This resource book is presented to provide you and your staff with basic information regarding:

Insurances, precertification requirements, services offered, as well as guidelines, fees, and education information.

This does not intend to be all encompassing, and some information does have limitations as well and expirations. Radiology Associates intends to keep you abreast of the newest and most up-to-date fees, guidelines, and regulations as we can.

Please contact us if you have any further questions or we can be of further service to you.

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Mammogram Payment Guidelines

**Medicare**

Age 35–39  Baseline Mammogram  
Age 40+  Mammogram every year – (eleven full months must have elapsed following the month of the last mammogram)  

Note: Count months between mammographies beginning the month after the date of the examination. For example, screening mammogram received January 20, 2004; begin counting next month (February 2004) until 11 months have elapsed. Payment can be made for another screening mammogram beginning January 1, 2005.

**Medicaid**  (See Medicaid Guide)

Age 35-39  Baseline Mammogram  
Age 45+  Mammogram every year (must be one full year)  

**Tricare (Champus) (See Attached)**

Age 39+  Mammogram every year  
Age 35  High Risk and annually thereafter  

Note: women at high risk (family history of breast cancer in a first degree relative) baseline mammogram is payable at age 35 and then annually.

**Humana & Humana Gold**

Age 35-39  Baseline Mammogram  
Age 40+  Mammogram every year (must be one full year)  

**BlueCross/BlueShield – Federal Only (ID #s that start with the letter “R”**

Age 40  Baseline Mammogram  
Age 40+  Mammogram every calendar year  

(Patient could come in on December 31, 2004 and come again January 1, 2005 – BlueCross/BlueShield will pay for one mammogram every calendar year.)

*** No age limit for wellness Mammogram (based on medical necessity).***
COMPREHENSIVE LIST OF SERVICES
BIOPSY (BX) EXAMS

Abdominal Soft Tissue
Axillary Lymph Node
Breast Cyst Aspiration
Breast Guided
Stereo Breast
MRI Guided Biopsy
Galactogram/Ductogram
Pre-Op Needle Wire Localization
Thyroid Fine Needle Aspiration
Mass Locator Biopsy – clip placement around a breast mass

Any additional services may be addressed to our Radiologists
CT/CTA EXAMS & DEXA

CT

Abdomen
Abdomen/Pelvis
Urogram
Bone Density
Chest
Chest/Abdomen/Pelvis
Chest/Abdomen
Chest/Pelvis
Extremities – Lower & Upper
Brain (Head)
Maxillofacial – Limited & Complete
Neck/Brain
Neck/Chest/Abdomen/Pelvis
Neck/Chest
Neck Soft Tissue *If DX is pain, CT Cervical Spine should be ordered*
Orbit (Eyes)
Pelvis
Sinus – Limited & Complete
Spine – Lumbar SP, Thoracic SP, Cervical SP
Virtual Colonoscopy

CTA

Abdomen – Aorta Only
Abdomen/Renal Artery
Chest
Head
Extremities – Lower & Upper
Neck Soft Tissue
Pelvis
Pulmonary Embolism (Scheduled as CTA Chest)
Coronary Artery Calcification Score – NOT covered by insurance, self pay exam

DEXA

Bone Mineral Density

Any additional services may be addressed to our Radiologists
MRI/MRA EXAMS
*Under no circumstances should a patient who has a pacemaker have an MRI*

**MRI**

Abdomen – (Liver, Pancreas, Kidneys)
Abd/Urogram
Arm
Bone Marrow
Brachial Plexus
Brain
Brain w/MRA Brain
Breast
Spine – Cervical, Thoracic, Lumbar
Chest
Clavicle
CP or MRCP – (MRI ABD w/Reconstructions)
Foot
Fetal
Heart – (Cardiac)
Hip – Bilateral Hips
Joints – (Shoulder, Knee, Elbow, Ankle, Finger & Hand)
Leg
Liver
Neck Soft Tissue *If DX is pain, CT Cervical Spine should be ordered*
Orbit, Face & Neck
Pelvis
Sacrum/Coccyx
Scapula
SI Joints
Spectroscopy
Toe
Thigh
TMJ Joints
Wrist
Venogram

**MRA**

Abdomen
Brain
Brain/Neck Soft Tissue
Chest
Lower Extremities – A.K.A. MRA w/Run-Offs
Neck Soft Tissue
Pelvis
Upper Extremities

*Any additional services may be addressed to our Radiologists*
NUCLEAR MEDICINE

Whole Body Bone Scan
3-Phase Bone Scan
Spectroscopy Bone Scan
Gallium Scan
Gastric Emptying Scan
Hemangioma Liver Spect Scan
Hepatobiliary Scan
Hepatobiliary Scan w/Ejection Fraction, Kinevac or CCK injection – A.K.A. Hida or Papida Scan
Liver/Spleen Scan
Liver/Spleen Spect Scan
Muga Scan – A.K.A. Cardiac Blood Pool, Gated Blood Pool
Octreoscan
Parathyroid Scan
Renal Scan W/ or W/O Lasix A.K.A. Mag 3
I-131 Whole Body Scan
Thyroid Uptake and Scan
Thyroid Scan Only
White Blood Cell Scan(WBC) A.K.A. Ceretec Scan
Indium-111 WBC/Tc99m Sulfur Colloid Bone Marrow Scan
I-123 MIBG Scan

Any additional services may be addressed to our Radiologists
ULTRASOUND EXAMS

Abdomen
Abdomen Soft Tissue
Aorta
Breast
Chest Soft Tissue
Extremity – (Non Vascular)
Extremity Soft Tissue
GallBladder
Kidney
Kidney w/Doppler Kidney
Liver
Liver w/Doppler Liver
Neck/Soft Tissue for Head
OB Complete
Pancreas
Pelvis or Pelvis Non-OB – (trans-abdominal)
Transvaginal Non-OB Vaginal
Pelvic Soft Tissue – (Pelvic Wall or Peritoneum)
Renal w/Pre & Post Void Bladder
Bladder w/Pre & Post Void
Scrotum w/Doppler Scrotum
Spleen
Transplanted Kidney
Transvaginal OB
Thyroid
Urinary Bladder

Any additional services may be addressed to our Radiologists
FLUOROSCOPY

Barium Swallow A.K.A. Esophagram (Radiology Associates DOES NOT do Modified BS)
Cystogram
Fistula Study
Fluoro Sniff Test
Intravenous Pyelogram (IVP)
Arthrogram/Arthrocentesis – (Arthro Aspiration Injection / Cortisone Injection) of the shoulder or Wrist (alone or w/MRI to follow). Arthro of the Knee must have MRI to follow, cannot be done w/out the MRI
Barium Enema (BE)
Small Bowel Series A.K.A. Small Bowel Follow Through
T-Tube Cholangiogram
Upper GI (UGI)
Urogram A.K.A. Pyelogram w/KUB
Urethrocystography Void (VGUG)
Loopogram
Myelogram – Csp, Tsp or Lsp w/CT to follow (can be done on more than 1 area, CT will follow)
Retrograde Urethrogram A.K.A. Urethrocystography Retro

Any additional services may be addressed to our Radiologists
OTHER EXAMS

Sonohysterogram A.K.A. Saline Hysterogram
Arthrocentesis – (Arthro Aspiration Injection / Cortisone Injection)
Hysterosalpingiogram
Virtual Colonoscopy
Endovenous Laser Therapy

Any additional services may be addressed to our Radiologists
Whole Body Bone Scanning

1. Scheduling Notes

May be scheduled Monday through Friday, as early as 8 AM and as late as 1 PM. The patient will arrive for an initial appointment (requires approximately 15 minutes) to have history documented and to receive injection of the radiopharmaceutical. A scan (requires 30 to 60 minutes) will be performed 3 hours after the initial appointment.

2. Patient Preparation

No patient preparation.

3. Common Indications

Hx of cancer, bone pain, back pain, bone lesion, increase in alkaline phosphatase, trauma to bone, bone abnormality on imaging exam.

4. Procedure Description

Whole Body Bone Scanning is a sensitive method for evaluating bone physiology. A radiopharmaceutical (Technetium 99m Methylene Diphosphonate (Tc-99m MDP)) is injected intravenously into a peripheral vein in the arm. The patient is asked to return three hours after the injection. The delay allows time for the radiopharmaceutical to be taken up within the bone. Uptake is dependent upon blood flow and bone activity (osteoblastic activity). Hydration during the uptake phase increases the quality of the images. Upon returning, the patient will be asked to void, remove metallic objects, and then be scanned from head to toe, front and back. Depending on the findings, additional images will be taken to better localize/clarify uptake.

5. Interpretation

Images are reviewed for abnormal uptake (hot spot) of the radiopharmaceutical. Analysis of the images will be aided by a detailed history and the availability of previously acquired bone scans, xrays, CT scans, MRI scans, and/or PET scans.
**Bone SPECT Scan (Bone 3D imaging)**

1. **Scheduling Notes**

   May be scheduled Monday through Friday, as early as 8 AM and as late as 1 PM. The patient will arrive for an initial appointment (requires approximately 15 minutes) to have history documented and to receive injection of the radiopharmaceutical. A scan (requires 30 minutes) will be performed 3 hours after the initial appointment. Bone SPECT is commonly performed immediately after whole body bone scanning.

2. **Patient Preparation**

   No patient preparation.

3. **Common Indications**

   Hx of cancer, bone pain, back pain, bone lesion, increase in alkaline phosphatase, trauma to the bone, bone abnormality on imaging exam.

4. **Procedure Description**

   Bone SPECT (Single Photon Emission Computed Tomography) Scan is more sensitive than whole body bone scanning when evaluating the back and pelvis. A radiopharmaceutical (Technetium 99m Methylene Diphosphonate (Tc-99m MDP)) is injected intravenously into a peripheral vein in the arm. The patient is asked to return three hours after the injection. The delay allows time for the radiopharmaceutical to be taken up within the bone. Uptake is dependent upon blood flow and bone activity (osteoblastic activity). Hydration during the uptake phase increases the quality of the images. Upon returning, the patient will be asked to void, remove metallic objects, and then be scanned, focusing on the specific area of interest. Commonly, Bone SPECT imaging is performed after a whole body bone scan to better localize/clarify uptake in the back and/or pelvis.

5. **Interpretation**

   Images are reviewed for abnormal uptake (hot spot) of the radiopharmaceutical in axial, sagittal, and coronal planes. Analysis of the images will aided by a detailed history and the availability of previously acquired bone scans, x-rays, CT scans, MRI scans, and/or PET scans. The radiologist may elect to fuse the bone SPECT to a CT or MRI of the same area using fusion software to increase specificity.
3 Phase Bone Scan

1. Scheduling Notes

May be scheduled Monday through Friday, as early as 8 AM and as late as 1 PM. The patient will arrive for an initial appointment (requires approximately 30 minutes) to have history documented, to receive injection of the radiopharmaceutical while images are being taken of the area of interest. A scan (requires 30 minutes) will be performed 3 hours after the initial appointment.

2. Patient Preparation

No patient preparation.

3. Common Indications

Osteomyelitis, Septic Joint, RSD, Stress Fracture.

4. Procedure Description

3 Phase Bone Scan is a sensitive method for the evaluation of osteomyelitis, reflex symphathetic dystrosophy, and stress fractures. The camera is positioned such that the area of interest is in the field of view. A radiopharmaceutical (Technetium 99m Methylene Diphosphonate (Tc-99m MDP)) is injected intravenously into a peripheral vein in the arm while images are being made (blood flow). Immediately after acquisition of the blood flow images, images are taken to follow the distribution of the radiopharmaceutical into the soft tissues (blood pool). The patient is asked to return three hours after the injection. The delay allows time for the radiopharmaceutical to be taken up within the bone. Uptake is dependent upon blood flow and bone activity (osteoblastic activity). Hydration during the break increases the quality of the images. Upon returning, the patient will be asked to void, remove metallic objects, and then be scanned, focusing on the specific area of interest (bone uptake).

