

	INODAYA Hospitals - Kakinada		Documentation code: INH/AAC.Doc.No:25
	Policy on Scope of service - Radiology		Prepared Date: 11/11/2025
	Reference: AAC.8. b. NABH Standards – 6 th Edition		Issue date: 11/11/2025
	Issue No: 1	Review NO: 00	Review Date: 10/11/2026

AAC. 8b. SCOPE OF SERVICES AND TAT OF RADIOLOGY AND IMAGING DEPARTMENT

- The scope of services of the department shall be clearly defined and displayed at radiology department.
- Radiology services shall be provided to meet the needs of the patients.
- The scope of services of radiology department is commensurate to the services provided by the organization
- The infrastructure and manpower is adequate to provide for its defined scope of services

- ✚ Ct scan
- ✚ X-ray
- ✚ Cathlab
- ✚ Ultrasound
- ✚ C-Arm

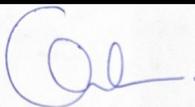
1.0 POLICY

The test results for the Imaging tests performed in our hospital are available to the patient/ relatives/ward in-charge in the defined time frame

2.0 PURPOSE

- 2.1 To have a defined time frame for each test of imaging services
- 2.2 To have monitoring system for the same to addresses the deviances
- 2.3 To take preventive and corrective action against preventable and correctable measures

3.0 DEFINITION

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Dr. Alekhya .R	Dr. Gowtham Krishna	Mrs. G. Lakshmi Lavanya
Radiologist	Medical director	Chief executive Officer

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3.TAT - The interval between when a test is requested to the time the test results are available

4.0 RESPONSIBILITY

Radiologists, Radiology Technicians, Radiology receptionists

RADIOLOGICAL SERVICES OFFERED

CT SCAN

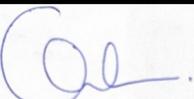
01. Brain Plain and with contrast
02. Whole abdomen plain and with contrast
03. Spine regions (Cervical, dorsal, lumbar sacral coccyx)
04. Extremities
05. Neck Plain and with contrast
06. Facial Bones
07. PNS
08. Lower abdomen plain and with contrast
09. Upper abdomen Plain and with contrast
10. Chest Plain (HRCT) and with contrast
11. KUB Plain and with contrast
12. Orbit/eye
13. Mandibular
14. CT guided biopsy

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X-RAY

01. Chest AP and PA view
02. Spine (Cervical, Dorsal, Lumbar, Sacral, Coccyx)
03. Skull AP and Lateral
04. PNS
05. Knee AP and Lateral
06. Pelvis AP
07. Humerus AP and Lateral
08. Foot AP and Lateral
09. Ankle AP and Lateral
10. Shoulder AP and Lateral
11. IVP
12. Gastrograffin Study
13. Barium Studies of G.I Tract
14. Abdomen Erect
15. Elbow AP and Lateral
16. Femur AP and Lateral
17. Hand AP and Lateral

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18. Leg AP and Lateral

19. Skyline view

ULTRASOUND

01. Whole abdomen

02. Chest

03. Breast

04. Trans vaginal ultrasound

05. Neck

06. KUB

07. Axilla

08. Obstetric

09. Testis

10. soft tissue

11. Fine Needle Aspiration Cytology

12. Ultrasound guided biopsy

13. Pleural tapping, ascitic tapping

14. Doppler (Carotid, Renal, Arterial, Venous)

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SERVICES NOT AVAILABLE ARE

1. Nuclear Medicine
2. Mammography
3. MRI

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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