

ULTRASOUND PROTOCOLS



Appendix Ultrasound Protocol Guideline

Indication	RLQ Pain
Prep	Patient Supine
Special Instruction	<p>If appendix is not visualized:</p> <ul style="list-style-type: none"> • Take representative images in longitudinal and transverse at the level of the cecum and any area of focal tenderness. Use graded pressure to attempt to displace bowel gas. • Note: Non-visualization of appendix does not exclude appendicitis <p>If appendix is visualized:</p> <ul style="list-style-type: none"> • Take pictures of the appendix in transverse with and without compression • Image appendix with color Doppler • Take AP measurements of sagittal appendix from outer-to-outer wall (> 8mm = abnormal)
Procedure	<ul style="list-style-type: none"> • Use a high frequency linear probe of 5 MHz or greater. • Perform graded compression of the RLQ from the umbilicus to pelvis in the transverse plane. • Document cecum and terminal ileum if possible. • The appendix is located at the end of the cecum and can be variable in lie. It can be anterior, medial, or retrocecal. It is a tubular structure measuring less than 7mm. in diameter when normal.
Evaluation Criteria	<p>Appendicitis:</p> <ul style="list-style-type: none"> • 7-8 mm diameter - borderline exam • 8mm or greater - appendicitis • Will see "bull's eye" sign in transverse • Usually no fluid within lumen • Reproducible, non-compressible, sausage shaped structure without peristalsis <p>Appendicolith –</p> <ul style="list-style-type: none"> • usually calcified, shadowing structure within appendix