5. Interpretation

Images are reviewed for abnormal uptake (hot spot) of the radiopharmaceutical in the three phases. Analysis of the images will be aided by a detailed history and the availability of previously acquired bone scans, xrays, CT scans, and MRI scans.
**Hepatobiliary Scan with/without Kinevac**

(Papida Scan, Hida Scan, Biliary Scan, Gall Bladder Ejection Fraction)

1. **Scheduling Notes**

   May be scheduled Monday through Friday, as early as 8 AM and as late as 2 PM. Priority is to schedule in the morning since the patient will be without anything by mouth. The patient will have a single appointment (requires approximately 2 hours) to have history documented, to receive injection of the radiopharmaceutical, and have images made.

2. **Patient Preparation**

   Nothing by mouth for at least 6 hours but not more than 24 hours.

   No opioid pain medicines.

3. **Common Indications**

   RUQ, Epigastric, Abdominal Pain, Acute Cholecystitis, Chronic Cholecystitis, Sphincter of Oddi Dysfunction, Bile Leak, Abnormal Gall Bladder Ultrasound, Cholelithiasis.

4. **Procedure Description**

   Hepatobiliary scanning is used to evaluate the flow of bile through the biliary system by injecting a radiopharmaceutical which is initially removed from circulation by the hepatocytes. Continuous imaging for one hour tracks the bile flow from the liver to the gall bladder to the small bowel. After gallbladder visualization, an injection of Kinevac (Cholecystokinin analog) is given to contract the gall bladder. Images are taken during the Kinevac injection to record the contraction. When finished, a calculation is performed to quantitate the degree of contraction (gall bladder ejection fraction). If the gall bladder does not visualize, delayed imaging up to four hours may be needed to document acute versus chronic cholecystitis.

5. **Interpretation**

   The images are reviewed as static images or as movies. The radiologist evaluates the clearance of radiopharmaceutical from the blood by the liver cells, uniformity of uptake within the liver, passage through the liver cells to the bile ducts, filling of the gall bladder, emptying into the small bowel, and the degree of gall bladder contraction after Kinevac injection. Comparison to previous gall bladder ultrasounds and CT scans are performed if images are available.
**Gastric Emptying Scan**

1. **Scheduling Notes**

   May be scheduled Monday through Friday, as early as 8 AM and as late as 2 PM. Priority is to schedule in the morning since the patient will be without anything by mouth. The patient will have a single appointment (requires approximately 2 hours) to have history documented, to receive injection of the radiopharmaceutical, and have images made.

2. **Patient Preparation**

   Nothing by mouth for at least 6 hours.

3. **Common Indications**

   Gastroparesis, dumping syndrome.

4. **Procedure Description**

   Gastric emptying scans are used to evaluate gastric motility. An egg mixture is made by injecting Tc99m Sulfur Colloid into scrambled eggs than cooking it. The patient eats the egg and images are made for 90 minutes. A time activity curve is generated to represent the amount of egg in the stomach over the 90 minutes. Calculations are performed to determine emptying time and retention of the egg mixture.

5. **Interpretation**

   The Radiologist analyzes the images and time activity curve to determine if the egg mixture is being moved from the stomach in a timely manner.
**Thyroid Scan with Uptake**

1. **Scheduling Notes**

   Initial appointment may be scheduled Monday through Thursday as early as 8 AM and as late as 12 PM to have history documented and to receive the radiopharmaceutical (Iodine-123). This appointment requires approximately 15 minutes. A second appointment is scheduled 4 hours later requiring 45 minutes or less. The third appointment is completed 24 hours after dosing requiring approximately 10 minutes.

2. **Patient Preparation**

   Nothing by mouth 1 hour before exam.
   Off T4 meds such as Synthroid for 6 weeks.
   Off T3 meds such as Cytomel for 2 weeks.
   Off antithyroid meds for 2 weeks.
   Off multivitamins for 6 weeks.
   No IV contrast agents for 6 weeks.
   Discontinue seafoods until exam is complete.

3. **Common Indications**

   Evaluate thyroid function, Thyroid cancer, Ectopic thyroid tissue, Thyroiditis, Hyperthyroid, Goiter, Thyroid nodule, Abnormal thyroid labs, Thyroid therapy planning.

4. **Procedure Description**

   Iodine-123 is organified by thyroid tissue and is used to evaluate uptake by the thyroid gland. I-123 is administered orally at the initial appointment. When the patient returns 4 hours later, a device is used to measure the amount of I-123 taken up by the thyroid gland and images are made. 24 hours after dosing, the patient returns for another measurement to assess the amount of I-123 in the thyroid. The 4 and 24 hour measurements are used to calculate the rate at which the I-123 is being taken up by the thyroid tissue to determine if the patient is hypo-, eu-, or hyperthyroid. The preparation is very important since thyroid medicines and iodinated substances may interfere with the localization of I-123.

5. **Interpretation**

   Images are reviewed for uniform uptake, both hot and cold areas, within the thyroid gland. The uptake measurements are compared to a range of normals. Analysis of the images will be aided by a detailed history, T4, T3, and TSH values, and the availability of previously acquired I-123 thyroid uptake and scan, Ultrasound, CT, MRI, and/or PET scans.
**Iodine 131 Whole Body Scan**

1. **Scheduling Notes**
   
   Initial appointment may be scheduled Monday, Tuesday, or Friday mid-morning to mid-afternoon to have history documented and to receive the dose of radiopharmaceutical (I-131). This appointment requires approximately 30 minutes. The scan is performed 72 hours after dosing and requires approximately 1 hour.

2. **Patient Preparation**
   
   Patient should be encouraged to hydrate.
   Discontinue T4 thyroid replacement hormone for 6 weeks.
   Discontinue T3 (cytomel) thyroid replacement hormone for 2 weeks.
   Prefer low iodine diet 3-10 days prior to dosing.
   Discontinue iodine containing medications & contrast per attached list.
   Current (within 2 days of I-131 administration) Serum TSH level (scan is most sensitive when TSH is > 30 $\mu$U/ml)
   Menstrating females need a recent (-) serum beta HCG pregnancy test.

3. **Common Indications**
   
   Evaluate for presence and location of metastatic thyroid cancer.
   Evaluate for presence and extent of residual functioning thyroid tissue.

4. **Procedure Description**
   
   Iodine-131 is organified by thyroid tissue and is used to evaluate residual and/or metastatic thyroid cancer in patients which have had thyroidectomy and I-131 ablation. The I-131 is given orally and allowed three days to be taken up by residual and/or metastatic thyroid carcinoma. A whole body scan and static images of the neck are performed three days later. The preparation is very important since thyroid medicines and iodinated substances may interfere with the localization of I-131.

5. **Interpretation**
   
   Images are reviewed for abnormal uptake (hot spot) of the radiopharmaceutical in the images. Analysis of the images will aided by a detailed history and the availability of previously acquired I-131 whole body scan, CT scans, MRI scans, and/or PET scans.
**Renal Scan**

1. **Scheduling Notes**
   
   May be scheduled Monday through Friday, as early as 8 AM and as late as 4 PM. Upon arrival, the patient will be asked to drink a glass of water, have history documented, and receive injection of the radiopharmaceutical (Tc99m MAG3). The exam should be complete in less than 1 hour.

2. **Patient Preparation**

   Well hydrated, Medications per physicians instructions.

3. **Common Indications**

   Abnormal kidney function, Obstruction, Congenital anomaly, HTN, Renal transplants, vesicoureteral reflux, Acute renal failure, Renal artery stenosis.

4. **Procedure Description**

   Tc99m MAG3 is secreted through the tubules of the kidney and is representative of kidney function. Patients are encouraged to hydrate prior to the study. After arrival and voiding of urine, the patient is placed supine on the imaging table with the detector positioned closest to the kidneys. An IV is inserted into a vein of the arm, Tc99m MAG3 injected, and images acquired to capture clearance from the blood and then excretion into the urine. Time activity curves are created from the acquired data allowing quantitative analysis of kidney function such as renal perfusion, renal excretion, and split function. Lasix is used to aide in the diagnosis of UPJ obstruction.

5. **Interpretation**

   Images are reviewed for uniform radiopharmaceutical uptake within each kidney and one relative to the other, clearance of Tc99m MAG3 by each kidney, retained radiopharmaceutical in the uretero pelvic junction. Curve analysis includes time to peak, split function, and excretion of the Tc99m MAG3.
**Parathyroid Scan with/without SPECT**

1. **Scheduling Notes**

   May be scheduled Monday through Friday, as early as 8 AM and as late as 2 PM. The patient will arrive for an initial appointment (requires approximately 30 minutes) to have history documented, to receive injection of the radiopharmaceutical, and have initial images of the neck made. A second appointment (requires approximately 30 minutes) is scheduled 2 hours later to acquire additional images of the neck and chest. SPECT imaging (requires approximately 30 minutes) is then performed if clinically indicated.

2. **Patient Preparation**

   No patient preparation.

3. **Common Indications**

   Hypercalcemia, Elevated parathyroid hormone, Parathyroid adenoma, Ectopic parathyroid tissue.

4. **Procedure Description**

   Tc99m Sestamibi is initially taken up in thyroid tissue, parathyroid tissue, and parathyroid adenomas. With time, Tc99m Sestamibi washes out of normal tissue but is retained by parathyroid adenomas. After documenting history, an IV is inserted into a vein in the arm and Tc99m Sestamibi is injected. After 10 minutes for the radiopharmaceutical to localize, an image is made of the neck. At a second appointment, 2 hours later, additional images are made of the neck and chest. SPECT is performed, if needed, to provide 3D images to better localize the adenoma. Fusion of SPECT images with a CT are performed if the CT is available.

5. **Interpretation**

   Images are review for focally retained activity in the neck and/or chest. SPECT images of the neck are fused with an available CT to precisely locate the parathyroid adenoma.
**Meckels Diverticulum Scan**

1. **Scheduling Notes**
   
   May be scheduled Monday through Friday, as early as 8 AM and as late as 2 PM. The patient will arrive for a single appointment requiring 60 minutes to have history documented, to receive injection of the radiopharmaceutical while images are being made of the abdomen.

2. **Patient Preparation**
   
   Nothing by mouth for 6 hours.

3. **Common Indications**
   
   Meckels Diverticulum, Ectopic Gastric Mucosa.

4. **Procedure Description**
   
   Tc99m Pertechnetate localizes in gastric mucosa. After documenting history, an IV is inserted into a vein in the arm and Tc99m Pertechnetate is injected. Images are started during injection and continue for 60 minutes.

5. **Interpretation**
   
   The images are reviewed as static images and as a movie, looking for an abnormal accumulation (hot spot) of the radiopharmaceutical.
**Gastrointestinal Bleeding Scan**

1. **Scheduling Notes**
   
   May be scheduled Monday through Friday, as early as 8 AM and as late as 3 PM.

2. **Patient Preparation**
   
   Nothing by mouth 6 hours prior to scan if non-emergency.

3. **Common Indications**
   
   Evaluate rectal bleeding, Locate site of GI bleed.

4. **Procedure Description**
   
   Upon arrival, a small amount of blood is collected from the patient and labeled with Tc99m. The radiolabeled red blood cells are given back to the patient as images are made of the abdomen. Images continue for 60 minutes. Occasionally delayed images are made.

5. **Interpretation**
   
   Images are analyzed for abnormal accumulation of Tc99m red blood cells indicating a bleeding site.
Liver/Spleen Scan with/without SPECT

1. **Scheduling Notes**
   May be scheduled Monday through Friday, as early as 8 AM and as late as 4 PM. The patient will arrive for a single appointment (requires approximately 30 minutes) to have history documented, to receive injection of the radiopharmaceutical, and have images of the liver and spleen made.

2. **Patient Preparation**
   Preference is for no iodinated or barium contrast agents 24 hours prior to exam.

3. **Common Indications**
   Cirrhosis, hepatitis, jaundice, liver cancer, liver mass.

4. **Procedure Description**
   Tc99m Sulfur Colloid is removed from circulation by the reticuloendothelial system. After arrival and having history documented, injection of the radiopharmaceutical is performed. Images are then made at various angles around the abdomen.

