

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.