

ABDOMINAL/PELVIC INDICATIONS FOR CT vs MRI

CENTRALIZED SCHEDULING (703) 280-9800

DIAGNOSTIC EFFICACY FOR:		CONTRAST CT	GADOLINIUM MRI
Liver	Assess mass for hemangioma	CT/MRI both good *	CT/MRI both good
	R/O Mass (e.g. in hepatitis)	CT typically used first in initial workup; CT/MRI both good	CT/MRI both good
	R/O Mets	CT typically used first in initial workup; CT/MRI both good	CT/MRI both good
Pancreas	Pancreatitis	CT first	
	Pancreatic mass	CT first	MRI for problem solving
Kidneys	Assess cyst or mass	CT first	MRI for problem solving
	Workup of hematuria	CT first (wo/w contrast)	
	Renal artery stenosis		MRA preferred
Adrenal	R/O nodule	CT good *	MRI good
	Assess benignity of a nodule once discovered	CT good in many cases; contrast at discretion of radiologist	MRI very good; superior to CT in some cases
Spleen		CT typically used first	MRI for problem solving

continues on other side



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Washington, DC

- 2141 K St., NW **CTMR**
- 2021 K St., NW **CT**

Maryland

- Chevy Chase **CTMR**
- Bethesda **CT**

Virginia

- Fairfax **MR**
- Sterling **CT**

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DIAGNOSTIC EFFICACY FOR:		CONTRAST CT	GADOLINIUM MRI
Aorta	For AAA	CT/MRI both good *	CT/MRI both good
	For dissection	CT/MRI both good	CT/MRI both good
Mesentery/ Bowel		CT preferred	
Lymph Nodes	Assess adenopathy	CT preferred	
Ovaries	Stage ovarian cancer	CT preferred; can perform with PET	
	Assess complex adnexal cyst seen on U/S		MRI preferred
Uterus	Fibroids (e.g. workup for UAE)		MRI only
	Endometrial or cervical cancer		MRI preferred
	Adenomyosis		MRI of pelvis only; no contrast needed

* General considerations: MRI – No ionizing radiation, slightly longer exam time; CT – Shorter exam time, utilizes ionizing radiation and iodinated contrast. For further information about CT versus MRI, call (301) 907-7413 and ask for the Body MRI radiologist.



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