5. **Interpretation**
   Images are reviewed for uniform distribution of the Tc99m Sulfur Colloid as well as for “colloid shift” to the spleen and bone marrow. Comparison to CT and MRI scans are made if available.
**Octreoscan**

1. **Scheduling Notes**

   May be scheduled Monday through Wednesday, as early as 8 AM and as late as 3 PM. The patient will arrive for an initial appointment (requires approximately 90 minutes) to have history documented and to receive injection of the radiopharmaceutical. A second appointment is made the following day and a third appointment two days following injection. Images are made on days 2 and 3.

2. **Patient Preparation**

   Hydrate before and for at least 1 hour after. Withhold somatostatin (Octreotide) therapy for a minimum of 24 hours.

3. **Common Indications**

   Neuroendocrine tumors, Staging neuroendocrine tumors, Determine somatostatin receptor status, Recurrence of neuroendocrine tumor, Assist in selecting patients for peptide receptor radionuclide therapy.

4. **Procedure Description**

   Octreoscan binds to tumors bearing somatostatin receptors. After a detailed history, an IV is inserted into a vein of the arm. The Octreoscan is injected slowly and the patient observed for sign of reaction. Images are made two and three days after injection, from the top of head to mid-thigh. SPECT images of the abdomen are also made.

5. **Interpretation**

   Images are reviewed for abnormal, increased, persistent uptake of Octreoscan over the duration of scans.
**MIBG Scan**

1. **Scheduling Notes**

   May be scheduled Monday through Wednesday, as early as 8 AM and as late as 3 PM. The patient will arrive for an initial appointment (requires approximately 90 minutes) to have history documented and to receive injection of the radiopharmaceutical. A second appointment is made the following day and a third appointment two days following injection. Images are made on days 2 and 3.

2. **Patient Preparation**

   Evaluate for presence and location of neuroendocrine tumors, most commonly pheochromocytoma.
   Evaluate tumor avidity for MIBG pre-therapy.

3. **Common Indications**

   Patient should be encouraged to hydrate.
   Menstruating females need a recent (-) serum beta HCG pregnancy test.
   Pre medicate with 130 mg Lugol’s solution the day before, day of, and day after injection.
   Lab work including epinephrine, nor-epinephrine, metanephrine, catecholamines.

4. **Procedure Description**

   I-123 MIBG is structurally similar to norepinephrine and concentrates in catecholamine-producing cells. After a detailed history, an IV is inserted into a vein of the arm. The I123 MIBG is slowly injected and the patient observed for signs of a reaction. Two and three days after injection, images are made from top of head to mid-thigh. SPECT images are made as well.

5. **Interpretation**

   Images are reviewed for abnormal, increased, persistent uptake of MIBG over the duration of scans.
**Ceretec White Blood Cell Scan**

1. **Scheduling Notes**

   May be scheduled Monday through Friday at 8 AM. The patient will arrive for an initial appointment (requires approximately 30 minutes) to have history documented and to have blood drawn. A second appointment 3 hours later is made for injection of the radiopharmaceutical. Images of the area of interest are made 30 minutes and 4 hours post injection.

2. **Patient Preparation**

   No patient preparation.

3. **Common Indications**

   Infection, Osteomyelitis, Fever of unknown origin, Inflammatory bowel disease activity.

4. **Procedure Description**

   60 cc’s of blood is withdrawn from the patient. The blood is sent to the radiopharmacy to have the white blood cells extracted. Tc99m Ceretec is used to label the WBC’s. The Tc99m Ceretec WBC’s are injected into the patient. 30 minutes and 4 hours later, images are made of the whole body or of the specific area of interest.

5. **Interpretation**

   Images are analyzed for increased uptake of the Tc99m Ceretec WBC’s.
**Indium White Blood Cell/Bone Marrow Scan**

1. **Scheduling Notes**

   May be scheduled Monday through Thursday at 8 AM. The patient will arrive for an initial appointment (requires approximately 30 minutes) to have history documented and to have blood drawn. A second appointment 3 hours later is made for injection of the radiopharmaceutical (Indium-111 White Blood Cells). The next day, a second radiopharmaceutical (Tc99m Sulfur Colloid) is injected. 30 minutes later, images of the replaced joint are made requiring approximately 30 minutes.

2. **Patient Preparation**

   No patient preparation.

3. **Common Indications**

   Evaluate for presence and location of osteomyelitis of joint replacement.
   Evaluate for active bone marrow.

4. **Procedure Description**

   60 cc’s of blood is withdrawn from the patient. The blood is sent to the radiopharmacy to have the white blood cells extracted. In-111 oxime is used to label the WBC’s. The In-111 WBC’s are injected into the patient. When returning the next day, an injection of Tc99m Sulfur Colloid is made. 30 minutes later, images of the replaced joint, are made of the In-111 WBC’s and Tc99m Sulfur Colloid simultaneously.

5. **Interpretation**

   Images are analyzed by comparing the uptake of In-111 WBC’s (localizes in infection and normal bone marrow) with Tc99m Sulfur Colloid (localizes in normal bone marrow). Matching uptake or uptake where there is Tc99m Sulfur Colloid but no In-111 WBC’s would indicate no infection present. Non-matching uptake, In-111 WBC’s and no Tc99m Sulfur Colloid would indicate an infection.
Gated Blood Pool Scan

(MUGA)

1. **Scheduling Notes**

   May be scheduled Monday through Friday as early as 8 AM and as late as 3 PM. The patient will arrive for a single appointment requiring approximately 90 minutes. History will be documented, injection of the radiopharmaceutical, and images made.

2. **Patient Preparation**

   Patients with abnormal rhythms, causing variable R-R intervals, may not yield accurate results.

3. **Common Indications**

   Evaluation of left ventricular ejection fraction, abnormal wall motion, myocardial infarction, valvular disease, cardiomyopathy, effects of chemotherapy.

4. **Procedure Description**

   Upon arrival, a small amount of blood is collected from the patient and labeled with Tc99m. The radiolabeled red blood cells are given back to the patient as images are made of the heart. These images are made relative to the patient’s heart beat (EKG).

5. **Interpretation**

   Images are reviewed as movies of the heart beating. Time activity curves are generated to represent the amount of blood in the left ventricle through a beat (diastole-systole-diastole). The images are analyzed for wall motion abnormality and the ejection fraction is calculated to quantitate the amount of blood ejected with each contraction of the left ventricle.
Thyroid Therapy for Non-Cancerous Indications

1. Scheduling Notes

May be scheduled Monday through Friday, as early as 8 AM and as late as 3 PM. When arriving, history will be documented and consultation with the Radiologist will occur. Once consultation is complete, the Iodine-131 will be ordered and then administered.

2. Patient Preparation

Patient should be encouraged to hydrate.
Discontinue T4 thyroid replacement hormone for 6 weeks.
Discontinue T3 (cytomel) thyroid replacement hormone for 2 weeks.
Prefer low iodine diet 3-10 days prior to dosing.
Discontinue iodine containing medications & contrast per attached list.
Current (within 2 days of I-131 administration) Serum TSH level (scan is most sensitive when TSH is > 30 μU/ml)
Menstrating females need a recent (-) serum beta HCG pregnancy test.

3. Common Indications

Hyperthyroidism

4. Procedure Description

Iodine-131 is organified by thyroid tissue. Once trapped, the stronger nature of the radiation released by I-131 will slowly disrupt the thyroid cells causing the patient’s thyroid function to slow and even stop.

5. Interpretation

No interpretation.
**Gallium Scan**

1. **Scheduling Notes**
   
   May be scheduled Monday or Tuesday as early as 8 AM and no later than 3 PM. At the initial appointment history will be documented and the radiopharmaceutical injected. The patient will return 48 and 72 hours later for scanning.

2. **Patient Preparation**

   No patient preparation.

3. **Common Indications**

   Lymphoma, Abscesses, Infection.

4. **Procedure Description**

   After a detailed history, an IV is inserted into a vein of the arm. Gallium-67 citrate is slowly injected. Two and three days after injection, images are made from top of head to mid-thigh. SPECT images are made as well.

5. **Interpretation**

   Images are reviewed for abnormal, increased, persistent uptake of Gallium over the duration of scans.
**Prostascint Scan**

1. **Scheduling Notes**

   May be scheduled Monday through Friday, as early as 8 AM and as late as 2 PM. The patient will arrive for an initial appointment (requires approximately 90 minutes) to have history documented, to receive injection of the radiopharmaceutical, and have initial images taken 30 minutes after injection. Patient returns 5 to 6 days later for additional imaging and to have a CT scan. Need 2 days advanced notice to order the radiopharmaceutical.

2. **Patient Preparation**

   Note must be made of previous exposure to proteins of murine origin.

3. **Common Indications**

   Previously treated prostate cancer with rising PSA and negative bone scan.

4. **Procedure Description**

   Prostascint is murine monoclonal antibody which will bind to prostate antigen receptors. Once injected, the prostascint is allowed to circulate for 30 minutes then images are made from top of the head to mid-thigh. 5-6 days later additional images are made including 3D images of the abdomen and pelvis. The patient then has a CT scan from the upper chest through pelvis. The prostascint and CT scan are fused together.

5. **Interpretation**

   Prostascint, CT, and fused images are reviewed for abnormal uptake of the prostascint. PSA values from diagnosis to current, gleason score, and previous CT, MRI, and bone scans, as well as a detailed treatment record are extremely useful.
MEDICAL TERMINOLOGY

ROOT MASTER LIST

abdomin/o abdominal
acr/o extremities
aden/o gland
adip/o, fat
adren/o adrenal glands
aer/o air
angi/o vessel
anter/o front, anterior
aort/o aorta
arteri/o artery
arthr/o joint
audi/o sound
bronchi/o, bronch/o bronchus
calc/o calicum
carcin/o cancer
cardi/o heart
cephal/o head
cerebr/o brain, cerebrum
chondr/o cartilage
col/o, colon/o colon

cost/o ribs

crani/o cranium, skull

cutane/o skin

cyan/o blue

cyst/o bladder

cyt/o cell

dent/o teeth

derm/o skin

dipl/o double

dist/o far, farthest

dors/o back (of body)

encephal/o brain

enter/o intestine

erythr/o red

esophag/o esophagus

gastr/o stomach

gingiv/o gum

gloss/o tongue

gluc/o, glyc/o sugar, glucose

hema, hemat/o, hem/o blood

hepat/o liver
hidr/o sweat
hist/o tissue
hydr/o water
lapar/o abdominal
laryng/o larynx (voice box)
latr/o side
leuk/o white
lingu/o tongue
lip/o fat
lith/o stone
lumb/o lower back
lymph/o lymph
melan/o black
mening/o meninges
myc/o fungus
myel/o spinal cord, bone marrow
my/o muscle
nas/o nose
necr/o death
nephr/o kidneys
neur/o nerve
noct/o night
odont/o teeth

olig/o scanty, little

ophthalm/o, ocul/o, opt/o eye

or/o, stomat/o mouth

orth/o straight

oste/o bone

ot/o ear

pelv/o, pelv/i pelvis

phalang/o fingers and toes

pharyng/o pharynx (throat)

phleb/o vein

pleur/o pleura

pneum/o lung

poster/o back (of body), behind, posterior

proxim/o near, nearest

py/o pus

radi/o x-rays, radiation

rhin/o nose

scler/o hardening, white of eye

tend/o tendons

therm/o heat

thorac/o chest
thromb/o blood clot

toxic/o, tox/o poison

trace/o trachea (windpipe)

ur/o urine

vascul/o blood vessel

vertebr/o vertebra (backbone)
MEDICAL TERMINOLOGY

SUFFIX MASTER LIST

-al, -ic, -ous pertaining to

-algia, -dynia pain

-cele hernia, swelling

-centesis surgical puncture

-cyte cell

-derma skin

-ectasis dilation, expansion

-ectomy excision, removal

-edema swelling

-emesis vomiting

-emia blood

-genesis producing, forming

-gram record

-graph instrument for recording

-graphy process of recording

-iasis, -osis abnormal condition

-ist specialist

-itis inflammation

-logist specialist in the study of
-logy study of
-lysis separation, destruction
-malacia softening
-megaly enlargement
-oma tumor
-opia, -opsia vision
-osis abnormal condition
-pathy disease
-penia decrease
-pepsia digestion
-phagia swallow, eat
-phasia speech
-phobia fear
-plasia, -plasm formation, growth
-plasty surgical repair
-plegia paralysis
-pnea breathing
-rhage, rrhagia bursting forth of
-rrhaphy suture
-rrhea flow, discharge
-scope instrument to view
-scopy visual examination
-**spasm** involuntary contraction, twitching

