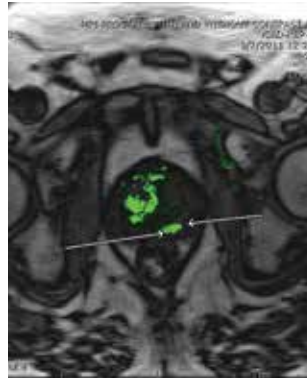
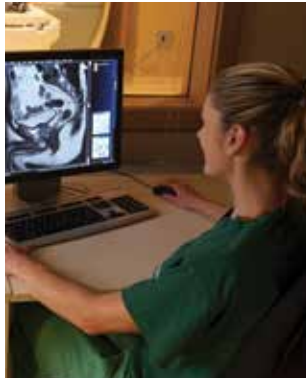
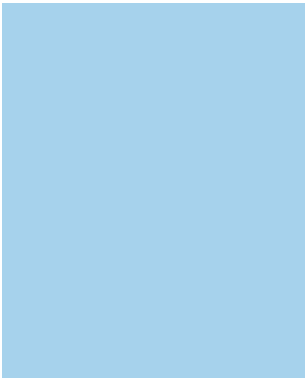
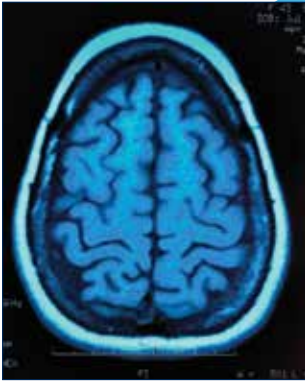


CLINICAL ORDERING GUIDE



RAH
RADIOLOGY ASSOCIATES of HARTFORD, P.C.

Contrast Guidance	No contrast 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.	No contrast if EGFR < 30 or documented allergy.
General Guidance	ALWAYS specify what relevant pathology you suspect and question you want answered. Do not hesitate to consult the radiologist.	

BODY IMAGING

Lungs	CT with contrast for lung or mediastinal disease. CT angio with contrast for pulmonary embolus. High resolution CT without contrast for selected lung sampling for interstitial disease only. CT without contrast 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.
Breast	MRI Breast Indications: <ul style="list-style-type: none"> MR contrast screening in high-risk patient, with presence of breast cancer gene. Problem-solving in patients with breast implant. Surgical evaluations: Pre-op: Newly diagnosed breast cancer for surgical planning. Post-op: Surveillance for recurrent cancer in high-risk patient.	
Heart	Cardiac CT without contrast for Calcium Score (Cardiac CT).	
Abdomen/Pelvis for generalized pain	CT abdomen and pelvis with IV and oral contrast: For generalized screening of abdominal and pelvic pain (including bowel, appendicitis, diverticulitis, infection, abscess, mass). For more specific concerns, see individual organs below.	
Liver	CT with contrast for initial workup. CT with and without contrast (specify dedicated liver protocol) for specific lesions. Ultrasound for screening of hepatitis.	MRI with and without contrast for a known liver lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated.
Biliary	MRCP without contrast and MRI abdomen without contrast (order both).	
Pancreas	CT with contrast for general evaluation. CT with and without contrast (specify dedicated pancreas protocol) for specific lesions.	MRI with and without contrast for a known pancreas lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated.
Spleen	CT with contrast for general evaluation. CT with and without contrast for specific lesions if MRI contraindicated.	MRI with and without contrast for a known splenic lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated.
Kidney/Bladder	CT abdomen and pelvis without contrast for renal stones. CT abdomen and pelvis with and without contrast for hematuria or neoplasia (specify CT IVP).	MRI with and without contrast for a known renal, urothelial or bladder lesion (preferred exam). Patient must be able to hold breath for 20 seconds and contrast not contraindicated.
Uterus/Ovaries	MRI uterus with and without contrast for neoplasia of uterus or ovaries. MRI without contrast for adenomyosis. Ultrasound for initial evaluation.	
Aorta/Vascular	CT angio with contrast of the chest, abdomen, pelvis or any combination for aortic aneurysm, dissection or aortic endograft follow-up. CTA or MRA with contrast for upper or lower extremity vascular imaging (prefer CTA). CTA or MRA with contrast for mesenteric or renal arteries. Ultrasound for screening/surveillance of AAA.	

Musculoskeletal	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. MRI without contrast: most situations, trauma. MRI with and without contrast: infection, neoplasms.
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NEUROLOGIC IMAGING

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

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.

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