

**MRI/ULTRASOUND/CTSCAN/X'RAY/EKG(ECG)/
MAMMOGRAM TEST
INSTRUCTIONS AND TAT**

Filename:

Revision: 01

Issue Date: 26.11.2020

| Description | Special instructions / Comments | Required | Turnaround time for report (TAT) |
|-------------|---------------------------------|----------|----------------------------------|
|-------------|---------------------------------|----------|----------------------------------|

CT-SCAN

| | | | |
|--|-----------------------------------|-------------------------------|----------|
| CT BRAIN | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY OF THE BRAIN | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| CT FACIAL BONES | | Doctor's request with history | 24 Hours |
| CT FACIAL BONES/SOFT TISSUE PRE AND POST | | Doctor's request with history | 24 Hours |
| CT ORBITS | | Doctor's request with history | 24 Hours |
| CT SINUSES | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| CT MANDIBLE | | Doctor's request with history | 24 Hours |
| CT DENTAL IMPLANTS IN MANDIBLE | | Doctor's request with history | 24 Hours |
| CT MASTOIDS | | Doctor's request with history | 24 Hours |
| CT INTERNAL AUDITORY CANAL | | Doctor's request with history | 24 Hours |
| CT SOFT TISSUE OF THE NECK | | Doctor's request with history | 24 Hours |

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CT-SCAN

| | | | |
|--|---|-------------------------------|----------|
| CT ANGIOGRAPHY OF THE NECK | | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY EXTRA CRANIAL VESSELS | | Doctor's request with history | 24 Hours |
| CT ANGIO EXT/INT CRANIAL NECK & BRAIN | | Doctor's request with history | 24 Hours |
| CT CHEST | Client is required not to eat for 4 hours | Doctor's request with history | 24 Hours |
| CT CHEST FOR PULMONARY EMBOLISM | | Doctor's request with history | 24 Hours |
| CT CHEST FOR PUL EMBO WITH CT VENOGRAM | | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY AORTA AND BRANCHES | | Doctor's request with history | 24 Hours |
| CT THORACIC AND ABD AORTA AND BRANCHES | | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY PULMONARY VASCULATURE | | Doctor's request with history | 24 Hours |

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CT-SCAN

| | | | |
|-------------------------------------|---|-------------------------------|----------|
| CT CARDIAC/CORONARY ANGIOGRAPHY | | Doctor's request with history | 24 Hours |
| CT ABDOMEN | Client is required to not eat for 4 hours | Doctor's request with history | 24 Hours |
| CT BONY PELVIS | Client is required to not eat for 4 hours | Doctor's request with history | 24 Hours |
| CT PELVIS WITH CONTRAST | Client is required to not eat for 4 hours | Doctor's request with history | 24 Hours |
| CT ABDOMEN AND PELVIS | Client is required to not eat for 4 hours | Doctor's request with history | 24 Hours |
| CT BASE OF SKULL TO SYMPHYSIS PUBIS | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| CT VIRTUAL COLONOSCOPY | | Doctor's request with history | 24 Hours |
| CT IVP | | Doctor's request with history | 24 Hours |
| CT RENAL TRACT FOR A STONE | | Doctor's request with history | 24 Hours |

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CT-SCAN

| | | | |
|---------------------------|--|-------------------------------|----------|
| CT CERVICAL SPINE | | Doctor's request with history | 24 Hours |
| CT THORACIC SPINE | | Doctor's request with history | 24 Hours |
| CT LUMBAR SPINE | | Doctor's request with history | 24 Hours |
| CT SACRUM | | Doctor's request with history | 24 Hours |
| CT UPPER LIMBS | | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY UPPER LIMB | | Doctor's request with history | 24 Hours |
| CT SHOULDER JOINT | | Doctor's request with history | 24 Hours |
| CT ELBOW | | Doctor's request with history | 24 Hours |

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CT-SCAN

| | | | |
|--|--|-------------------------------|----------|
| CT FOREARM | | Doctor's request with history | 24 Hours |
| CT WRIST AND HAND | | Doctor's request with history | 24 Hours |
| CT LOWER LIMB | | Doctor's request with history | 24 Hours |
| CT ANGIOGRAPHY OF THE LOWER LIMB | | Doctor's request with history | 24 Hours |
| CT ANGIO ABDOMINAL AORTA & LOWER LIMBS | | Doctor's request with history | 24 Hours |
| CT FEMUR | | Doctor's request with history | 24 Hours |
| CT KNEE | | Doctor's request with history | 24 Hours |
| CT LOWER LEG | | Doctor's request with history | 24 Hours |
| CT ANKLE/FOOT | | Doctor's request with history | 24 Hours |
| CT LIVER TRIPLE PHASE | | Doctor's request with history | 24 Hours |

