

# ULTRASOUND PROTOCOL GUIDELINES

The Ultrasound Guidelines are the **minimal** standard of images to be taken per case.

## 1. **Previous:**

- A. Always check for previous relevant studies, including US, CT, MR, Nuclear Medicine and Mammography.
- B. Write date of the comparison study on the tech sheet.
- C. For previous Ultrasound, must look at images to ensure following the same lesion.
- D. Follow lesion carefully and, if you do *not* see the lesion previously mentioned on the report, please indicate this to the Radiologist.

## 2. **Clinical History:**

- A. Read requisition and ask patient. We need to answer clinical question.
- B. For palpable masses please provide a complete clinical history.  
This includes: 1) location of the mass including diagram  
2) how long the mass has been present  
3) any change in size of the mass; increase/decrease  
4) presence of pain

## 3. **Measurements:** All lesions need to be measured in 3 dimensions.

Documentation should be universal: **Saggital x Width x AP dimensions**  
(Transverse image should be used for both Width and AP measurements)  
Universal measurements: **Centimeters** (*except* NT and AFI)

Images should be taken without measurements first so we can see the lesion characteristics and then with the measurements.

On technologist sheet, write down today's measurements and then previous measurements in brackets.

All pathology (even normal variants) should be documented on images.

For multiple lesions, draw location on a diagram and number the lesions on the diagram and on images.

If there are multiple lesions, please measure representative marker lesions to ensure the same lesion will be followed on subsequent exams. i.e.: in liver thyroid, uterus etc.

For all pediatric patients, after writing measurements, give normal range for patient's age (from suggested limits of normal column) in brackets for spleen and kidneys. (See chart)

4. **Masses**: Please identify location (skin, subcutaneous tissue, intramuscular) and use colour Doppler to assess vascularity. Ensure you provide a complete clinical history. Clearly describe the location of liver lesions in relationship to the lobe, hepatic veins, portal veins or gallbladder.
5. **Findings**: Clearly write down all relevant findings. Please check that you do not leave any part of the worksheet empty. Please do not write NWS or SOV, state what you could and could not see.  
Please use the terms “negative study” or “unremarkable”.
6. **Cysts**: Please categorize the cyst as simple or complex regardless of location in the body *and* describe the findings (thick septum, vascularity, solid component, calcifications).
7. **Fibroids**: Clearly describe the location of fibroid as submucosal / subserosal, intramural or pedunculated *and* their location with respect to the uterus (RT/LT/post/ant, fundal etc).
8. **Palpable lesions**: Indicate on the images if the abnormality corresponds to the palpable lesion referred to by the physician or patient. If there is no abnormality visualized at the area of interest; please document with representative images labeled as “area of interest”.

### **Sonographer Worksheet:**

**Send an image of the OB worksheet *and* Fetal Growth Graph (EFW Brenner) from the U/S machine to the PACS**

When filling out the tech sheet, please modify the template to reflect your findings ie: free fluid, adnexal masses, scrotum, and thyroid etc. (add or cross out comments as necessary).

### **Obstetrical Patient Rebooking**

If you are unable to complete an exam due to poor fetal position:

First, explain to the patient and ask her to wait in the waiting room and try to complete the exam the same day.

Know your referring physician's preference for rebooking his/her patients.

If patient is unable to wait or if fetus is still not in a good position, try rebooking the patient within 2 days for a limited OB scan. Write the date and time patient is to return on your tech worksheet and send the case through for reporting as per usual.

Look at *only* the cervix and the anatomy you were not able to image.

It is *your* responsibility to ensure the patient is squeezed in when *you* are available to finish the exam. Do not rebook into an open 30 min. space.

Use your judgment and book patient between two pelvic or small part exams.

Please Note: It is TNI policy that all OB exams rebooked outside a 2 week period require a complete scan including measurements.