-**stasis** standing still

-**stenosis** narrowing, stricture

-**stomy** forming a new opening

-**therapy** treatment

-**tome** instrument to cut

-**tomy** incision, to cut into

-**tripsy** crushing

-**uria** urine
MEDICAL TERMINOLOGY

PREFIX MASTER LIST

-a-, an-, without, not
auto- self
bi- two, double
brady- slow
dia- through
dys- bad, painful, difficult
echo- sound
epi- above, upon
hemi-, semi- half, partly
hypo-, sub under, below
hyper- excessive, high
inter- between
macro- large
micro- small
neo- new
para- near, beside, around
peri- around
poly-, multi- many, much
post- after, behind
pre- before
quadri- four
supra- above
tachy- rapid
tri- three
## Circulatory System Terms

<table>
<thead>
<tr>
<th>Cardi/o</th>
<th>= heart</th>
<th>Endocarditis, myocarditis, pericarditis (inflammation of the lining, the muscle layer, the outer layer of the heart)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brady/tachy</td>
<td>= slow/fast</td>
<td>Bradycardia (rate&lt;60) tachycardia (rate&gt;100)</td>
</tr>
<tr>
<td>Angi/o</td>
<td>= vessel</td>
<td>Angiography, angiogram (X-ray of artery)</td>
</tr>
<tr>
<td>Veno/phlebo</td>
<td>= vein</td>
<td>Venogram (X-ray of veins), phlebitis (inflammation of veins)</td>
</tr>
<tr>
<td>-stasis</td>
<td>= to stop</td>
<td>Hemostasis (to stop bleeding), hemostat (a clamp-like instrument)</td>
</tr>
<tr>
<td>-cyte</td>
<td>= cell</td>
<td>Erythrocytes, leucocytes (red, white blood cells)</td>
</tr>
<tr>
<td>Hem/o, -emia</td>
<td>= blood</td>
<td>Hypoxemia (low oxygen), hematosalpinx (blood in the uterine tubes)</td>
</tr>
</tbody>
</table>

## Digestive System Terms

<table>
<thead>
<tr>
<th>Gastr/o</th>
<th>Stomach</th>
<th>Gastritis, Gastrectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chol/e</td>
<td>Gall, bile</td>
<td>Cholecystitis, cholecystectomy (inflammation of, removal of gallbladder)</td>
</tr>
<tr>
<td>Cyst/o</td>
<td>Bladder, sac</td>
<td>(see above)</td>
</tr>
<tr>
<td>Emes/o</td>
<td>Vomit</td>
<td>Emesis (vomiting), emetic (stimulating vomiting), antiemetic (stopping vomiting)</td>
</tr>
<tr>
<td>Lith/o</td>
<td>Stone</td>
<td>Cholelithotomy (removal of gall stones)</td>
</tr>
<tr>
<td>Lapar/o</td>
<td>Abdominal wall</td>
<td>Laparotomy (cutting into the abdomen)</td>
</tr>
<tr>
<td>-centesis</td>
<td>To puncture</td>
<td>Abdominocecntesis (puncturing and draining)</td>
</tr>
<tr>
<td>-tripsy</td>
<td>To crush</td>
<td>Cholelithotripsy (smashing gall stones with sound waves)</td>
</tr>
<tr>
<td>-rrhea</td>
<td>Flow, discharge</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>-iasis (-osis)</td>
<td>Abnormal condition</td>
<td>Cholelithiasis (presence of gall stones causing symptoms)</td>
</tr>
</tbody>
</table>
## Musculoskeletal System Terms

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oste/o</td>
<td>Bone</td>
<td>Osteitis, osteoma, osteocyte</td>
</tr>
<tr>
<td>Chondr/o</td>
<td>Cartilage</td>
<td>Chondritis, chondroma, chondrocyte</td>
</tr>
<tr>
<td>Arthr/o</td>
<td>Joint</td>
<td>Arthritis, arthroplasty</td>
</tr>
<tr>
<td>Myel/o</td>
<td>Bone marrow</td>
<td>Myeloma</td>
</tr>
<tr>
<td>Ten/o, tendin/o</td>
<td>Tendon (binds muscle to bone)</td>
<td>Tendonitis, tenorrhaphy</td>
</tr>
<tr>
<td>Ligament/o</td>
<td>Ligament (binds bone to bone)</td>
<td>Ligamentous injury</td>
</tr>
<tr>
<td>Burs/o</td>
<td>Bursa, &quot;bag&quot;, (shock absorber between tendons and bones)</td>
<td>Bursitis</td>
</tr>
<tr>
<td>My/o, myos/o</td>
<td>Muscle</td>
<td>Myoma, myositis</td>
</tr>
<tr>
<td>-malacia</td>
<td>Softening</td>
<td>Osteomalacia, chondromalacia</td>
</tr>
<tr>
<td>-porosis</td>
<td>Porous</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>-asthenia</td>
<td>Weakness, loss of strength</td>
<td>Myasthenia gravis</td>
</tr>
<tr>
<td>-tropho</td>
<td>Development, stimulation, maintenance</td>
<td>Atrophy (shrivelng of muscles), hypertrophy (increase in size and strength of muscles)</td>
</tr>
<tr>
<td>-algia, algesia</td>
<td>Pain</td>
<td>Myalgia, arthralgia, analgesia (take away pain)</td>
</tr>
</tbody>
</table>
## Nervous System Terms

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cephal/o</td>
<td>Head</td>
<td>Cephalgia (a headache)</td>
</tr>
<tr>
<td>Encephal/o</td>
<td>Inside the head (brain)</td>
<td>Encephalitis (inflammation of the brain)</td>
</tr>
<tr>
<td></td>
<td>Anencephalic (born without a brain)</td>
<td></td>
</tr>
<tr>
<td>Mening/o</td>
<td>Membranes surrounding the brain and spinal cord</td>
<td>Meningitis (inflammation of the membranes)</td>
</tr>
<tr>
<td>Myel/o</td>
<td>Spinal cord</td>
<td>Myelogram (X-ray of the spinal cord)</td>
</tr>
<tr>
<td>Neur/o</td>
<td>Nerve</td>
<td>Neuroma (tumor)</td>
</tr>
<tr>
<td></td>
<td>Neuritis (inflammation)</td>
<td></td>
</tr>
<tr>
<td>Dys</td>
<td>Difficult, painful, abnormal</td>
<td>Dyslexia (difficulty reading)</td>
</tr>
<tr>
<td>-cele</td>
<td>Hernia, abnormal protrusion of structure out of normal anatomical position</td>
<td>Meningomyelocele (protrusion of membranes and spinal cord)</td>
</tr>
<tr>
<td>-pathy</td>
<td>Disease, abnormality</td>
<td>Encephalopathy (disease of the brain)</td>
</tr>
<tr>
<td></td>
<td>Neuropathy (disease of the nerves)</td>
<td></td>
</tr>
<tr>
<td>-plasia</td>
<td>Development, formation, growth</td>
<td>Aplasia (no development)</td>
</tr>
<tr>
<td></td>
<td>Hyperplasia (over development)</td>
<td></td>
</tr>
<tr>
<td>-plegia</td>
<td>Paralysis</td>
<td>Hemiplegia (paralysis of one side of the body)</td>
</tr>
<tr>
<td></td>
<td>Quadriplegia (paralysis of all four limbs)</td>
<td></td>
</tr>
</tbody>
</table>
### Respiratory System Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhin/o</td>
<td>Nose</td>
</tr>
<tr>
<td></td>
<td>Rhinitis, rhinorrhea (inflammation of and &quot;runny&quot; nose)</td>
</tr>
<tr>
<td>Laryng/o</td>
<td><em>Larynx, &quot;voice box</em>&quot;</td>
</tr>
<tr>
<td></td>
<td>Laryngotomy, Laryngectomy (cutting into, surgically removing the larynx)</td>
</tr>
<tr>
<td>Trache/o</td>
<td>Trachea, &quot;windpipe&quot;</td>
</tr>
<tr>
<td></td>
<td>Tracheotomy, tracheostomy (temporary and permanent openings)</td>
</tr>
<tr>
<td>Bronch/o</td>
<td>Lung air passageways</td>
</tr>
<tr>
<td></td>
<td>Bronchoscropy (looking into the bronchi)</td>
</tr>
<tr>
<td>Pne/u, -pnea</td>
<td>Breath, air, lung</td>
</tr>
<tr>
<td></td>
<td>Tachypnea, dyspnea, apnea (accelerated, difficult/painful, cessation of breathing)</td>
</tr>
<tr>
<td>Pulmo/o</td>
<td>Lung</td>
</tr>
<tr>
<td></td>
<td>Pulmonary artery</td>
</tr>
<tr>
<td>-ptysis</td>
<td>Spitting (coughing)</td>
</tr>
<tr>
<td></td>
<td>Hemoptysis (spitting or coughing up blood from lungs)</td>
</tr>
<tr>
<td>-plasty</td>
<td>Reconstruction</td>
</tr>
<tr>
<td></td>
<td>Rhinoplasty (surgical reconstruction of nose)</td>
</tr>
</tbody>
</table>

### Reproductive System-female Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyster/o, metr/o</td>
<td>Uterus</td>
</tr>
<tr>
<td></td>
<td>Hysterectomy, endometritis (inflammation of the lining of uterus)</td>
</tr>
<tr>
<td>Salping/o, -salpinx</td>
<td>Uterine tube</td>
</tr>
<tr>
<td></td>
<td>Salpingitis, hematosalpinx (blood in the uterine tube)</td>
</tr>
<tr>
<td>Colp/o</td>
<td>Vagina</td>
</tr>
<tr>
<td></td>
<td>Colporrhaphy (sutting a tear), colpoplasty (surgical reconstruction), colposcopy (viewing the interior)</td>
</tr>
<tr>
<td>Oophor/o</td>
<td>Ovary</td>
</tr>
<tr>
<td></td>
<td>Oophorectomy, oophoropexy (surgery fixation, reattachment)</td>
</tr>
<tr>
<td>Men/o</td>
<td>Menstruation</td>
</tr>
<tr>
<td></td>
<td>Menarche (first), dysmenorrhea (painful menstruation)</td>
</tr>
<tr>
<td>Mamm/o, mast/o</td>
<td>Breast</td>
</tr>
<tr>
<td></td>
<td>Mammogram, mastectomy</td>
</tr>
<tr>
<td>-pareunia, coitus</td>
<td>Intercourse</td>
</tr>
<tr>
<td></td>
<td>Dyspareunia (painful intercourse), precoital, postcoital (before and after intercourse)</td>
</tr>
</tbody>
</table>
### Reproductive System-male Terms

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orchid/o, test/o</td>
<td>*Testes (male gonad) Orchiditis, orchidectomy, testicular artery, testosterone (male sex hormone)</td>
</tr>
<tr>
<td>Balan/o</td>
<td>Head of the penis Balanitis</td>
</tr>
<tr>
<td>andr/o</td>
<td>Male Androgenic (stimulating maleness), androgynous (characteristics of male and female appearance)</td>
</tr>
<tr>
<td>Prostat/o</td>
<td>Prostate Prostatitis, prostatectomy</td>
</tr>
<tr>
<td>Vas/o</td>
<td>Vessel, duct Vas deferens, vasectomy (duct carrying semen from testes, cutting the duct)</td>
</tr>
<tr>
<td>-rrhaphy</td>
<td>To suture Herniorrhaphy (surgical correction of inguinal hernia)</td>
</tr>
</tbody>
</table>

