



Fig 5. Flowchart for managing an incidental renal mass with a region of interest measuring fat attenuation (less than -10 HU). ¹Incidental sporadic AML (ie, no hematuria, flank pain, or perilesional hemorrhage.) ²Many urologists will follow patients with small AMLs that are rapidly growing and some patients with multiple AMLs may benefit from an evaluation for tuberous sclerosis complex. ³If only an unenhanced CT has been performed, consider CT or MR without and with IV contrast. ⁴Patients with symptomatic AMLs (hematuria, flank pain, spontaneous bleeding) should be referred to urology regardless of size. ⁵AML ≥ 4 cm or those with aneurysms greater than 0.5 cm should be referred for prophylactic treatment. AML = angiomyolipoma; HU = Hounsfield unit; IV = intravenous; WO&W = without and with; W/U = work-up.