MRI FAQ'S

How big is the MRI machine?

Short Bore MRI is 4 feet long & 28 inches in diameter

Is there a weight limit on the scanner? Yes. Our weight limit is 350 lbs.

Does my head have to go in the scanner?

If you are having a brain, cervical spine or shoulder MRI your head will have to go into the scanner. At all of our other locations, if you are having an exam anywhere from the hips up you will have to go in the scanner.

What happens if the electricity goes off?

The table has a manual override that enables it to unlock and bring you out of the scanner.

Where will you be while I'm in the scanner?

The technologist will be just outside the scanner door at the opening console. The technologist will be in visual contact with you through the glass during your exam.

How will you know if I need you?

The technologist will be in contact with you throughout the test. You will also have a call button.

Why do I have to have contrast?

Contrast may enhance the images and gives the radiologist more detailed information about your exam.

Will the contrast make me sick?

It is very unlikely. The only thing you should feel is a coolness at the injection site.

Can we do the test without contrast?

Yes we can; however, specific information that your physician wants, may not be able to be obtained by doing the test without contrast. The test could be inconclusive.

Will I be able to drive after the exam?

Yes, as long as you did not have to take an oral sedative for your exam.

Do I have to hold my breath the whole time I'm in the machine?

No; however, you may be asked to hold your breath for specific exams for a period of 30 seconds or less as we are obtaining the images.

Can you scan my head without putting it in the head coil?

No. It is the antenna that picks up the signal to create the images of your brain.

CT FAQ'S

Why do I need to drink contrast?

The oral contrast fills the stomach & colon for better visualization on the images.

Why do I need the IV contrast?

The IV contrast enhances all of the vascular structures on the images (i.e. liver, pancreas, kidneys). It will also characterize potential pathology.

Could I have a reaction to the IV contrast?

Yes, but the chances are minimal. It has the same risk for reaction as any medication does, which is why we use contrast screening forms—to flag possible patients who are at risk for having a reaction to the contrast.

Why is a head CT done most frequently without IV?

Most pathology can be detected in the brain without IV contrast. If there is suspicion, contrast may be given or a MRI might be suggested for further evaluation.

How long is this exam going to take?

Depending on the anatomy being scanned a CT can take from 5 minutes up to 20 minutes.

Is it ok that I took my medication(s) this morning before I came?

Yes. Any type of medication is fine to take the morning of your exam. If you take a certain kind of diabetic medication you may be asked to withhold for 48 hours after the exam. You will need to contact your physician for instructions.

What is this test going to show?

A CT scan is a good way to image and evaluate bones, internal organs, the brain and vascular structures within the neck, chest, abdomen, and pelvis.

ULTRASOUND FAQ'S

Why does the bladder need to be full for a pelvic exam?

A full bladder pushes the uterus in a position where we can see it better, and brightens up the entire pelvis so that we can adequately visualize the uterus and ovaries. It also moves the intestines and bowel out of the way.

Why do I need to have a transabdominal and transvaginal Ultrasound exam done?

A transabdominal exam allows us to image the entire pelvic area. We can visualize a larger area with the transabdominial exam than with the Transvag. The transvaginal exam will image the uterus and ovaries in more detail.

Can I have a transvaginal exam while I am still on my period?

Yes, but if you are uncomfortable in any way we would be happy to reschedule your appointment.

Why do I have to fast for my abdominal Ultrasound?

This decreases the amount of gas in the abdomen and allows the gallbladder to be adequately visualized. The gallbladder contracts down when you eat or drink.

Why is it better to schedule my abdominal or RUQ Ultrasound in the morning?

Your abdomen has the least amount of gas in the morning.

Is Ultrasound radiation?

No. Ultrasound uses sound waves.

FAQ

Is Ultrasound better than other modalities?

Not necessarily. Each modality images differently. Sometimes it is necessary to image with different modalities different ways for the best diagnosis. An Ultrasound is what your doctor's office has ordered at this time.

I am under age 25, why am I having an Ultrasound of my breast instead of a mammogram?

It is best to start with an Ultrasound (no radiation) first. Women under the age of 30 also have very dense breasts, which makes mammography very difficult to interpret. If the radiologist feels as though a mammogram is necessary, we will then proceed with mammography.

Why do I need to arrive 15 minutes prior to my exam?

To be registered & checked in.

Do you scan my entire breast or just specific areas?

We do not do screening Ultrasound of entire breast, we only do focal targeting areas of breasts based on physician's orders and clinical findings.

MAMMOGRAPHY FAQ'S

What is the difference between a screening & a diagnostic mammogram?

-Screening: A yearly exam performed when the patient has no clinical symptom or history of breast cancer. The recommendation for baseline screening is at 35 years of age. This can be an insurance issue so have the patient check if they are younger than 35. -Diagnostic: An exam done when a patient has a specific new finding or is being followed at the recommendation of either the radiologist or a surgeon. A diagnostic should be ordered for any patient with a history of breast cancer, A diagnostic mammogram is always done on patients who had a lumpectomy and on patients who have had a mastectomy. A diagnostic mammogram includes the same four standard views as a screening mammogram; in addition, it includes other specialized views. he images will be seen by the radiologist while the patient is still

in the office.

When and how will the patient get results?

Ā letter will be mailed to the patient within 30 days giving the final assessment results as mandated by the FDA.

A delay can occur when comparison films are not available at the time of service.

If the patient is required to return for additional imaging they are notified by phone.

Why does your office need my previous mammogram films?

One of the most important parts of mammography is proving stability over time. This is done by having the radiologist compare the old exam with the new exam to exclude subtle differences in the breast tissue. The actual mammography films are needed for this, not just the report.

Does the patient have to have an order for a six month follow up even though it was recommended by the Radiologist?

Yes. The radiologist can only recommend that the patient have a follow up appointment. The referring physician still has to provide an order for this procedure to be done.

Does a 6 month follow up need to be a bilateral or unilateral mammogram?

The patient should have a bilateral mammogram only once per year unless there is a clinical finding in both breasts. If a patient has a bilateral mammogram with a finding in one breast, the six month follow up should only be of the affected breast. The patient should then return after another six months for a yearly bilateral mammogram. Baseline mammograms should be bilateral so the radiologist can compare for symmetry of breast tissue.

Should a patient under 30 years old with a breast lump, have a mammogram or breast Ultrasound?

In general patients under 30 with a breast lump should have an Ultrasound first. The mammogram will be determined by the radiologist based on the Ultrasound findings. In most patients under 30, the breast tissue is very dense and difficult to image effectively.

Patients over 30 should have a bilateral mammogram and the need for Ultrasound will be determined by the radiologist based on the mammographic findings. To limit phone calls and patient wait time, order both. Breast Ultrasound is used for a specific finding, usually a palpable lump or a mammographic abnormality and is not indicated for screening.

Once a patient has a diagnostic or abnormal mammogram, do their future mammograms always need to be diagnostic?

No. The radiologist will investigate clinical symptoms and will follow any mammographic and/or sonographic findings until they can say that it is either benign or needs to be biopsied. If the patient has a biopsy that is benign, they can return to having screening mammograms at their surgeon's discretion.

Can a patient have a screening Ultrasound if they do not like having mammograms?

Unfortunately, no they cannot. Mammograms and Ultrasounds image breast tissue differently. Not everything that is seen on a mammogram can be seen on an Ultrasound. The standard of care dictates that mammography is the imaging modality of choice for breast cancer screening. Other modalities are used only when there is a clinical indication.

If a patient has implants or had breast reduction, is it ordered as a screening or diagnostic?

These indicators should be ordered as a screening mammogram.