

PROTOCOL OVERVIEW

This Clinical Protocol advises on indications, guidelines, and referral for Abdominal Imaging.

INDICATIONS

A. Adrenal Mass: Adenoma and Carcinoma

- MRI, abdomen, is indicated for *adrenal mass, adenoma, or carcinoma* for ANY ONE of the following:
 - Adrenal mass AND ANY ONE of the following (chemical shift MRI):
 - Initial evaluation of mass seen on ultrasound
 - Follow-up of lesions between 3 cm and 5 cm (generally performed in 3 months to 6 months) AND ANY ONE of the following:
 - Unable to perform CT scan due to renal insufficiency or contrast allergy
 - Lesion is indeterminate on enhanced CT scan
 - Staging and restaging adrenal carcinoma (enhanced)
 - Suspected pheochromocytoma

B. Abdominal Mass

- MRI abdomen is indicated for *abdominal mass* only as second-line option after ultrasound or CT scan

C. Cancer, Pancreatic

- MRI, abdomen, is indicated for *pancreatic cancer* for ANY ONE of the following:
 - Assess respectability of pancreatic tumor.
 - Suspected pancreatic cancer with indeterminate CT scan

D. Cancer and Mass, Renal

- MRI, abdomen, is indicated for *renal cancer or mass* when ANY ONE of the following is present (enhanced):
 - Indeterminate renal mass on ultrasound or CT scan
 - Renal cell cancer AND ANY ONE of the following: (second-line option after CT scan)
 - Initial staging of renal cell cancer (first-line option)
 - Follow-up after treatment course completed
 - Periodic monitoring of patient if history of renal cell cancer, frequency MAY INCLUDE:
 - Tumor stage I: usually not recommended
 - Tumor stage II: done by some about every 2 years to 3 years
 - Tumor stage III: generally, every 6 months for first 2 years, then annually
 - Restaging when symptoms occur (e.g., hematuria, weight loss, pain, palpable mass)

CITATION

Milliman Care Guidelines, "Ambulatory Care", 10th Edition