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Body Protocols

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Protocols [edit]

Protocol	Indication	Diagnostic series	Comments	3D
Abdomen pelvis	<div><ul style="list-style-type: none">Routine for most patientsDefault oncology work up (exceptions below)Abdominal painRule out abscess/leak</div>	<div><ul style="list-style-type: none">5 x 5 mm axial PVP from diaphragm to pubic symphysis3 x 3 coronal PVP</div>	<div><ul style="list-style-type: none">No oral except rule out leak/abscess (or possibly in thin young patient)Rectal and bladder contrast when indicated</div>	No
Abdomen Low Pelvis	<div><ul style="list-style-type: none">Rectal, anal, vulvar cancersRule out perianal, perirectal, gluteal fistula</div>	<div><ul style="list-style-type: none">5 x 5 mm axial PVP from diaphragm through gluteal tissues3 x 3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralRectal if indicated</div>	No
Adrenal	<div><ul style="list-style-type: none">Adrenal adenoma work up</div>	<div><ul style="list-style-type: none">5 x 5 mm axial noncontrast through adrenals and check if contrast is necessaryIf so: 5x5 PVP and 15 minute delay through adrenal3 x 3 coronal non cont or PVP if added contrast</div>	<div><ul style="list-style-type: none">MD check for contrastNo oral</div>	No
Chest Abdomen and Pelvis	<div><ul style="list-style-type: none">Add chest to AP indications</div>	<div><ul style="list-style-type: none">Chest (thoracic inlet to diaphragm) in PVP added to AP protocolMIPs of chest</div>	<div><ul style="list-style-type: none">No oral unless requested</div>	
Cholangiocarcinoma	<div><ul style="list-style-type: none">Cholangiocarcinoma</div>	<div><ul style="list-style-type: none">5 x 5 mm axial in PVP through abdomen and 15 min delay3 x 3 coronal PVP</div>	<div><ul style="list-style-type: none">Must add pelvis if requestedMust add chestNo oral</div>	No
Cirrhosis	<div><ul style="list-style-type: none">Cirrhosis screeningHCC workup and follow upWorkup of incidental liver lesion</div>	<div><ul style="list-style-type: none">5 x 5 mm axial in HAP and PVP from diaphragm through liver3 x 3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralDoes not include noncontrastMust add pelvis and chest if necessary</div>	No
Colonoscopy	<div><ul style="list-style-type: none">Virtual colonoscopy</div>	<div><ul style="list-style-type: none">1x1 axial prone and supine at low mAInterpret on 3D workstation</div>	<div><ul style="list-style-type: none">Insufflation prior to scanningNo oralWill have had bowel and Tagitol prep</div>	No
Failed colonoscopy	<div><ul style="list-style-type: none"></div>	<div><ul style="list-style-type: none">3 axial test cuts through abdomen for free airThen follow colonoscopy protocol</div>	<div><ul style="list-style-type: none">Already prepped for colonoscopy</div>	No
Cystogram	<div><ul style="list-style-type: none">r/o fistula or bladder injury</div>	<div><ul style="list-style-type: none">5x5 axial through bladder after contrast instillation3x3 coronal postcontrast set</div>	<div><ul style="list-style-type: none">MD to supervise cystograffin administration via foleyGet noncontrast series prior if not added on to A/P</div>	No
Dual Liver	<div><ul style="list-style-type: none">Known or hypervascular liver tumor or mets from hypervascular primary (neuroendo, choriocarcinoma, thyroid)</div>	<div><ul style="list-style-type: none">5 x5 axial through liver HAP then axial 5 x5 from diaphragm through liver in PVP3x3 coronal through PVP</div>	<div><ul style="list-style-type: none">No oralDoes not include noncontrast imagesMust add chest and pelvis if necessary</div>	No
Dual Pancreas with 3D	<div><ul style="list-style-type: none">1st preoperative workup for pancreatic tumorPreop post neoadjuvant chemo for pancreatic tumor</div>	<div><ul style="list-style-type: none">5x5 axial noncontrast through celiac and SMA2.5 x 2.5 axial through pancreas in HAP then 5x5 PVP from diaphragm abdomen in PVP3x3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralMust add chet and pelvis if necessary</div>	Yes
Focal Renal Cyst	<div><ul style="list-style-type: none">Follow up for complicated renal cyst</div>	<div><ul style="list-style-type: none">2x2 axial precontrast and nephrographic through kidneys3x3 coronal nephrographic</div>	<div><ul style="list-style-type: none">No oralPelvis not includedNo CT urogram</div>	No
GU protocol	<div><ul style="list-style-type: none">HematuriaSuspected renal massEvaluation of ureters</div>	<div><ul style="list-style-type: none">Noncontrast 5 x 5 axial from kidneys to bladder2x2 axial nephrographic phase from diaphragm through kidneys then 5x5 7 min delay (excretory) from kidneys through bladder3x3 coronal from delayed images</div>	<div><ul style="list-style-type: none">No oral</div>	No
Hepatic Resection	<div><ul style="list-style-type: none">Preoperative planning for liver resection</div>	<div><ul style="list-style-type: none">5x5 axial HAP through upper abdomen5x5 axial PVP through liver3x3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralMust add pelvis</div>	Yes
RCC	<div><ul style="list-style-type: none">Follow up for patients with known RCC</div>	<div><ul style="list-style-type: none">5x5 axial Noncontrast through kidneys5x5 axial HAP from diaphragm through kidneys then PVP from diaphragm through kidneys 3x3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralMust add chest and pelvis if necessary</div>	No
Renal donor	<div><ul style="list-style-type: none">Workup for renal donor</div>	<div><ul style="list-style-type: none">5x5 axial noncontrast HAP through kidneys5x5 axial PVP from diaphragm to pubic symphysis3x3 coronal PVPDelayed scout for ureters</div>	<div><ul style="list-style-type: none">No oral</div>	Yes
Renal stone	<div><ul style="list-style-type: none">R/O renal stone</div>	<div><ul style="list-style-type: none">Low dose axial 5x 5 prone noncontrast from kidneys through bladderMD check for possible contrast3x3 coronal</div>	<div><ul style="list-style-type: none">No oralMD check</div>	No
Crohn's Bowel (CT enterography)	<div><ul style="list-style-type: none">Crohn's</div>	<div><ul style="list-style-type: none">Axial 5x5 and coronal from diaphragm through gluteal in enteric (45 sec delay) phase3x3 coronal</div>	<div><ul style="list-style-type: none">Oral contrast = Volumen</div>	No
Mesenteric Ischemia	<div><ul style="list-style-type: none">Possible mesenteric ischemia</div>	<div><ul style="list-style-type: none">5x5 axial HAP and PVP from diaphragm to pubic symphysis3x3 coronal</div>	<div><ul style="list-style-type: none">No oral</div>	Yes
Occult GI bleed	<div><ul style="list-style-type: none">Possible GI bleed</div>	<div><ul style="list-style-type: none">Non contrast 5x5 axial from diaphragm to pubic symphysisEnteric and PVP from diaphragm to pubic symphysis3x3 coronal</div>	<div><ul style="list-style-type: none">No oral</div>	No
TCC	<div><ul style="list-style-type: none">Known TCC</div>	<div><ul style="list-style-type: none">5x5 axial non contrast kidneys to pubic symphysisSplit bolus 5x5 axial PVP from diaphragm to pubic symphysis3x3 coronal PVP</div>	<div><ul style="list-style-type: none">No oralMust add chest if necessaryMust ask for delays of the bladder if necessary</div>	No
Trauma CAP	<div><ul style="list-style-type: none">Trauma</div>	<div><ul style="list-style-type: none">5x5 axial thoracic aortic phase then PVP from diaphragm to pubic symphsis3x3 coronals chest and AP and MIPs on chest</div>	<div><ul style="list-style-type: none">No oral</div>	No
Valsalva	<div><ul style="list-style-type: none">R/o hernia</div>	<div><ul style="list-style-type: none">5x5 axials PVP from diaphragm through pubic symphsis while patient valsalvas3x3coronal A/P</div>	<div><ul style="list-style-type: none">No oral</div>	No
Radioembolization	<div><ul style="list-style-type: none">Pre/post radioembolization</div>	<div><ul style="list-style-type: none">Same as hepatic resection but faster rate and different contrast agent</div>	<div><ul style="list-style-type: none">No oralMust add pelvis if necessary</div>	Yes
Merck	<div><ul style="list-style-type: none">Specific sponsor pro</div>			

