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 | IVContrast | OralContrast | 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** | **IVContrast** | **IVContrast** | **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** | **IVContrast** | **OralContrast** | **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**
 | **IVContrast** | **OralContrast** | **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 | IVContrast | OralContrast | 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 | IVContrast | OralContrast | 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 |
| MRENTEROGRAPHY | * 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 | IVContrast | OralContrast | Procedure Name |
| MSK PELVIS | * MSK pain – SI joints, sacrum, coccyx
* Muscle tear
* Osteomyelitis
 | No | No | MRI Pelvis W/O Contrast |
| SOFT TISSUEPELVIS | * 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 | IVContrast | OralContrast | 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** | **IVContrast** | **Oral Contrast** | **Procedure Name** |
| JOINT EXTREMITY: SHOULDER, HIPARTHROGRAM |  | 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/LasixorNM 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 ImagingOrNM 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 LeftUS 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 |