



a **Rezolut** partner

**The Hill Medical Center**  
1000 E. Genesee St., Ste 100  
Syracuse, NY 13210  
Phone: (315) 472-8835  
Fax: (315) 476-3712

**Clay Medical Center**  
8100 Oswego Rd., Ste 120  
Liverpool, NY 13090  
Phone: (315) 652-1020  
Fax: (315) 652-4578

**Brittonfield**  
4939 Brittonfield Pkwy. Ste 102  
East Syracuse, NY 13057  
Phone: (315) 634-6690  
Fax: (315) 634-6691

## PROCEDURE & PREP MANUAL

# CNY Diagnostic Imaging

## THE HILL MEDICAL CENTER

1000 E. Genesee St., Ste. 100 • Syracuse, NY 13210

Phone: (315) 472-8835 • Fax: (315) 476-3712

### Services offered:

- MRI
- Breast MRI
- Ultrasound including Doppler
- General Radiology including Fluoroscopy
- CT - 64 Slice
- Bone Densitometry
- Digital Mammography

## CLAY MEDICAL CENTER

8100 Oswego Rd., Ste. 120 • Liverpool NY 13090

Phone: (315) 652-1020 • Fax: (315) 652-4578

### Services offered:

- MRI
- Breast MRI
- CT
- Ultrasound including Doppler
- Digital Mammography
- Bone Densitometry
- General Radiology including Fluoroscopy

## BRITTONFIELD

4939 Brittonfield Pkwy., Ste. 102 • East Syracuse, NY 13057

Phone: (315) 634-6690 • Fax: (315) 634-6691

### Services offered:

- MRI
- Breast MRI
- MRI Breast Biopsy
- Bone Densitometry
- CT
- Ultrasound including Doppler
- Digital Mammography
- General Radiology including Fluoroscopy

*As always, our offices are staffed by radiologists who protocol each exam to meet the individual needs of your patients. Results can be called immediately if requested.*

**CNY-XRAY (269-9729)**

[www.cnydiagnosticimaging.com](http://www.cnydiagnosticimaging.com)



# INTRODUCTION

CNY Diagnostic Imaging has been serving the Central New York area since 1979. We were the first multi-modality out-patient imaging center in Central New York. With four convenient locations, we offer high quality imaging services that emphasize prompt service to patients and their referring physicians in a pleasant atmosphere. Exams are individually tailored to patients needs and monitored by on-site radiologists. Accurate imaging services and patient care remain our top priority.

CNY Diagnostic Imaging provides diagnostic imaging services in:

**Digital Mammography, Stereotactic Breast Biopsy, MRI, including MRI of the Breast, and MRI Breast Biopsy, CT, Ultrasound including Doppler, Bone Densitometry, Fluoroscopy, and General X-ray Procedures.**

Our offices keep up to date on the latest requirements for radiology facilities. We have been accredited by the American College of Radiology (ACR) for Digital Mammography, Ultrasound, CT, MRI, and Vascular Ultrasound. We have met all the necessary requirements for this which included peer review evaluation of the staff qualifications, equipment, quality control, quality assurance programs, image quality and radiation dose.

As CNY Diagnostic Imaging continues to meet the needs of patients and referring physicians, the commitment to provide accurate imaging services and patient care remains our top priority.

We hope this manual will assist your office in providing information for patient scheduling and exam preparation. Please call us if you have any questions or need additional assistance.

**Please note: We offer free parking at all our locations. Directions and Map to our locations is located at the end of this Manual.**

Thank you for choosing CNY Diagnostic Imaging for your patient's imaging needs.

Patrick J. Lynch, M.D.  
Michael A. Riccione, M.D.  
Paul D. Reznikov, M.D.  
Gerard McCrohan, M.D.  
Benjamin B. McDaniel, M.D.

