Indication	Protocol New Name-AK	Special Instructions	Enteric Contrast
AAA post-stent or open surgical repair	ABD CTA 3 PHASE (WO/ART/VEN), ABD/PE	L	None
			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Abdominal abscess (suspected or known)	ROUTINE ABD W, ROUTINE ABD/PEL W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
Abdominal aortic injury	ABD CTA 3 PHASE (WO/ART/VEN), ABD/PE		None
Abdominal distension	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Abdominal fluid collection	ROUTINE ABD W, ROUTINE ABD/PEL W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan. Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Abdominal free air	ROUTINE ABD W, ROUTINE ABD/PEL W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
		All lower abdominal pain	
		indications should have CT	
	_	abdomen AND pelvis. Do not	
Abdominal pain	ROUTINE ABD W, ROUTINE ABD/PEL W	perform a CT abdomen only	None unless otherwise indicated
		for lower abdominal pain	
		without approval from a	
		radiologist.	Administer 8 oz. (240 mL i.e., a cup)
			of water 15 mins prior to scan and
Acute pancreatitis	ROUTINE ABD W, ROUTINE ABD/PEL W		16 oz. (i.e., 2 cups) immediately
			prior to scan
Acute renal failure (not on permanent dialysis)	ABD WO, ABD/PEL WO		None unless otherwise indicated
Adrenal adenoma (ordered without IV)	ABD WO, ABD/PEL WO		None

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Adrenal adenoma initial evaluation	ADRENAL 3 PHASE	Call body CT reading room after the nonenhanced phase, since IV contrast may not be needed.	None
Adrenal mass initial evaluation	ADRENAL 3 PHASE	Call body CT reading room after the nonenhanced phase, since IV contrast may not be needed.	None
Adrenal nodule follow up	ABD WO, ABD/PEL WO		None
Adrenal nodule initial evaluation	ADRENAL 3 PHASE	Call body CT reading room after the nonenhanced phase, since IV contrast may not be needed.	None
Adrenal nodule or mass presurgical planning	ADRENAL 4 PHASE		None
Adrenal Pheochromocytoma (metastatic or follow up)	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Adrenal pheochromocytoma initial evaluation	ADRENAL 4 PHASE		None
Adrenocortical carcinoma surveillance and response evaluation	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Alcoholic Hepatitis	LIVER 4 PHASE		None unless otherwise indicated
Ampullary duct neoplasm	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Anastomotic leak after anorectal or colonic surgical intervention	ROUTINE PELVIS W		Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Angiodysplasia	ENTEROGRAPHY 2 PHASE (ART/VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Angiosarcoma	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Anti-glomerular basement membrane (anti-GBM) disease	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CT	-A	None

Aortic dissection	ABD CTA 2 PHASE DISSECTION (WO/ART), A	1	None
Aortic intramural hematoma	ABD CTA 2 PHASE DISSECTION (WO/ART), A	V	None
Aortic stenosis	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA		None
Aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Appendicitis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Arteriovenous Malformation (AVM) of any organ (first exam)	ABD CTA 3 PHASE (WO/ART/VEN), ABD/PEI		None
Autoimmune Hepatitis	LIVER 4 PHASE		None unless otherwise indicated
AV fistula formation for any reasons (e.g., following insertion or removal of	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
AVM of any organ (follow up)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Bariatric surgery (Post-operative)	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer 150 mL pre-mixed positive enteric contrast on the table, immediately prior to scan.
Behçet syndrome (BS)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Biliary adenocarcinoma (i.e., cholangiocarcinoma)	LIVER 4 PHASE		None unless otherwise indicated
Biliary adenoma (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Biliary adenoma (initial exam)	LIVER 4 PHASE		None unless otherwise indicated
Biliary dilitation of unkown cause	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Biliary Stricture	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Biloma	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Bladder Cancer	UROGRAM 3 PHASE		None
Bladder Fistula	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None

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Bladder Injury	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None
Bladder Leak	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None
Bladder Trauma	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None
Bleeding after recent surgery (first exam)	LIVER 3 PHASE (WO/ART/VEN)		None unless otherwise indicated
Bloating	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Bosniak renal cyst (2F, IIF, 3, III, 4, or IV)	RENAL 3 PHASE		None unless otherwise indicated
Bowel leak	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Bowel obstruction	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Bowel perforation	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.

