Table 1. Recommended intervals for initial follow-up imaging of ectatic aortas and abdominal aortic aneurysms

| **Aortic Diameter (mm)** | **Imaging Interval** |
| --- | --- |
| 2.5-2.9 | 5http://www.jacr.org/webfiles/images/transparent.gify |
| 3.0-3.4 | 3http://www.jacr.org/webfiles/images/transparent.gify |
| 3.5-3.9 | 2http://www.jacr.org/webfiles/images/transparent.gify |
| 4.0-4.4 | 1http://www.jacr.org/webfiles/images/transparent.gify |
| 4.5-4.9 | 6http://www.jacr.org/webfiles/images/transparent.gifmo[http://www.jacr.org/webfiles/images/FLA/Glyphs/u204e.gif](http://www.jacr.org/article/S1546-1440(13)00306-2/fulltext#tblfn1) |
| 5.0-5.5 | 3-6http://www.jacr.org/webfiles/images/transparent.gifmo[http://www.jacr.org/webfiles/images/FLA/Glyphs/u204e.gif](http://www.jacr.org/article/S1546-1440(13)00306-2/fulltext#tblfn1) |

Note: For abdominal aortic diameters <2.5 cm, follow-up is generally thought to be unnecessary. Because the rupture of smaller abdominal aortic aneurysms is less likely, we recommend longer intervals between follow-up examinations. Follow-up intervals may vary depending on comorbidities and the growth rate of the aneurysm.

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| [http://www.jacr.org/webfiles/images/FLA/Glyphs/u204e.gif](http://www.jacr.org/article/S1546-1440(13)00306-2/fulltext#back-tblfn1) In addition to planning follow-up imaging, one should also consider surgical or endovascular referral. |