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| **EXAM** |  | **Scheduling Status** |  |  |
|  |  | **Non-Urgent** |  | **Mandatory** |
| **Aorta (AAA)** |  | Screening/surveillance; AAA < 4.0 cm |  | Known AAA with abdominal pain or AAA > 4.0 cm |
| **US Abdomen Complete** |  | Post-transplant surveillance; Chronic pain, AST/ALT < 150 |  | Acute onset pain; Elevated LFTs (AST and ALT > 150; -or- elevated Alk Phos –or- bilirubin |
| **US Abdomen RUQ** |  | Chronic pain; AST/ALT < 150 |  | Acute onset pain; Elevated LFTs (AST and ALT > 150; -or- elevated Alk Phos –or- bilirubin |
| **US Gallbladder** |  | Chronic pain; AST/ALT < 150; follow up polyp |  | Acute onset pain; Elevated LFTs (AST and ALT > 150; -or- elevated Alk Phos –or- bilirubin |
| **US Liver** |  | Cirrhosis; HCC screening |  | Elevated LFTs (AST and ALT > 150; -or- elevated Alk Phos –or- elevat |
| **US Carotid** |  | Follow up of known plaque; post-transplant surveillance |  | TIA; recent stroke |
| **US DVT** |  |  |  | All Exams |
| **US Renal** |  | CKD; routine stone  |  | AKI; suspected hydro; first post-op f/u after PCNL surveillance |
| **US Renal Doppler** |  | Hypertension |  | Vessel patency (suspected thrombosis) |
| **US Thyroid** |  | Majority of Exams |  | Exceptions: New Hoarsness, rapidly enlarging mass, Nodule positive on PET CT |
| **US Neck Soft Tissues** |  | If routine surveillance; if multiple prior exams stable; no evidence of new/progressive disease elsewhere |  | If first post-op follow up, if first staging exam, or if enlarging LNs on other imaging |
| **US Soft Tissues (Abdominal Wall; Chest Wall; Pelvic; Extremity; Groin)** |  | All exams |  |  |
| **US Transplant Kidney** |  | Routine follow up / surveillance |  | Elevated creatine, decreased UOP, concern for rejection |
| **US Transplant Liver** |  | Routine follow up / surveillance |  | Elevated LFTs, concern for rejection |
| **US Pelvis** |  | follow up mass, fibroids; abnormal uterine bleeding; chronic pain |  | Acute onset pain; suspected torsion |
| **US Scrotum** |  | Follow up mass; hernia |  | Acute onset pain; suspected torsion |
|  |  |  |  |  |
| \*\*\* For Pre-Transplant workup, treat as **Mandatory**, and schedule |  |  |
|  |  |  |  |  |
| \*\*\* All biopsy requests will be reviewed by a radiologist and given a priority status |  |