

5. Salivary mass	Indicated	Imaging is indicated to assess possible salivary obstruction in patients with intermittent, food-related swelling. The choice of imaging depends on local experience and expertise.
6. Temporomandibular joint dysfunction	Specialized investigation	If extension into deep spaces of the neck is suspected, MRI or CT should be carried out.
	Specialized investigation	MRI is the best imaging modality to show internal derangement of the temporomandibular joint, but it should only be ordered by a specialist or after consultation with a radiologist.
Central nervous system:		
1. Congenital disorders of the brain	Indicated	MRI is the best imaging modality for all malformations of the brain.
2. Acute stroke	Indicated	Modern treatment protocols require CT or MRI at the earliest possible time in all cases of suspected stroke in order to allow initiation of treatment as soon as possible. MRI is a problem solving tool. It is particularly helpful in the evaluation of posterior fossa stroke.
3. Transient ischemic attack (TIA)	Specialized investigation (MRA)	Urgent vascular imaging with MRA can help to guide patient management.
4. Multiple sclerosis and other white matter disease	Specialized investigation (MRA)	Urgent vascular imaging should be performed in all cases of high-risk TIA.
5. Headache: chronic / recurrent	Indicated	MRI is the best imaging modality for diagnosis and follow-up of multiple sclerosis and for investigating other forms of white matter disease.
	Indicated only in specific circumstances	In the absence of focal features imaging is not often helpful. The following features significantly increase the likelihood of finding a major abnormality and justify requesting diagnostic imaging: • Recent onset and rapidly increasing frequency and severity of headache • Headache causing the patient to wake from sleep • Associated dizziness, lack of coordination, tingling or numbness, new neurologic deficit • New onset of a headache in a patient with a history of cancer or immunodeficiency MRI provides more detailed images of the brain than CT
6. Headache: low pressure		
7. Pituitary and juxtasellar problems	Specialized investigation	In the presence of intermittent headache happening when upright and disappearing while recumbent, MRI is the best investigation. If there is a clinical indication

8. Posterior fossa signs	Specialized investigation	for determining the site for a CSF leak, cisternography can be performed using MRI, CT or NM.
9. Hydrocephalus, suspect shunt malfunction		If vision is deteriorating the examination should be done as soon as possible. CT can be used if MRI is unavailable or contraindicated.
10. Middle or inner ear symptoms (including vertigo)	Indicated	MRI is the imaging modality of choice.
	Indicated	MRI is effective and has no radiation dose.
11. Sensorineural hearing loss	Specialized investigation	
12. Dementia and memory disorders, first-onset psychosis		Referral to a specialist should precede imaging, as these symptoms requires ENT, neurological, or neurosurgical expertise.
13. Acute visual loss: visual disturbances	Specialized investigation	Referral to a specialist should precede imaging.
	Specialized investigation	This is the most sensitive and specific imaging modality to exclude treatable causes.
14. Epilepsy (adult)	Specialized investigation	Specialist can diagnose many cases without imaging. However, if imaging is indicated, MRI is the best imaging modality.
	Specialized investigation	Imaging is not required in patients with idiopathic generalized epilepsy. If imaging is clinically indicated, MRI is the modality of choice.