# TABLE OF CONTENTS

(Map & Directions on back page)

<b>ORDER OF EXAMS &amp; COMBINATION STUDIES.....</b>	<b>4</b>
<b>EXAMS THAT CANNOT BE DONE ON THE SAME DAY.....</b>	<b>5</b>
<b>PART I: BONE DENSITOMETRY (DEXA).....</b>	<b>6</b>
<b>PART II: CT: General Information.....</b>	<b>7</b>
CT Abdomen.....	8
CT Angiogram.....	8
CTA Aorta with Runoff.....	8
CT Brain.....	8
CT Chest.....	8
CT Cervical Spine.....	9
CT Enterography.....	9
CT Extremities.....	9
CT Guidance for Liver & Spleen Biopsy: <i>Not offered</i>	
CT Guidance for radiotherapy fields.....	10
CT IAC's, pituitary.....	10
CT Lumbar Spine.....	10
CT Neck.....	10
CT Orbits.....	10
CT Pelvis.....	11
CT Sinuses.....	11
CT Thoracic Spine.....	11
CT IVP/Urography.....	11
<b>PART III: FLUOROSCOPY: General Information.....</b>	<b>12</b>
Arthrograms.....	13
Barium Enema: <i>not offered</i>	
Barium Swallow/Esophogram.....	13
GI Series.....	13
Hip Injection.....	13
HSG (Hysterosalpingogram).....	14
Small Bowel Series.....	14
VCU: <i>Not offered</i>	
<b>PART IV: GENERAL (ROUTINE) RADIOLOGY.....</b>	<b>15</b>
IVP (Intravenous Pyelogram): <i>Not offered</i> <i>See CT IVP/Urography</i>	
General Exams.....	15
Special Radiographic Exams:.....	16
Motility Study	
Skeletal Survey	
<b>PART V: MAMMOGRAPHY (DIGITAL).....</b>	<b>17 &amp; 18</b>
<b>PART VI: MRI: Procedure &amp; General Information.....</b>	<b>19 &amp; 20</b>
MRI Breast.....	21
MRI Breast Biopsy.....	21
MRI Enterography.....	21

# TABLE OF CONTENTS

(Map & Directions on back page)

<b>PART VII:</b>	<b>STEREOTACTIC BREAST BIOPSY .....</b>	<b>22</b>
<b>PART VIII:</b>	<b>ULTRASOUND: General Information .....</b>	<b>23</b>
	Abdominal Sonogram .....	24
	Aortic Sonogram .....	24
	Arterial Sonogram: <i>Not offered</i>	
	Breast Sonogram .....	24
	Carotid Doppler .....	24
	Color flow evaluation of pelvic masses .....	24
	Core Biopsy: (see FNA, page 33)	
	Extremity Sonogram .....	24
	Fine Needle Aspiration of the Breast (FNA).....	25
	Gallbladder Sonogram .....	25
	Liver Sonogram .....	25
	Obstetrical Sonogram .....	25
	Pelvic Sonogram .....	25
	Prostate Sonogram: <i>Not offered</i>	
	Renal (kidney) Sonogram .....	26
	Testicular Sonogram .....	26
	Thyroid Sonogram .....	26
	Transvaginal Sonogram of pelvis .....	26
	Ultrasound guided cyst aspiration .....	26
	Venous (leg) Doppler .....	27
	Venous Insufficiency Exam: <i>Not offered</i>	

## **ORDER OF EXAMINATIONS**

**SONOGRAMS** should be scheduled before scheduling any other examination (with the exception of mammograms). Prior contrast procedures will obscure detail on the sonographic examination.

**BARIUM STUDIES** (Fluoroscopy) the flow of barium from the GI series obscures detail on all other exams ordered. All other exams scheduled on the same day as a barium study, must be scheduled first.

**CT SCANS** should be scheduled before any barium studies. Prior contrast procedures obscure detail necessary for accurate diagnosis.

**Note:** \*KUB and Lumbar spine x-ray's done first before oral contrast or barium is given.

## **COMBINATION STUDIES\***

Many of the exams scheduled can be done on the same day.  
The following are some of the combinations:

SONOGRAPHY - FLUOROSCOPY (sonogram is scheduled first)

SONOGRAPHY - CT SCAN (sonogram is scheduled first)

DIGITAL MAMMOGRAPHY - SONOGRAPHY (mammogram scheduled first)

GENERAL X-RAY CAN BE DONE WITH ANY OTHER PROCEDURE.

CT – MRI (MRI is scheduled first)

*\*Variations of these combinations are at the discretion of the radiologist.*

## **EXAMS THAT CANNOT BE DONE ON SAME DAY**

Barium Enema's are not performed at our facilities. In the event that the patient will be scheduled for a barium enema at another facility and coming to us for additional imaging, follow the guidelines below:

### **BE & CT ABDOMEN**

CT abdomen is done first and the BE can be done 2 days later.

### **BE & UPPER GI SERIES**

BE done first and the GI should be done 3 days later. (ex: Monday BE and Thursday GI)

### **BE & SIGMOIDOSCOPY**

Schedule the BE 2 days after the Sigmoidoscopy if air is used.