### Urinary System Terms

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephr/o, ren/o</td>
<td>Kidney Nephritis, renal artery</td>
</tr>
<tr>
<td>Hydro/o</td>
<td>Water Hydronephrosis (abnormal condition involving back up of urine into the kidney)</td>
</tr>
<tr>
<td>Cyst/o</td>
<td>Bladder Cystitis, cystectomy (inflammation of, removal of bladder)</td>
</tr>
<tr>
<td>Pyel/o</td>
<td>Renal collecting ducts Pyelogram (X-ray of the collecting ducts)</td>
</tr>
<tr>
<td>Ur/o, -uria</td>
<td>Urine Polyuria, anuria (frequent urination, no urine formation)</td>
</tr>
<tr>
<td>Olig/o</td>
<td>Scanty, less than normal Oliguria (reduced urine formation)</td>
</tr>
<tr>
<td>-pexy</td>
<td>To surgically reattach, fix in normal position Nephropexy (surgically attach kidney in normal anatomical position)</td>
</tr>
</tbody>
</table>
## Technicolor Terms

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leuk/o</td>
<td>= white</td>
<td>leukemia  (overabundance of white blood cells)</td>
</tr>
<tr>
<td>melan/o</td>
<td>= black</td>
<td>melanoma  (black tumor of the skin)</td>
</tr>
<tr>
<td>cyan/o</td>
<td>= blue</td>
<td>cyanosis  (blueness may be due to cold or not enough oxygen in blood)</td>
</tr>
<tr>
<td>xanth/o</td>
<td>= yellow</td>
<td>xanthoma  (yellow tumor)</td>
</tr>
</tbody>
</table>

## Odds & Ends

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>graphy/</td>
<td>= recording an image</td>
<td>mammography  (imaging the breasts)</td>
</tr>
<tr>
<td>-graph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-gram</td>
<td>= the image (X-ray)</td>
<td>mammogram</td>
</tr>
<tr>
<td>-ology/</td>
<td>= study, specialize in</td>
<td>cardiologist, nephrologist (study the heart, the kidneys)</td>
</tr>
<tr>
<td>-ologist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Useful Prefixes and Suffixes

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>-itis</td>
<td>= inflammation</td>
<td>tonsillitis, appendicitis (you know these!)</td>
</tr>
<tr>
<td>-osis</td>
<td>= abnormal condition</td>
<td>cyanosis (of blueness, due to cold or low oxygen)</td>
</tr>
<tr>
<td>-ectomy</td>
<td>= to cut out (remove)</td>
<td>appendectomy, tonsillectomy (you know these too!)</td>
</tr>
<tr>
<td>-otomy</td>
<td>= to cut into</td>
<td>tracheotomy (to cut into the windpipe, temporary opening)</td>
</tr>
<tr>
<td>-ostomy</td>
<td>= to make a &quot;mouth&quot;</td>
<td>colostomy (to make a permanent opening in colon)</td>
</tr>
<tr>
<td>a/an</td>
<td>= without, none</td>
<td>anemia (literally no blood but means few red cells)</td>
</tr>
<tr>
<td>micro</td>
<td>= small</td>
<td>microstomia (abnormally small mouth, see &quot;stomy&quot; in colostomy above?)</td>
</tr>
<tr>
<td>macro</td>
<td>= large</td>
<td>macrostomia (abnormally large mouth)</td>
</tr>
<tr>
<td>mega/ -megaly</td>
<td>= enlarged</td>
<td>megacolon (abnormally large colon = large intestine)</td>
</tr>
<tr>
<td>-scopy/-scopic</td>
<td>= to look, observe</td>
<td>colonoscopy (look into colon)</td>
</tr>
<tr>
<td>Endo</td>
<td>= within, inside of</td>
<td>endoscopy (to inspect the inside of an organ or space with a lighted instrument)</td>
</tr>
<tr>
<td>Peri</td>
<td>= around</td>
<td>perianal (around the anus)</td>
</tr>
<tr>
<td>Circum</td>
<td>= around</td>
<td>circumcise (cut around)</td>
</tr>
</tbody>
</table>
## Useful Prefixes and Suffixes

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retro</td>
<td>= behind</td>
<td>retrosternal (behind the breastbone)</td>
</tr>
<tr>
<td>Epi</td>
<td>= upon, on top</td>
<td>epidermis (the top or outermost layer of skin)</td>
</tr>
<tr>
<td>Trans</td>
<td>= through</td>
<td>transurethral (through the urinary exit duct)</td>
</tr>
<tr>
<td>Intra</td>
<td>= within</td>
<td>intravenous (inside the veins, e.g. IV fluids)</td>
</tr>
<tr>
<td>Sub</td>
<td>= below</td>
<td>subclavian (below the clavicle = collar bone)</td>
</tr>
</tbody>
</table>
## CANCER WORDS

<table>
<thead>
<tr>
<th><strong>GOOD NEWS</strong></th>
<th><strong>BAD NEWS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>Malignant</td>
</tr>
<tr>
<td>Low grade</td>
<td>High grade</td>
</tr>
<tr>
<td>Radiosensitive</td>
<td>Radioresistant</td>
</tr>
<tr>
<td>No metastases</td>
<td>metastases</td>
</tr>
<tr>
<td>Well differentiated</td>
<td>Poorly differentiated</td>
</tr>
<tr>
<td>Negative nodes</td>
<td>Positive nodes</td>
</tr>
<tr>
<td>In remission</td>
<td>Relapse</td>
</tr>
<tr>
<td>Surgically resectable</td>
<td>Inoperable</td>
</tr>
</tbody>
</table>
Have You Ever Wondered What That Doctor Does?

<table>
<thead>
<tr>
<th>SPECIALTY:</th>
<th>WHAT THEY DO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>The medical study of how to eliminate pain and sensation in people undergoing surgery and other medical procedures</td>
</tr>
<tr>
<td>Cardiology</td>
<td>The medical study of the diagnosis and treatment of diseases affecting the heart and blood vessels</td>
</tr>
<tr>
<td>Dermatology</td>
<td>The field of medicine that specializes in the treatment of skin disorders</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>The scientific study of the function and pathology of the endocrine glands</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>The diagnosis and treatment of diseases and disorders affecting the stomach, intestines, and associated organs</td>
</tr>
<tr>
<td>Genetics</td>
<td>The study of the patterns of inheritance of specific traits</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>The branch of medicine concerned with the physiological and pathological aspects of the aged, including the clinical problems of senescence and senility.</td>
</tr>
<tr>
<td>Gynecology</td>
<td>A branch of medicine dealing with the diagnosis and treatment of disorders affecting the female reproductive organs</td>
</tr>
<tr>
<td>Hematology</td>
<td>The study of the morphology of the blood and blood forming tissues</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>The specialty of the general medicine of the internal organs</td>
</tr>
<tr>
<td>Neonatology</td>
<td>The art and science of caring medically for the newborn</td>
</tr>
<tr>
<td>Nephrology</td>
<td>The science that treats of, the kidneys, and their structure and functions</td>
</tr>
<tr>
<td>Neurology</td>
<td>The branch of science which treats of the nervous system.</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>A branch of medicine dealing with the care of women during pregnancy, childbirth, and the period during which they recover from childbirth</td>
</tr>
<tr>
<td>Oncology</td>
<td>The study of diseases that cause cancer</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>The area of medicine dealing with the eye</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>The branch of surgery broadly concerned with the skeletal system (bones).</td>
</tr>
<tr>
<td>Otology</td>
<td>The branch of science that treats of the ear and its diseases</td>
</tr>
<tr>
<td>Pathology</td>
<td>The branch of medicine concerned with disease, especially its structure and its functional effects on the body</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Concerned with the health of infants, children and adolescents, their growth and development, and their opportunity to achieve full potential as adults</td>
</tr>
<tr>
<td>Perinatology</td>
<td>The branch of medicine dealing with the fetus and infant during the perinatal period. The perinatal period begins with the twenty-eighth week of gestation and ends twenty-eight days after birth</td>
</tr>
<tr>
<td>Podiatry</td>
<td>The medical study of the diagnosis and treatment of disorders of the foot</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>A branch of medicine concerned with the diagnosis, treatment, and prevention of mental illness</td>
</tr>
<tr>
<td>Radiology</td>
<td>The study of X-rays in the diagnosis of a disease</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>A branch of medicine concerned with the diagnosis and treatment of arthritis</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>The field of medicine concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities</td>
</tr>
<tr>
<td>Urology</td>
<td>A branch of medicine concerned with the diagnosis and treatment of diseases of the urinary tract and urogenital system</td>
</tr>
</tbody>
</table>
# Physician Title Abbreviations

<table>
<thead>
<tr>
<th>Designation</th>
<th>What It Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.D.</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>D.O.</td>
<td>Doctor of Osteopathic Medicine</td>
</tr>
<tr>
<td>D.C.</td>
<td>Doctor of Chiropractic</td>
</tr>
<tr>
<td>N.P.</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>P.A.</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>D.P.M.</td>
<td>Doctor of Podiatric Medicine</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Abbreviation:</td>
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<tr>
<td>-----------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Abdomen/abdominal</td>
<td>ABD</td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>AAA</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td></td>
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<tr>
<td>Anemia</td>
<td></td>
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<tr>
<td>Aneurysm</td>
<td></td>
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<tr>
<td>Bells Palsy</td>
<td></td>
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<tr>
<td>Bruit</td>
<td></td>
</tr>
<tr>
<td>Calcification</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>CA</td>
</tr>
<tr>
<td>Carotid Artery</td>
<td></td>
</tr>
<tr>
<td>Carotid Artery Stenosis</td>
<td>CAS</td>
</tr>
<tr>
<td>Cerebrovascular Accident</td>
<td>CVA</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>CKD</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Abbreviation</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>Claudication</td>
<td></td>
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<tr>
<td>Deep vein thrombosis</td>
<td>DVT</td>
</tr>
<tr>
<td>Degenerative disc disease</td>
<td>DDD</td>
</tr>
<tr>
<td>Degenerative joint disease</td>
<td>DJD</td>
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<tr>
<td>Dementia</td>
<td></td>
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<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>DZ</td>
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<tr>
<td>Diverticulitis</td>
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<tr>
<td>Diverticulosis</td>
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<tr>
<td>Dysphagia</td>
<td></td>
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<tr>
<td>Edema</td>
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<tr>
<td>Endometriosis</td>
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<tr>
<td>Endometritis</td>
<td></td>
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<tr>
<td>Epigastic Pain</td>
<td></td>
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<tr>
<td>Diagnosis:</td>
<td>Abbreviation:</td>
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<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Epilepsy</td>
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<tr>
<td>Gastroenteritis</td>
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<tr>
<td>GastroEsophageal Reflux Disease</td>
<td>GERD</td>
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<tr>
<td>Goiter</td>
<td></td>
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<tr>
<td>Headache(s)</td>
<td>H/A</td>
</tr>
<tr>
<td>Hematuria</td>
<td></td>
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<tr>
<td>Hemorrhoids</td>
<td></td>
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<tr>
<td>Hepatitis</td>
<td></td>
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<tr>
<td>Herniated disc</td>
<td>HNP</td>
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<tr>
<td>Hydronephrosis</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Hypotension</td>
<td></td>
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<tr>
<td>Insufficiency</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Abbreviation</td>
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<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Last Menstrual Cycle</td>
<td>LMP</td>
</tr>
<tr>
<td>Left Lower Quadrant</td>
<td>LLQ</td>
</tr>
<tr>
<td>Left Upper Quadrant</td>
<td>LUQ</td>
</tr>
<tr>
<td>Lethargic</td>
<td></td>
</tr>
<tr>
<td>Elevated Liver function test</td>
<td>LFT's</td>
</tr>
<tr>
<td>Lower back pain</td>
<td>LBP</td>
</tr>
<tr>
<td>Mastalgia</td>
<td></td>
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<tr>
<td>Menorrhagia</td>
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<tr>
<td>Menouria</td>
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<tr>
<td>Metastasis</td>
<td></td>
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<tr>
<td>Metastasize</td>
<td></td>
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<tr>
<td>Motor vehicle accident</td>
<td>MVA</td>
</tr>
<tr>
<td>Nausea &amp; Vomiting</td>
<td>N/V</td>
</tr>
<tr>
<td>Nephrolithiasis</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Abbreviation</td>
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<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Neuropathy</td>
<td></td>
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<tr>
<td>Occult blood</td>
<td></td>
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<tr>
<td>Pain</td>
<td>PN</td>
</tr>
<tr>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td>Paresthesias</td>
<td></td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td></td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>PVD</td>
</tr>
<tr>
<td>Pituitary gland</td>
<td></td>
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<tr>
<td>Pneumonia</td>
<td></td>
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<tr>
<td>Polyps</td>
<td></td>
</tr>
<tr>
<td>Proteinuria</td>
<td></td>
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<tr>
<td>Radiculitis</td>
<td></td>
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<tr>
<td>Radiculopathy</td>
<td></td>
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<tr>
<td>Reflux</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Abbreviation</td>
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<tr>
<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Renal</td>
<td></td>
</tr>
<tr>
<td>Renal Artery Stenosis</td>
<td>RAS</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>R/A</td>
</tr>
<tr>
<td>Right Lower Quadrant</td>
<td>RLQ</td>
</tr>
<tr>
<td>Right Upper Quadrant</td>
<td>RUQ</td>
</tr>
<tr>
<td>Rotator cuff</td>
<td></td>
</tr>
<tr>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td>Stenosis</td>
<td></td>
</tr>
<tr>
<td>Temporomandibular joint</td>
<td>TMJ</td>
</tr>
<tr>
<td>Thrombosis</td>
<td></td>
</tr>
<tr>
<td>Transient ischaemic attack</td>
<td>TIA</td>
</tr>
<tr>
<td>With or w/</td>
<td>C</td>
</tr>
<tr>
<td>With out or wo/</td>
<td>S</td>
</tr>
</tbody>
</table>
## MOST COMMON ERRORS ON ORDERS

