

Clinical concern for appendicitis
and/or ovarian torsion

MRI considerations:

Age = >5

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

RLQ US for appendicitis
Consider UA if appropriate

Female
Reproductive
Organs

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.)

- Sudden onset
- + emesis
- No fever
- Severe intensity
- Recent cyst $\geq 5\text{cm}$

- 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

- 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

Proceed based on
imaging results

