

ULTRASOUND PROTOCOLS



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Pelvis Non-OB Ultrasound Protocol Guideline

Indication	Pelvic pain, abnormal vaginal bleeding, IUD location
Prep	<p>Transabdominal: Full Bladder. Have patient drink 32 oz water, finishing 60 minutes before scan time. Patient is supine</p> <p>Transvaginal: Empty Bladder. Patient in lithotomy position. MUST BE PERFORMED ON ABNORMAL UTERINE or POSTMENOPAUSAL BLEEDING PATIENTS</p>
Special Instruction	<ul style="list-style-type: none"> • This exam may be performed transabdominally and/or transvaginally. If only transabdominal 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 facility-employed female chaperone in the room.
Procedure	<p>Uterus - Longitudinal Grayscale</p> <ul style="list-style-type: none"> • 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 <p>Uterus - Transverse Grayscale</p> <ul style="list-style-type: none"> • Trans cervix • Trans body with trans measurement • Fundus of uterus <p>Uterus - Color Doppler</p> <ul style="list-style-type: none"> • Longitudinal mid uterus • Trans mid uterus <p>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.</p> <p>Ovaries</p> <ul style="list-style-type: none"> • Grayscale long and trans with measurements (AP, long, trans) of each ovary • Color and spectral Doppler images of each ovary <p>NOTES:</p> <ul style="list-style-type: none"> • 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.