

	Clinical Protocol: Indications for Abdominal Imaging II	
	ORIGINAL EFFECTIVE DATE: 07/01/2011	REVIEWED/REVISED DATE(S): 12/01/2011 08/13/2021 09/01/2022 11/15/2023 07/24/2025
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PROTOCOL OVERVIEW

This Clinical Protocol advises on indications, guidelines, and referral for Abdominal Imaging.

INDICATIONS

A. Adrenal Mass: Adenoma and Carcinoma

- MRI, abdomen, is indicated for *adrenal mass, adenoma, or carcinoma* for ANY ONE of the following:
 - Adrenal mass AND ANY ONE of the following (chemical shift MRI):
 - Initial evaluation of mass seen on ultrasound
 - Follow-up of lesions between 3 cm and 5 cm (generally performed in 3 months to 6 months) AND ANY ONE of the following:
 - Unable to perform CT scan due to renal insufficiency or contrast allergy
 - Lesion is indeterminate on enhanced CT scan
 - Staging and restaging adrenal carcinoma (enhanced)
 - Suspected pheochromocytoma

B. Abdominal Mass

- MRI abdomen is indicated for *abdominal mass* only as second-line option after ultrasound or CT scan

C. Cancer, Pancreatic

- MRI, abdomen, is indicated for *pancreatic cancer* for ANY ONE of the following:
 - Assess respectability of pancreatic tumor.
 - Suspected pancreatic cancer with indeterminate CT scan

D. Cancer and Mass, Renal

- MRI, abdomen, is indicated for *renal cancer or mass* when ANY ONE of the following is present (enhanced):
 - Indeterminate renal mass on ultrasound or CT scan
 - Renal cell cancer AND ANY ONE of the following: (second-line option after CT scan)
 - Initial staging of renal cell cancer (first-line option)
 - Follow-up after treatment course completed
 - Periodic monitoring of patient if history of renal cell cancer, frequency MAY INCLUDE:
 - Tumor stage I: usually not recommended
 - Tumor stage II: done by some about every 2 years to 3 years

- Tumor stage III: generally, every 6 months for first 2 years, then annually
- Restaging when symptoms occur (e.g., hematuria, weight loss, pain, palpable mass)

RECOMMENDED RECORDS

Please submit history and physical or progress notes that show the symptoms, exam findings, and any pertinent diagnostic tests that may have been done. (i.e. X-ray, ultrasound).

CITATION

MCG Care Guidelines 29th Edition, 3/04/2025 [MCG Releases 29th Edition of Guidelines with New Support for the 2025 Medicare Advantage Final Rule - MCG Health](#)

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operations	Date: 07/24/25	
Approved By:	Richard L. Powell, Chief Medical Officer	Date: 2/4/2026	Signature DocuSigned by: Richard Powell FF8F6F6807B34D9
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