

Guidelines:

Lesions	
Brain	Any solid lesion
Thyroid	Any lesion
Bone	Any osteolytic or osteoblastic lesion, not age-related
Breast	Any solid lesion
Lung	Any lesion (except lymph)
Liver	Any heterogeneous lesion
Kidney	Any heterogeneous lesion
Adrenal	Any lesion
Pancreas	Any lesion
Ovary	Any heterogeneous lesion
Bladder	Any lesion
Prostate	Any lesion
Intraperitoneal/ Retroperitoneal	Any free lesion

Aneurysms	
Thoracic aorta	$\geq 5\text{cm}$
Abdominal aorta	$\geq 4\text{cm}$
External iliac artery	$\geq 3\text{cm}$
Common femoral artery	$\geq 2\text{cm}$
Popliteal artery	$\geq 1\text{cm}$

Additional guidelines:

1. Assume only “trauma” as history. For example, if we see a patient with known cancer, we still select a malignant nodule.
2. We mark *all* occurrences of the incidentals in the report.
But, ignore sentences about follow-up evaluation, recommendations etc.
3. In general, mark anything with malignant potential and concerns (questionable and indeterminate scans etc.) that warrant a follow-up.