2023 SUMMARY OF PROTOCOL CHANGES – JAN TO JUNE

JANUARY SUMMARY:

- No changes – focus as on submission of "perfect exam."

FEB CONTRAST SUMMARY:

- Dighe to do all contrast exams for foreseeable future unless she approves it to be done by another attending.
- Sonographers need approval by Dighe to work with anyone else.
- Observe if you don't feel comfortable with them.
- Everyone should REVIEW NEW PROTOCOL US-Contrast-Protocol-1.23.pdf (washington.edu)
- Adverse reaction box coming soon.

OTHER FEB OB UPDATES:

- Order should include where anatomy was done if wanting a limited of follow up with us. The report should state clearly that we are doing a follow up and anatomy was done elsewhere. It ultimately is up to the reading physician to decide, so if you are uncertain whether to do growth, ask them if they want it.
- Basic Anatomy will now include 3VT views.
- Detailed Anatomy will now include - Nasal bone ***measurement,*** image of falx, vermis, and lungs.
- MVI should be used for solid masses.

MARCH NEONATAL SUMMARY:

- New protocols written for hip, spine and pyloric stenosis. Cranial and renal updated.
- Still images required in crainail protocol have been reduced
- Use mC 12-3 as primary probe. Linear to supplement with sweeps plus any extra images as needed.
- Renal – don't forget the adrenal glands.
- Spine – be sure to spread the buttock to see the gluteal cleft well enough when evaluating for a sacral dimple.
- Don't forget to look at the protocol history at the end of every protocol if you are unsure if there were changes!
- Read tips to keeping baby warm.
- Clean machine before using. Don't rely on person before you having done it well enough.

OTHER MARCH UPDATES:

- Pelvic exams – include LMP in report
- Skeletal dysplasia evaluations – Any time measuring long bones is needed, please start to do so **bilaterally** since there can be unilateral shortening.
- Please do not put studies in draft unless you are completely done with it and not returning for additional images. It may be read out by time you get back to addend the report.
- When to do dopplers of the IVC:
  - Abdomen Doppler – Not needed
  - Liver TX – always needed
  - End to end – angle correct w the IVC itself at superior and inferior anastomoses
  - Piggyback – At anastomosis to anterior wall of IVC, no angle correction needed
  - Split liver – sample the same as if it were a piggy back
  - Liver donor- not needed, follow abdomen doppler protocol

APRIL PELVIS SUMMARY:

- Transabdominal images required were reduced.
- ~~Include cervix in UT long measurement again!~~ 7/15 changed back to DO NOT INCLUDE CVX!!
- Adnexa images – Need one 2D in trv and a sweep in sag and trv.
- Transvaginal ovary sweeps needed only if abnormality seen
- Displacement cine clips to determine if paraovarian vs ovarian.
- Include LMP in the indication section of report.
- Empty bladder again if fills on TV.
- We do follicle studies sometimes.
- For rule out ectopic, INCLUDE LOTS OF SWEEPS w color and without.
- Do ovarian dopplers for ectopic eval if pain <6 days
- Use pelvic report if no evidence of IUP or extrauterine pregnancy seen. UT measurements
- to be included.
- Be sure to add TV and dopplers to method section if done. Check both boxes when end
- exam to associate them.
- Use C9-2 probe for NTs
- Take placenta images for NTs
- Use smallest of best 3 CRL. Use whole numbers, no decimals. Use largest NT.
- If nuchal wrap measure above and below cord and average the two for NT.
- If nuchal incidentally noted to be increased on first trimester exam review extra images to obtain.

MAY OB FOLLOW UP SUMMARY:

- Cerclage image labels were backwards – review image in protocol before labeling pre and post stich
- Long Bone measurement requirement
  - <2% - Measure all long bones bilaterally and make a detailed exam if it is the anatomy exam.
  - <1% - Detailed exam and do the full skeletal dysplasia protocol
- Use TTTS/TAPS protocol when needed
- Accreta section removed from protocols. PAS has its own protocol now with more info. Use it instead.
- Don't need to finish clearing anatomy for UA exams, we can do that when they return for growth
- Charge UOBL for fetal well being checks, it does not need to include growth.
- When doing a UOBUA, Always charge a UOBAI/UOBL or UOBF with it depending on if growth was done. (UOBAI is the same as a UOBL, you can use either)
- Don't add on NT unless requested

JUNE ABDOMEN SUMMARY:

- Do Linear and LIRADs for r/o Cirrhosis cases also. This applies to TX cases also.
- Use MFI routinely as a tool for evaluating low flow structures and perfusion!
- Do Fat Quant on Abd cases done on GE machines.
- Cutting CHD/CBD images requirements back to basics.
- Need to start taking labeled images of:
  - Liver Sag /RK
  - Liver Sag/Rt Chest (Spleen/Lt Chest if complete)
  - RHD/LHD should be shown in liver images
- Don't change exam codes from UABDC to UABDL for outpatients.
- Look for Scan Assist Protocols soon.