

## 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:

- Children's Health System of Texas Hospitals and Clinics, Imaging Services (CHST)

### **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.

**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, 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
  - 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 to the most sensitive setting. Use CPA if necessary.

***In the Instance of an Unsuspected Pregnancy: Imaging Based on Best Standard of Care***

- Include 2 Cines to document presence of gestational sac and yolk sac:
  - Longitudinal sweep of uterus, right to left
  - Transverse sweep of uterus, inferior to superior
- Cine to document presence of fetal heart movement
- Crown-Rump-Length measurement to document gestational age
  - *Measurements to be included in the calculations package to generate gestational age on the report page.*

*Clinical Scenarios/Diagnoses:*

- *Intrauterine pregnancy*
- *Anembryonic pregnancy*
- *First trimester demise*
- *Ectopic pregnancy*
- *Pregnancy of unknown location*
  - *(I.e. positive BetaHCG with no sonographic evidence of pregnancy. DDX includes early IUP, early ectopic, or completed miscarriage.)*

**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:**

<b>SUBMITTED BY:</b>	<b>C. LaQuin Oliver, RDMS,</b>	<b>Title</b>	<b>Ultrasound Imaging Manager</b>
<b>APPROVED BY:</b>	<b>Dr. Neil Fernandes</b>	<b>Title</b>	<b>Chief Radiologist of Ultrasound</b>
<b>APPROVAL DATE:</b>	<b>02/24/23</b>		
<b>REVIEW DATE(S):</b>	<b>2/17/2023</b>	<b>C. LaQuin Oliver</b>	<b>Diagnostic Imaging Manager</b>
<b>REVISION DATE(S):</b>	<b>5/28/18 1/27/20  2/24/23</b>	<b>Brief Summary</b>	<b>Added bladder image Added Unsuspected IUP documentation Grammer correction</b>