If a Biopsy was performed on the patient wait 7 to 10 days to schedule the BE.

*\*\* Check with the Radiologist.*

### **GI SERIES & CT ABDOMEN**

CT abdomen is done first and the GI can be done 2 days later.

### **PELVIC SONOGRAM & GI SERIES**

Pelvic sonogram is done first and the GI series can be done the next day.

### **PELVIC SONOGRAM & BE**

Pelvic sonogram is done first and the BE can be scheduled the next day.

## **BONE DENSITOMETRY**

### **TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

### **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patient's insurance information and required referral requisition with diagnosis.
2. If Medicare patient, a routine bone density can only be done every 24 months.  
Medicare patients can have a bone density in one year if medically necessary.
3. A script and proper code.

### **GENERAL INFORMATION**

1. Prep: Avoid taking calcium supplements for a least 24 hours prior to the exam.
2. Wear loose, comfortable clothing. No metal over the lower back and hip area.
3. Patient should not have had a contrast study (i.e., barium study, CT scan, etc.) within 7 days prior to exam time.
4. Weight limit 300 lbs at our Hill location and 450 lbs at the Brittonfield and Clay locations.
5. Hip and Lumbar spine will be x-rayed.



## **CT SCAN**

**TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

### **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patients insurance ID# and carrier.  
Also, required referral requisition with diagnosis and insurance authorization when required must be obtained.
2. Special instructions.
3. Type of exam.
4. Reason for exam: Diagnosis with proper code.
5. Any pertinent x-rays.
6. BUN & Creatinine levels must be obtained within the last 6 weeks for patients with known renal abnormalities, diabetes and patients over 60.

### **GENERAL INFORMATION**

1. **Emergencies** requiring no patient preparations are accommodated throughout the day with written or verbal orders.
2. **CT SCAN WEIGHT LIMIT = 400 POUNDS, 450 POUNDS for the Syracuse Location.**
3. Patients may take their medications with a small amount of water before any CT scan.
4. Patients should arrive for their appointment 15 minutes prior to their examination for necessary paperwork, unless otherwise told. Some patients may need to arrive earlier than the 15 minute time frame. Bring medication list.
5. Most CT Abdomen and CT Pelvis will be drinking an oral contrast.
6. If a patient is having a contrast study, this will be injected into a vein.
7. NPO usually not necessary.

## **CT SCAN EXAMINATIONS**

### **CT SCAN OF ABDOMEN**

1. Patients may take necessary medications with a small amount of water.
2. BUN & Creatinine levels must be obtained from the referring physician on diabetics, and patients over 60.
3. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
4. Exam time: Approximately 1-1/2 hours.

*\*Patient should be informed that for the 1st hour they will be drinking.*

### **CT ANGIOGRAMS**

1. If the patient normally takes Glucophage, Glucovance, Metformin, Fortamet, Avandament, Metaglip or Glumetza (diabetic meds) it must be held for 48 hours after the CT scan.
2. Patient will need to be re-evaluated 48 hours after the CT is obtained.
3. If the patient is on dialysis they will require dialysis 24 hours after the injection.

**CTA AORTA With RUNOFF:** This exam is **ONLY performed at the HILL location**

1. No Drinks for this study.

### **CT BRAIN**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling
2. Exam time: Approximately 30 minutes.

### **CT CHEST**

1. Prep is the same as CT scan of the abdomen, except patient does not drink.
2. Exam time: Approximately 30 minutes.
3. Prior chest x-ray studies if performed within the last 6 months must be available to us for the patient's exam. Reports should be obtained by fax at time of scheduling.
4. Copy of BUN & Creatinine levels must be obtained from the referring physician on diabetics, and patients over 60.

## **CT SCAN EXAMINATIONS**

### **CT CERVICAL SPINE**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: approximately 30 minutes.

### **CT ENTEROGRAPHY**

Indications:

- a. Suspected or known Crohn's disease
  - b. Suspected or known small bowel tumors
  - c. Anemia, GI bleeding with negative upper GI and colon work up.
  - d. Suspected small bowel abnormalities, malabsorption.
1. The patient is to arrive **90 minutes** before scan time.
  2. Hydrate normally w/clear liquids.

### **CT EXTREMITIES**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: Approximately 30 minutes.

**Note:** If the patient history is to R/O MASS, the patient must fast 4 hours prior to exam (diabetic patients: 2 hours).

