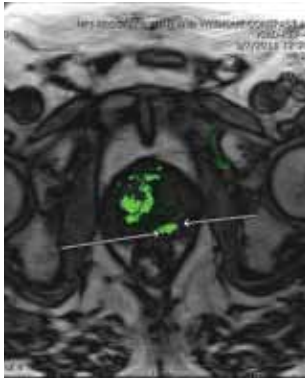
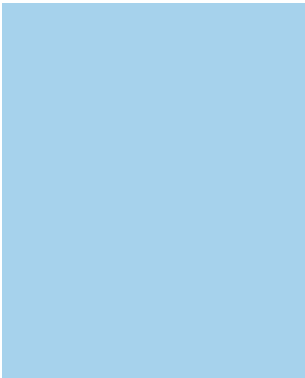
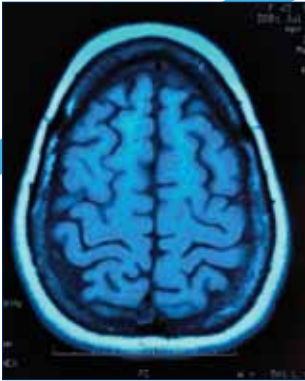


# CLINICAL ORDERING GUIDE



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| <b>Contrast Guidance</b> | <b>No contrast</b> if documented contrast allergy or Cr > 1.5. History of shellfish allergy alone is not a contraindication. Creatinine value, drawn within 6 weeks of exam, is required on all patients 60 yrs+ and/or diabetic. May consider premedication with steroid and benadryl. You may consult with a RAH radiologist. | <b>No contrast</b> if EGFR < 30 or documented allergy. |
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| <b>General Guidance</b> | <b>ALWAYS</b> specify what relevant pathology you suspect and question you want answered. Do not hesitate to consult the radiologist. |
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## BODY IMAGING

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| <b>Lungs</b> | <b>CT with contrast</b> for lung or mediastinal disease.<br><b>CT angio with contrast</b> for pulmonary embolus.<br><b>High resolution CT without contrast</b> for selected lung sampling for interstitial disease only.<br><b>CT without contrast</b> for pulmonary nodule follow-up. | Unless directed by a radiologist, it is not recommended to order an MRI for initial evaluation of lung or mediastinal pathology. A radiologist may recommend an MRI of the chest subsequent to CT for further evaluation. |
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| <b>Breast</b> | <b>MRI Breast Indications:</b> <ul style="list-style-type: none"> <li>MR contrast screening in high-risk patient, with presence of breast cancer gene.</li> <li>Problem-solving in patients with breast implant.</li> </ul> <b>Surgical evaluations:</b><br>Pre-op: Newly diagnosed breast cancer for surgical planning.<br>Post-op: Surveillance for recurrent cancer in high-risk patient. |  |
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| <b>Heart</b> | <b>Cardiac CT without contrast</b> for Calcium Score (Cardiac CT). |
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| <b>Abdomen/Pelvis for generalized pain</b> | <b>CT abdomen and pelvis with IV and oral contrast:</b><br>For generalized screening of abdominal and pelvic pain (including bowel, appendicitis, diverticulitis, infection, abscess, mass). For more specific concerns, see individual organs below. |
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| <b>Liver</b> | <b>CT with contrast</b> for initial workup.<br><b>CT with and without contrast</b> (specify dedicated liver protocol) for specific lesions.<br><b>Ultrasound</b> for screening of hepatitis. | <b>MRI with and without contrast</b> for a known liver lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated. |
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| <b>Biliary</b> | <b>MRCP without contrast</b> and <b>MRI abdomen without contrast</b> (order both). |
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| <b>Pancreas</b> | <b>CT with contrast</b> for general evaluation.<br><b>CT with and without contrast</b> (specify dedicated pancreas protocol) for specific lesions. | <b>MRI with and without contrast</b> for a known pancreas lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated. |
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| <b>Spleen</b> | <b>CT with contrast</b> for general evaluation.<br><b>CT with and without contrast</b> for specific lesions if MRI contraindicated. | <b>MRI with and without contrast</b> for a known splenic lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated. |
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| <b>Kidney/Bladder</b> | <b>CT abdomen and pelvis without contrast</b> for renal stones.<br><b>CT abdomen and pelvis with and without contrast</b> for hematuria or neoplasia (specify CT IVP). | <b>MRI with and without contrast</b> for a known renal, urothelial or bladder lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated. |
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| <b>Uterus/Ovaries</b> | <b>MRI uterus with and without contrast</b> for neoplasia of uterus or ovaries.<br><b>MRI without contrast</b> for adenomyosis. <b>Ultrasound</b> for initial evaluation. |
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| <b>Aorta/Vascular</b> | <b>CT angio with contrast</b> of the chest, abdomen, pelvis or any combination for aortic aneurysm, dissection or aortic endograft follow-up.<br><b>CTA or MRA with contrast</b> for upper or lower extremity vascular imaging (prefer CTA).<br><b>CTA or MRA with contrast</b> for mesenteric or renal arteries. Ultrasound for screening/surveillance of AAA. |
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| <b>Musculoskeletal</b> | CT is utilized under certain circumstances in evaluation of the bony structures and is usually requested specifically by the orthopedic surgeon. For most musculoskeletal issues, MRI is the imaging procedure of choice. | MRI most accurate for joints, tendons, ligaments, cartilage and soft tissues. Most helpful in sports injuries, unexplained joint pain, occult fractures in patients with osteopenia/osteoporosis.<br><b>MRI without contrast:</b> most situations, trauma.<br><b>MRI with and without contrast:</b> infection, neoplasms. |
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NEUROLOGIC IMAGING

