

### **Adrenal Protocol CT**

All adrenal protocol CTs will be reviewed by a radiologist after non-contrast images are obtained to determine the need for further imaging (post-contrast washout). The technologist will call the reading room to tell the radiologist that a study is ready for review. The radiologist will review the non-contrast images and tell the technologist to proceed according to the algorithm below.

1. Adrenal nodule present:
  - a. If nodule is homogenous, less than 4 cm, and measures < 10 HU STOP. It is a lipid rich adenoma and no further imaging is necessary.
  - b. If nodule contains macroscopic fat (HU < -10) STOP. It is a myelolipoma and no further imaging is necessary.
  - c. If nodule measures  $\geq 10$  HU PROCEED with full washout protocol (60 seconds and 15 minute images of the adrenals) to differentiate between lipid poor adenoma and other.
  - d. If nodule is > 4 cm or heterogeneous STOP. It is almost certainly not an adenoma and more likely a metastasis or an adrenal cortical carcinoma. Washout calculations cannot be done on a heterogeneous nodule.
2. Adrenal nodule not present:
  - a. STOP – no need for washout
3. Resident/fellow unsure if a nodule is present or not:
  - a. Ask staff. If no staff available then do washout.
4. Technologist cannot reach reading room in a timely fashion:
  - a. PROCEED with full washout protocol.

The case can be dictated as soon as it is completed by the technologist.

Note: An adrenal nodule is defined as being > 1 cm.