3. Contrast injection should be ordered and will be used as needed.

### **CT EXTREMITIES FOR SOFT TISSUE MASS**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. BUN & Creatinine levels must be obtained from the referring physician on diabetics, and patients over 60 (especially for CT chests, CT Abd/Pelvis and/or CT Neck).
3. Exam time: Approximately 30 minutes.

**CT GUIDED LIVER & SPLEEN BIOPSIES:** *not offered*

# **CT SCAN EXAMINATIONS**

## **CT GUIDANCE FOR RADIOTHERAPY FIELDS**

1. No prep needed if CT is done here.
2. The patient must be marked with radiation therapy fields (lines or boxes). The fields must be clearly marked for the radiation therapy.
3. Exam time: 45 minutes.
4. Patients with outside prior CT scans of the area should bring the films with them or the referring MD's office should send the films to us prior to the patient's appointment.

## **CT IAC's**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: Approximately 1 hour.

## **CT LUMBAR SPINE**

1. Patients with outside pertinent exams (prior CT scan, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: Approximately 45 minutes.

## **CT NECK FOR MASS**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. BUN & Creatinine levels must be obtained from the referring physician on diabetics, and patients over 60.
3. Exam time: approximately 30 minutes.

## **CT ORBITS: (Temporal Bones, IAC's)**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: Approximately 1 hour.

## **CT SCAN EXAMINATIONS**

### **CT PELVIS**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: approximately 1-1/2 hours.

*\*Patient should be informed that for the 1st hour they will be drinking.*

### **CT SINUSES**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to their appointment. Reports should be obtained by fax at time of scheduling.
2. Exam time: approximately 15 minutes.

**Note:** Please be sure to inform our office if the patient only needs a limited sinus scan instead of the full CT Sinus series.

### **CT THORACIC SPINE**

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. **Please identify levels to be scanned.** We prefer not to radiate the entire spine.
3. Exam time: Approximately 45 minutes to 1 hour.

### **CT IVP/UROGRAPHY:** (Renal stone, mass or hematuria evaluation)

This exam is a CT Abdomen Pelvis looking for obstruction of a kidney stone and to evaluate for renal, ureteral or bladder masses.

1. Patients with outside pertinent exams (prior CT, x-rays, ultrasound, etc.) should be instructed to bring a CD with them or the referring MD's office should send the CD to our office prior to the patient's appointment. Reports should be obtained by fax at time of scheduling.
2. BUN and Creatinine levels must be obtained, within the last 6 weeks.
3. Patient to drink 3 glasses of water 1 hour prior to exam (do not have to have a full bladder).
4. Exam time: Approximately 30 minutes.

# **FLUOROSCOPY PROCEDURE**

## **TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

**Note:** 300 lb weight limit.

## **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patients insurance information and required referral requisition with diagnosis.
2. Special instructions
3. Type of exam
4. Reason for exam

## **GENERAL INFORMATION**

Emergencies are accommodated throughout the day with written or verbal orders.

Examinations that usually require prep (fasting) must be approved by the radiologist.

# **FLUOROSCOPY EXAMINATIONS**

## **ARTHROGRAM:** (Knee, Shoulder, Hip, Elbow, Wrist, Ankle)

1. No prep.
2. Need prior x-rays.
3. Schedule in the PM.
4. Exam time: Approximately 1 hour.

## **BARIUM ENEMA:** *not offered*

## **BARIUM SWALLOW/ ESOPHOGRAM**

1. Nothing by mouth after midnight the night before exam
2. Please follow the same prep as the GI series (in case the radiologist needs to look at the stomach).
3. Patient will be drinking barium for this test.
4. Scheduled in the AM.
5. Exam time: Approximately 45 minutes.

## **GI SERIES**

1. No milk or milk products after your noon meal the day before your examination.
2. **Nothing** by mouth after midnight, and please no breakfast.
3. If **SI** (small intestine) exam is also requested:
  - a. Discontinue medications for diarrhea 24 hours before exam.
  - b. This exam could take considerably longer than 1 hour.
5. Patient will be drinking barium for this test.
4. Scheduled in the early AM.
5. Exam time: 1/2 hour (for the GI series)

## **HIP INJECTION**

1. No prep.
2. Patient is to bring medication with them for the study.
3. Schedule in the PM.
4. Exam time: approximately 1 hour.

