

COMPLETE ABDOMINAL SONOGRAM

Follow the RUQ ("Limited") ABDOMINAL SONOGRAM protocol.

- RLD
- Sagittal spleen with longitudinal measurement
 - Transverse spleen. Image the largest cross section. This is usually, but not always at the level of the splenic hilum. If the spleen appears prominent in any dimension, measure the two longest axes, perpendicular to each other, to assess the splenic index.
 - Sagittal image left kidney with length measurement. Though it is not necessary to document all the routine images (see "RENAL SONOGRAM" protocol), the **entire** left kidney should be examined on the real time survey to detect any pathology.

Notes: If the presence of ascites is suspected, evaluate both paracolic gutters, iliac fossae and the pelvis. Take a representative transverse image of paracolic gutter, even if no fluid is detected. If no pelvic fluid is seen, take a sagittal image of the bladder in the midline.

If hepatic cirrhosis is suspected the liver should be evaluated with a 6 MHz linear probe (or higher) to detect any surface nodularity. To eliminate shadowing from the ribs, scan the right lobe with the transducer oriented parallel to the ribs. Placing the patient in the left lateral decubitus position with the right arm stretched above the head and deep inspiration, increases the intercostal space to facilitate this exam.

Survey the **entire** liver surface carefully. In early stages of cirrhosis, the nodules may only be present in parts of the liver.