



**Fig 2.** Flowchart for managing an incidental renal mass on contrast-enhanced CT. <sup>1</sup>If the mass contains fat attenuation (a region of interest < -10 HU), refer to [Figure 5](#). <sup>2</sup>Too small to characterize. <sup>3</sup>Well-circumscribed and homogeneous TSTC renal masses that are visually much lower than the enhanced renal parenchyma are probably benign cystic lesions. <sup>4</sup>MRI 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 renal mass as a hemorrhagic or proteinaceous cyst. <sup>5</sup>If old images are available, any renal mass that has been without change in imaging features *and* has had an average growth of  $\leq 3$  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.