

SUMMARY OF 2022 PROTOCOL CHANGES

ABDOMEN

- Cystic artery velocity and GB length for cholecystitis
- Cine sweeps of RHL and LHL in trv and sag
- Limited exam is ok if prior imaging within 72 hours for inpatients – see parameters in protocol

AAA

- IVC no longer required
- Known AAAs should be scheduled in Vascular. We do the screenings.

ABDOMEN DOPPLER

- This is not a complete abdomen, it is a RUQ w spleen
- Cine clips of RHL and LHL in trv and sag
- NPO requirement – 4hrs (less is ok if urgent)
- Color of SV at pancreas
- Spectral of SV at splenic hilum
- Measure size of HVs for Budd Chiari
- Angle correct for HAs w length of artery shown
- VOD – add elastography
- TIPS velocities – one with color and one without color needed at the prox, mid and dist segments

HERNIA

- Measure the neck of defect, not the contents of defect.
- Standing images needed for inguinal and femoral hernias, not for ventral hernias.
- For inguinal hernia evals, femoral region is always necessary also.
- UHERNIA is an extremity, charge this for inguinal hernias, charge two if bilateral
- UABDL is to be used for ventral hernias, only one can be charged

ELASTOGRAPHY

- Do for all VOD cases
- Color box should be at least 20mm below capsule
- Need 5 cine clips w one sample each
- IQR/med should be less than 15% in each of the 5 samples
- RUQ is required for all
- Report the m/sec as well as kPa

PELVIC

- No Prep - Full bladder not needed
- Sliding sign images for chronic pain or hx of endometriosis (moves freely = positive sliding sign)
- Cervix should not be included in uterine length because we report the volume (per AIUM/ACR)
- 3D of IUD only needed if patient is in pain or if indication involves anything to do w uterus
- At least 2 still images in each plane needed in addition to measurements of each ovary.
- Cine clip in sag and trv of each ovary, not just trv
- Adnexa cine clip if ovary not seen
- If RO ectopic, do cine sweeps of adnexa
- Charge UOB1 & UOBTV for any positive HCG case even if no evidence of pregnancy
- Documentation of ovarian cysts clarified (see section in protocol)
- PCOS criteria updated (see section in protocol)

SCROTAL

- Trv cine clip of spermatic cord in ALL cases of torsion
- Eval vas deferens for cases of infertility
- Separate report for hernia if relevant

THYROID

- Use Dual screen for measurement of nodules
- Spongiform nodules receive a TIRADS 0 regardless of other features
- Use Viewpoint drawing for lymph nodes for pre and post thyroidectomy patients

RENAL

- Do post void if hydro present

RENAL TRNASPLANT

- MFI for perfusion in all cases
- Sample ILV and ILA superior to anastomosis
- Sample MRV at anastomosis

LIVER TRANSPLANT

- Velocity not needed for hepatic veins unless shunt present or decreased phasicity
- Limited repeat exams are ok within 72 hrs (see protocol for parameters)
- Cine clips of RHL and LHL sag and trv
- Sample the RHA/RPV into the anterior branch if possible
- IVC should be labeled superior (not distal or proximal). Put velocity in generic IVC line or proximal line in Viewpoint report.

PANCREAS TRANSPLANT

- MFI for perfusion in all cases
- Clarified locations to sample (see protocol)

NEONATAL RENAL

- Include adrenal glands in trv and sag

NEONATAL HEAD

- Linear probe image requirements – Sag and trv cine sweeps, and one still image at GM in trv

OBSTETRICAL

- If RO ectopic - include cine sweeps of each adnexa
- If cornual ectopic suspected do 3D
- Charge UOB1 w UOBTV for any positive HCG case even if no evidence of pregnancy
- Measure GS for all pregnancies under 11 wk
- Early anatomy exam for high-risk patients 15w-17w0d is a UOB2/Basic Anatomy. When they return it is always a UOBC/Detailed and you must repeat EVERYTHING.
- Maternal anatomy is required for First trimester and Anatomy cases, no longer needed for follow ups unless something was commented on previously - fibroid, cyst etc
- Growth to be done after 3 wks
- Measure AFI after 24 weeks
- Measure CVX under 24 weeks
- TV for CVX if under 3cm (under 24wks), consult Dr if shortened later than 24w to see if TV needed
- Valsalva not needed for CVX
- Show situs w dual screen with clear position of baby shown in prior image
- Cine clip of 4CH for contractility
- Cine clip of heart inferior to superior including great vessels
- Cine clip of head superior to inferior
- For short femur - <2% measure all long bones and follow Detail Anatomy Protocol, <1% do full Skeletal Dysplasia Protocol
- Placenta accreta images and Viewpoint macro (see protocol)
- TTTS screenings– bilateral lateral ventricles, document both, measure only posterior one unless abnormal measure both