

## **Follow-up and Management of Indeterminate Lung Nodules Detected Incidentally on Nonscreening CT**

### **Recommendations**

#### **Technique**

The CT scans should use techniques designed to reduce radiation dose while maintaining adequate image quality As Low As Reasonably Achievable (ALARA). The use of dose modulation software and post processing algorithms may result in a further reduction in dose and are encouraged where available.

For consistency, it is recommended the patient be scanned lung apices to bases and images be reconstructed at 2 mm every 1 mm for solid nodules and at 1 mm every 1 mm for subsolid nodules.

Follow-up exams should be done without IV contrast.

#### **Template Guidelines**

**In the findings section of the report, define:**

Nodule Characteristics:

The characteristics of the nodule and the summary and recommendations are critical aspects of the report. The size of the nodule is the most important characteristic, although other characteristics such as spiculation can provide additional useful information.

Size: average of length and width, largest nodule  
Composition: solid, ground-glass, mixed, calcified, fatty, enhancement, cavitory  
Borders: sharp, lobulated, spiculated, indistinct  
Calcification: none, benign pattern, indeterminate  
Location: lung, lobe  
Image location: series and image number

If a new nodule is found at a later time, follow up should be based on the characteristics of the new nodule along with the patient's risk factors and particular circumstances.

If incidental nodules are noted on a CT abdomen for which further evaluation is deemed appropriate, a dedicated diagnostic CT scan of the chest would be in order. However, this should be based on patient age and indication for abdominal CT.

These guidelines will not apply to every clinical situation. There may be specific cases where these general guidelines should not be followed. Whenever a provider makes a medical judgment that the guidelines should not be followed in the case of a specific patient this should be noted as an exception and the rationale for that judgment should be documented in the patient's medical record.