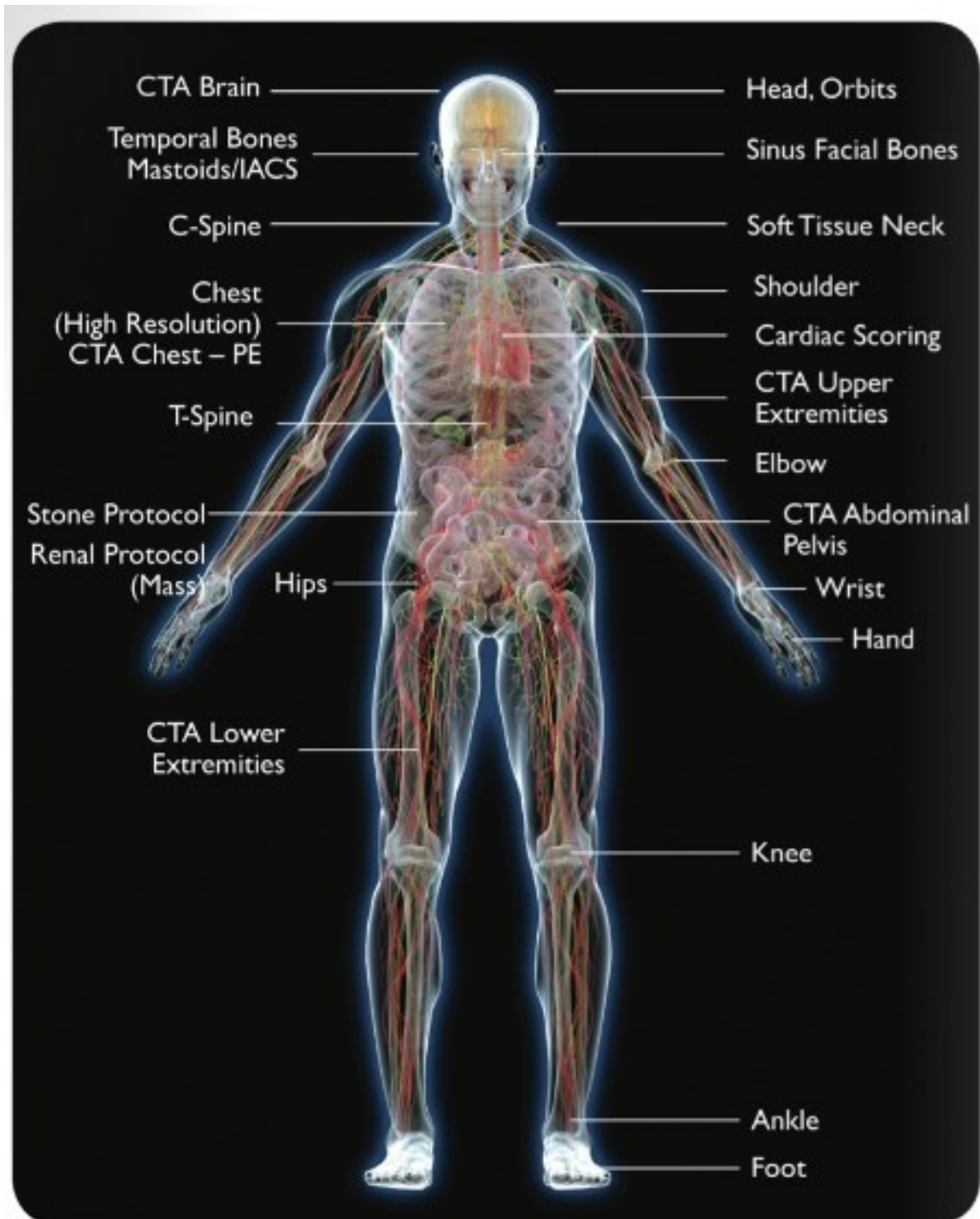
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EASTMEMPHIS

I M A G I N G

CT Field of Expertise



EASTMEMPHIS

IMAGING

MRI Field of Expertise

