The following are general guidelines to follow for the most common clinical indications related to Medical Imaging.

**CT**

It is our goal to protect the patient from any unnecessary radiation and contrast exposure. It is important to start with the least invasive imaging study (e.g. pelvic ultrasound before ordering CT).

**HEAD & NECK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BODY PART** | **Reason for Exam** | **IV**  **Contrast** | **ORAL  Contrast** | **Procedure Name** |
| **SINUS** | * Polyps * Postnasal drip * Sinusitis * Surgical Planning | No | No | CT Maxillofacial W/O |
| **FACE** | * Cellulitis * Infection/abscess * Soft Tissue Mass | Yes | No | CT Maxillofacial W/ |
| * Injury/trauma, concern for fracture | No | No | CT Maxillofacial W/O Contrast (Orbits only – brain not included) |
| **ORBITS** | * Injury/trauma, concern for fracture | No | No | CT Head/Orbits W/O |
| * Mass * Proptosis * Infection * Swelling * Vision changes | Yes | No | CT Orbits W/ |
| **TEMPORAL BONES** | * Otitis Media * Cholesteatoma * Conductive hearing loss * Mastoiditis | No | No | CT Temporal Bones W/O |
| **SOFT TISSUE NECK** | * Adenopathy * Dysphagia * Infection/Abscess * Mass/neoplasm * Vocal cord paralysis | Yes | No | CT ST Neck W/ |
| * Salivary gland calculi/adenitis * Foreign body | Yes | No | CT ST Neck W/O |

**CT**

**SPINE** \*in patients with history of cancer contrast may be indicated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BODY PART** | **Reason for Exam** | **IV**  **Contrast** | **Oral**  **Contrast** | **Procedure Name** |
| **CERVICAL SPINE** | * Evaluate hardware/fusion status * Degenerative changes * R/O fracture | No | No | CT C-Spine W/O |
| * Infection | Yes | No | CT C-Spine W/ |
| * Myelogram | CT C-Spine W/ +  XR Myelogram Cervical Spine Injection |
| **THORACIC SPINE** | * Evaluate hardware/fusion status * Degenerative changes * R/O fracture | No | No | CT T-Spine W/O |
| * Infection | Yes | No | CT T-Spine W/ |
| * Myelogram | CT T-Spine W/ + XR Myelogram Thoracic Spine Injection |
| **LUMBAR SPINE** | * Evaluate hardware/fusion status * Degenerative changes * R/O fracture | No | No | CT L-Spine W/O |
| * Infection | Yes | No | CT L-Spine W/ |
| * Myelogram | CT L-spine W/  + XR Myelogram Lumbosacral Spine Injection |

**ABDOMEN & PELVIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for Exam** | **IV**  **Contrast** | **Oral**  **Contrast** | **Procedure Name** |
| **ABDOMEN** | * Renal mass | Yes |  | CT Abdomen w/wo |
| * Abnormal liver enzymes * Jaundice * Liver mass * Adrenal mass | Yes |  | CT Abdomen w/wo |
| * Pancreatitis * Pancreatic mass | Yes |  | CT Abdomen/Pelvis w/ Contrast  **OR**  CT Pancreas |

**CT**

**ABDOMEN & PELVIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | * **Reason for Exam** | **IV**  **Contrast** | **Oral**  **Contrast** | **Procedure Name** |
| **ABDOMEN** | * Ventral, umbilical hernia | No | No | CT Abdomen W/O |
| **ENTEROGRAPHY ABDOMEN&PELVIS W/WO** | * Crohn’s Disease | Yes | Water | CT Abdomen/Pelvis w/ Contrast |
| **ABDOMEN & PELVIS** | * Abdominal pain * Abnormal labs * Abscess * Adenopathy * Ascites * Injury/trauma * Metastasis * Pancreatitis * Pelvic pain * Tumor/mass * Unexplained weight loss | Yes | Yes | CT Abd/Pelvis W/ Contrast |
| **STONE PROTOCOL** | * Flank pain * Renal stones | No | No | CT Stone Protocol |
| **UROGRAM** | * Hydronephrosis (without flank pain) * Flank pain * Renal stones | Yes | Water | CT Abdomen and Pelvis w/ + w/o Contrast |
| **SOFT TISSUE PELVIS** | * Adenopathy * Mass * Pain | Yes | Yes | CT Pelvis W/ Contrast |
| **SOFT TISSUE PELVIS** | * Inguinal hernia | No | No | CT Abd/Pelvis W/ Contrast |
| **BONY PELVIS** | * Trauma, concern for fracture | No | No | CT Pelvis W/O Contrast |

**CHEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BODY PART** | **Reason for Exam** | **IV**  **Contrast** | **ORAL  Contrast** | **Procedure Name** |
| **CHEST** | * Asthma * Atelectasis * Bronchiectasis * COPD * Cough * Interstitial Lung Disease * Emphysema * Follow up pulmonary nodule * Injury/trauma (Ribs) * Pericardial effusion | No | No | CT Chest W/O Contrast |

**CT**

**CHEST (CONT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for Exam** | **IV**  **Contrast** | **ORAL  Contrast** | **Procedure Name** |
| **CHEST** | * Pleural effusion * Pneumothorax * Pulmonary nodule * Rib Fracture | No | No | CT Chest W/O Contrast |
| **CHEST** | * Abnormality involving hilum * Empyema * Infiltrate * Injury/Trauma (Blunt) * Lung cancer * Mass * Pneumonia * Work up of other cancer/malignancy | Yes | No | CT Chest W/Contrast |
| **LUNG** | * History of smoking | No | No | CT Low Dose Lung Screening |
| **LUNG** | * Interstitial Lung Disease | No | No | CT Chest high Resolution |

**ANGIOGRAPHY (CTA)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for Exam** | **IV**  **Contrast** | **Oral**  **Contrast** | **Procedure Name** |
| **HEAD** | * Stenosis (MRA Preferred) * Aneurysm | Yes | No | CT Angio Brain |
| **NECK** | * Carotid Stenosis (MRA Preferred) * Dissection | Yes | No | CT Angio Neck |
| **HEAD/NECK** | * Stroke * Dissection | Yes | No | CT Angio Head/Neck |
| **CHEST** | * Suspected PE or evaluation of chronic PE | Yes | No | CT Angio Chest PE Protocol |
| **CHEST** | * Aortic Aneurysm or Dissection | Yes | No | CT Angio Chest -Aortogram |
| **ABDOMEN** | * Abdominal aortic aneurysm | Yes | No | CT Angio Abdomen |
| **ABDOMEN & PELVIS** | * Mesenteric ischemia * Pre op AAA surgery * Pre or post op evaluation * Post stent grafting | Yes | No | CT Angio Abd/Pelvis |
| **ABDOMEN & PELVIS W/RUNOFF** | * Intermittent Claudication * Lower extremity ischemia * Peripheral vascular disease | Yes | No | CT Abdomen with Runoff |

**MRI**

**BRAIN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for exam | IV Contrast | Oral Contrast | Procedure Name |
| **BRAIN** | * CVA/TIA * Dizziness * Memory loss * Trauma * Tremors | No | No | MRI Brain W/O Contrast |
| * Cranial nerve (IAC and Trigeminal Protocol) * Chiari Malformation * IAC lesion/hearing * Infection * Lesions (specify) * Multiple sclerosis * Neurofibromatosis * Seizures * Pituitary lesion [Pituitary protocol] * Tumor/mass/metastasis | Yes | No | MRI Brain W/WO Contrast |

**BRAIN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for Exam | IV Contrast | Oral Contrast | Procedure Name |
| **ORBITS** | * Diplopia * Hyperthyroidism (e.g. Graves disease) * Nystagmus * Strabismus * Tumor/mass/metastasis * Unexplained vision loss * Unilateral vision defect | Yes | No | MRI Orbits/Face/Neck W/WO Contrast |
| **FACE** | * Infection * Tumor/Mass/Metastasis | Yes | No | MRI Orbits/Face/Neck W/WO Contrast |
| * Trauma | No | No | MRI Orbits/Face/Neck WO Contrast |