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MRI

| | | | |
|--|--|-------------------------------|----------|
| MRI Cervical spine | | Doctor's request with history | 24 Hours |
| MRI Brachial plexus | | Doctor's request with history | 24 Hours |
| MRI Thoracic spine | | Doctor's request with history | 24 Hours |
| MRI Lumbar spine | | Doctor's request with history | 24 Hours |
| MRI Thoracic & Lumbar spine/Cervical Spine | | Doctor's request with history | 24 Hours |
| MRI Soft tissue neck | | Doctor's request with history | 24 Hours |
| MRI Pelvis only | | Doctor's request with history | 24 Hours |
| MRI Left Shoulder | | Doctor's request with history | 24 Hours |
| MRI Right Shoulder | | Doctor's request with history | 24 Hours |
| MRI Left Elbow | | Doctor's request with history | 24 Hours |

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MRI

| | | | |
|----------------------|--|-------------------------------|----------|
| MRI Right Elbow | | Doctor's request with history | 24 Hours |
| MRI Left Wrist/Hand | | Doctor's request with history | 24 Hours |
| MRI Right Wrist/Hand | | Doctor's request with history | 24 Hours |
| MRI Right Knee | | Doctor's request with history | 24 Hours |
| MRI Left knee | | Doctor's request with history | 24 Hours |
| MRI Left Ankle | | Doctor's request with history | 24 Hours |
| MRI Right Ankle | | Doctor's request with history | 24 Hours |
| MRI Left Foot | | Doctor's request with history | 24 Hours |
| MRI Right Foot | | Doctor's request with history | 24 Hours |

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ULTRASOUND

| | | | |
|-------------------|--|--|--------|
| ABDOMEN | Fast for 5 hours | | 1 hour |
| ABDOMEN & PELVIS | Fast for 5 hours | | 1 hour |
| BREAST | | | 1 hour |
| DOPPLER ONE PART | | | 1 hour |
| NECK | | | 1 hour |
| OBSTETRIC | Take enough fluid – About 1.5 L of water | | 1 hour |
| OBSTETRIC ANOMALY | | | 1 hour |
| OBSTETRIC 3D | | | 1 hour |
| PELVIS | Take enough fluid – About 1.5 L of water | | 1 hour |

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ULTRASOUND

| | | | |
|-------------|--|--|--------|
| SCROTAL | | | 1 hour |
| SMALL PARTS | | | 1 hour |
| PROSTRATE | Take enough fluid – About 1.5 L of water | | |

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X'RAY

| | | | |
|------------------|-----------------------------------|-------------------------------|----------|
| SKULL | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| ORBITS | | Doctor's request with history | 24 Hours |
| ARM | | Doctor's request with history | 24 Hours |
| MASTOIDS | | Doctor's request with history | 24 Hours |
| FACIAL BONES | | Doctor's request with history | 24 Hours |
| SINUSES | No Artificial Hair should be worn | Doctor's request with history | 24 Hours |
| NECK SOFT TISSUE | | Doctor's request with history | 24 Hours |
| CERVICAL SPINE | | Doctor's request with history | 24 Hours |

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X'RAY

| | | | |
|----------------|--|-------------------------------|----------|
| THORACIC SPINE | | Doctor's request with history | 24 Hours |
| LUMBAR SPINE | | Doctor's request with history | 24 Hours |
| SACRUM-COCCYX | | Doctor's request with history | 24 Hours |
| SHOULDER | | Doctor's request with history | 24 Hours |
| HUMERUS | | Doctor's request with history | 24 Hours |
| ELBOW | | Doctor's request with history | 24 Hours |
| FOREARM | | Doctor's request with history | 24 Hours |
| WRIST | | Doctor's request with history | 24 Hours |
| HAND | | Doctor's request with history | 24 Hours |

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X'RAY

| | | | |
|-----------|--|-------------------------------|----------|
| FINGER | | Doctor's request with history | 24 Hours |
| CHEST | | Doctor's request with history | 24 Hours |
| STERNUM | | Doctor's request with history | 24 Hours |
| ABDOMEN | | Doctor's request with history | 24 Hours |
| PELVIS | | Doctor's request with history | 24 Hours |
| FEMUR | | Doctor's request with history | 24 Hours |
| KNEE | | Doctor's request with history | 24 Hours |
| TIB & FIB | | Doctor's request with history | 24 Hours |
| ANKLE | | Doctor's request with history | 24 Hours |

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X'RAY

| | | | |
|-------------------------------------|--|-------------------------------|----------|
| FOOT | | Doctor's request with history | 24 Hours |
| CHEST PA & LATERAL | | Doctor's request with history | 24 Hours |
| Dyanimic View (Flexion & Extension) | | Doctor's request with history | 24 Hours |

| | | | |
|------------------|--|--|----------|
| MAMMOGRAM | No deodorant/powder in armpit. A skirt and blouse/top is preferable | | 24 Hours |
| EKG (ECG) | A skirt and blouse/top is preferable | | 20 mins |

NOTE: CT-SCAN AND MRI

Depending on the client's history, a contrast agent will be introduced into the patient for better images or delineating of the interested structures. All CT-SCAN contrast cases above 18 years must do creatinine.

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COPY