UNIVERSITY RADIOLOGY

MRI ORDERING GUIDELINES

EXAM	REASON FOR EXAM	CONTRAST?
Brain	Brain survey, migraines, CVA / TIA, dizziness, mental status change	WO
	Meningitis, cerebritis, encephalitis History of cancer / mets, mass or lesion, MS, seizures, pituitary, IAC	W & WO
MRV Brain	Pulsatile tinnitus, idiopathic intracranial hypertension, cerebral venous thrombosis	W & WO
Orbit/Face	Mass / lesion, optic neuritis, inflammation, infection	W & WO
MRA Head	Circle of Willis, brain aneurysm, TIA / CVA, post stent or pipeline placement, pulsatile tinnitus, arteriovenous malfunction	W & WO
MRA Neck	CVA / TIA, carotid or vertebral artery stenosis, pulsatile tinnitus	W & WO
MRV Neck	Pulsatile tinnitus, venous thrombosis	W & WO
Neck (soft tissue)	Soft tissue mass / lesion / abscess	W & WO
TMJ (Temporomandibular Joint)	TMJ syndrome, pain, clicking, degenerative change	WO
	Rheumatoid arthritis or JIA arthritis	W & WO
Spine (Cervical, Thoracic or Lumbar)	Routine spine, pain, radiculopathy, HNP, DDD	WO
	Demyelinating disease, cord or meningeal infection / inflammation History of cancer, metastasis, mass / lesion, surgery within past 10 years	W & WO
Upper Joint (Shoulder, Elbow, Wrist)	Pain, injury, soft tissue injury or tears, degenerative change	WO
	Sepsis, osteomyelitis, mass / lesion	W & WO
Arthrogram (Shoulder, Elbow, Wrist)	Pain, tear, intraarticular body	W Intraarticular Injection
Upper Extremity (Upper Arm, Forearm, Hand / Finger)	Pain, trauma, soft tissue injury or tears	WO
	Sepsis, osteomyelitis, mass / lesion	W & WO
Brachial Plexus	Trauma, thoracic outlet syndrome	W & WO
	Mass, inflammation, plexopathy	W & WO
Lumbosacral Plexus	Unexplained lumbosacral plexopathy	W & WO
Lower Joint (Hip, Knee, Ankle)	Pain, trauma, soft tissue injury or tears, degenerative change	WO
	Sepsis, osteomyelitis, mass / lesion	W & WO
Arthrogram (Hip, Knee, Ankle)	Pain, tear, intraarticular body	W Intraarticular Injection
Lower Extremity (Thigh, Lower Leg, Foot / Toe)	Pain, trauma, soft tissue injury or tears	WO
	Sepsis, osteomyelitis, mass / lesion	W & WO
Neurogram (upper/lower extremity) (Upper/lower Joint) (Pelvis)	Nerve lesions, trauma, surgery, compression, neuropathy, muscle wasting, nerve entrapment, neuralgia *Indicate nerve or area of interest	W & WO
Chest	Chest wall mass, pleural mass, or mediastinal mass	W & WO
	Rib pain, muscle tear, pectoralis tear, pectus excavatum, chest wall pain	WO
Breasts (Bilateral)	Rule out implant leak or rupture	WO
	Abnormal mammogram or ultrasound, mass, lesion, screening or breast cancer in high risk patient	W & WO
Abdomen	Adrenal gland (chemical shift imaging), MRCP	WO
	Liver, kidneys, pancreas, or other abdominal organ	W & WO
Pelvis (Prep or rectal gel may be required)	Trauma, fracture, soft tissue injury or tears, dynamic pelvic floor	WO
	Bony metastasis, mass, prostate, uterus / ovaries, anal fistulography, rectal mass protocol	W & WO

(continued)

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MRI ORDERING GUIDELINES

EXAM	REASON FOR EXAM	CONTRAST?
MRA Chest	Thoracic aortic aneurysm/dissection/stenosis, thoracic outlet syndrome; hypervascular tumor, vasculitis	W & WO
MRV Chest	SVC occlusion or stenosis, SVC syndrome	W & WO
MRA Abdomen	Abdominal aortic or visceral artery aneurysm/dissection/stenosis, hypertension/ Renal Artery Stenosis; hypervascular tumor, vascuitis	W & WO
MRA Pelvis	Iliac artery aneurysm/dissection/stenosis; hypervascular tumor, vasculitis	W & WO
MRV Abdomen / Pelvis	Venous stenosis/compression/May-Thurner Syndrome, pelvic congestion syndrome	W & WO
MRA Runoff (Lower Extremities)	Peripheral arterial disease, claudication, ulcer/gangrene, vasculitis	W & WO
MRA Upper and Lower extremities	Peripheral arterial disease, aneurysm, vasculitis, vascular malformation, hypervascular tumor, popliteal entrapment syndrome	W & WO
MRV Upper and Lower extremities	Swelling, DVT	W & WO
MR Enterography (Abdomen / Pelvis)	Small bowel study for Crohn's disease, small bowel tumor	IV and Special Oral Prep Required