Breast cancer	LIVER 3 PHASE (WO/ART/VEN)	Exams ordered as CT with IV contrast should ideally be changed to CT without/with IV contrst. If insurance will not provide pre-approval, do 2 phase (Art / Ven) liver, ideally on dual energy or spectral CT scanner.	None unless otherwise indicated
Bronchial carcinoid tumor of the lung	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Budd–Chiari syndrome	LIVER 4 PHASE		None unless otherwise indicated
Castleman disease	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Cholangiocarcinoma or Klatskin Tumor	LIVER 4 PHASE		None unless otherwise indicated
Cholecystitis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Choledochal cyst	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Choriocarcinoma	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Chronic anemia	ENTEROGRAPHY 2 PHASE (ART/VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Chronic liver disease (CLD)	LIVER 4 PHASE		None unless otherwise indicated
Chronic pancreatitis	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Chronic pancreatitis surgical planning	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Chronic periaortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	A .	None
Churg-Strauss syndrome	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	Α	None
Cirrhosis	LIVER 4 PHASE		None unless otherwise indicated

Cogan syndrome (CS)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Colitis	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Collecting system cancer	UROGRAM 3 PHASE	None
Colocutaneous Fistula	ROUTINE ABD W, ROUTINE ABD/PEL W	Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Colon cancer post ablation or embolization	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Colon cancer post ablation or embolization (first exam) (If requested)	LIVER 3 PHASE (WO/ART/VEN)	None unless otherwise indicated
Colon cancer surveillance, staging, and response evaluation	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless peritoneal disease (administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL
Colonic fistula (suspected or known)	ROUTINE PELVIS W	Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Colovaginal fistula	ROUTINE ABD W, ROUTINE ABD/PEL W	Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.

Colovesical fistula	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None
Complicated diverticulitis follow up	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 500 mL 2.5 hours prior to scan; Via G-tube >> 500 mL 2.5 hours prior to scan; Via J-tube >> 250 mL 2.5 hours prior to scan OR rectal contrast (If requested by ordering provider): Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Complicated renal cyst	RENAL 3 PHASE		None unless otherwise indicated
Congenital collecting system abnormality	UROGRAM 3 PHASE		None
Consult a radiologist for unclear indications	ROUTINE ABD/PEL W&WO	Confirm protocol with a radiologist	None unless otherwise indicated
Crohn's disease	ENTEROGRAPHY SINGLE PHASE (VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Crohn's disease with suspected or known fistula	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Cryoglobulinaemic vasculitis (CV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Cystic renal mass surveillance	RENAL 3 PHASE		None unless otherwise indicated
Cystitis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated

	T T	Administer pre-mixed positive
		enteric contrast as follow: Oral
		route >> 250 mL 60 min prior to
Desmoid tumor	ROUTINE ABD W, ROUTINE ABD/PEL W	scan and 250 mL 30 min prior to
Desiriola tarrior	ROOTINE ADD W, ROOTINE ADD/TEE W	scan; Via G-tube >> 500 mL 60 min
		prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
		None unless abscess or leak
		(administer pre-mixed positive
		enteric contrast as follow: Oral
		route >> 250 mL 2.5 hours prior to
		scan; Via G-tube >> 500 mL 2.5
		hours prior to scan; Via J-tube >>
		250 mL 2.5 hours prior to scan OR
Diverticulitis	ROUTINE ABD W, ROUTINE ABD/PEL W	Rectal contrast (If requested by
		ordering provider): Mix 100 mL
		Omnipaque® 350 (i.e. one bottle) in
		one gallon of water. Shake well and
		pour 1500-1800 mL into enema bag
		(discard any left over), then
		administer the mixture rectally per
		patient tolerance.)
		Administer 8 oz. (240 mL i.e., a cup)
Duodenal adenoma	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
	PANCKEAS 2 PHASE (ART) VEIV)	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Duodenal cancer (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	of water 15 mins prior to scan and
Duodenar cancer (ronow up)	ROOTINE ADD W, ROOTINE ADD/FEE W	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Duodenal mass	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
Buodenai mass	Tritteries 2 Thirds (Milly Very)	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Duodenal polyp or polyps	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
	Translation 2 1 1 more (min)	16 oz. (i.e., 2 cups) immediately
		prior to scan
DVT of large vessel or IVC	ABD CT VENOGRAM (CTV), ABD/PEL CT VEN	None