## **FLUOROSCOPY PROCEDURE**

### **HSG:** (Hysterosalpinogram)

1. No prep.
2. Scheduled in the PM.
3. This is performed by the Radiologist and Gynecologist.
4. Exam time: Approximately 1/2 hours.

### **SMALL BOWEL SERIES:** (See #3 of GI series)

1. Discontinue diarrhea medications for 24 hours before exam.
2. Patient will be drinking barium for this study.
3. This exam could take considerably longer than 1 hour.

**VCU:** *not offered*



## **GENERAL X-RAY & SPECIALTY PROCEDURES**

### **TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

**Note:** 300 lb weight limit.

### **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patient insurance information and required referral requisition with diagnosis.
2. Special instructions.
3. For some of the general examinations; chest x-rays, extremities, sinuses, an appointment is not needed. We will see these patients on a walk-in basis.
4. If a patient has had a same prior exam at another facility, please provide that information.

## **GENERAL EXAMINATIONS**

**IVP:** We no longer offer this exam: See **CT IVP/UROGRAPHY**

### **GENERAL X-RAY STUDIES REQUIRE NO PATIENT PREPARATION**

1. Exam time: Varies per exam.

### **WALK-INS ARE WELCOME**

## **SPECIAL RADIOGRAPHIC EXAMS**

### **MOTILITY STUDY**

1. Prep: Fast AM (no breakfast until after the exam).
2. No bowel medications (laxatives, etc.) until study is complete.
3. Exam time: The patient is scheduled on Wednesday, Thursday and the following Monday.  
The patient will only be in our x-ray department for 15 minutes each time he/she returns.

### **SKELETAL SURVEY**

No prep, but patient needs to be scheduled for a 1 hour appointment time. PM appointments preferred.

# **DIGITAL MAMMOGRAPHY**

## **TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

## **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Insurance information and required referral requisition with diagnosis.
2. The patient can schedule their own appointment if they have a requisition from their referring doctor.
  - Must be at least one year since the patient's last mammogram.
  - If a Medicare patient: The previous mammogram must be within the same month as last year or later for Medicare to pay for exam.
  - If diagnostic: We need a script with compliant code for the mammogram, additional views and/or sonogram.

**\*Note:** A sonogram may be done without a Mammogram ONLY if patient is very young. Ask the Radiologist and he/she will decide if a Mammogram is needed.

## **GENERAL INFORMATION**

Having a Digital Mammogram is very much like having a conventional film screen mammogram. Both use the same compression of the breast and x-rays to produce an image of the breast.

A Digital Mammogram allows the radiologist to alter the orientation, magnification, brightness and contrast to produce images of the breast that can be seen on a computer screen. Also, all Digital Mammograms are analyzed by computer-aided detection, or CAD. This uses a digitized mammographic image to search for abnormal areas of density, mass or calcification that may indicate the presence of cancer. The CAD system highlights these areas on the images, alerting the need for further analysis.

# **DIGITAL MAMMOGRAPHY EXAMINATION**

## **MAMMOGRAM**

1. No prep.
2. Scheduled 7:30 AM to 4:00 PM, Monday through Friday.
3. The patient should be instructed not to wear excessive deodorant or body powder.
4. For asymptomatic patients, they should be scheduled mid cycle, days 7-14, (if applicable) whenever possible.
5. Exam time: Approximately 1/2 hour.
6. If Add Views are recommended by the Radiologist, the exam will be longer than 1/2 hour.

# **MAGNETIC RESONANCE IMAGING PROCEDURES-(MRI)**

**TO SCHEDULE: 315-269-9729**

## **CONVENTIONAL MRI**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

## **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patient's insurance ID# and carrier.  
Also, required referral requisition with diagnosis and insurance authorization when required must be obtained.
2. Type of exam.
3. Diagnosis and special instructions.
4. Any prior related surgeries.
5. Any pertinent previous exams (i.e., CT scan, X-ray, etc).
6. Premedication for pain or claustrophobia. Patient must have a driver.
7. Type of insurance: i.e. commercial HMO, Workers Compensation, No-Fault, Liability, and authorization needed if applicable.
8. Patient Weight
9. Is patient ambulatory? (i.e., can they stand up and sit down on the MRI table with minimal assistance).

