

Pediatric Imaging Protocols

Schedule an appointment

Please call Central Scheduling at (414) 607-5280 or (877) 607-5280

Please fax orders to (414) 607-5288

Diagnostic protocols

- Every CT, MR, NM, IR and fluoroscopy order is evaluated and protocolled by the radiologist.
- If there is an unusual order for other modalities, these are brought to the attention of the radiologist by the technologist.
- To speak to a radiologist, please call us at (414) 266-3225.

Ordering guidelines

Computed Tomography (CT):

- Chest
- Calcification (Renal Stone)
- Trauma
- Intra-abdominal or pelvic abscess
- +/- Bowel (with oral contrast)
- Abdominal Mass (MR usually better)
- CT Angiography Vascular Imaging

Ultrasounds (US):

- Screening exam for solid organ mass
- Renal
- Doppler Vascular Imaging
- Testes / Ovaries
- DDH
- NICU Head
- Screening for fluid or fluid collection
- Gall bladder

Magnetic Resonance (MR):

- Neuro
- Musculoskeletal
- Abdomen
- Chest Wall and Mediastinal lesions
- Bowel for IBD
- MR Angiography Vascular Imaging
- Cardiac MRI

Nuclear Medicine (NM):

- Metastatic disease
- (Bone Scan / PET CT / MIBG / FDG)
- Follow-up for VUR
- Gastric Emptying
- Reflux
- Fever unknown origin (indium)

Bone lesions

- History / Physical / Plain Films
- Less than two years of age: Bone Scan
- Plain Films Positive
 - MR for staging, abscess, soft tissue injury
 - CT Bony fragments, +/- loose bodies
- Plain Films Negative
 - MR
 - If osteoid osteoma suspected, CT or MR

Hip US for DDH

- Initial evaluation with US is preferred. This should be done preferably at the age of 4 to 6 weeks to avoid imaging patients with physiologic laxity. Earlier imaging only in patients with abnormal physical exam of "clunks".
- Patients 4 months or older should be evaluated with AP pelvic radiographs (Evaluation with US is limited due to ossification of the femoral heads).

Craniosynostosis

- If facial deformity or a bony ridge is found on physical exam, these patients should be evaluated with non contrast head CT, and add in comments that 3D formats are required.

Knee Pain

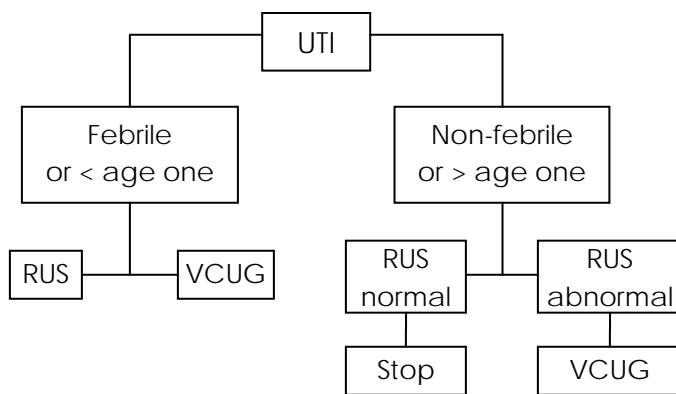
- Start with AP and lateral knee radiographs. Check Sunrise view if patellar pain. If negative, an MRI would be appropriate.

Vesicoureteral Reflux (VUR)

The rationale for comprehensive imaging studies following the first febrile Urinary Track Infection (UTI) has been based on:

- Uncertainty as to whether the first documented UTI is truly the first UTI
- Young children who have a UTI are highly likely to develop a second infection
- VUR is found in 20-40% of children with UTI
- Obstructive lesions are found in 0-4%
- Young children have the greatest risk of renal scarring
- Repeated infections can lead to additional renal scarring

UTI / VUR



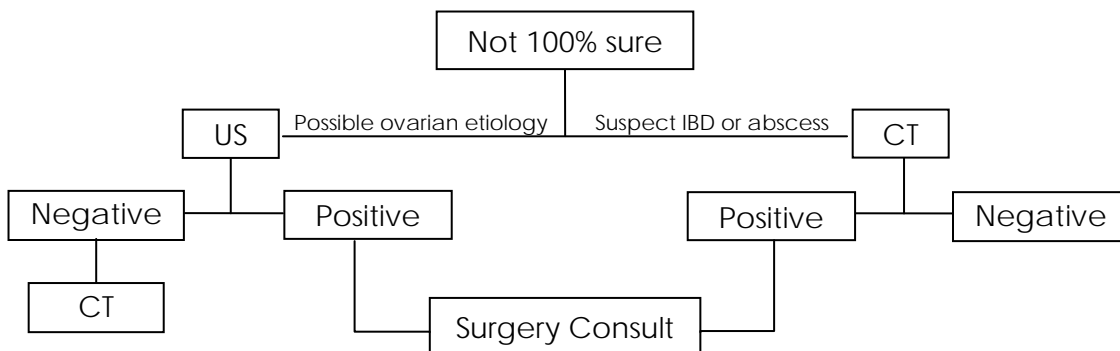
Indications for DMSA scan

- Evaluation of acute pyelonephritis
- Evaluation for renal scarring
- Evaluation of function

Indications for NM cystogram

- Screening study
- Follow-up of uncomplicated vesico-ureteral reflux

Protocols of Appendicitis



Imaging Contact Information

Office phone: (414) 266-3100
 Test results: (414) 266-3225
 chw.org/imaging

Data source:
 Shelia Moore, MD and Carla Quijano, MD
 UTI Algorithm courtesy of Charles Durkee, MD
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