<table>
<thead>
<tr>
<th>BIOPSY</th>
<th><strong>BREAST BX:</strong> Order needs to state “mammo if needed” as well as “ultrasound guided bx or stereo bx (w/specified breast). Needs to specify breast in either the exam section or the diagnosis section</th>
</tr>
</thead>
</table>
| **CT**          | **DX: AAA or PE:** Order should be for CTA Abd w/DX AAA or CTA Chest w/DX PE  
|                 | **BONES/EXTREMITIES:** Needs to state “W/3D reconstructions”  
|                 | **NECK vs CSP:** Needs to be CT Neck for DX Mass and CT Csp for DX Pain |
| **DOPPLERS**    | **DOPPLER vs US:** Needs to state “DOPPLER” NOT “ultrasound.”  
|                 | It’s ok if both US and Doppler are on the order, as long as Doppler is there  
|                 | **UPPER/LOWER EXT:** Needs to state “arterial” or “venous”  
|                 | **SCROTAL/TESTICULAR:** Order needs to state “US” & “DOPPLER”  
|                 | **RENAL ARTERY US:** Needs to say “Doppler” |
| **MAMMO**       | **SCREENS:** DX cannot be “Breast CA”, if patient has HX of Breast CA “HX of” needs to be on order.  
|                 | **DIAGNOSTIC:** Cannot state “screening” with a DX of lump, mass, ect. |
| **MRI**         | **BREAST:** Cannot state only one breast, must be bilateral or just “MRI Breast”  
|                 | **BACK/SPINE:** Needs to specify Lsp, Tsp, or Csp in the exam title or in the diagnosis, cannot just say “MRI Back for back pain”  
|                 | **MRCP:** Needs to state “MRI Abd w/reconstructions (MRCP)”  
|                 | **MRA BLE:** Cannot state only one leg, needs to either say “bilat” or just “MRA Lower Extremities”  
|                 | **NECK vs CSP:** Needs to be MRI Neck for DX Mass and MRI Csp for DX Pain |
| **ULTRASOUND**  | **RUQ US:** Must state what part of abdomen. Cannot just state a location  
|                 | **OB:** If patient is pregnant then acceptable order can be “US OB” or “US Pelvis” with DX “possible pregnancy” or “possible miscarriage”  
|                 | **DX AAA:** Order should be for “Aorta US”, rather than “Abd US” |
POLICIES AND PROCEDURES

FOR

WOMEN OF CHILDBEARING AGE: TWENTY-EIGHT (28) DAY RULE

To protect women of childbearing age from potential radiation to an unknown pregnancy, and to comply with ACR and NRC recommendations, the following procedures have been established. This MUST BE addressed prior to X-Rays being ordered on any female of childbearing age.

TWENTY-EIGHT DAY RULE DEFINED:

Prior to scheduling of procedures involving radioactive pharmaceuticals or external radiation to the abdomen or pelvic area, the technologist will enforce the “28-Day Rule.” The patient is to be within the first twenty-eight days following the beginning of her last menstrual period.

If a sexually active female (menstruating) falls outside the “28-Day Rule,” a serum pregnancy test will be ordered and negative results documented before scheduling or performing the procedures unless and emergency has been determined by an attending physician. The pregnancy test is ordered by the patient’s referring physician with a copy to the radiologist.

Exceptions to the “28-Day Rule”: are sexually active women who have had tubal ligation, hysterectomy, are on contraceptive pill, implanted or injected contraceptive device or an IUD device, or injected hormonal manipulation for the past three months.

If the patient and/or the referring physician refuse the pregnancy test, the procedure will be scheduled after the time of her next normal cycle within 28 days of the beginning of the last cycle.

X-ray examinations of abdomen and pelvis exposing the uterus to radiation are:

- Abdomen (KUB)
- Stomach (UGI)
- Small Intestining
- Colon (Barium Enema)
- Gallbladder
- All Nuclear Medicine Studies
- All CT Exams
- Hips, Sacrum, Coccyx
- PET Scans
- IVP & Retrograde
- Cystograms
- Lumbar Spine & Pelvis
- Hysterosalpingograms

The attending physician has the authority to insist exams be performed if it is a medical necessity.
DID YOU KNOW???

Radiology Associates Toll Free Phone# - 877-626-8678

General Correspondence and Billing Address: Business Office Physical Address:
PO Box 5608 4444 Corona Drive, Suite 200
Corpus Christi, TX 78465-5608 Corpus Christi, TX 78411

Patient Payment Address:
P.O. Box 6010
Corpus Christi, TX 78466-6010

Authorization is **NOT REQUIRED** for:
All Mammograms (Screening & Diagnostic)
All Fluoroscopy (BE, UGI, IVP, etc.)
Ultrasounds
X-rays

Medicaid is accepted at ALL FIVE Radiology Associates locations

**Medicare Non-Covered MRA’s**

MRA Cardiac

**Medicaid Non-Covered MRA’s**

MRA Cardiac

Radiology Associates cannot accept a patient with orders from an ER doctor or any doctor from a hospital UNLESS they are already under the care of a PCP.

Radiology Associates cannot accept Government Insurance patients (Medicare/Medicaid) during extended hours.
Radiology Associates, LLP
“EXPRESS”

FAX REFERRAL FORM
Fax to: 561-3107

Date: ______________________
Patient: ______________________

DOB: ______________________  Soc. Sec. #: ______________________
Pt. phone no.: ______________________  Alt. phone no: ______________________

Examinations Requested:

________________________________________
________________________________________
________________________________________

Related Signs and Symptoms:

________________________________________
________________________________________
________________________________________

Date Lab Serum Creatinine: ______________________  Bun (if avail): ______________________

Referring physician: ______________________

cc to other physician: ______________________

cc to other physician: ______________________

“Express” form NOT for same day/STAT or P.E.T. Exams
To schedule please call 887-7000

Confirmation of appointment will be faxed to you.
For any questions please call 887-7000
Patient: ___________________________ D.O.B: ______________________

Date: ___________________________ Appointment Date/Time Preferred: ______________________

Patient Phone Number (optional): __________________________________________________________

Examinations Requested:

-------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------

Related Signs and Symptoms: ______________________________________________________________

-------------------------------------------------------------------------------------------

Recent Exams Elsewhere? Yes □ No □ If so, where: __________________________________________

LMP(Date): ___________________________ Patient Height: ___________________________ Weight: ____________

Current Lab Results: BUN: ___________________________ Creatinine: ___________________________ Date: ____________

☐ Order Creatinine (On site testing now available)

Is Patient diabetic? Yes □ No □ If so, on Glucophage? Yes □ No □

Report Urgency

Regular Mail □ Regular Fax □ Stat Fax □ Stat Call Report □

Referring physician signature: ____________________________________________________________

Office phone number: ___________________________ Office fax number: ____________________________

cc to other physician: ________________________________________________________________

All patients should confirm pre-scheduled appointments 24 hours in advance by calling 887-7000.

Payment is due at time of service. Any necessary payment arrangements must be made prior to the appointment.

SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS ON PREPARING FOR YOUR EXAM.

Most insurance plans accepted.

TAX I.D. #74-1087689
Exam Preparation Instructions

P.E.T. (Positron Emission Tomography)

Digital Mammogram
DAY OF EXAM: Do not use antiperspirant or deodorant prior to exam.

Intravenous Pyelogram (IVP)
DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)

Barium Enema Examination (Colon)
1. DAY BEFORE EXAM: Clear liquids at noon and supper meals. Eat no solid food.
   Drink six 8-ounce glasses of water between 1:00 pm and 9:00 pm.
   At 5:00 pm drink one bottle of Citrate of Magnesia (10 ounces).
   At 8:00 pm take two Biscodyl (Dulcolax) pills.
2. DAY OF EXAM: Insert one Biscodyl (Dulcolax) rectal suppository upon arising.
   No solid food. May have coffee, water or juice until 1 hour prior to exam.

Upper GI Series (Stomach)
DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)

Ultrasound
ABD, GB, PANCREAS, LIVER, or AORTA—EVENING BEFORE EXAM: Nothing to eat or drink after 10:00 pm.
KIDNEY: (Renal) - Do not empty bladder 1½ hours (90 minutes) before exam.
PELVIS AND OBSTETRICAL:
1. Pelvis—under 18 years of age: 1 HOUR BEFORE EXAM drink 32 oz. of water. Do not empty bladder.
   Otherwise no special instructions.
2. OB—no instructions.
VASCULAR ULTRASOUND: 1 HOUR BEFORE EXAM, No smoking or exercise.

CT Exam (Please bring any previous CT films if available)
Most CT Abdomen and CT Pelvis exams will require patient to drink an oral contrast solution*
CT ABDOMEN ONLY
   Arrive 1 hour before exam to drink oral contrast*
   Nothing to eat or drink 4 hours prior to exam.
CT PELVIS ONLY
   Nothing to eat or drink 4 hours prior to exam.
   Arrive 2 hours before exam to drink oral contrast*
CT ABDOMEN AND CT PELVIS
   Nothing to eat or drink 4 hours prior to exam.
   Arrive 2 hours before exam to drink oral contrast*

*NOTE: You may pick up contrast from our office the day before your exam and drink at home. Our oral contrast is sugar-free.
Diabetic patients may drink some juice if necessary 1 hour before drinking oral contrast.

OTHER CT EXAMS NO SPECIAL INSTRUCTIONS

Nuclear Medicine Exam

123I THYROID SCAN / UPTAKE:
1. FOR 6 WEEKS BEFORE EXAM: No intravenous radiographic contrast.
2. FOR 6 WEEKS BEFORE EXAM: No Synthroid.
3. FOR 6 WEEKS BEFORE EXAM: No Iodine containing vitamins or diet supplement.
4. FOR 2 WEEKS BEFORE EXAM: No thyroid medications (desiccated thyroid, PTU). Synthroid 6 weeks.
HEPATOBILARY SCAN: No food or drink ON DAY OF EXAM.
Bone and other scans: NO SPECIAL INSTRUCTIONS.