## **Music Options**

Brittonfield: Local FM Radio/CD

Clay: Local FM Radio, iPhone connections

Hill: Local FM Radio

Taft: Limited Internet FM Radio/CD

**\*Note:** Depending on what exam the patient is having, listening to music may not be an option for them.

# **MRI EXAMINATION**

## **GENERAL INFORMATION**

1. Patients with previous exams pertinent to the MRI exam should be instructed to bring any prior studies with them for comparison.
2. Patients should arrive 20 to 30 minutes prior to their exam time.
3. Exam time could be 20 minutes to 1 hour.
4. Some exams require the patient to be positioned into the MRI unit head first and some exams require the patient to be positioned into the MRI unit feet first.

**Weight limit for the MRI scanner = 350 pounds.**

## **PREPARATION**

1. No prep. MRCP must be fasting for 8 hours.
2. The patient can take all their medications normally. Wear clothing that do not have metal on them.
3. The patient may require medication for pain management or claustrophobia. These patients should obtain the prescription from their physician and be instructed in using the medication prior to their arrival time for the exam. These patients will need someone to drive for them.

## **CONTRAINDICATIONS**

Certain metallic and surgical implants are contraindications (not compatible) for the MRI (see below). The patient will be asked to complete a medical questionnaire prior to the MRI.

1. Pacemakers
2. Intracerebral aneurysm clips
3. Implanted drug infusion devices
4. Internal electrodes
5. Cochlear implants
6. Electronic or mechanical implants

## **INTRAVENOUS OR INTRAMUSCULAR INJECTIONS**

A contrast agent (dye) may be needed to fully diagnose a patient's condition. This contrast is a paramagnetic compound called Magnevist, and is very safe, FDA approved drug.

An intramuscular injection of Glucagon may be used during abdominal or pelvis MRI procedures to slow the peristaltic movements, to help decrease motion on the exam.

**BUN & Creatinine & GFR** blood test needed for the following criteria

- Acute Renal (Kidney) Disease or History of Renal (Kidney) Disease.
- Diabetics
- Over age 60

# **MRI EXAMINATION**

## **BREAST MRI**

**Important:** Patients need to be on day 7 -14 of their cycle (day one being 1st day of menses) and if patient is on Hormone Therapy, they need to be off of it for 60 to 90 days.

- All metal will be removed before the patient enters the exam room. Patients will be given a gown if their clothing has metal on them. The entire scanner room is a magnetic field.
- Patient will have an IV injection during the exam.
- The patient will lie on their stomach, going into the scanner feet first. The patient's head will be just inside the scanner.

\* If the patient is **claustrophobic** they can use mirrored glasses, cover their eyes with a wash cloth, or tilt their head backwards enough to be able to look out the scanner. If patients have difficulty lying on their back, they can be positioned on their stomach to be able to look out.

- Exam Time: Approximately 1 hour.
- Earplugs are provided for hearing protection.

**MRI BREAST BIOPSY:** Performed only at our **Brittonfield location**

**MRI ENTEROGRAPHY:** Performed only at our **Clay location**

Helps to evaluate any bowel process safely and noninvasively including infectious or inflammatory process (Crohn's disease, ulcerative colitis), typhlitis, short gut as well as neoplastic process without exposing patient to ionizing radiation.

### Patient Prep:

- a. Day prior to exam: Hydrate normally with clear liquids the day before the exam.
- b. Clear liquids only 8 hours prior to the exam. Diabetics/children (under age 12) 4 hours prior.

Exam time: 90 minutes actual scan time and total for the whole test is 105 – 15 min paperwork, 30 minutes drink, 60 minutes scan.

Procedure codes: 74183 MR Abdomen w&w/o Contrast and 72197 MR Pelvis w&w/o Contrast

## **STEREOTACTIC BREAST BIOPSY**

**TO SCHEDULE: 315-269-9729**

This procedure is done at our East Syracuse office only. The office is open to take your call from 7:30 AM to 5:00 PM.

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

### **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patient's insurance information and required referral requisition with diagnosis.
2. Breast of concern.
3. Prior mammograms and/or sonograms. For outside locations current study is needed and one prior mammogram on film, not a CD with reports.
4. Any allergies? (ex: Novocain, etc)
5. **Does the patient take aspirin daily or non steroidal anti-inflammatory drugs, or blood thinners? These should not be taken 5 to 7 days prior to the exam.**

## **STEREOTACTIC BREAST BIOPSY**

### **GENERAL INFORMATION**

1. The patient should plan on being in the office for 1-1/2 to 2 hours. The procedure time is approximately 45 minutes.
2. The patients previous exam which recommended the stereotactic biopsy and one prior mammogram with reports should be sent to our office prior to scheduling (if not done at any of our CNY offices).
3. Avoid any strenuous activity/heavy lifting for 24 hours following the procedure. However, there may be some mild discomfort.