Abdominal MRI [edit]

Kevin Kalisz Body MRI Slides: https://prodduke-my.sharepoint.com/:p/g/personal/cf53_duke_edu/Ed2qeYaP2YIMgKfjPc71O_UBeJxkQIKO_iu_9mNzAv0_1Q

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ECE refers to extracellular contrast agents (Multihance, Gadavist, or Magnevist). Unless specifically noted, Multihance and Gadavist are preferred over Magnevist due to their higher relaxivity.

- Note:

1. If Eovist is default agent, but bilirubin ≥ 3.0, use ECE

2. All contrast agent choices subject to eGFR guidelines

Indication	Protocol	Contrast Agent
Cirrhosis/chronic liver disease (screening)	Liver	ECE
Liver lesion	Liver	"Default: ECE, unless one of the below situations <ul style="list-style-type: none">If question whether finding is truly a lesion: EovistIf specific question of FNH: Eovist"
Portal vein patency	Liver	ECE
Metastatic disease	Liver	Eovist
Elevated LFTs	Liver + MRCP	ECE
Abdominal pain	Liver + MRCP	ECE
Biliary reconstruction, evalleak/patency/stricture	Liver + MRCP, MD check	Eovist
Iron quantification* (e-mail Dr.Bashir with patient info when these are protocolled and when scanned)	Liver + iron quant	No contrast
Gaucher's disease	Liver + 3D liver/ spleen volumes	No contrast
Pancreas (acute/chronic pancreatitis, eval focal lesion)	Liver + MRCP	ECE
Follow up known pancreatic lesion (has already had MRCP)	Liver	ECE
Chronic pancreatitis* (only usesecretin protocol when specifically requested)	Liver + MRCP + secretin	ECE
A/P oncology	Abdomen/pelvis	ECE
A/P abdominal pain	Abdomen/pelvis	ECE or no contrast
IBD/Crohn disease	Inflammatory bowel	ECE
Eval adrenal lesion	Adrenal	No contrast
Mesenteric MRA	Mesenteric MRA	ECE
Renal lesion	2D Renal	ECE
Ureteral pathology	Urogram	ECE *note ferumoxytol CANNOT be used for a urogram
Urogram	Urogram	ECE *note ferumoxytol CANNOT be used for a urogram
Urethral diverticulum	Urethral diverticulum	ECE
Prostate cancer	Prostate <ul style="list-style-type: none">note that default is withendorectal coil, however patient may decline or clinician may request without"	Magnevist
Fibroids	Routine pelvis	ECE
Any non-prostate pelvic malignancy	Rectal cancer	ECE
Pelvic/anorectal fistula	Rectal cancer	ECE
Liver donor	Liver donor	Ablavar
Renal transplant	Transplant kidney	Ferumoxytol
Glycogen storage disease* (Dr.Bashir needs to know about these)	Whole body Kishnaniprotocol	No contrast

PowerPort Identification [edit]

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