



Appendix 1: Diagnostic Radiology Procedure Minimum Numbers

This list is intended to be used in conjunction with the **Procedure Log Guidelines for Residency and Fellowship Programs** to ensure comprehensive documentation and compliance with training requirements.

Minimum numbers represent what the Central Accreditation Committee believes to be an acceptable minimal experience. Minimum numbers are not a final target number and achievement of the minimum does not signify competence. The listed minimum number of exams cover the whole 5 years of training period.

Category	Minimum
Overall Chest X-ray Films	1500
• Chest X-ray Films Pediatrics	300
• ER Chest-ray Films (Adults & Pediatrics)	500
Overall MSK Radiographs	500
• ER MSK Radiographs	300
Overall Computerized Tomography (CT) Head	400
Overall Computerized Tomography (CT) Head & Neck (Neck/Sinuses/Maxillo-facial/Orbits/Temporal bones)	100
Overall Computerized Tomography (CT) Abdomen Pelvis	300
Overall Computed Tomography (CT) Chest (HRCT, Contrast CT Chest, CTPE)	300
Overall Computerized Tomography Angiography (CTA) (Neuro)	50
• CT Acute Stroke Code Imaging	25
Computerized Tomography Angiography (CTA) (Body)	20
CT Trauma	30
CT Cardiac Imaging	30
Mammography (Screening & Diagnostic)	200
MRI Brain (including skull-base)	100



Overall MR Angiography (Neuro and body)	50
Overall MRI Abdomen (e.g Liver, pancreas, enterography, MRCP)	30
MRI Pelvis (Male & Female)	20
Overall MRI Spine	150
MRI Extremities, joints	100
Overall MRI Cardiac	20
Overall Ultrasound	500
Ultrasound (Abdomen)	300
Ultrasound (Hands-On)	50
Nuclear Medicine Studies (Other than PET)	100
Positron Emission Tomography (PET)	30
Image guided biopsy/drainage*	10
Image guided IV lines*	10
Image guided Arterial Access/Angiography*	10
Overall Image guided Need Injections (e.g Ultrasound guided MSK injections, Lumbar punctures, Breast procedures)	30
Total number of diagnostic exams and invasive procedures	About 6000

*Primary or Secondary operator but supervised.

**Overall means to encompasses all exams but should have a reasonable representation of both adults and pediatrics; all types of encounters (In-patients, Out-patients, ER patients, ICU patients); various types of exam (Contrast chest CT, CTPE etc for chest).

***Program director should ensure reasonable equitability for the sake of wider exposure and competence.