Abdominal Imaging: managing common incidentalomas

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Disclosures

• No financial disclosures
Objectives:

• Understand background of why a follow up study might have been suggested for an incidental finding

• Know where to go for additional information

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<tr>
<th>Thyroid</th>
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<tr>
<td>Lung</td>
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<td>Adrenal</td>
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<td>Ovary</td>
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Eval hematuria
Management of Incidental Adrenal Masses: A White Paper of the ACR Incidental Findings Committee

William W. Mayo-Smith, MD, Julie H. Song, MD, Giles L. Boland, MD, Isaac R. Francis, MD, Gary M. Israel, MD, Peter J. Mazzaglia, MD, Lincoln L. Berland, MD, Pari V. Pandharipande, MD, MPH

Journal of the American College of Radiology
Volume 14, Issue 8, Pages 1038-1044 (August 2017)
DOI: 10.1016/j.jacr.2017.05.001
Eval for c-spine injury
Incidental Thyroid Nodules: Prevalence

• ITNs are seen in 20%-67% of ultrasound studies [9, 10],
• up to 25% of contrast-enhanced chest CT scans [11], and
• 16%-18% of CT and MR scans of the neck [12, 13].

• Two large systematic reviews found that prevalence of ITNs on Fluorodeoxyglucose (\(^{18}\)FDG)-PET scans is lower, at 1%-2% [14, 15].
Managing Incidental Thyroid Nodules Detected on Imaging: White Paper of the ACR Incidental Thyroid Findings Committee

Jenny K. Hoang, MBBS, Jill E. Langer, MD, William D. Middleton, MD, Carol C. Wu, MD, Lynwood W. Hammers, DO, John J. Cronan, MD, Franklin N. Tessler, MD, CM, Edward G. Grant, MD, Lincoln L. Berland, MD

Journal of the American College of Radiology
Volume 12, Issue 2, Pages 143-150 (February 2015)
DOI: 10.1016/j.jacr.2014.09.038
Incidental Thyroid Nodule Detected on CT or MRI

Suspicious CT or MRI findings^2

Limited life expectancy and comorbidities^3

Age <35 years

<1 cm

Evaluate with thyroid ultrasound^4

≥1 cm

No further evaluation

Age ≥35 years

<1.5 cm

Evaluate with thyroid ultrasound^4

≥1.5 cm

No further evaluation
Suspicious CT/MRI features include:

- abnormal lymph nodes and/or invasion of local tissues by the thyroid nodule.

- Abnormal lymph node features include: calcifications, cystic components, and/or increased enhancement.

- Nodal enlargement is less specific for thyroid cancer metastases, but further evaluation could be considered if an ITN has ipsilateral nodes >1.5 cm in short axis for jugulodigastric lymph nodes, and >1 cm for other lymph nodes.
Evaluate for Pulmonary Embolism
• https://psnet.ahrq.gov/webmm/case/287/the-lung-nodule-that-refused-to-grow

• From the Fleischner Society 2017 - RSNA Publications Online
<table>
<thead>
<tr>
<th>Organ</th>
<th>Guidance</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Thyroid</td>
<td>Managing Incidental Thyroid Nodules Detected on Imaging: White Paper of the ACR Incidental Thyroid Findings Committee</td>
<td><a href="http://www.jacr.org/article/S1546-1440(14)00627-9/fulltext">http://www.jacr.org/article/S1546-1440(14)00627-9/fulltext</a></td>
</tr>
<tr>
<td>Lung</td>
<td>Fleischner Society Statement</td>
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“But what about the radiation?”

RADIATION

• [www.radiologyinfo.org](http://www.radiologyinfo.org)
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