

ULTRASOUND PROTOCOLS



Reviewed: 01/11/2024; 01/12/23; 1/29/22; 10/30/20

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