### **PREPARATION**

1. The patient may eat and drink normally before the procedure.
2. Continue all medications except aspirin\*. Inflammatory medications and Ibuprofen products (Motrin, Aleve, Advil, etc) or blood thinners (Coumadin, Plavix and Heparin, etc).
3. The patient should dress comfortably. A two piece outfit is preferable.

**\*Note: Blood Thinners, Aspirin/Ibuprofen/Inflammatory medications should not be taken 5 to 7 days prior to the procedure.**



## **ULTRASOUND PROCEDURES**

### **TO SCHEDULE: 315-269-9729**

Our office is open to take your call from 7:30AM to 5:00PM.

1000 E. Genesee St., Ste 100, Syracuse ..... 472-8835

8100 Oswego Road, Ste 120, Liverpool ..... 652-1020

4939 Brittonfield Pkwy, Ste 102, E. Syracuse ..... 634-6690

### **INFORMATION NEEDED TO SCHEDULE**

1. Patient name, date of birth and phone number. Patients insurance information and required referral requisition with diagnosis.
2. Special instructions.
3. Type of exam.
4. Reason for exam.

### **GENERAL INFORMATION**

Emergencies requiring no patient preparations are accommodated throughout the day with written or verbal orders.

Emergencies requiring prep (fasting) must be approved by the radiologist.

We do not do prostate sonograms.

# **ULTRASOUND EXAMINATIONS**

## **ABDOMINAL SONOGRAM**

1. Patient should fast from midnight the night before exam.
2. Usually scheduled early morning.
3. Exam time: Approximately 1/2 hour.

## **AORTIC SONOGRAM**

1. Nothing by mouth after midnight the night before exam.
2. Exam time: Approximately 1/2 hour.

**ARTERIAL SONOGRAM:** *not offered*

**BIOPHYSICAL PROFILE:** (See OB Sonogram)

**BLADDER SONOGRAM:** (See Pelvic Sonogram)

## **BREAST SONOGRAM**

1. If the previous mammogram was not done at one of our locations, the patient should bring their previous mammogram images and report with them to their appointment.
2. Indicate area of interest.
3. Exam time: Approximately 15 minutes – 30 minutes (depending on single or bilateral breast).
4. A sonogram may be scheduled without having a mammogram only if the patient is under 40. The radiologist will decide if a mammogram is needed.\*

*\*Ultrasound is the best and preferred study for palpable areas of concern in women under 40 and should be the initial examination ordered with a mammogram "as needed."*

## **CAROTID DOPPLER**

1. No prep.
2. Exam time: Approximately 1 hour.
3. Please note: The patient will be lying flat for approximately one hour.

## **COLOR FLOW EVALUATION OF PELVIC MASSES**

**CORE BIOPSIES** (see FNA, page 33)

## **ULTRASOUND EXAMINATIONS**

### **EXTREMITY SONOGRAM:** (To look for a mass)

1. No prep.
2. Exam time: Approximately 30 - 45 minutes.

### **FINE NEEDLE ASPIRATIONS OF THE BREAST**

1. Prior Mammogram is needed.

### **GALLBLADDER SONOGRAM**

1. Patient should fast from midnight the night before the exam (no food or drink).
2. Usually scheduled early morning.
3. Exam time: Approximately 1/2 hour.

### **LIVER SONOGRAM**

1. Patient should fast from midnight the night before exam.
2. Scheduled early morning.
3. Exam time: approximately 1/2 hour.

### **OBSTETRICAL SONOGRAM**

1. Patient should be finished drinking 8 oz. of liquid (water is best) 1 hour prior to the exam.  
The patient is not to void until after the exam.
2. Exam time: Approximately 1/2 hour. TWINS: 1 hour.
3. LMP (last menstrual period) and previous sonogram information (if applicable) is needed

*\*Please specify if BIOPHYSICAL PROFILE is needed.*

### **PELVIC SONOGRAM**

1. Patient should be finished drinking 32 oz. of liquid (water is best) 1 hour prior to the exam.  
The patient is not to void until after the exam. The patient must come in with a full bladder,  
unless the referring physician is specific about the patient not drinking and having only a Transvaginal Study.
2. Exam time: Approximately 1/2 hour.

