EAR FAQs for GPs

What should I do about:

Q: An equivocal incidental liver lesion on US where the radiologist suggests a MR scan to clarify?A: Request the scan suggested by the radiologist/sonographer on report via the new 'LI Radiology Further Tests'

Q: Liver haemangiomas on ultrasound over 5cm? **A:** Refer HPB

Q: A bladder mass discovered on US?A: Refer Urology USOC

Q: An incidental lung nodule on a CTKUB where the radiologist recommends a chest CT?

A: Arrange CT chest via 'LI Radiology Further Tests' and then refer respiratory lung nodule clinic if nodule(s) still present. The patient can be referred to the respiratory team as a 'routine' if follow-up nodule scanning required. GPs should arrange the **initial** chest CT only and are not expected to perform long-term follow-up of lung nodules

Q: A testicular mass considered suspicious on ultrasound?

A: Refer via SCI Gateway Scrotal Swelling pathway as USOC priority (pathway outlined on <u>Scrotal Conditions</u> (<u>nhslothian.scot</u>) Ref Help page

Q: Multiple liver lesions on US suspicious of mets and radiologist suggests needs a CT/MR?
A: Request CT or MR via 'LI Radiology Further Tests' and refer via SCI Gateway Cancer of Unknown Primary pathway as outlined on <u>Cancer of Unknown Primary (CUP) (nhslothian.scot)</u> RefHelp page

Q: Lumbar spine MR shows a cystic area in abdomen and a CT abdomen/pelvis recommended?A: Request the scan suggested by the radiologist on report via the new 'LI Radiology Further Tests' function on Sci Gateway

Q: What do I do if the abnormality on the subsequent test requires specialist input?
A: Refer as usual to the appropriate specialty. Email/phone reporting radiologist if further clarification required (or duty radiologist if reporter unavailable)

Q: What about a GP CXR suspicious of cancer?

A: Continue to use the established suspected lung cancer pathway, as outlined on the <u>Lung Cancer</u> (<u>nhslothian.scot</u>) RefHelp page

Q: What if I am not sure what test to request or have queries about the report?A: E-mail/phone the original radiology reporter (or duty radiologist if reporter unavailable)

Q: As a radiologist/sonographer, how do I structure my report if I wish the GP to ask for another test?A: Opinion and recommendation. For example: Opinion: 3cm mixed echoity lesion in right lobe of liver. Probable atypical haemangioma Recommendation: Suggest MR liver for clarification

Q: What do we do about abnormalities requiring longer term follow-up

A: Patients requiring on-going or long-term follow-up of abnormalities (i.e. lung or liver lesions) should be referred on to relevant specialty

Q: What if I have spoken to a radiologist about a patient and they have suggested a scan not currently available to GPs?

A: Use the new 'LI Radiology Further Tests' pathway. Carefully document the type of scan, clinical indication and who you discussed it with on Sci Gateway form