**mri**

**HEAD & NECK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for exam** | **IV Contrast** | **Oral Contrast** | **Procedure Name** |
| **NECK  SOFT TISSUE** | * Dysphagia * Infection * Persistent hoarseness * Tumor/mass/metastasis * Vocal cord paralysis | Yes | No | MRI Neck Soft Tissue W/WO Contrast |

**NEUROGRAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for exam** | **IV Contrast** | **IV Contrast** | **Procedure Name** |
| **BRACHIAL PLEXUS** | * Brachial plexus injury * Nerve avulsion * Tumor/mass/metastasis | Yes | No | MRI Chest W/WO Contrast |

**SPINE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for exam** | **IV Contrast** | **Oral Contrast** | **Procedure Name** |
| CERVICAL | * MS * Neck pain * Radiculopathy * Degenerative disc disease/herniation * Canal stenosis * Compression fracture | No | No | MRI Cervical Spine W/O Contrast |
| * MS * Discitis/osteomyelitis * Post op pain * Tumor/mass/metastasis | Yes | No | MRI Cervical Spine W/WO Contrast |
| THORACIC | * MS * Neck Pain * Radiculopathy * Degenerative disc disease/herniation * Canal Stenosis * Compression fracture | No | No | MRI Thoracic Spine W/O Contrast |

**MRI**

**SPINE (CON’T)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | * **Reason for exam** | **IV Contrast** | **Oral Contrast** | **Procedure Name** |
| THORACIC | * MS * Discitis/osteomyelitis * History of Thoracic spine surgery * Tumor/mass/metastasis | Yes | No | MRI Thoracic Spine W/WO Contrast |
| LUMBAR | * Neck Pain * Radiculopathy * Degenerative disc disease/herniation * Canal stenosis * Compression fracture | No | No | MRI Lumbar Spine W/O Contrast |
| * MS * Discitis/osteomyelitis * History of lumbar spine surgery * Tumor/mass/metastasis | Yes | No | MRI Lumbar Spine W/WO Contrast |

**CHEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for exam | IV Contrast | Oral Contrast | Procedure Name |
| CHEST | * Chest wall pain (CT exam is preferred) * Rib pain (CT exam is preferred) * Sternoclavicular joint/clavicle/scapula pain | No | No | MRI Chest W/O Contrast |
| BREAST | * Silicone implant rupture | No | No | MRI Breast W/O Contrast |
| * Abnormal mammogram with recommendation to do MRI * High risk for malignancy * Personal history | Yes | No | MRI Breast W/WO Contrast |
| SOFT TISSUE | * Mediastinal Mass | Yes | No | MRI Chest W/WO Contrast |

**ABDOMEN & PELVIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for exam | IV Contrast | Oral Contrast | Procedure Name |
| ABDOMEN | * MRCP (biliary/pancreatic ducts, stones, jaundice) | No | No | MRI Abdomen W/O  MRI MRCP |
| * Liver disease * Mass (adrenal, liver, pancreatic, renal) | Yes | No | MRI Abdomen W/WO Contrast |
| MR ENTEROGRAPHY | * Bowel obstructions * Evaluate small bowel * Crohn’s disease * Ulcerative Colitis | Yes | Yes | MRI Abdomen W/WO Contrast |

**MRI**

**ABDOMEN & PELVIS (CONT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for exam | IV Contrast | Oral Contrast | Procedure Name |
| MSK PELVIS | * MSK pain – SI joints, sacrum, coccyx * Muscle tear * Osteomyelitis | No | No | MRI Pelvis W/O Contrast |
| SOFT TISSUE PELVIS | * Abscess * Adenomyosis * Endometrial abnormalities * Fibroid * Prostate cancer * Septic arthritis * Tumor/mass/metastasis | Yes | No | MRI Pelvis W/WO Contrast |

EXTREMITIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Part | Reason for Exam | IV Contrast | Oral Contrast | Procedure Name |
| NON-JOINT EXTREMITY: *HAND=FINGER, HUMERUS, FOREARM, FOOT=TOE, FEMUR, TIB/FIB* | * Morton’s neuroma * Muscle/tendon tear * Stress/fracture | No | No | MRI (SPECIFIC NON-JOINT DESCRIPTION) W/O CONTRAST |
| NON-JOINT EXTREMITY: HAND=FINGER, HUMERUS, FOREARM, FOOT=TOE, FEMUR, TIB/FIB | * Abscess * Cellulitis * Foot osteomyelitis in diabetic patients * Osteomyelitis * Tumor/mass/metastasis (soft tissue) | Yes | No | MRI (SPECIFIC NON-JOINT DESCRIPTION) W/WO CONTRAST |
| JOINT EXTREMITY: SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE | * Arthritis * AVN * Joint pain * Ligament/tendon/muscle, cartilage/labral tear (initial study) * Stress/fracture | No | No | MRI (SPECIFIC JOINT DESCRIPTION) W/O CONTRAST |
| * Abscess * Cellulitis * Inflammatory arthritis * Septic arthritis * Synovitis * Tumor/mass | Yes | No | MRI (SPECIFIC JOINT DESCRIPTION) W/WO CONTRAST |

**MRI**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for Exam** | **IV Contrast** | **Oral  Contrast** | **Procedure Name** |
| JOINT EXTREMITY: SHOULDER, HIP  ARTHROGRAM |  | Yes | No | MRI (SPECIFIC JOINT DESCRIPTION) W/ CONTRAST |

ANGIOGRAPHY (MRA)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body Part** | **Reason for Exam** | **IV Contrast** | **Oral Contrast** | **Procedure Name** |
| MRA HEAD | * Headaches * Stenosis * AVM (MRI brain wo/w contrast) * CVA/TIA * Aneurysm * Strong family history of cerebral aneurysm | No | No | MRA Head W/O Contrast |
| * Dissection (CTA preferred) * Surgery history of aneurysm clips | Yes | No | MRA Head W/WO Contrast |
| MRV HEAD | * Venous Thrombosis | Yes | No | MRV Head W/WO Contrast |
| MRA NECK | * Stenosis * Aneurysm * AVM * CVA/TIA * Dissection/vessel injury (CTA preferred) * Subclavian Steal | Yes | No | MRA Neck W/WO Contrast |
| MRA ABDOMEN | * Renal artery stenosis | No | No | MRA Abdomen W/O Contrast |

NUCLEAR MEDICINE

BONE SCAN

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| Bone Scan – Whole Body | * Elevated Alkaline Phosphatase (bone) * Evaluation of abnormal finding by other imaging modalities * Pathologic Fracture * Primary or metastatic tumors * Unexplained back or bone pain | NM Bone Imaging Whole Body |
| Triple Phase Bone Scan | * Charcot’s joint * Complex Regional Pain Syndrome (RSD) * Non-union fractures * Osteomyelitis * Prosthetic joint evaluation for loosening or infection * Solitary bone lesion * Stress or occult fractures | NM Bone Three Phase Study |
| Bone Scan SPECT | * Osteoid Osteoma * Pose op Spine Surgery * Spinal fractures in pediatric patients * Spondylolisthesis * Spondylosis | NM Bone Spect |

GALLBLADDER

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **HIDA scan WO CCK (Hepatobiliary)** | * Acute/Chronic Cholecystitis * Bile duct obstruction * Post-op complications (e.g. bile leaks/fistulas) * RUQ pain | NM Hepatobiliary Imaging |
| **HIDA scan with CCK** | * GB function (ejection fraction) * Biliary Dyskinesia * RUQ pain | NM Hepatobiliary Imaging w/Drug |

**NUCLEAR MEDICINE**

**GI SCANS**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **GASTRIC EMPTYING STUDY** | * Dumping syndrome * Gastric Outlet Obstruction * Nausea, vomiting * Gastroparesis | NM Gastric Emptying Study |
| **MECKELS SCAN** | * Meckel’s diverticulum | NM Intestine Imaging Meckels |
| **LIVER IMAGING SPECT W/VASCULAR FLOW** | * Accessory spleen * Adenoma * Focal nodular hyperplasia * GI Bleed * Trauma to liver or spleen | NM Red Cell Sequestration |
| **RCB STUDY – HEMANGIOMA PROTOCOL** | * Cavernous hemangioma (liver) | NM Red Cell Sequestration |
| **GI BLEED** | * Active bleeding in the GI system * Detection of secondary blood loss in peritoneal cavity. | NM Gastrointestinal Blood Loss Imaging |

