

UT Southwestern Department of Radiology

Ultrasound- Pelvic Non-Obstetric Complete

PURPOSE:

To evaluate the uterus and endometrium, bilateral ovaries and adnexa, and cul-de-sac from a transabdominal approach.

SCOPE:

Applies to all ultrasound Non-Obstetric Pelvic evaluation studies performed at Imaging Services / Radiology

INDICATIONS:

CPT CODE- 76856

- Signs or symptoms (i.e. mass, bleeding, pain) referred to the pelvis
- Abnormal pelvic findings on other imaging modalities
- Follow up known pelvic abnormalities
- Placement/location of intrauterine device (IUD)
- Evaluation for primary neoplasm in setting of risk factors

CONTRAINDICATIONS:

No absolute contraindications

EQUIPMENT:

Curvilinear transducer with a frequency of 2-5 MHz or greater that allows for adequate penetration and resolution, depending on the patient's body habitus from the transabdominal approach. For infants, use a 7 MHz or higher sector transducer.

PATIENT PREPARATION:

- Patient must have a fully distended bladder.
 - 10+ yrs: drink 32 oz water 1 hour prior to appointment
 - 6-10 yrs: drink 24 oz water 1 hour prior to appointment
 - <6 yrs: drink 16 oz water 30 minutes prior to appointment

EXAMINATION:

GENERAL GUIDELINES:

A complete examination includes evaluation of the uterus, including the cervix and endometrium, bilateral adnexa, including the ovaries and fallopian tubes, and posterior and anterior cul-de-sac.

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EXAM INITIATION:

- Introduce yourself to the patient (AIDET)
- Verify patient identify using patient name and DOB
- Explain Test
- Obtain patient history
- Enter and store data page

TECHNIQUE CONSIDERATIONS:

- **Review any prior imaging exams that are available, making note of any abnormalities that require further evaluation.**
- Uterine length is measured in the long axis, midline, from fundus to cervix. In a flexed uterus, segmental measurements may be needed. Anteroposterior dimension of the uterus is measured on the same long axis view, perpendicular to the length from anterior to posterior wall. The width is measured in the transverse view.
- Endometrial thickness is measured on the midline longitudinal image., excluding any endometrial fluid, if present.
- Measure ovarian length and ap dimension in the long axis, and width in the transverse view. If the ovaries are not visualized, include multiple images labeled right/left adnexa in the long and transverse axis.
- Evaluate bilateral adnexa for masses and/or dilated tubular structures. Normal fallopian tubes are not typically visualized transabdominal.
- Evaluate the cul-de-sac for free fluid and/or masses. Differentiate mass from bowel loops.
- Focal abnormalities should be documented with size measurements in 3 dimensions, color Doppler and its relationship to adjacent structures.
- Evaluate the lower bladder in long and transverse view to distinguish between borders of ovarian cyst and bladder.
- Note and report any tenderness during the exam.

DOCUMENTATION:

- Uterus
 - Long midline view to show vagina, cervix and uterus
 - Measure uterine length and height and endometrium in long.
 - Long images right of midline, midline and left of midline.
 - Transverse images from cervix to fundus. Measure width.
- Ovaries
 - Measure length, height and width.
 - Longitudinal and transverse images of each ovary
 - If ovary is not visualized, image adnexa and label as such
- Bladder

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- Transverse image of lower bladder to show bladder walls and distinction for possible ovarian cystic components
- Doppler
 - Color and pulse wave Doppler imaging. Color should be set on most sensitive setting. Use CPA if necessary.

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:	Kylene De Los Santos RDMS, RVT	Title	Diagnostic Sonographer
APPROVED BY:	Jeannie Kwon, M.D.	Title	Director of Ultrasound
APPROVAL DATE:	08/28/19		
REVIEW DATE(S):	Samantha Lewis, B.S., RDMS		Ultrasound Team Leader-Plano
REVISION DATE(S):	5/28/18	Brief Summary	Added bladder image