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| <b>Soft Tissue Neck</b> | <b>CT with contrast</b> for evaluation all neck pathology except for parotid, tongue and nasopharyngeal masses. | <b>MRI with and without contrast</b> for evaluation of parotid, tongue and nasopharyngeal masses or if recommended after initial CT. |
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| <b>Paranasal Sinuses</b> | <b>CT without contrast</b> for inflammatory disease.<br><b>CT with contrast</b> for suspected neoplasm or invasive infection. | <b>MRI with and without contrast</b> for suspected mass or invasive infection. |
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| <b>Brain</b> | <b>CT without contrast</b> for trauma/hemorrhage (preferred).<br><b>CT with and without contrast</b> for MRI contrast indications if MRI or gadolinium contrast contraindicated. | <b>MRI without contrast</b> for brain screening, acute stroke, TIA, dementia.<br><b>MRI with and without contrast</b> for infection, inflammation, demyelinating disease, seizure, neoplasm (known or new). |
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| <b>Face</b> | <b>CT without contrast</b> for trauma.<br><b>CT with and without contrast</b> if MRI contraindicated. | <b>MRI face with and without contrast</b> subsequent to initial CT evaluation. |
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| <b>Orbits</b> | <b>CT without contrast</b> for trauma.<br><b>CT with and without contrast</b> if MRI contraindicated. | <b>MRI with and without contrast</b> for initial evaluation infection, inflammation, neoplasm. |
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| <b>Temporal Bone/Internal Auditory Canal (IAC)</b> | <b>CT temporal bone without contrast</b> for evaluation of ossicles, bony structures, cholesteatomas and initial evaluation of congenital, infectious (mastoiditis), inflammatory and neoplasia. | <b>MRI brain with and without contrast</b> for hearing loss and tinnitus, and suspected infection or neoplasia. Specify "MR IAC" in request. |
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| <b>Intracranial Circulation and Carotid Vessels</b> | <b>CTA head and neck with contrast</b> for circle of Willis.<br><b>CTA head and neck with contrast</b> for carotid vessels. CTA carotid vessels preferred over MRA for abnormality identified by ultrasound. | <b>MRA brain without contrast</b> for intracranial circulation.<br><b>MRA neck with contrast</b> for carotid and vertebral circulation.<br><b>MR Venogram (MRV) with contrast</b> for intracranial veins and dural venous sinuses. |
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| <b>Spine</b> | <b>CT without contrast</b> for trauma.<br><b>CT with and without contrast</b> if MRI contraindicated. | <b>MRI without contrast</b> for neck and back pain with and without radiculopathy, or after CT for trauma for problem-solving or soft tissue injury.<br><b>MRI with and without contrast</b> for infection, inflammation, neoplasm, myelopathy, spinal cord compression, postoperative spine, known malignancy. If MRI is contraindicated, then CT with and without contrast. |
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This form is intended only as a guide to ordering CT and MRI exams. If you have questions regarding which exam is appropriate for your patient, please call the appropriate location and ask for the radiologist.

## **To schedule an appointment, please call the appropriate location.**

This guide is for reference only, and does not imply protocol standards for all radiology facilities.  
Information subject to change.

**Avon**  
*35 Nod Road*  
*(860) 409-1952*

**Enfield**  
*9 Cranbrook Blvd*  
*(860) 714-9410*

**Glastonbury**  
*31 Sycamore Street*  
*(860) 714-9710*

*[www.rahxray.com](http://www.rahxray.com)*



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