

**Ultrasound - Ascites Evaluation**

**PURPOSE:**

To evaluate the abdomen and pelvis for ascites.

**SCOPE:**

Applies to all relevant abdominal ultrasound studies performed in Imaging Services / Radiology

**INDICATIONS:**

- Signs, symptoms, or other imaging studies suggestive of ascites
- Conditions associated with ascites (eg liver diseases; renal diseases; heart diseases)
- Follow up of known ascites

**CONTRAINDICATIONS:**

No absolute contraindications

**EQUIPMENT:**

Curved or linear transducer with a frequency range of approximately 2-9 MHz that allows for appropriate penetration and resolution depending on patient's body habitus

**PATIENT PREPARATION:**

- None

**EXAMINATION:**

**GENERAL GUIDELINES:**

A complete examination includes evaluation of the abdomen and pelvis for free or loculated fluid

**EXAM INITIATION:**

- Introduce yourself to the patient
- Verify patient identity using patient name and DOB
- Explain test
- Obtain patient history including symptoms. Enter and store data page
- Place patient in supine position

**TECHNIQUE CONSIDERATIONS:**

- Evaluate RUQ with attention to fluid peripheral to the liver and in the subhepatic space and hepatorenal recess
- Evaluate LUQ with attention to fluid peripheral to the spleen
- Evaluate RLQ and LLQ for fluid in the paracolic gutters
- Evaluate midline pelvis for pelvic free fluid
- Document the extent and location of any fluid identified, measuring the deepest vertical pocket of fluid in each quadrant without intervening bowel or viscera
- Provide stationary cine images to show mobility of debris, if present

# UT Southwestern Department of Radiology

## **DOCUMENTATION:**

- Transverse images:
  - RUQ, without and with depth measurement
  - LUQ, without and with depth measurement
  - RLQ, without and with depth measurement
  - LLQ, without and with depth measurement
  - Midline pelvis
- Stationary cine images of mobile debris, if present
- Images of septations, if present
- Data page(s)

## **PROCESSING:**

- Review examination images and data
- Export all images to PACS
- Document relevant history and any study limitations

## **REFERENCES:**

ACR-AIUM Practice Guideline (Revised 2007)

## **REVISION HISTORY:**

<b>SUBMITTED BY:</b>	David T. Fetzer, MD	<b>Title</b>	Medical Director
<b>APPROVED BY:</b>	David T. Fetzer, MD	<b>Title</b>	Medical Director
<b>APPROVAL DATE:</b>	11-15-2015		
<b>REVIEW DATE(S):</b>	10-25-2018		Vanupriya Vijay
<b>REVISION DATE(S):</b>	12-11-2019	<b>Brief Summary</b>	Removed notes about skin marking (service no longer provided). Reduced required images to TRV only.
	02-12-2020	<b>Brief Summary</b>	Corrected discrepancy between sections