Ectopic Cushing	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Elevated liver function tests (LFTs)	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Endocarditis	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Enteritis	ENTEROGRAPHY SINGLE PHASE (VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Enterocutaneous Fistula (suspected or known)	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan. Administer pre-mixed positive
Enterovaginal Fistula	ROUTINE ABD W, ROUTINE ABD/PEL W	enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Eosinophilic granulomatosis with polyangiitis (EGPA)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Esophageal leak	CHEST ESOPHAGRAM	Administer 100 mL pre-mixed positive enteric contrast on the table, immediately prior to scan. If possible, the last sip should be swallowed at the time of the scan.
Esophageal perforation	CHEST ESOPHAGRAM	Administer 100 mL pre-mixed positive enteric contrast on the table, immediately prior to scan. If possible, the last sip should be swallowed at the time of the scan.

Familial adenomatous polyposis (FAP)	ENTEROGRAPHY SINGLE PHASE (VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Fatty Liver	LIVER 4 PHASE		None unless otherwise indicated
Fever	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Fibromuscular dysplasia	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	¢	None
Fluid collection	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Focal nodular hyperplasia - FNH (follow up)	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Fournier's gangrene	ROUTINE PELVIS W	Include groin and thighs	None unless otherwise indicated
Gallbladder cancer	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless peritoneal disease (administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.)
Gallbladder polyp	ROUTINE ABD W, ROUTINE ABD/PEL W		60 min prior to scan.) None unless peritoneal disease (administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.)
Gastrinoma	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan

Gastrointestinal stromal tumor (GIST)	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
GI Bleed - Emergent or Acute	GI BLEED 3 PHASE	Inpatient / ED only (not for outpatient)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table. In an emergency do NOT wait to administer Breeza.
GI Bleed - Nonemergent or chronic	ENTEROGRAPHY 2 PHASE (ART/VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Giant cell arteritis (GCA)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Glucagonoma	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Gluteal Abscess	ROUTINE PELVIS W		None unless otherwise indicated
Goodpasture syndrome	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Grade IV or V renal laceration (follow up)	UROGRAM 4 PHASE		None
Granulomatosis with polyangiitis (GPA)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Gynecologic cancer (cervical, endometrial, uterine, ovarian, or fallopian to	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
HCC post-treatment (e.g., chemoembolization, ablation, RFA)	LIVER 4 PHASE		None unless otherwise indicated
HCC screening	LIVER 4 PHASE		None unless otherwise indicated
HCC surveillance	LIVER 4 PHASE		None unless otherwise indicated
Hemangioendothelioma (follow up)	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Hemangioendothelioma (initial exam)	LIVER 4 PHASE		None unless otherwise indicated
Hemangioma (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Hemangioma (Initial exam)	LIVER 4 PHASE		None unless otherwise indicated

Hemangiopericytoma (follow up)	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Hemangiopericytoma (initial exam)	LIVER 4 PHASE		None unless otherwise indicated
Hematuria (gross, macrohematuria, microhematuria)	UROGRAM 3 PHASE		None
Hemorrhagic Angiomyolipoma (AML)	RENAL 3 PHASE		None unless otherwise indicated
Hemorrhagic pancreatitis (follow up)	PANCREAS 2 PHASE (ART/VEN)	For follow up without concern for vascular complications (i.e., to evaluate interval size changes): Routine Enhanced CT with positive oral contrast	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Hemorrhagic pancreatitis (initial exam)	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Henoch-Schönlein purpura	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Hepatic angiosarcoma (initial exam)	LIVER 4 PHASE		None unless otherwise indicated
Hepatic arterial infusion pump.	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Hepatic artery aneurysm	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA		None
Hepatic artery thrombus	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Hepatic sarcoidosis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Hepatic vein thrombosis in trauma or non-cancer patients	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Hepatitis	LIVER 4 PHASE		None unless otherwise indicated
Hepatoblastoma (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Hepatoblastoma (initial exam)	LIVER 4 PHASE		None unless otherwise indicated
Hernia evaluation (ordered with IV)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Hernia evaluation (ordered without IV)	ABD WO, ABD/PEL WO		None unless otherwise indicated
Hydronephrosis (initial exam)	UROGRAM 3 PHASE		None
Hypocomplementaemic urticarial vasculitis (HUV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
latrogenic external iliac artery pseudoaneurysm (e.g., following insertion	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
IgA Vasculitis (IgAV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Iliac compression or obstruction	ABD CT VENOGRAM (CTV), ABD/PEL CT VEN		None
Immune complex small vessel vasculitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Indeterminate renal mass (initial exam)	RENAL 3 PHASE		None unless otherwise indicated
Infection	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated

Infectious Aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Inflammatory abdominal aortic aneurysm (IAAA)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Inflammatory bowel disease (IBD)	ENTEROGRAPHY SINGLE PHASE (VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Inflammatory bowel disease (IBD) with suspected or known fistula	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Interstitial pancreatitis	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Intestinal arteriovenous malformations (AVMs)	ENTEROGRAPHY 2 PHASE (ART/VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Intestinal carcinoid	ENTEROGRAPHY 2 PHASE (ART/VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Intestinal hereditary hemorrhagic telangiectasia (HHT)	ENTEROGRAPHY 2 PHASE (ART/VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.

Intestinal neuroendocrine tumor (NET)	ENTEROGRAPHY 2 PHASE (ART/VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Intraductal papillary mucinous neoplasm (IPMN)	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Intussusception	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Irritable bowel syndrome (IBS)	ENTEROGRAPHY SINGLE PHASE (VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Islet cell tumor or insulinoma	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Isolated periaortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Jaundice	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Kawasaki disease (KD)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Leiomyosarcoma	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Liver carcinoid	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Liver fibrosis or hepatic fibrosis	LIVER 4 PHASE	None unless otherwise indicated
Liver Infarction in trauma or non-cancer patients	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Liver laceration or trauma	LIVER 3 PHASE (WO/ART/VEN)	None unless otherwise indicated
Liver lesion of unknown origin (initial exam)	LIVER 4 PHASE	None unless otherwise indicated
Liver mass found on routine CT or ultrasound	LIVER 4 PHASE	None unless otherwise indicated
Liver transplant evaluation	LIVER 4 PHASE	None unless otherwise indicated
Lupus vasculitis (SLE)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
LVAD pre-surgical evaluation (ordered as CTA)	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	None

LVAD pre-surgical evaluation (ordered with IV)	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
LVAD pre-surgical evaluation (ordered without IV)	ABD WO, ABD/PEL WO	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Lymphoma	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
May-Thurner Syndrome	ABD CT VENOGRAM (CTV), ABD/PEL CT VEN	None
Median arcuate ligament syndrome (MALS)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Medium Vessel Vasculitis (MVV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Medullary nephrocalcinosis	ABD WO, ABD/PEL WO	None
Melanoma	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Melena	ENTEROGRAPHY 2 PHASE (ART/VEN)	Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Merkel cell carcinoma of the skin	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Mesenteric hematoma	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Mesenteric ischemia	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Metastatic pancreatic adenocarcinoma	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless peritoneal disease (administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.)
Metastatic renal cell carcinoma (RCC)	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Microscopic polyangiitis (MPA)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Most routine exams	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Mycotic aortic aneurysm	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None

Myelodysplastic syndrome	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Necrotizing pancreatitis (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer 250 mL pre-mixed positive enteric contrast 15 min prior to scan and 250 mL on the table, immediately prior to scan. If via G-tube >> Administer 250 mL pre-mixed positive enteric contrast on the table, immediately prior to scan.
Necrotizing pancreatitis (initial exam at UAB)	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Nephrolithiasis	ABD WO, ABD/PEL WO	None
Neuroendocrine liver metastases	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Nonalcoholic Steatohepatitis (NASH)	LIVER 4 PHASE	None unless otherwise indicated
Nonspecific symptoms or mass	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Nutcracker syndrome (first exam)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Nutcracker syndrome (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Omental caking	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Oncocytoma	RENAL 3 PHASE	None unless otherwise indicated
Other abdominal aortic branch aneurysm	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	None
Pancreas carcinoid	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Pancreas neuroendocrine tumor (PNET)	PANCREAS 2 PHASE (ART/VEN)	Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan

		Administer 8 oz. (240 mL i.e., a cup)
Pancreatic adenocarcinoma (staging, pre/post neoadjuvant therapy, surg	OTONIA DI DANCREAS A DILACE (ADT (VENI)	of water 15 mins prior to scan and
	erapy, surgi PANCREAS 2 PHASE (ART/VEN)	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Pancreatic carcinoma in situ (PCIN)	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
Pancieatic Carcinoma in Situ (PCIN)	PANCREAS 2 PHASE (ART/VEIV)	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Pancreatic cyst	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
Turrer cutte cyst	Travellerio 2 Trinoe (nitty verty	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Pancreatic ductal dilatation of unkown cause	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
Tancreatic adetar anatation of annown cause	Travellerio 2 Trinole (nitty verty	16 oz. (i.e., 2 cups) immediately
		prior to scan
		Administer 8 oz. (240 mL i.e., a cup)
Pancreatic mass	PANCREAS 2 PHASE (ART/VEN)	of water 15 mins prior to scan and
		16 oz. (i.e., 2 cups) immediately
		prior to scan Administer 250 mL pre-mixed
		positive enteric contrast 15 min
		prior to scan and 250 mL on the
		table, immediately prior to scan. If
Pancreatic necrosis (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	via G-tube >> Administer 250 mL
		pre-mixed positive enteric contrast
		on the table, immediately prior to
		scan. Administer 8 oz. (240 mL i.e., a cup)
		of water 15 mins prior to scan and
Pancreatic necrosis (initial exam at UAB)	PANCREAS 2 PHASE (ART/VEN)	16 oz. (i.e., 2 cups) immediately
		· · · · · · · · · · · · · · · · · · ·
		prior to scan Administer 250 mL pre-mixed
		positive enteric contrast 15 min
		prior to scan and 250 mL on the
	DOUTING ADD W. DOUTING ADD OF W.	table, immediately prior to scan. If
Pancreatic pseudocyst	ROUTINE ABD W, ROUTINE ABD/PEL W	via G-tube >> Administer 250 mL
		pre-mixed positive enteric contrast
		on the table, immediately prior to
		scan.

			Administer 8 oz. (240 mL i.e., a cup)
 Pancreatitis	ROUTINE ABD W, ROUTINE ABD/PEL W		of water 15 mins prior to scan and
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16 oz. (i.e., 2 cups) immediately
			prior to scan
			Administer 8 oz. (240 mL i.e., a cup)
Pancreatitis with pseudoaneurysm	PANCREAS 2 PHASE (ART/VEN)		of water 15 mins prior to scan and
' '			16 oz. (i.e., 2 cups) immediately
	19455 0 24465 (4 27 h (54 h)		prior to scan
Paraganglioma	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Partial nephrectomy	RENAL 3 PHASE		None unless otherwise indicated
		Empty bladder phase is not	
Patent urachus	CYSTOGRAM	required if cystogram follows	None
		standard Abd/Pel CT.	
			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Pelvic abscess (suspected or known)	ROUTINE PELVIS W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan. Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Pelvic fluid collection	ROUTINE PELVIS W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
Pelvic mass	ROUTINE PELVIS W		None unless otherwise indicated
			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Pelvic mass in females	ROUTINE PELVIS W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
Pelvic pain	ROUTINE PELVIS W		None unless otherwise indicated

Pelvic trauma	ROUTINE PELVIS W	None unless otherwise indicated
Pelvic varices	ABD CT VENOGRAM (CTV), ABD/PEL CT VEN	None
Percutaneous gastrostomy (PEG) tube check	GASTROSTOMY TUBE CHECK	Inject 150 mL pre-mixed positive enteric contrast through gastrostomy tube on the table, immediately prior to scan.
Perforation after anorectal or colonic surgical intervention	ROUTINE PELVIS W	Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Perianal abscess	ROUTINE PELVIS W	None unless otherwise indicated
Perianal fistula	ROUTINE PELVIS W	None unless otherwise indicated
Peripheral arterial (PA) prior and after bypass procedure	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	None
Peripheral vascular (PV) femoral bypass prior and after bypass procedure	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	None
Peritoneal cancer or tumor	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Peritoneal carcinomatosis	ROUTINE ABD W, ROUTINE ABD/PEL W	60 min prior to scan. Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.

