

OCTOBER CHECK IN

I know you have all missed my Exam of Focus emails 😊, but we haven't had a protocol meeting to go over many things in the last few months. That translates to a break from hearing from me! Hopefully you have been using this time to get comfortable with the scan assists and polishing up anything that has been unclear to you in the protocols. I have been busy with getting the AIUM accreditation together to submit in November. Once we get past that, we can get back on track with our reviews!

In the meantime, there are a few reminders and updates that I wanted to mention, please read through the list below!

PARATHYROID ULTRASOUNDS – I am not sure why this is happening so frequently, but we are not performing the parathyroid exams to the specifications of the protocol and the patients are needing to return. There is an entire page dedicated to the parathyroids in the neck protocol. If you see any mention of parathyroid in the indication, or even a reference of high calcium levels, you need to image the parathyroids as described in the protocol. To recap it for you:

- The patient's neck needs to be turned to the opposite side that you are scanning. It would be a good idea to write that you had the patient turn their neck in the internal comments area of in the report somewhere so that the radiologist knows you have.
- Interrogate the neck with your depth set so that you can see the area posterior to the thyroid.
- The focus should be centered on the area posterior to the thyroid.
- Images and sweeps need to be labeled to be clear you are looking at them, ie "Left Parathyroid Area"
- Use MFI/MVI if you see or suspect any parathyroid tissue
- Use the parathyroid quick reports! There is one with thyroid nodules and one without.
- Remember that the parathyroids can be located in a variety of places so you really need to look.
- If there is prior imaging of the neck, review it with the radiologist before scanning the patient. It may help with locating things. There are also diagrams in the protocol of the most common places they can be found.
- Review the parathyroid protocol on page 6 here - [Thyroid/Neck Protocol](#)

TWIN LOCATION & PRESENTATION – When scanning twins, you **must include** the location of each twin in the presentation section of the report. It is so important to have this information for follow-ups and it is being forgotten **a lot** of the time. In the presentation fields for each twin, you should select from the choices already there or write your own if none apply. It should say something like "breech right" or "cephalic left", or "superior, transverse head to right" and "Inferior, transverse head to right." Be descriptive and don't let the next person have to figure it out from your pictures!

PENILE ULTRASOUNDS – We seem to be having a rush of penile exams. I created several quick reports to use should you need to perform one. There is one for Priapism, Fracture and Peyronie's. Thank you to Austin for helping put them together! This Friday we will watch an AIUM video on penile ultrasound to educate us a bit more on the topic so we can all start to feel more comfortable with them.

DETAILED FIRST TRIMESTER EXAMS – We started to discuss this previously knowing it was something we would need to start doing eventually. It was brought up at both of the conferences some of us attended this month and it looks like more and more facilities are offering this. The exam is challenging and took other labs close to 6 months to feel comfortable with. With this in mind, we are going to start practicing some of the views required when we do first trimester exams so we can learn to document the anatomy sufficiently and be ready to roll when it is fully adopted here. There is no billing code for it currently, but when there is, I imagine we will start doing them. I will send more info in another email on our approach to learning this exam.

ORADS – We have waited to start using the classification system for ovarian masses while they worked out a few kinks. It seems that the newest version is user friendly enough for us to adopt it now. I will be working on changing the wording of our description options to better align with the classification system. Just wanted you to be aware it is on the horizon, and I will continue to share more info soon! A little light reading for you if you want to learn more about ORADS- <https://www.acr.org/-/media/ACR/Files/RADS/O-RADS/US-v2022/O-RADS-v2022-Updates.pdf>

SONOBUZZ – Volume 14 is out and has several very cool cases. A huge thank you to Christina Popchoi for putting these together for us! Take a look at the newest edition if you haven't already! Everyone is expected to review the teaching corner sections of these publications at the very least. The last two publications have been about MFI. That should show you how important using it has become! Read the sections dedicated to it for more info.

MFI/MVI – use it! And read more in Sonobuzz 13 & 14 teaching corner for tips and tricks!

That's it for now! Let me know if you have any questions!

Renee Betit Fitzgerald

SUMMARY

- Use the parathyroid protocol or your patient will be called back.
- Make sure you list twin location in the presentation section of your report
- There are penile quick reports now. We will have a lecture on doing them soon.
- We are going to start practicing images for the detailed first trimester exam
- ORADS for ovarian masses coming soon
- Sonobuzz 14 is out, everyone is expected to at very least read to teaching corner section
- MVI use it and read about it in Sonobouzz 13 & 14