



Fig 1. Flowchart for managing an incidental renal mass on noncontrast CT. ¹If the mass contains fat attenuation (a region of interest < -10 HU), refer to [Figure 5](#). ²Too small to characterize. ³Well-circumscribed and homogeneous TSTC renal masses that are visually much lower or much higher than the unenhanced renal parenchyma are probably benign cystic lesions. ⁴MRI is preferred for characterizing smaller masses (<1.5 cm) and for detecting enhancement in suspected hypovascular masses. Ultrasound may be able to characterize a homogeneous hyperattenuating renal mass as a hemorrhagic or proteinaceous cyst. ⁵If old images are available, any renal mass that has been without change in imaging features *and* has had an average growth of ≤ 3 mm per year for at least 5 years is likely of no clinical significance and does not need further workup. HU = Hounsfield unit; TSTC = too small to characterize; WO&W = without and with; W/U = work-up.