**LUNGS**

|  |  |  |
| --- | --- | --- |
| **BODY PART** | **REASON FOR EXAM** | **PROCEDURE NAME** |
| **PULMONARY PERFUSION W/ VENTILATION (V/Q SCAN)** | * Acute or chronic pulmonary embolus * Elevated d-dimer * SOB | NM Lung Vent/Perf Imaging |

**RENAL**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **RENAL SCAN W/VASCULAR FLOW & FUNCTION W/DRUGS (E.G. LASIX)** | * Hydronephrosis * Urinary tract obstruction | NM Kidney Imaging Single w/Lasix  or  NM Kidney Imaging Single w/Pham |

**NUCLEAR MEDICINE**

**PARATHYROID**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **PARATHYROID SCAN  (SESTAMIBI)** | * Elevated PTH * Hypercalcemia * Parathyroid adenoma * Primary hyperparathyroidism | NM Parathyroid Imaging  Or  NM Parathyroid Imaging w/ SPECT and CT |

THYROID

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **I-123 THYROID** | * Evaluation of hyperthyroidism, Graves Disease, Toxic Nodular Goiter * Evaluation of thyroid nodules/mass & function * Subacute thyroiditis | NM Thyroid Uptake Single or Multi |
| **I-123 THYROID (WITHOUT UPTAKE)** | * Evaluation of thyroid nodules (must be >1cm on ultrasound) * Evaluation of thyroid size | NM Thyroid Imaging |

**PET/CT**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **PET-CT [SKULL BASE TO MID-THIGH]** | * All cancer indications: diagnosis and initial staging, restaging and monitory treatment response (exceptions: Initial stating to evaluate local nodal metastasis in Brease Cancer & Melanoma) * Initial staging of prostate cancer * Lung nodule | PET CT Skull Base to Midthigh |
| **PET-CT [WHOLE BODY]** | * Initial staging, restaging and monitoring treatment * Melanoma * Merkel cell carcinoma * MSK sarcoma * Myeloma * T-cell lymphoma | PET CT Whole Body |

**NUCLEAR MEDICINE**

**LYMPH NODES**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **LYMPHOSCINTIGRAPHY (SENTINEL NODE) W/Imaging** | * Breast cancer * Melanoma | NM Lymphoscintigraphy |
| **LYMPHOSCINTIGRAPHY**  **(SENTINEL NODE) INJECTION ONLY** | * Breast cancer * Melanoma | NM Sentinel Node Injection |

**WBS (metastatic thyroid cancer)**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **I-131 WHOLE BODY SCAN** | * Thyroid cancer: s/p total thyroidectomy, s/p RAI treatment, elevated thyroglobulin | NM I131 Therapy |

**ULTRASOUND**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **THYROID** | * Elevated calcium/abnormal thyroid blood work * Enlarged thyroid gland * History of thyroid cancer * Hyper/hypothyroidism * Mass * Multinodular goiter * Parathyroid adenoma | US Soft Tissue Head and Neck |
| **SOFT TISSUES NECK** | * Lymph node * Parotid * Sub mandibular mass | US Soft Tissue Head and Neck |
| **CAROTID** | * Amaurosis Fugax * Aphasia * Ataxia * Bruit * Hemiplegia * Syncope * Transient vision loss * Vertigo/dizziness | US Carotid Duplex Bilateral |
| **CHEST** | * Pleural effusion * Palpable/Superficial mass | US Chest |
| **BREAST** | * Abnormal mammographic findings * Palpable mass * Targeted area of pain | US Breast Limited Left  US Breast Limited Right |