MRI / MRA Exams
If you are not contacted by our MRI Department by 2:00 pm THE DAY PRIOR to your appointment, please call 887-7000 for instructions.

DXA
Patient MUST hold all calcium supplements 48 hours prior to exam.
Exam Preparation Instructions

PET. (Positron Emission Tomography)
Please call 887-7000. Ask for PET. scheduler for instructions.

Reviewed with Patent

Digital Mammogram

Reviewed with Patent

DAY OF EXAM: Do not use antiperspirant or deodorant prior to exam.

Reviewed with Patent

Intravenous Pyelogram (IVP)
DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)

Reviewed with Patent

Barium Enema Examination (Colon)
1. DAY BEFORE EXAM: Clear liquids at noon and supper meals. Eat no solid food.
   Drink six 8-ounce glasses of water between 1:00pm and 9:00pm.
   At 5:00pm drink one bottle of Citrate of Magnesia (10 ounces).
   At 8:00pm take two Bisacodyl (Dulcolax) pills.
2. DAY OF EXAM: Insert one Bisacodyl (Dulcolax) rectal suppository upon arising.
   No solid food. May have coffee, water or juice until 1 hour prior to exam.

Reviewed with Patent

Upper GI Series (Stomach)
DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)

Reviewed with Patent

Ultrasound

ABD, GB, PANCREAS, LIVER, or AORTA—EVENING BEFORE EXAM: Nothing to eat or drink after 10:00pm.
KIDNEY (Renal) - Do not empty bladder 1 1/2 hours (90 minutes) before exam.
PELVIS AND OBSTETRICAL:
1. Pubes—under 18 years of age: 1 HOUR BEFORE EXAM drink 32 oz. of water. Do not empty bladder.
2. OB—no instructions.
VASCULAR ULTRASOUND: 1 HOUR BEFORE EXAM. No smoking or exercise.

Reviewed with Patent

CT Exam (Please bring any previous CT films if available)

Most CT Abdomen and CT Pelvis exams will require patient to drink an oral contrast solution.

CT ABDOMEN ONLY
Arrive 1 hour before exam to drink oral contrast.
Nothing to eat or drink 4 hours prior to exam.

CT FELVIS ONLY
Nothing to eat or drink 4 hours prior to exam.
Arrive 2 hours before exam to drink oral contrast.

CT ABDOMEN AND CT FELVIS
Nothing to eat or drink 4 hours prior to exam.
Arrive 2 hours before exam to drink oral contrast.

NOTE: You may pick up contrast from our office the day before your exam and drink at home. Our oral contrast is sugar-free.

Diabetic patients may drink some juice if necessary 1 hour before drinking oral contrast.

Reviewed with Patent

OTHER CT EXAMS NO SPECIAL INSTRUCTIONS

Nuclear Medicine Exam

[123]THYROID SCAN / UPTAKE:
1. FOR 6 WEEKS BEFORE EXAM No intravenous radiographic contrast.
2. FOR 6 WEEKS BEFORE EXAM No Synthroid.
3. FOR 6 WEEKS BEFORE EXAM No Iodine containing vitamins or diet supplement.
4. FOR 2 WEEKS BEFORE EXAM No thyroid medications (desiccated thyroid, PTU, Synthroid) 6 weeks.
HEPATOMBILARY SCAN: No food or drink ON DAY OF EXAM.
Bone and other scans NO SPECIAL INSTRUCTIONS.

Reviewed with Patent

MRI / MRA Exams

If you are not contacted by our MRI Department by 2:00pm THE DAY PRIOR to your appointment, please call 887-7000 for instructions.

Reviewed with Patent

DXA

Patient MUST hold all calcium supplements 48 hours prior to exam.

Reviewed with Patent

Radiology Associates

PO Box 5608 Corpus Christi, Texas 78465

Scan the Qr code with your Smart Phone or visit www.radiologydocs.com
**Memo**

**Date:** July 1, 2009  
**To:** Radiologists, Schedulers, Facility Managers and Technologists  
**From:** Ellis Keitt  
**Subject:** Age Limits on Pediatric Patients

This memo is being issued as an update to the standards established by the Partnership for examinations involving pediatric patients. These guidelines were published in the minutes from the June 18, 2009 partnership meeting.

Please make this memo a part of your scheduling and examination procedure manuals.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Age Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barium Enemas and IVP/Cystos</td>
<td>16 and older</td>
</tr>
<tr>
<td>UGI</td>
<td>7 and older – RALLP will not administer any sedation to minors</td>
</tr>
<tr>
<td>CT and MR</td>
<td>7 and older - RALLP will not administer any sedation to minors (Care Dose to be used on all minors &lt;18 for CT)</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>No new born imaging and RA will not do US of RLQ to evaluate for appy</td>
</tr>
<tr>
<td>Plain Films</td>
<td>No age limit</td>
</tr>
<tr>
<td>Nuclear Medicine/PET</td>
<td>No age limit (RA will not do pediatric NM VCUG studies)</td>
</tr>
</tbody>
</table>

**Note:** NM/CT/MR tech will have IV started outside the office if there is likely to be an access problem; no IV sedation patients to be done ever!

If you have any questions, please call for clarification.
Helpful Information for Chiropractors
For Appointments – 887-7000

Radiology Associates is a group of sixteen Board Certified Radiologists with musculoskeletal, neuroradiology and ultrasound specialty training. We Provide a full range of outpatient imaging services. In addition, we also provide:

- Same day/next day availability for most scheduled exams.
- Same day reporting - direct fax of results to referrers, or call reports, upon request.
- Images/reports delivered to referrers’ offices, upon request.
- Extensive patients’ film library on-line, plus film pickup within the City for comparisons.
- Computerized data systems for online scheduling, film tracking, office reports, mammogram follow-up (tracking), electronic billing and extensive patient exam histories.

We accept the following health plans:

- Aetna/US Healthcare
- BCBS Plans
- Driscoll Children’s Health Program (DCHP-CHIP)
- Christus Spohn Health Network
  - Beechstreet
  - Affiliated HealthCare
  - Pro-Net
- CIGNA
- Coastal Bend Healthcare Solutions
  - Accountable Health Plans
  - Blue Bell Creameries
  - Evolutions Healthcare Systems
  - First Health (CCN One Source)
  - Galaxy Health Network
  - Humana-Military/TRICARE
  - Private Healthcare Systems (PHCS)
  - Southwest Medical Provider
  - Texas True Choice (Formerly Ethix)
  - USC Health Services
- Humana/Employers Health/Humana Gold Plus (ChoiceCare)
- Medicaid
- Medicare
- Texas Workers’ Compensation
- United Healthcare (HMO,PPO,POS)

Comments:

- Humana Gold will NOT pay for ANY imaging services ordered by a Chiropractor unless an order is received from a Medical Doctor, otherwise the patient would be “self-pay”.
- Medicare & Medicaid will NOT pay for ANY imaging services ordered by a Chiropractor unless an order is received from a Medical Doctor, otherwise the patient would be “self-pay”.
- Radiology Associates requires a Chiropractor to have a M.D./D.O. sign off on a referral order for an Arthogram or Mylogram.
- At present, our insurance department does not accept P.I.P. or L.O.P.
- Treating Provider must be on referral for Workman’s Comp cases.

Visit our website at: www.xraydocs.com

Handouts/Chiro Info/Market/kpt (Rev – 1-11-08)
Review Toolbar

The review toolbar contains tools that you can use to investigate and manipulate images in the image viewer.

NOTE: The review toolbar is configurable by the System Administrator. As a result, it may not contain the identical groupings or sequence of buttons as shown in this section.

All-In-One Tool

| ![All-In-One Tool Icon](image) | Enables the all-in-one tool. |

Window Options

| ![Window Options Icon](image) | Enables you to manually adjust the window width can be wide (many grays, less contrast) or narrow (fewer grays, more contrast). The window level can be high (dark) or low (bright). |
| ![Window Level Icon](image) | Applies optimum window width and level values based on a histogram analysis of the active image. |
| ![Invert Image Icon](image) | Inverts the image grayscale to provide a negative image display. Click the button again to return to the original setting. For MG images, this feature only inverts the breast tissue; the background remains black. |
**Zoom**

<table>
<thead>
<tr>
<th>![Zoom Icon]</th>
<th>Zooms the selected image. In the viewport, click the left mouse button and move the pointer up to zoom in and move the pointer down to zoom out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Magnify Icon]</td>
<td>Magnifies an area of an image. Only the image is magnified; overlay text, annotations, and so forth, do not appear in the magnified area. You can move the magnification box to different locations within the viewport. Left-click within the magnification area to dismiss the window. To change the magnification level, you can either disable to tool and select a different magnification factor or scroll the mouse wheel while in the magnifier.</td>
</tr>
</tbody>
</table>

**Pan**

| ![Pan Icon] | Repositions the image within the viewport. |

**Lines**

| ![Ortho Line Icon] | Ortho line. Click two points on the image to create a line. The application displays the distance. |
| ![Transischial Icon] | Transischial. The tool is used to measure leg length discrepancies for pre-operative planning of orthopedic surgeries. Click two points on the image to create a reference line. Click two more points on either side of the reference line to measure the distance between those points and the reference line. The application displays the distance between the two points and the reference line and calculates the discrepancy between the two distances. |
### Angles

<table>
<thead>
<tr>
<th><img src="image" alt="Angle" /></th>
<th>Angle. Click three points on the image. The application displays the angle’s measurement.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Cobb Angle" /></td>
<td>Cobb angle. Click two points on the image to create a line. Click two more points to create the second line. The application extrapolates the point where the two lines intersect and displays the Cobb Angle.</td>
</tr>
</tbody>
</table>

### Text

<table>
<thead>
<tr>
<th><img src="image" alt="Add Text" /></th>
<th>Add text. Click the image where you want the text to appear. The application places a text insertion point on the image. Type the text you want to place on the image. Click outside of the text box or press ENTER to complete the function.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Edit Text" /></td>
<td>Edit text. Click the text and edit as desired. Click outside of the text box or press ENTER to complete the function.</td>
</tr>
</tbody>
</table>

### Annotation Shapes

<table>
<thead>
<tr>
<th><img src="image" alt="Annotation Rectangle" /></th>
<th>Annotation rectangle. Click and drag the mouse pointer to draw a rectangle over the desired region. When you release the mouse button, the application displays the ROI measurements.*</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Annotation Ellipse" /></td>
<td>Annotation ellipse. Click and drag the mouse pointer to draw an ellipse over the desired region. When you release the mouse button, the application displays the ROI measurements.*</td>
</tr>
<tr>
<td><img src="image" alt="Annotation ROI" /></td>
<td>Annotation ROI. Click and drag the mouse pointer to draw a freehand region of interest (ROI). When you release the mouse button, the application completes the ROI with a straight line between the start and end points. The application displays the ROI measurements.*</td>
</tr>
</tbody>
</table>
* For each ROI drawn, the following measurements are displayed: Max (maximum pixel value), Mean (average pixel value) and Min (minimum pixel value). For CT images, the pixel measurements are automatically converted to Hounsfield units.

Annotation Options

Annotation options enable you to place the following annotations on the images:

- Measurement annotations (such as line, rectangle, ellipse, ROI, angle and cobb angle). All measurements are displayed in metric units.
- Text annotations (such as labels and notes).

