

Ultrasound- Abdomen Ileocolic

PURPOSE:

To evaluate the segments of the intestine for prolapses into a more caudal segment of intestine also known as an intestinal intussusception.

AGE RANGE:

***5 MONTHS TO 9 MONTHS OF AGE (when indicated, can be performed in older patients)**

RARE IN AGES LESS THAN 3 MONTHS

SCOPE:

Applies to all ultrasound Abdomen ileocolic evaluation studies performed at Imaging Services / Radiology

INDICATIONS:

- Intermittent, colicky cramping, pain
- Later development of lethargy
- Vomiting (may be bile-stained)
- Currant jelly stool (blood and mucus)
- Palpable abdominal mass
- Distention and tenderness

CONTRAINDICATIONS:

No absolute contraindications

EQUIPMENT:

A linear array transducer with a frequency range of approximately 9-12 MHz that allows for appropriate penetration of the soft tissue.

PATIENT PREPARATION:

- Patient does not need to be NPO

EXAMINATION:

GENERAL GUIDELINES:

A complete examination includes evaluation of the entire abdomen and pelvis in both longitudinal and transverse planes.

EXAM INITIATION:

- Introduce yourself to the patient (AIDET)
- Verify patient identify using patient name and DOB
- Explain Test
- Obtain patient history including symptoms. Inquire if the patient has received pain medication.
- Enter and store data page
- Place patient in supine, right lateral decubitus (RLD), and /or left lateral decubitus (LLD).

TECHNIQUE CONSIDERATIONS:

- If intussusception is noted, you are should take AP and width measurements.
- Obtain images with and without color.
- Clearly label quadrant intussusception resides in.
- Intussusception Ileocolic is positive when measurement is over 3 CM, less than 3 CM is considered small-bowel small bowel and no further work up is needed for small-bowel small-bowel.
- Obtain cine clips in long and transverse sweeping through the intussusceptions.
- Include a transverse image of the midline abdomen with and without color to show position of SMA/SMV relationship.
- Include a transverse cine sweep of the SMA with color at the level of the pancreas or area of concern, as to rule out other findings, such as malrotation/volvulus.

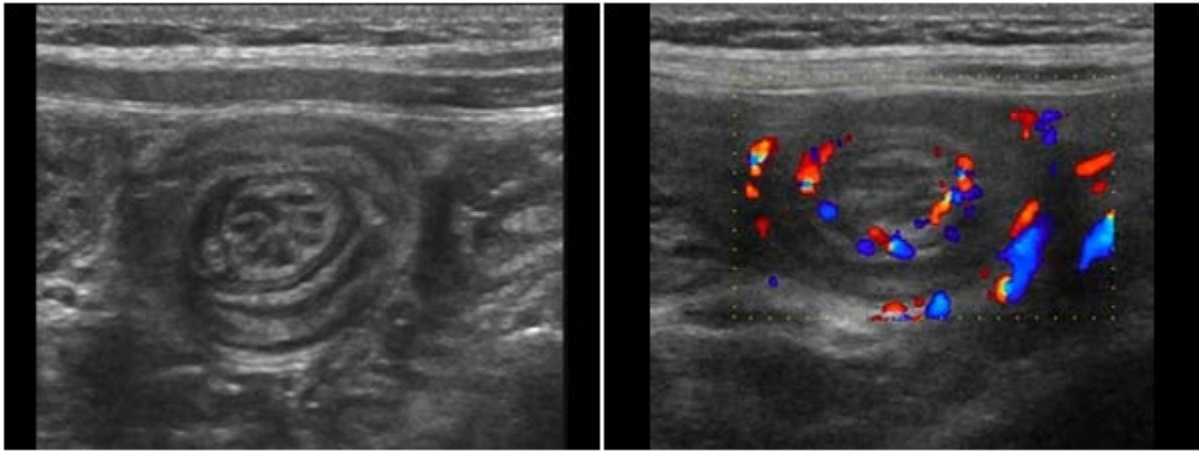
- ❖ Trans RLQ (by iliacs)
- ❖ Trans RLQ (showing Cecum and TI junction)
- ❖ Long RLQ (ascending colon)
- ❖ Long RLQ (ascending colon)
- ❖ Trv Ruq (hepatic flexure)
- ❖ Trans RUQ (colon)
- ❖ Trans MID Epigastric <mid-upper>(colon)
- ❖ Trans LUQ (colon)
- ❖ Trans LUQ (by splenic flexure)
- ❖ Long LUQ (descending colon)
- ❖ Long LLQ (descneding colon)
- ❖ Trans LLQ (by iliacs)
- ❖ Trans MID upper (epigastric)
- ❖ Trans mid periumbilical
- ❖ Trans mid pelvis <lower> (showing bladder and rectum)

- - Signs found in intussusceptions that need surgical treatment are
 - Longer length of the intussusception (usually more than 3 cm.)
 - Bowel wall thickening
 - Identifiable lead point

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Small bowel dilatation
 Free peritoneal fluid
 Signs of peritonitis

- Signs found in intussusceptions that can be followed up are
 - Shorter length
 - No bowel wall thickening
 - Normal vascularity
 - No signs of obstruction or peritonitis



PROCESSING:

- Review examination images and data
- Export all images to PACS
- Document relevant history and impressions in primordial.
- Present images to Radiologist

REFERENCES:

*Siegel, Marilyn, (2002). Pediatric Sonography. Philadelphia, PA: Lippincott Williams and Wilkins.

REVISION HISTORY:

SUBMITTED BY:	Samantha Lewis, B.S., RDMS	Title	Ultrasound Team Leader-Plano
APPROVED BY:	Jeannie Kwon, M.D.	Title	Director of Ultrasound
APPROVAL DATE:	08/28/2019		
REVIEW DATE(S):	9/24/2018		Changed order of protocol
REVISION DATE(S):	2/25/2019	Brief Summary	New line item for trans sweep of SMA