**ULTRASOUND**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for exam** | **Procedure Name** |
| **ABDOMINAL AORTA** | * Abdominal aortic aneurysm screening or follow-up * Bruit * Pulsatile aorta | US Aorta |
| * Family history of AAA * History of smoking | US AAA Screening |
| **ABDOMEN** | * Abnormal LFT’s/fatty liver/hepatic steatosis * Cirrhosis of hepatic/liver disease, hepatitis * Gallstones/cholelithiasis/choledocholithiasis/biliary dilatation * Hepatomegaly * Splenomegaly * Jaundice * Pain | US Abdomen Complete (pancreas, aorta, proximal IVC, liver, GB, bile ducts, bilateral kidneys, & spleen) |
| US Abdomen Limited (RUQ)  (pancreas, proximal aorta, proximal IVC, liver, GB, bile ducts and right kidney) |
| * Splenomegaly * Appendix * Evaluate intussusception * Umbilical or spigelian hernias, lump on the back or abdomen. | US Abdomen Limited (specify area to be scanned in the order) |
| **PELVIS - FEMALE** | * Adnexal abnormalities * Dysfunctional uterine bleeding * Enlarged uterus or ovary * Excessive bleeding/pain after surgery * Fibroid uterus * Localization of intrauterine contraceptive device * Menstrual cycle irregularities * Ovarian cyst * Ovarian torsion * Pain * PCOS * Precocious puberty * Post menopausal bleeding | US Pelvic Comp |
| US Pelvic Comp w/Transvag if indicated |
| **PELVIS - MALE** | * Bladder only * General pain * Urinary Frequency * Benign prostatic hyperplasia | US Pelvic Limited |

**ULTRASOUND**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **SCROTUM** | * Epididymitis * Hydrocele(swelling) * Mass * Pain * Trauma * Torsion * Undescended testes * Varicocele | US Scrotum (contents) w/doppler if indicated |
| **KIDNEY & BLADDER** | * Bladder diverticula * Hematuria * Hydronephrosis * Neurogenic bladder * Renal Failure/disease (chronic kidney disease) * Renal calculus/ureteral stone * Trauma * UTI/cystitis/pyelonephritis * Urinary retention | US Kidney w/o bladder |
| US Kidney w/bladder |
| **UPPER OR LOWER EXTREMITY  (NON VASCULAR)**  **SOFT TISSUE** | * Fluid Collection * Palpable Mass * Inguinal hernia * Abscess or hematoma | US Extremity Nonvascular Limited |
| **UPPER OR LOWER EXTREMITY  (VENOUS DOPPLER)** | * Calf pain * DVT follow-up * Edema/swelling * Positive Homan sign | US Lower Ext Venous Duplex Right |
| US Lower Ext Venous Duplex Left |
| US Lower Ext Venous Duplex Bilat |
| **ARTERIAL BRACHIAL INDEX (ABI)** | * Claudication * PAD * PVD * Diabetes * Weak Pedal Pulses * Rest pain | US Segmental Pressures LE 1-2 lvls |

**ULTRASOUND**

|  |  |  |
| --- | --- | --- |
| **Body Part** | **Reason for Exam** | **Procedure Name** |
| **OB 1ST TRIMESTER** | * Confirmation of the presence of an intrauterine pregnancy * Confirmation of cardiac activity * Estimation of gestational age * Diagnosis or evaluation of multiple gestations * Evaluation of a suspected ectopic pregnancy * Vaginal bleeding * Pelvic pain * Maternal pelvic masses and/or uterine abnormalities | US OB Less than 14 wks w/TVS if indicated (evaluates Uterus, ovaries bilateral adnexa and IUP if visible) |
| **OB STANDARD SECOND- & THIRD - TRIMESTER** | * Evaluation of fetal anatomy * Screening for Fetal Anomalies * Estimation of Gestational age * Suspected Multiple Gestation * Discrepancy between uterine size and clinical dates * Fetal presentation * Fetal well-being * Suspected amniotic fluid abnormalities * Premature rupture of membranes and/or premature labor * Vaginal bleeding * Abdominal or pelvic pain * Placental abruption * Suspected fetal death * Evaluation/follow-up placental appearance and location * Pelvic mass * Uterine anomalies | US OB Greater Than 14 weeks Single  (20-week fetal anatomic survey) |
| **OB FOLLOW-UP** | * Reassess fetal size and interval growth * Re-evaluate organ system(s) suspected to be abnormal on previous ultrasound * Serian scans to reassess a known issue | US OB Follow-up |
| **OB LIMITED** | Focused “quick look” exam to assess one or more of the following elements   * Fetal heartbeat * Placental location * Fetal position and/or qualitative amniotic fluid volume | US OB Limited |