The following table describes all of the available annotation tools:

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="edit_ann.png" alt="Edit Annotation" /></td>
<td>Edit annotation. When selected, enables you to modify a selected annotation in the image viewer.</td>
</tr>
<tr>
<td><img src="delete_ann.png" alt="Delete Annotation" /></td>
<td>Delete annotation. When selected, deletes a selected annotation in the image viewer.</td>
</tr>
<tr>
<td><img src="delete_all_ann.png" alt="Delete All Annotations" /></td>
<td>Delete all annotations. When selected, deletes all annotations in the image viewer.</td>
</tr>
</tbody>
</table>
## Cine and Stack

| ![Cine Icon] | Cine. You can animate any active series using the Cine feature. Cine controls provide standard navigation commands that allow you to stop, pause and move forward or backward through the cine. You can also adjust the speed of the cine and use the zoom, pan and window settings while in cine mode. |
| ![Stack Icon] | Produces a stack of all images in the study within a single viewport. Use the scroll bars to scroll through the images that constitute the stack. An indicator appears in the viewport to identify that the images are stacked. |

## Toggle Text

| ![Text Icon] | Toggles the text. Click once to hide the text and again to restore the text. |

## Localizer Line

| ![Localizer Icon] | Localizer line. These lines enable you to compare images of different planes. The application takes one reference image, compares it with the images in the other viewers, then displays a line (if applicable) that shows where the reference image intersects with the other images. |
### Link Options

| ![Link All](link_all.png) | Link all.  
| ![Link All Offset](link_all_offset.png) | Link all offset.  
| ![Link Cancel](link_cancel.png) | Link cancel.  
| ![Link Selected](link_selected.png) | Link selected.  
| ![Link Selected Offset](link_selected_offset.png) | Link selected offset. See  

### Image Orientation

| ![Flip Horizontal](flip_horizontal.png) | Flips the image on the horizontal axis.  
| ![Flip Vertical](flip_vertical.png) | Flips the image on the vertical axis.  

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotates the image</td>
<td>Rotates the image clockwise or counter-clockwise in 90 degree increments.</td>
</tr>
<tr>
<td>Print</td>
<td>Prints the selected patient image to a printer connected to your local workstation. If you are connected to a network, you can print to a network printer. The application’s print function is dependent on the Web browser that you are using. Hardcopy printouts can vary between different Web browsers.</td>
</tr>
<tr>
<td>Save</td>
<td>Saves the series.</td>
</tr>
<tr>
<td></td>
<td>Saves the selected annotated image.</td>
</tr>
<tr>
<td>Reset and Full-Browser Mode</td>
<td>Resets the image display parameters (such as window settings, zoom, pan, orientation and grayscale inversion) to the last saved settings or, if you have not saved the settings during the current session, to the settings applied when the study was first loaded. When you reset the image display parameters, depending on the scope set for the viewer, the application resets the current image or all the images in the series.</td>
</tr>
<tr>
<td></td>
<td>Full Browser mode creates space by hiding the top portion of the application user interface.</td>
</tr>
</tbody>
</table>
Series Viewer Options

For modalities other than PR and KO, series scope is set by default.

The viewer window allows you to display one, two, four, or six viewers. Each viewer displays a series which you load from the Series Thumbnails panel. When you use multiple viewers, you can perform side-by-side comparison of the same or different series, from the same or different studies for the same patient.

NOTE: When you first load a study, the application displays the number of viewers defined in the modality presets. For information on defining the modality presets, refer to the iConnect Access Administrator's Guide.

When you change the number of viewers from a larger to a smaller number, the application only displays the images from the active viewer (see example below). When you change the number of viewers from a smaller to a larger number for example, from two to four viewers), the application preserves the images.
The application saves the last viewer settings and displays the same number of viewers the next time you load a study into the viewer window.

External Application Launch

| ![Launch Icon] | Launches an external application. |

Series Scope Options

Scope is the range of displayed images to which the application applies your changes to any review parameters (such as window settings, zoom, pan, orientation and grayscale inversion). There are two scope settings: Image and Series. When you apply a scope, the setting applies to all viewers during a review session.

NOTE: For PR and KO modalities or if the viewer has global stack on, the default scope is set to image scope. Otherwise, the scope setting is set to Series. If both scope options are configured on the toolbar, the system highlights the option that is applied.

When you first load a study, the viewer displays the images using the last saved presentation state (in other words, the images do not share the same image settings). For example, if you had previously set your scope setting to Image and saved your review parameters, when you reload the study, the viewer displays your images as they were last saved. If you do not change the
scope setting back to Image, when you apply any changes to the review parameters, the application applies those changes to every image in the series.

NOTE: If the application detects different pixel spacing between images in a series, the viewer displays a warning message immediately. After you dismiss the warning message, the application only applies zoom and pan settings to the current image to prevent inaccurate measurements. For example, if your scope setting is Series, and the images have different pixel spacing values, the application applies review changes to all images in the series except for zoom and pan changes. The application only applies those changes to the image on which you are currently reviewing.

CAUTION: If you change your scope setting from Image to Series during a review session, the application applies any review parameters on any image to all the images in the series.
Your scope setting applies to all the series that belong to the same study including the studies in the Related Studies List.

<table>
<thead>
<tr>
<th></th>
<th>Applies review parameters to all images in a series.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Applies review parameters to the current image.</td>
</tr>
</tbody>
</table>

Image Layout Options

For PR and KO modalities, image scope is set by default.

The image layout specifies the number of rows and columns in which the images are displayed within a viewer. Each image area within a viewer is referred to as a viewport. For example, if you select a 2x2 layout, there are four viewports in the viewer.
The following example shows four viewers, each with a different layout. The application displays the active viewer bordered by an orange bounding box. Active viewports within each viewer are bordered by a light orange bounding box.

Series Navigation Options

<table>
<thead>
<tr>
<th></th>
<th>Enables you to navigate to the next or previous series.</th>
</tr>
</thead>
</table>

Email Study

<table>
<thead>
<tr>
<th></th>
<th>Enables you to send a study to non-registered users via email.</th>
</tr>
</thead>
</table>

Transfer Study

<p>| | Opens the Transfer dialog. |</p>
<table>
<thead>
<tr>
<th>Consultation Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Folder Icon]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>![User Icon]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Online Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Question Mark Icon]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Close Icon]</td>
</tr>
</tbody>
</table>
Patient Name: ________________________________

Diagnosis/Related Signs/Symptoms: ___________________________________________________________

Examination Requested: ____________________________________________________________________

---

**Portland Imaging Center**
1776 Billy G. Webb Dr.

- Large-Bore MRI, MR Angio
  - Monday – Friday 8:00AM – 5:00PM
- CT/CTA Scanning, Ultrasound, Women’s Imaging: DXA Scan, Digital Mammography
  - Monday – Friday 8:00AM – 5:00PM
- Diagnostic Radiology/X-Ray
  - Monday – Friday 8:00AM – 5:00PM

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**Medical Tower Office**
1521 S. Staples

- Suite 301 - CT/CTA Scanning, Fluoroscopy, Diagnostic Radiology/X-Ray
  - Monday – Friday 8:00 AM – 5:00 PM
- Suite 304 - Ultrasound, Women’s Imaging: DXA Scan, Digital Mammography, Non-Surgical Breast Biopsy
  - Monday – Friday 8:00 AM – 5:00 PM
- Suite 104 - Large-Bore MRI, MR Angio, MR Spectroscopy
  - Friday 7:30 AM – 5:00 PM
- Suite 304 - Ultrasound, Women’s Imaging: DXA Scan, Digital Mammography, Non-Surgical Breast Biopsy
  - Friday 7:30 AM – 5:00 PM
- Saturday (X-Ray & MRI) 8:00 AM – 12:00 PM

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**Northwest Imaging Center**
3929 River East Drive

- MRI, MR Angio
  - Monday – Thursday 7:00AM – 7:00PM
  - Friday 7:00AM – 5:00PM
  - Saturday 8:00AM – 12:00PM
- CT/CTA Scanning, Digital Mammography
  - Monday – Friday 8:00AM – 5:00PM
- Diagnostic Radiology/X-Ray
  - Monday – Thursday 8:00AM – 5:30PM
  - Friday 8:00AM – 5:00PM
  - Saturday 8:00AM – 12:00PM
- Ultrasound
  - Monday – Thursday 7:00AM – 5:00PM
  - Friday 8:00AM – 5:00PM

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**Alice Imaging Center**
2000 Dr. N.W. Atkinson Blvd, Suite 801

- Ultrasound, Diagnostic Radiology/ X-ray, Digital Mammography
  - Monday – Friday 8:00AM – 5:00PM
  - Closed for lunch 12:00PM – 1:00PM

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**Southside Imaging Center**
5742 Spohn Drive

- Ultrasound, Nuclear Medicine, Women’s Imaging: DXA, Digital Mammography, Non-Surgical Breast Biopsy
  - Monday – Friday 8:00AM – 5:00PM
- MRI, MR Angio, MR Spectroscopy, Diagnostic Radiology/X-Ray
  - Monday – Thursday 8:00AM – 6:00PM
  - Friday 8:00AM – 5:00PM
- CT/CTA Scanning
  - Monday – Friday 8:30AM – 5:00PM
- PET/CT Scan
  - Monday – Friday 7:30AM – 5:00PM

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Visit our Web Site for more information www.xraydocs.com
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Exam Preparation Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Digital Mammogram</strong></td>
<td>DAY OF EXAM: Do not use antiperspirant or deodorant prior to exam.</td>
</tr>
<tr>
<td><strong>Intravenous Pyelogram (IVP)</strong></td>
<td>1. DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)</td>
</tr>
<tr>
<td><strong>Barium Enema Examination (Colon)</strong></td>
<td>1. DAY BEFORE EXAM: Clear liquid at noon and supper meals. Eat no solid food. Drink six 8-ounce glasses of water between 1:00 pm and 9:00 pm. At 5:00 pm drink one bottle of Citrate of Magnesia (10ounces). At 8:00 pm take two Biscodyl (Dulcolax) pills. 2. DAY OF EXAM: Insert one Biscodyl (Dulcolax) rectal suppository upon arising. No solid food. May have coffee, water or juice until 1 hour prior to exam.</td>
</tr>
<tr>
<td><strong>Upper GI Series (Stomach)</strong></td>
<td>DAY BEFORE EXAM: Nothing to eat or drink after midnight. (Wait until after exam to take any daily medication.)</td>
</tr>
</tbody>
</table>
| **Ultrasound** | ABD, GB, PANCREAS, LIVER, or AORTA—EVENING BEFORE EXAM: Nothing to eat or drink after 10:00 pm. 
KIDNEY: (Renal) - Do not empty bladder 1 1/2 hours (90 minutes) before exam. 
PELVIS AND OBSTETRICAL: 1. Pelvis—under 18 years of age: 1 HOUR BEFORE EXAM drink 32 oz. of water. Do not empty bladder. Otherwise no special instructions. 
2. OB—no instructions. 
VASCULAR ULTRASOUND: 1 HOUR BEFORE EXAM, No smoking or exercise. |
| **CT Exam (Please bring any previous CT films if available)** | Most CT Abdomen and CT Pelvis exams will require patient to drink an oral contrast solution.* 
CT ABDOMEN ONLY 1. Arrive 1 hour before exam to drink oral contrast.* 2. Nothing to eat or drink 4 hours prior to exam. 
CT PELVIS ONLY 1. Nothing to eat or drink 4 hours prior to exam. 2. Arrive 2 hours before exam to drink oral contrast.* 
CT ABDOMEN AND PELVIS 1. Nothing to eat or drink 4 hours prior to exam. 2. Arrive 2 hours before exam to drink oral contrast.* |
| **Nuclear Medicine Exam** | **I****123**THYROID SCAN/UPTAKE: 1. FOR 6 WEEKS BEFORE EXAM: No intravenous radiographic contrast. No Synthroid, T4 medications, thyroid replacement medications, or desiccated thyroid. 2. FOR 4 WEEKS BEFORE EXAM: No iodine containing vitamins or diet supplements. 3. FOR 2 WEEKS BEFORE EXAM: No (short acting) thyroid medications (PTU) or T3 medications. 
HEPATOBILARY SCAN: No food, drink, or medication ON DAY OF EXAM. 
Bone, Parathyroid, Renal, MUGA, or Liver Scans: NO SPECIAL INSTRUCTIONS. 
All Other Scans: Nuclear Medicine tech will call patient to confirm preparation. |
| **MRI/MRA Exams** | If you are not contacted by our MRI Department by 2:00 pm THE DAY PRIOR to your appointment, please call 887-7000 for instructions. |
| **DXA** | Patient MUST hold all calcium supplements 48 hours prior to exam. |

Visit our Web Site for more information [www.xraydocs.com](http://www.xraydocs.com)