



Clinical Protocol

RUQ/GB

1. Aorta: Long images of aorta with measurements (prox, mid, and dist).
2. IVC: Long image. Include AP measurement if over 3.75 cm. If IVC filter or catheter seen, localize with respect to hepatic/renal veins.
3. Pancreas: Images to include head, uncinate process, body, and tail.
 - Document any pancreatic abnormalities, including peripancreatic fluid, adenopathy, masses, calcifications. Image distal common bile duct in region of pancreatic head.
 - Measure pancreatic duct if seen.
4. Liver: Long and trans images of right, left, and caudate lobes.
 - Must show hepatic veins, portal veins, and color Doppler waveform of main portal vein.
 - Largest single measurement (cm).
 - If liver has nodular appearing contour, image liver surface with high frequency linear probe.
5. Gall Bladder: Long and trans images in two positions (supine and LLD) when possible.
 - If GB absent, image GB fossa.
 - Take wall measurement.
 - Evaluate for pericholecystic fluid.
 - Evaluate for presence/absence of sonographic Murphy's sign.
 - Measure any masses/polyps in two directions.
 - Note stones/sludge and check for mobility.
6. Biliary System:
 - Evaluate/image intrahepatic ducts along right and left branches of portal vein.
 - Measure/document bile duct at porta hepatis.
 - When visualized, measure/document common bile duct at pancreatic head.
7. Right Kidney: Long images (medial, mid, lateral) and trans images (upper, mid, lower).
 - Record max measurement (long and trans).
 - Image comparison to adjacent liver.
 - Single color Doppler image of kidney.
 - If absence of right kidney, image renal fossa and length measurement of left kidney.
 - If kidney measurement under 9 cm or over 13 cm, image left kidney.
 - If hydronephrosis is seen, document ureteral jet.
 - If stones present, measure largest dimension of largest stone.
8. Image right hemidiaphragm/pleural space.



INDICATIONS	DATE/TIME	
	SONOGRAPHER	

		Additional Findings/Limitations
Aorta	Prox _____ cm Mid _____ cm Dist _____ cm	
IVC	<input type="checkbox"/> Normal <input type="checkbox"/> Occluded <input type="checkbox"/> Dilated	
Pancreas	<input type="checkbox"/> Normal <input type="checkbox"/> Partially Visualized <input type="checkbox"/> Not Visualized	
Liver	_____ cm <input type="checkbox"/> Normal echotexture <input type="checkbox"/> Fatty <input type="checkbox"/> Coarsened	
Portal Vein	<input type="checkbox"/> Hepatopetal <input type="checkbox"/> Thrombus <input type="checkbox"/> Hepatofugal	
Gall Bladder	<input type="checkbox"/> Normal <input type="checkbox"/> Absent Wall thickness _____ cm <input type="checkbox"/> Stones <input type="checkbox"/> Mobile <input type="checkbox"/> Pericholecystic fluid Sonographic Murphy's (when appropriate) <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Cannot evaluate	
Biliary	Common Duct _____ cm	
Right Kidney	<input type="checkbox"/> Hydro (then image jets) _____ x _____ cm Long Trans	

Comments

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.	_____ Sonographer's Signature
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FMC	KMC	CMC	TMC	NHSC	Name / MR # / Label
KIC	MIC	PI	TI		
MFP	SFP				