Provincial Renal Mass Primary Care Pathway

A renal mass may not cause signs or symptoms in its early stages and is often found incidentally during diagnostic imaging for other conditions.

If further imaging is required for characterization expect to see follow up recommendations included in the diagnostic imaging report.

Renal Mass(es) identified on diagnostic imaging

Cystic Renal Mass(es)

(According to Bosniak Classification v2019 identified by the radiologist on the diagnostic imaging report)

Solid Renal Mass(es)

Suspicious for Malignancy

Angiomyolipoma (AML)

Confirm with contrast enhanced CT/MRI if not yet done

AML <4 cm

AML >4 cm

Advice Request. See referral guideline tab for details.

Simple Cyst(s)

Bosniak Category I or II

See 'Cystic Renal Mass' link above for details

Complex Cyst(s)

Bosniak Category IIF, III or IV

See 'Cystic Renal Mass' link above for details

Investigations

Laboratory Testing (within 3 month)

CBC, creatinine, urea, calcium, albumin, AST, ALT, ALP, Bilirubin

Diagnostic Imaging

- If mass originally identified on US: PCP to order Renal Mass Protocol CT
- If mass originally found on Contrast Enhanced CT Abd/Pelvis: Urology to order further imaging (if required)
- CXR if solid renal mass to assess for metastases

Symptoms

- Gross Hematuria
- Persistent Flank Pain

Yes

No

No Consultation or follow-up imaging required.

Bosniak Category IIF **(No symptoms)**

Bosniak Category III & IV or any Bosniak Category with symptoms

Solid Renal Mass

Follow-up Renal Mass Protocol CT/MRI q6-12 months for the first year and then yearly x 5 years

Progression of cyst on follow-up DI to Category III or IV. See referral guideline tab for details

No

Yes

Refer to Urology via the **referral guideline tab for the appropriate referral reason:**

Renal Cyst (Simple, Asymptomatic)
Renal Cyst (Complex or symptomatic simple)
Renal Mass (suspicious for malignancy)
Angiomyolipoma (<4cm)
Angiomyolipoma (>4cm)

See referral guideline tab for details.