

ULTRASOUND REFERENCE CHART: What to Order and When

Questions? Call and ask to speak
with our Radiologists 775-323-5083

CLINICAL INDICATIONS	WHAT TO ORDER
NECK	
Hypo/Hyperthyroid, Nodules, Enlargement, Goiter	US-Thyroid
SOFT TISSUE NECK	
Lymph Nodes, Pain or Mass in Neck (Not Related to Thyroid), Sialolithiasis (Salivary Gland Stones)	US-Soft Tissue Neck
Hyperparathyroidism	US-Parathyroid *(Consider CT Angiogram)
Palpable Lump Near Parotid	US-Parotid (MRI Superior if not contraindicated)
BREAST	
Breast Cancer Screening, Dense Breast Tissue (No Symptoms Present i.e. No Lumps, Pain, Discharge, etc.)	Automated Breast US (ABUS)
Lumps, Breast Pain, Breast Redness, Nipple Discharge, Abnormal Mammo Findings (Any or All Physical Symptoms)	US- Breast (Left, Right or Bilateral) with Diagnostic Mammo (If Over Age 30)
ABDOMEN	
Jaundice, Nausea & Vomiting, Abdominal Pain, Elevated Liver Function Tests, Hepatitis, Cirrhosis	US-Abdomen Complete
RUQ Pain, Evaluate Liver, Evaluate Gallbladder	US-Abdomen Limited
ABDOMINAL DOPPLER	
Evaluate Transjugular Intrahepatic Portosystemic Shunt (TIPS), Budd-Chiari Syndrome, Portal Vein Dysfunction	US-Abdomen Liver Doppler
Evaluate Mesenteric Vessels/Celiac Disease	US-Abdomen with Doppler
RENAL	
Hematuria, Back or Flank Pain, Hydronephrosis, Renal Calculi (Stones), Renal Mass	US-Renal
Uncontrolled Hypertension, Renal Artery Stenosis	US-Renal Doppler
PELVIS	
Pelvic Pain, Dysfunctional Uterine Bleeding, Irregular Menses, IUD Placement, Ovarian Cyst Evaluation, Adnexal Mass, Non-Palpable Fibroids, Post-Menopausal Bleeding. <i>Images Uterus, Endometrium, Cervix, Ovaries & Adnexa.</i> NO BLADDER PREP	US-Pelvis Endovaginal
Pelvic Mass or Enlarged Uterus with Palpable Fibroids, Minor Patient (Not Sexually Active), Patient (Virgin Status), Patient Refuses Endovaginal Study. <i>Images Uterus, Endometrium, Cervix, Ovaries & Adnexa.</i> FULL BLADDER PREP	US-Pelvis Transabdominal
Generalized Swelling of Lower Abdomen (Pelvis), Enlarged Uterus, Diffuse Pelvic Pain in Sexually Active Female FULL BLADDER PREP	US-Pelvis Transabdominal and US-Pelvis Endovaginal
Male Patient with Lower Abdominopelvic Pain	US-Pelvis Limited
HERNIA	
Inguinal Hernia	US- Hernia Inguinal (Bilateral)
Ventral Wall Hernia or Umbilical Hernia	US-Hernia Abdominal
PALPABLE LUMP	
Lipoma, Neoplasm, Subcutaneous Lump or Mass (Any Area Except Breast, Head or Neck)	US-Palpable Lump Upper Extremity (Left or Right) US-Palpable Lump Lower Extremity (Left or Right) US-Palpable Lump (Chest, Abdomen or Pelvis)
MUSCULOSKELETAL (TENDON)	
MRI would be preferred method of evaluating tendons/ligaments. This exam should be ordered in cases where MRI is contraindicated.	US-Tendon (order must specify which tendon to be evaluated i.e. achilles tendon)

CARDIAC/VASCULAR/OBSTETRICAL/NEONATAL EXAMS ON REVERSE • www.RenoDiagnosticCenters.com • 775-323-5083

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CARDIAC	
ADULT HEART *Age 18 Years & Up	
Chest Pain, Ischemic Heart Disease, Cardiomyopathy, Congestive Heart Failure (CHF) Murmurs & Valvular Disease, Pulmonary Hypertension, Pericardial Effusion	US-Echocardiogram
Transient Ischemic Attack (TIA), Stroke (CVA), Migraine, R/O Atrial or Ventricular Septal Defects	US-Echocardiogram Bubble Study
PEDIATRIC HEART *Age 0-17 Years	
Congenital Heart Anomalies	US-Echocardiogram Pediatric Complete
VASCULAR	
AORTA	
Aneurysm, Dissection, History of Smoking	US-Aorta
CAROTID	
Bruit, Carotid Artery Stenosis, Dizziness, Transient Ischemic Attack (TIA), Stroke (CVA), Syncope	US-Carotid
Screening for Intima Medial Thickness (IMT)	US-Carotid IMT
VENOUS DOPPLER	
Swelling or Pain in Legs, Suspected Deep Vein Thrombosis (DVT)	US-Venous Lower Extremity (Left, Right or Bilateral)
Swelling or Pain in Arms, Suspected Deep Vein Thrombosis (DVT)	US-Venous Upper Extremity (Left, Right or Bilateral)
ARTERIAL DOPPLER	
Claudication or Pain While Walking	US-Arterial Lower Extremity Ankle Brachial Index (ABI)
Abnormal ABI, History of Peripheral Vascular Disease, Aneurysm, Arterial Embolization, Numbness, Neuropathy, Diabetic Complications, Grafts, Thrombolysis, Stent Placement, Cold Extremity, Detection of Stenosis or Occlusion in Peripheral Arteries	US-Arterial Lower Extremity (Left, Right or Bilateral)
OBSTETRICAL	
0-12 WEEKS GESTATION (1ST TRIMESTER)	
Bleeding During Pregnancy, Viability, Possible Ectopic Pregnancy, Pain, Confirm Suspected Pregnancy	US-OB Early Gestation
13-20 WEEKS GESTATION (IDEALLY PERFORMED AT 18-20 WEEKS)	
Evaluate Gestational Age and Evaluate all Anatomy	US-OB Anatomic Survey
LATE GESTATION (3RD TRIMESTER)	
Evaluate Fetal Age, Complications in Late Pregnancy,	US-OB Late Gestation
Evaluate Amniotic Fluid Index (AFI), Biophysical Profile (BPP), Fetal Position, Evaluate Placenta Previa	US-OB Limited
Multiple Gestations	US-OB Multiple Gestations
NEONATAL	
Dislocation of Infant Hips or Congenital Hip Dysplasia	US-Infant Hips
Hydrocephalus or Intracranial Bleeds	US-Cranial Neonatal
Sacral Dimple	US-Spine Pediatric
Projectile Vomiting (Suspected Pyloric Stenosis)	US-Pylorus

NECK/BREAST/ABDOMEN/PELVIS/HERNIA/PALPABLE LUMP/MUSCULOSKELETAL EXAMS ON REVERSE • www.RenoDiagnosticCenters.com • 775-323-5083



What You Need to Know About Automated Breast Ultrasound (ABUS)



With ABUS, cancers appear dark against a white background of dense breast tissue, making the cancer more visible.

Automated Breast Ultrasound (ABUS) is a screening ultrasound examination of the breasts that can find small cancers that standard mammography may not see. It is not a replacement for screening mammograms. Studies show that a Automated Breast Ultrasound examination in conjunction with a mammogram can find more cancers in women with dense breasts than by mammography alone. Our goal is to find cancers when they are small. Mammography is 95+% sensitive in finding cancers in patients with fatty breasts and only 60% sensitive in patients with dense breasts.