			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Peritoneal nodule	ROUTINE ABD W, ROUTINE ABD/PEL W		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
Placental trophoblastic tumor (PSTT)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Polyarteritis nodosa (PAN)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Porcelain Gallbladder	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Portal hypertension	LIVER 4 PHASE		None unless otherwise indicated
Portal vein (PV) thrombosis in trauma or non-cancer patients	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Portal vein thrombus	LIVER 4 PHASE		None unless otherwise indicated
Post Portal Vein Embolization in cancer patients (PVE)	LIVER 4 PHASE		None unless otherwise indicated
		Empty bladder phase is not	
Post-operative bladder injury	CYSTOGRAM		None
, , , , , , , , , , , , , , , , , , , ,		standard Abd/Pel CT.	
Pre-stent abdominal aortic aneurysm (AAA) evaluation	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA		None
Presurgical evaluation for DIEP flap breast reconstruction.	CTA FIX PROTOCOL		None
Presurgical planning for ectopic Cushing's	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Presurgical planning for liver mass (except HCC or cholangiocarcinoma) or	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Primary sclerosing cholangitis (PSC)	LIVER 4 PHASE		None unless otherwise indicated
Prior to blood and marrow transplantation (BMT)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Prior to bone marrow stem cell transplantation (SCT)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Prior to heart or lung transplantation	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Prior to hematopoietic stem cell transplantation (HSCT)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Prior to percutaneous gastrostomy (PEG) tube placement (ordered with IV	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Prior to percutaneous gastrostomy (PEG) tube placement (ordered without	ABD WO, ABD/PEL WO		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
	DOUTING ADD W. DOUTING ADD 1251		60 min prior to scan.
Prior varicocele embolization	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated

Pseudomyxoma peritonei	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Pyelone phritis	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Pyogenic aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Radiation-induced aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	None
Radical, complete, or total nephrectomy (follow up for RCC)	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Radical, complete, or total nephrectomy (initial exam)	RENAL 3 PHASE	None unless otherwise indicated
Recent surgery (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.
Rectal fistula (suspected or known)	ROUTINE PELVIS W	Rectal contrast: Mix 100 mL Omnipaque® 350 (i.e. one bottle) in one gallon of water. Shake well and pour 1500-1800 mL into enema bag (discard any left over), then administer the mixture rectally per patient tolerance.
Renal abscess	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated
Renal artery stenosis	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	None
Renal calculi	ABD WO, ABD/PEL WO	None
Renal Cell Carcinoma, RCC (non-metastatic)	RENAL 3 PHASE	None unless otherwise indicated
Renal donor evaluation	CTA RENAL DONOR	None
Renal Infarction in trauma or non-cancer patients	LIVER 2 PHASE (ART/VEN)	None unless otherwise indicated
Renal mass ablation	RENAL 3 PHASE	None unless otherwise indicated
Renal mass surveillance - previously characterized mass	ROUTINE ABD W, ROUTINE ABD/PEL W	None unless otherwise indicated

Renal stones	ABD WO, ABD/PEL WO		None
Renal transplant recipient evaluation (ordered without IV)	PELVIS WO		None
Renal transplant recipient evaluation (ordered without/with IV)	ROUTINE ABD/PEL W&WO		None unless otherwise indicated
Renal vein thrombus	RENAL 3 PHASE		None unless otherwise indicated
Renovascular hypertension	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA	A	None
Retroperitoneal bleed - Emergent or Acute	GI BLEED 3 PHASE	Inpatient / ED only (not for outpatient)	None
Retroperitoneal fibrosis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Rheumatoid vasculitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	N. Committee of the com	None
Routine Angiomyolipoma (AML) surveillance (ordered with IV)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Routine Angiomyolipoma (AML) surveillance (ordered without IV)	ABD WO, ABD/PEL WO		None
Routine cancer surveillance, staging, and response evaluation	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless peritoneal disease (administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.)
Sarcoid vasculitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	٨	None
Sarcomatoid renal cell carcinoma	RENAL 3 PHASE		None unless otherwise indicated
Schwannoma	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Sclerosing mesenteritis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Secondary Vasculitides	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	A	None
Septic emboli	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Severe adverse reaction to iodinated contrast	ABD WO, ABD/PEL WO		Administer pre-mixed positive enteric contrast as follow: Oral route >> 250 mL 60 min prior to scan and 250 mL 30 min prior to scan; Via G-tube >> 500 mL 60 min prior to scan; Via J-tube >> 250 mL 60 min prior to scan.

