

## Tips to prepare for your SRS diagnosis process

First, please have your **primary care doctor** order a **3D CT** scan.

\*\*\*Important note: 3D- Please see **below**.

### Explain your primary doctor:

- In many cases, radiologic imaging of the chest wall (ribcage), such as X-rays, MRIs, and regular CT scans, do not reveal any abnormalities. Therefore, the radiologist may miss identifying fractures or detachment of the costal margin/cartilage, resulting in a misreported scan.

While costal margin/cartilage may not be visible in regular CT scans, 3D CT or High-Resolution scans (128-slice or more CT scanners) can uncover protruding ribs, costal margin / cartilage fractures, and detachments.

### Prepare:

1. Ask for a CT Scan, Chest to Abdomen, with or without contrast.  
*- Personally, I prefer Chest to Pelvis without contrast.*
2. Please let the radiologist or radiology tech know this is for 3D, so it should contain **DICOM** files, and you will wait for the copies, at least **two CDs**.

**Note:** If your area doesn't offer 3D CTs, there are other ways to create 3D renderings. However, **it's important to note that personally created images won't be recognized as official medical imaging unless you are licensed in medical imaging**. The information provided below is for your reference purposes only.

- For Windows computers, you can download RadiAnt <https://www.radiantviewer.com>
- For Apple computers (Mac) you can download Horos <https://horosproject.org/download-donation/>

### SRS providers (mostly surgeons) should:

- Combined with a physical exam, CT scan, and review of rendered 3D (you may request other tests such as dynamic ultrasounds), the SRS provider can diagnose and offer you treatment.
- Always should count the ribs from top to bottom.
- SRS providers (surgeons) should have knowledge of the latest updated surgical techniques, including suturing, plating, or combined techniques.

\*It's important to understand that medical professionals tailor treatment plans based on their expertise and each patient's individual needs. Therefore, decisions regarding surgical specifics and operative procedures are ultimately up to the discretion of the individual surgeons and patients.

**\*\*\*Important note about 3D\*\*\***

**Medically Necessary:**

The use of 3-D image rendering is considered **medically necessary** for clinical evaluation or preoperative planning when the information provided cannot be obtained by traditional two-dimensional (2-D) imaging and is critical to the clinical management of the individual. Common indications for 3-D image rendering include, but are not limited to:

- A. Aneurysms, suspected or known (computed tomography angiography [CTA]); **or**
- B. Complex fractures (computed tomography [CT]); **or**
- C. To localize and characterize blood supply to congenital abnormalities for the purpose of diagnosis and treatment planning (CTA); **or**
- D. Eagle syndrome (CT); **or**
- E. Gynecologic ultrasound (US) indications (3D should not be performed routinely with all pelvic sonograms):
  - 1. Abscess drainage in the pelvis and abdomen; **or**
  - 2. Congenital anomalies of the uterus; **or**
  - 3. Evaluation of the endometrium and uterine cavity, if symptomatic (for example, abnormal bleeding); **or**
  - 4. Infertility; **or**
  - 5. Planned myomectomy-mapping of uterine fibroids; **or**
  - 6. Cornual ectopic pregnancies; **or**
  - 7. Diethylstilbestrol (DES) exposure; **or**
  - 8. Intrauterine device location, if symptomatic (for example, abnormal bleeding or pain); **or**
  - 9. Imaging of adnexal lesions; **or**
- F. Mass, tumor, or other abnormal structure previously identified on imaging (CT, MRI); **or**
- G. Prior to computer-assisted endoscopic sinus surgery or stereotactic computer assisted volumetric intracranial surgery (CT); **or**
- H. Pectus deformity (CT); **or**
- I. Scoliosis, adolescent idiopathic (US); **or**
- J. Thromboembolic disease (CTA); **or**
- K. Prior to organ transplantation for anatomic mapping (CTA); **or**
- L. Prior to kidney or renal surgery (CT); **or**
- M. Trauma, to assess for presence and location of vascular, solid organ, and visceral organ injury and hemorrhage, and determine the appropriate management option (CTA); **or**
- N. Trauma, complex facial (CT); **or** Three-Dimensional (3-D) Rendering of Imaging Studies
- O. When used with magnetic resonance cholangiopancreatography (MRCP); **or**
- P. When used with echocardiography if the information produced from the 3D echocardiogram cannot be provided by a traditional 2D echocardiogram, or other testing for any of the following:
  - 1. Evaluation of congenital heart disease; **or**
  - 2. Preoperative planning of a cardiac procedure; **or**
  - 3. Planned use of cardiotoxic chemotherapy.