



Clinical Protocol

Appendix Protocol

Begin by placing transducer in transverse position and applying deep graded compression to displace gas and bring bowel closer to probe.

1. Image from hepatic flexure of colon and trace down to cecum.
2. Position of appendix can be variable. Focus on pain location, as pointed out by patient, but be sure to follow entire right colon.
3. External iliac artery and vein can sometimes provide good landmark for finding appendix.
4. Images
 - Provide cine clip of area of pain.
 - If appendix visualized, provide:
 - Cine clip of appendix;
 - Long grayscale image of length of appendix;
Entire length of appendix must be imaged.
More than one image often necessary if long or tortuous appendix.
Sometimes only tip inflamed (e.g. "tip appendicitis").
 - Long color flow image of appendix;
 - Multiple gray scale transverse images of entire appendix;
 - Corresponding color flow transverse images of entire appendix; and
 - Either cine or still images with and without compression to show compressibility.
5. Measurements
 - Outer to outer diameter of appendix (including both walls and lumen), and
 - Largest wall thickness of appendix.

Interpretation Criteria for Acute Appendicitis

- Wall to wall measurement 6mm or greater.
- Noncompressible, distended lumen of 2mm or greater (excluding segments with appendicoliths).
- Single wall thickness 3mm or greater.
- Periappendiceal fluid/ edema/ inflammatory change/abscess.