ACR® Lung Cancer Screening CT Incidental Findings
Quick Reference Guide

This Quick Guide is intended for use by Lung Cancer Screening (LCS) program coordinators and nurse navigators as they assist in the care coordination of LCS patients in collaboration with the referring providers.

- The Quick Guide lists common incidental findings on LCS CT and the typical management and/or appropriate follow–up recommendations.
- Comparison to prior exams is important to assess for stability or change.
- The guidance provided is intended to serve as a simple reference tool and does not replace the more comprehensive White Paper, ACR Appropriateness Criteria® and reference documents listed on the third page.
- The interpreting radiologist should include significant incidental findings that need attention, with recommended follow-up, in the "Impression" section of the report.
- Questions about the findings in a radiology report are best answered by the radiologist who interpreted the exam.

Legend/Abbreviations:

ASCVD = atherosclerotic cardiovascular disease
CAC = coronary artery calcification
CE = contrast enhanced
CT = computed tomography
→ = action recommended, text in **Bold** type
MR = magnetic resonance imaging
OK = typically, but not always, insignificant or benign
US = ultrasound
w/u: = work up with follow-up imaging
PCP = primary care provider

Anatomic Region	Findings/Recommendations
Abdominal	
Adrenal[1]	• Adrenal calcification – OK. • Nodule < 10 HU (fat density), likely adenoma – OK. • Soft tissue density nodule < 1 cm – OK. • Adrenal nodule stable ≥ 1 year – OK. → **Any other nodule or mass → w/u: CE Adrenal CT or MRI.**
Kidney[2]	• Non-obstructing renal calculi – OK. • Simple or hyperdense/hemorrhagic cyst ("Bosniak 1 or 2") < 4 cm – OK. → **Soft tissue density (or mixed density) renal mass → w/u: CT or MRI of the Kidneys without and with IV contrast.**
Liver[3]	• Simple cyst – OK. • Nodule < 1 cm – OK, likely benign. → **Soft tissue nodule/mass ≥ 1cm → w/u: CE Abdomen CT or MRI.** → **Fatty liver/hepatic steatosis or cirrhosis → PCP evaluation.**
Pancreas[4]	• Coarse calcifications – OK. → **Cyst/mass → w/u: CE Abdomen CT or MRI.**
Musculoskeletal	
Bone Density[13,14,15]	• > 130 HU at L1 – OK. → **100 – 130 HU at L1 (Osteopenia) → consider PCP evaluation.** → **< 100 HU at L1 (Osteoporosis) → PCP evaluation and consider DEXA.**
Other	• Degenerative disc disease – OK.

Cardiovascular	
Aorta[6]	• "Ectasia of the thoracic aorta" – OK. • Mural calcification – OK. • Ascending Aorta < 42mm – OK. → **Ascending Aorta ≥ 42 mm → PCP surveillance or cardiology consult for aneurysm surveillance.**
Cardiac/pericardium	• Trace/small pericardial effusion – OK. → **Moderate or large pericardial effusion → discuss with PCP.** → **Other Abnormalities (such as moderate or greater aortic valve calcification) → PCP evaluation.**
Coronary arteries[7,8]	• Coronary artery calcifications (CAC) typically reported as none, mild, moderate, or severe. → **CAC present → PCP evaluation for ASCVD risk assessment.**
Main PA measurement[9,10]	• < 31 mm – OK. • → **31 mm → PCP evaluation, consider Cardiology or Pulmonary consult.**
Breast	
	• Coarse calcifications – OK. • Cyst with no associated solid component – OK. → **Any other nodule/mass or asymmetric density → w/u: diagnostic mammogram +/- US.**
Esophagus	
	→ **Large hiatal hernia or dilated esophagus → PCP evaluation.** → **Focal wall thickening or mass → PCP evaluation, consider GI consult.**
Lung/Pleura	
Lung[11]	• Atelectasis – mild/subsegmental – OK. • Emphysema/bronchial wall thickening (Expected findings) – consider PCP evaluation; may benefit from Pulmonary consult. → **Fibrotic interstitial lung disease (ILD) → recommend pulmonary consultation.** → **Bronchiectasis/ground glass opacity/cystic lung disease/diffuse nodular disease → PCP evaluation, consider pulmonary consultation.**
Pleura	→ **New disease – effusion, thickening, mass → PCP evaluation, consider pulmonary consultation.**
Mediastinum	
Lymph nodes (Short axis measurement)[12]	• < 15 mm – OK. → **≥ 15 mm & no explainable cause → PCP evaluation; consider pulmonary consultation. Consider follow-up CE Chest CT in 3–6 months.**
Other[12]	• Cyst – OK. → **Mass (soft tissue or mixed density) → CE Chest MRI or CT.**
Thyroid[16]	
Features	• Large and heterogeneous, likely goiter – probably OK; consider thyroid function testing. • Nodule < 15 mm – OK. → **Nodule > 15 mm or with suspicious features → w/u: thyroid US and clinical evaluation.**

Link to the ACR white papers on incidental findings:
https://publish.smartsheet.com/42d18e874a164318a0f702481f2fbb70

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