

Clinical concern for appendicitis and/or ovarian torsion

Female Reproductive Organs

RLQ US for appendicitis  
Consider UA if appropriate

MRI for equivocal ultrasound or ongoing high clinical suspicion

- UA (with culture or reflex to culture)
- Urine HCG if >12 or pubertal
- Additional workup as needed (STI testing, etc.)

**MRI considerations:**

Age >=6

For hours / time of last accepted order - see radiology "Scope of Service" document in the Provider Dashboard or call MRI

- Sudden onset
- + emesis
- No fever
- Severe intensity
- Recent cyst ≥5cm

- High suspicion ovarian torsion\*
- Low suspicion appendicitis

MRI

\*Consider transvaginal US if sexually active or IUC placed in office

- Severe pain
- Vomiting
- Equivocal history OR
- Waxing and waning pain OR
- Morbidly obese with limited exam

? Ovarian torsion (mid)  
? Appendicitis (mid)

Shared decision-making to determine if ultrasound\* or MRI 1st

Consider transvaginal US if sexually active or IUD placed in office

Proceed based on imaging results

- RLQ focal pain
- With fever
- Gradual progression
- Anorexia, nausea, without vomit

- High suspicion appendicitis
- Low suspicion torsion

RLQ ultrasound

MRI for equivocal ultrasound or ongoing high clinical suspicion