			Administer pre-mixed positive
			enteric contrast as follow: Oral
			route >> 250 mL 60 min prior to
Severe chronic kidney disease (GFR <30)	ABD WO, ABD/PEL WO		scan and 250 mL 30 min prior to
			scan; Via G-tube >> 500 mL 60 min
			prior to scan; Via J-tube >> 250 mL
			60 min prior to scan.
SMA stenosis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
SMA Syndrome	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
			Three bottles of Breeza (500 ML
			each) separated by 20 min i.e., 1
Small bowel adenoma, polyp(s), or mass	ENTEROGRAPHY SINGLE PHASE (VEN)		bottle at 60, 40 and 20 mins prior
			the scan, then 8 oz. (240 mL i.e., a
			cup) of water on the exam table.
Small Vessel Vasculitis (SVV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Sneddon syndrome	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
			Administer 8 oz. (240 mL i.e., a cup)
Somatostatinoma	PANCREAS 2 PHASE (ART/VEN)		of water 15 mins prior to scan and
Somatostatinoma	TAVERLAS 2 I HASE (ART) VERY		16 oz. (i.e., 2 cups) immediately
			prior to scan
Spindle cell renal carcinoma	RENAL 3 PHASE		None unless otherwise indicated
Splenic artery aneurysm	ABD CTA SINGLE PHASE (ART), ABD/PEL CTA		None
Splenic artery embolization (first exam)	ABD CTA 3 PHASE (WO/ART/VEN), ABD/PEL		None
Splenic hamartoma	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Splenic laceration or trauma	LIVER 3 PHASE (WO/ART/VEN)		None unless otherwise indicated
Splenic sequestration	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Spontaneous perinephric hematoma (initial exam)	RENAL 3 PHASE		None unless otherwise indicated
Steatosis	LIVER 4 PHASE		None unless otherwise indicated
Suspected aortic leak or extravasation	ABD CTA 3 PHASE (WO/ART/VEN), ABD/PEL		None
Suspected venous thrombus	ABD CT VENOGRAM (CTV), ABD/PEL CT VEN		None
Syphilitic aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Takayasu arteritis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Testicular cancer (follow up)	ROUTINE ABD W, ROUTINE ABD/PEL W	No need to include scrotum in field of view.	None unless otherwise indicated
Testicular cancer (initial staging or recent surgery)	ROUTINE ABD W, ROUTINE ABD/PEL W	Include the scrotum in the field of view.	None unless otherwise indicated

Thrombophlebitis	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Thyroid carcinoma	LIVER 2 PHASE (ART/VEN)		None unless otherwise indicated
Transjugular Intrahepatic portosystemic shunt (TIPS) evaluation	LIVER 4 PHASE		None unless otherwise indicated
Trauma	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Tuberculous aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	A	None
Ulcerative colitis	ENTEROGRAPHY SINGLE PHASE (VEN)		Three bottles of Breeza (500 ML each) separated by 20 min i.e., 1 bottle at 60, 40 and 20 mins prior the scan, then 8 oz. (240 mL i.e., a cup) of water on the exam table.
Uncomplicated pancreatitis	ROUTINE ABD W, ROUTINE ABD/PEL W		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Unknown Aortitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	A	None
Ureteral cancer	UROGRAM 3 PHASE		None
Ureteral injury	UROGRAM 3 PHASE		None
Ureteral or periureteral mass	UROGRAM 3 PHASE		None
Ureteral stricture	UROGRAM 3 PHASE		None
Ureteral trauma	UROGRAM 3 PHASE		None
Urinary tract infection (UTI)	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Urothelial calculi	ABD WO, ABD/PEL WO		None
Urothelial cancer	UROGRAM 3 PHASE		None
Urothelial mass	UROGRAM 3 PHASE		None
Variable Vessel Vasculitis (VVV)	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	\	None
Varicocele	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Varicose Veins	ABD CT VENOGRAM (CTV), ABD/PEL CT VEI	V	None
Vasculitis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA	A	None
Vesicouterine fistula	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None

Vesicovaginal fistula	CYSTOGRAM	Empty bladder phase is not required if cystogram follows standard Abd/Pel CT.	None
Vipoma	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Viral Hepatitis (e.g., HCV, HBV)	LIVER 4 PHASE		None unless otherwise indicated
Wegener granulomatosis	ABD CTA 2 PHASE (ART/VEN), ABD/PEL CTA		None
Weight loss	ROUTINE ABD W, ROUTINE ABD/PEL W		None unless otherwise indicated
Whipple procedure	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan
Zollinger-Ellison Syndrome	PANCREAS 2 PHASE (ART/VEN)		Administer 8 oz. (240 mL i.e., a cup) of water 15 mins prior to scan and 16 oz. (i.e., 2 cups) immediately prior to scan