

EAST MEMPHIS

IMAGING

ABDOMEN & PELVIS

CT & MRI

Indication Guidelines

| Clinical Problem | Preferred Study | Contrast | Comments |
|-------------------------------------|---|--------------------------------|--|
| (ABDOMEN & PELVIS) | | | |
| 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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| 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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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 | MR>> CT | With & Without | CT better for tumor |
| Metastases | MR | | 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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| 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
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Indication Guidelines

| 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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| 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 |

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| (ABDOMEN & PELVIS) | | | |
| Optic Nerves | CT | Yes | MR– Optic neuritis, high field works |
| | MR | With & Without | best; MRI Orbita 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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| 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 Intrad spinal | 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 | |

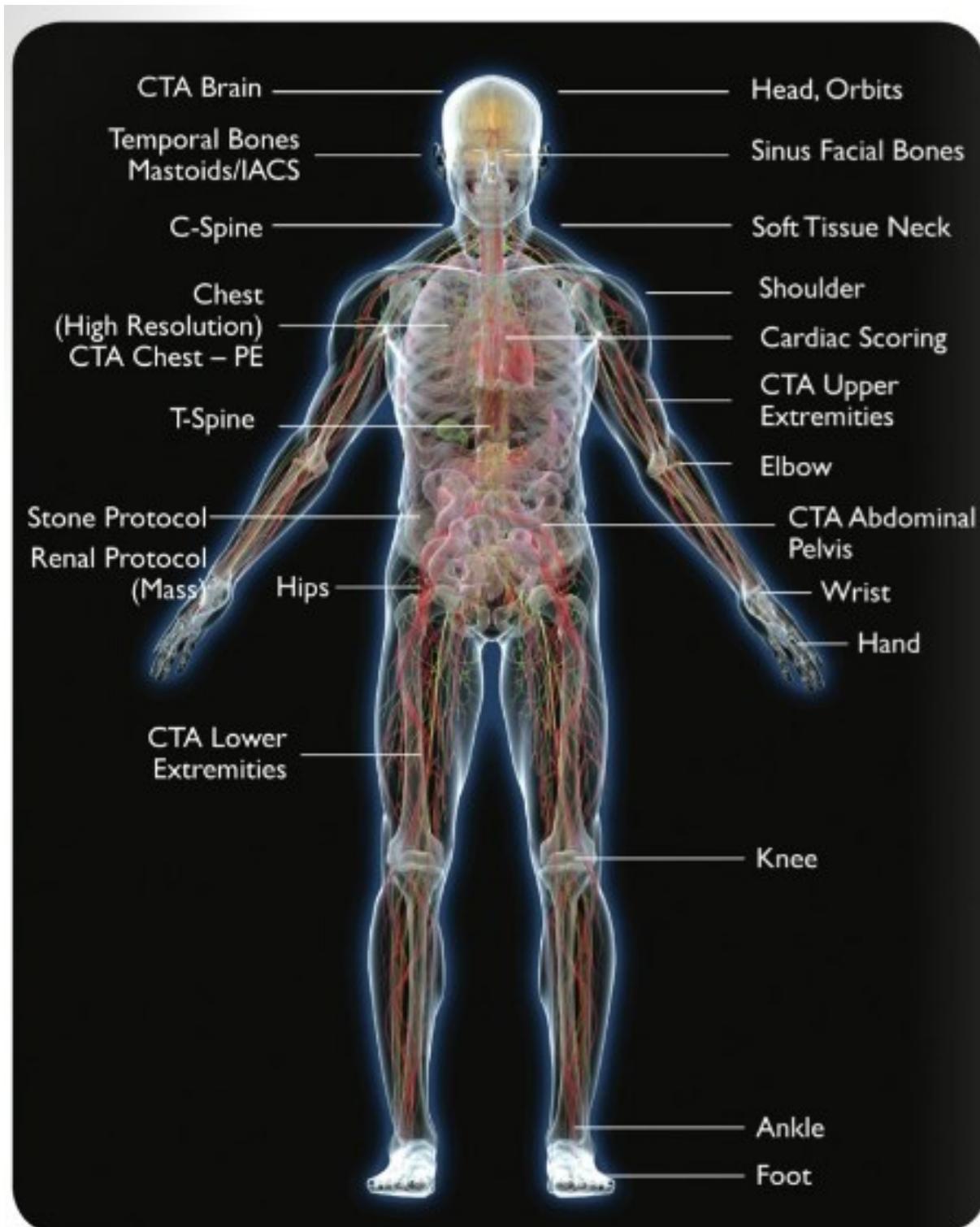
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CT Field of Expertise



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