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CT ORDERING GUIDELINES

EXAM	REASON FOR EXAM	CONTRAST?
Head	Headache, syncope, trauma, fracture, mental status change, seizures, stroke, hematoma, shunt, hydrocephalus	No IV
	Metastatic disease, abscess, mass, tumor	IV
Maxillofacial/Orbits	Trauma, fracture, Grave's disease	No IV
	Cellulitis, abscess, mass	IV
Soft Tissue Neck	Goiter	No IV
	Cellulitis, abscess, mass, swelling, pain, sialolithiasis	IV
Temporal Bones	Congenital hearing loss, trauma, cholesteatoma	No IV
	Mastoiditis	IV
Spine (Cervical, Thoracic, or Lumbar)	Trauma, fracture	No IV
	Cord/cauda equina compression or infection & contraindication to MRI	IV
Extremity (Upper or Lower)	Fracture, dislocation, foreign body	No IV
	Cellulitis, abscess, mass	IV
Upper Extremity	Decreased pulses, vascular injury, vasculitis, Subclavian steal/stenosis, dialysis access dysfunction/preoperative planning, Thoracic Outlet Syndrome	W & WO
Lower Extremity	Decreased pulses, claudication, Peripheral arterial disease, popliteal artery aneurysm or entrapment	W & WO
Chest	Simple pneumonia, pleural effusion, pulmonary nodule, interstitial/alveolar infiltration, aortic aneurysm size, emphysema, low dose lung ca screen	No IV
	Interstitial lung disease, bronchiectasis (indicate hi-res in comments)	No IV
	Infection, abscess, mets, tumor, hilar mass, post obstructive pneumonia, hemoptysis, SVC syndrome, vasculitis	IV
	Thoracic aortic aneurysm (TAA), post TAA repair, coarctation, dissection	W & WO
Abdomen Only (Adrenal Protocol)	Known adrenal mass or adrenal adenoma	W & WO
Abdomen Only (Liver Mass Protocol)	History of or suspected liver mass; Indicate "liver mass protocol" on order	W & WO
Abdomen Only (Pancreatic Mass Protocol)	History of or suspected pancreatic mass; indicate "pancreatic mass protocol" on order	W & WO
Abdomen Only (Renal Mass Protocol)	History of or suspected renal mass; indicate "renal mass protocol" on order	W & WO
Abdomen Only	Post Prandial Pan, unintentional weight loss	W
Abdomen Only	Renal stone, hematoma, hemorrhage, AAA	No IV & No Oral
Abdomen Only	Limited exam, follow up pancreatitis	IV and Oral
Abdomen & Pelvis	Hematuria or suspicion of urothelial malignancy indicate "urogram" mesenteric ischemia, GI bleed	IV W & WO + Oral H2O
	Vasculitis, DIEP Breast Flap reconstruction preoperative planning, abdominal pain	W
	Abdominal aortic aneurysm (AAA), post AAA repair, mesenteric artery stenosis, chronic mesenteric ischemia, postprandial pain, unintentional weight loss	W & WO
Enterography (Abdomen / Pelvis)	Small bowel study for Crohn's disease, small bowel tumor	IV and Special Oral Prep Required
Pelvis	Fracture, dislocation	No IV
	Mass	IV and Oral
	Iliac artery aneurysm or stenosis	W & WO

(continued)

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CT ORDERING GUIDELINES

EXAM	REASON FOR EXAM	CONTRAST?
Heart	Atrial fibrillation, pulmonary venous mapping, left atrial ablation, left atrial appendage	W
Virtual Colonoscopy	Failed colonoscopy; traditional colonoscopy not feasible due to medical conditions; sedation risks	Oral Contrast + Bowel Prep
Calcium Scores	Hyperlipidemia	No IV
CT Angio		
Chest	Thoracic aortic aneurysm (TAA), post repair, coarctation, dissection	W & WO
Abdomen / Pelvis	Abdominal aortic aneurysm (AAA), post AAA repair, mesenteric artery stenosis, chronic mesenteric ischemia, renal artery stenosis, renal hypertension, median arcuate ligament syndrome	W & WO
Abdomen Only	Renal artery stenosis, renal hypertension, median arcuate ligament syndrome	W & WO
Pelvis Only	Iliac artery aneurysm or stenosis	W & WO
Chest/Abd/Pelvis	Thoracoabdominal aortic aneurysm, aortic dissection, chest pain, back pain	W & WO
Pulmonary Angiogram	Pulmonary embolus	W
	Pulmonary AVM, dyspnea on exertion	W & WO
Head	Aneurysm	W & WO
Neck	Carotid stenosis	W
Runoff	Claudication, peripheral arterial disease	W & WO
Coronary CTA w FFR	Coronary artery disease; chest pain; abnormal cardiac testing	W
Upper Extremity	Decreased pulses, vascular injury, vasculitis, subclavian steal/stenosis, dialysis access dysfunction/preoperative planning, Thoracic Outlet Syndrome	W & WO
Lower Extremity	Decreased pulses, claudication, Peripheral arterial disease, popliteal artery aneurysm or entrapment	W & WO

BUN/Creatinine required for any CT with contrast if the patient is over the age of 60, is a diabetic, has only one kidney or has a history of renal disease.

In patients with no evidence of acute kidney injury with eGFR greater than or equal to 30ml/min/1.73m2, there is no need to discontinue Metformin whether prior to or following the intravenous administration of iodinated contrast media, nor is there an obligatory need to reassess the patient's renal function following the test or procedure.

Reference: ACR Manual on Contrast Media Version 10.3 2018