*\*Please specify if TRANSVAGINAL study if needed.*

### **PROSTATE SONOGRAM:** *not offered*

## ULTRASOUND EXAMINATIONS

### **RENAL (KIDNEY) SONOGRAM**

1. NPO after midnight the night before the exam. Patient should drink one 8 oz glass of water 1 hour prior to exam time (do not void). If the exam is ordered for the afternoon, NPO 6-8 hours before study. (If there are any questions, please call).
2. Exam time: Approximately 1/2 hour.

*\*Previous related studies would be helpful (i.e., IVP, renal scan).*

### **TESTICULAR SONOGRAM**

1. No prep.
2. Scheduled in the PM.
3. Exam time: Approximately 1/2 hour

**\*Note:** Exam is performed by a female technologist.

### **THYROID SONOGRAM**

1. No prep.
2. Exam time: Approximately 1/2 hour.

*\*Previous thyroid studies would be helpful (i.e., thyroid scan).*

### **TRANSVAGINAL SONOGRAMS OF PELVIS**

Have patients drink before study (see pelvic sonogram), unless the referring MD specifies that they **ONLY** want a transvaginal study.

### **ULTRASOUND GUIDED CYST ASPIRATION**

1. Total exam time: 1/2 to 1 hour.
2. Recent mammogram and ultrasound needed. Please indicate breast of concern.
3. No restrictions following procedure. The patient may eat and drink normally.
4. Continue medications, except aspirin: **\*Aspirin, inflammatory medication or blood thinners should not be taken 5 to 7 days prior to the procedure.**
5. Any allergies? (i.e. drug allergies)
6. Patient should dress comfortably. A two-piece outfit is preferable.

## **ULTRASOUND EXAMINATIONS**

### **VENOUS (LEG) DOPPLER**

(We do not perform Arterials)

1. No prep.
2. Exam time: Approximately 1/2 hour – 1 hour (depending on single or bilateral legs).

**VENOUS INSUFFICIENCY EXAMS:** *not offered*

## **MAP DRIVING DIRECTIONS**

### **THE HILL MEDICAL CENTER: 1000 East Genesee Street, Suite 100, Syracuse.**

**From North:** 81 South to Exit #18 (Harrison & Adams) to Adams Street. Take a left onto Adams Street and go up hill. Go through light at Irving Ave. Take your next left onto So. Crouse Ave. Go across Madison Street turn right into The Hill Medical Center parking garage. Bring your ticket into the office for validation.

**From South:** 81 North to Exit #18 (Harrison & Adams) to Adams Street. Take a right onto Adams Street and go up hill. Go through light at Irving Ave. Take your next left onto So. Crouse Ave. Go across Madison Street turn right into The Hill Medical Center parking garage. Bring your ticket into the office for validation.

### **CLAY MEDICAL CENTER: 8100 Oswego Road, Ste. 120, Liverpool.**

**From North:** Rte 481 South to Exit #12 (Baldwinsville). At end of ramp go straight across Rte 31 onto Soule Road. Take Soule Road to the end. The Clay Medical Center is on the corner of Soule Road and Rte 57.

**From Syracuse:** 81 North to Electronics Parkway onto Rte 370 into Liverpool Village. Take Rte 57 North. Clay Medical Center is on the corner of Rte 57 and Soule Road.

**From East:** Take 481 North to Exit #12 (Baldwinsville). Take a left at the top of the ramp onto Rte 31. Take first left onto Soule Road. Go to the end of Soule Road. Clay Medical Center is on the corner of Rte 57 and Soule Road.

### **BRITTONFIELD: 4939 Brittonfield Parkway, Ste. 102, E. Syracuse.**

**From North:** Take 481 South to the Bridgeport exit (Exit tn). Turn right at the end of the ramp onto Rte 298. Take first left onto Brittonfield Parkway. Our office is in the CNY Family Care building. The building will be on your right on the corner of Brittonfield Parkway and Fly Road.

**From Syracuse:** 690 East to 481 North to the Bridgeport exit (Exit tn). Turn right onto Rte 298. Take a left onto Brittonfield Parkway. Our office is in the CNY Family Care building. The building will be on your right on the corner of Brittonfield Parkway and Fly Road.

**From New York Thruway:** Exit #34A to 481N. 481N to Exit #7 (Bridgeport). Turn right onto Rte 298. Take a left onto Brittonfield Pkwy. Our office is in the CNY Family Care building. The building will be on your right, on the corner of Brittonfield Parkway and Fly Road.

**\*Parking is free at all of our locations.**

## THREE CONVENIENT LOCATIONS

