ULTRASOUND PROTOCOLS



Updated: 12/29/2022

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Pelvis Non-OB Ultrasound Protocol Guideline

Indication	Pelvic pain, abnormal vaginal bleeding, IUD location
Prep	Transabdominal: Full Bladder. Have patient drink 32 oz water, finishing 60 minutes before scan
	time. Patient is supine
	Transvaginal: Empty Bladder. Patient in lithotomy position. MUST BE PERFORMED ON
	ABNORMAL UTERINE or POSTMENOPAUSAL BLEEDING PATIENTS
Special	This exam may be performed transabdominally and/or transvaginally. If only transabdominal
Instruction	exam is done, the patient should have a fully distended bladder.
	If exam is being performed for abnormal uterine or postmenopausal bleeding a transvaginal exam
	MUST be performed unless patient refuses or there is contraindication. If no transvaginal exam
	performed, technologist WILL document the reason within SGRA PACS notes for the Radiologist.
	• For male sonographers: Do not perform the transvaginal exam without a <i>facility-employed</i>
	female chaperone in the room.
Procedure	Uterus - Longitudinal Grayscale
	Long cervix
	 Long mid uterus with longitudinal and AP measurement
	 Long right and left lateral aspects of uterus
	 Long endometrium with AP measurement in thickest portion
	Uterus - Transverse Grayscale
	Trans cervix
	Trans body with trans measurement
	Fundus of uterus
	Uterus - Color Doppler
	Longitudinal mid uterus
	Trans mid uterus
	Note: Document fibroids with grayscale and color Doppler and measure them. Document
	any fluid in the cul-de-sac. For post hysterectomy, document midline area in long and trans.
	Ovaries
	• Grayscale long and trans with measurements (AP, long, trans) of each ovary
	 Color and spectral Doppler images of each ovary
	NOTES:
	 Document and measure any ovarian cysts/ masses with grayscale and color Doppler. If ovary
	is not identified, take images of long and trans adnexa.
	 Do a brief survey of pelvis for evaluation of free or complex pelvic fluid.
	 If any uterine, ovarian or adnexal collection, cyst or mass is measured there should be documentation and imaging of the abnormality with color and duplex Doppler imaging.
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