General Reference:
Practice Guideline For Performance Of Liver And Spleen Scintigraphy

Common Indications:
Localize or identify accessory splenic tissue in a patient with prior splenectomy, determine if a mesenteric nodule found by CT or MR represents accessory splenic tissue.

Pre-scan Clinical History:
Determine history leading to clinical concern of accessory spleen. Locate any pertinent imaging results which describe suspicious findings.

Patient Prep:
None

Relative Contraindications (if present, consult with nuclear medicine physician prior to scan):
1. Recent nuclear medicine or barium contrast studies
2. Pregnancy

Radiopharmaceutical and Route of Administration:
10-30 mCi Tc99m Ceretec WBC injected intravenously. If the WBC dose returned from the pharmacy is less than 10 mCi, check with the nuclear medicine physician PRIOR to injection.

Procedure:
1. Draw, prepare, and re-inject Ceretec WBCs according to the WBC protocol.
2. The scan is performed 2hrs after re-injection of Ceretec WBC.
3. Acquire the following planar views. All views are acquired in a 128x128 matrix at 300 seconds per view:
    A. Ant
    B. Post
    C. RAO
    D. LPO
    E. Right Lateral
    F. Left Lateral
    G. RPO
    H. LAO
4. Have nuclear medicine physician review planar images, to determine need for SPECT/(CT).

Review:
Prepare images and documents for clinical review as per **Nuclear Imaging Acquisition and Presentation Guidelines.**

Dr. Barr | Date Implemented: 7/2005 | Date Reviewed: 6/2025