Abdominal Limited

I. Patient Preparation

a. NPO 6-8 hours prior to the exam for adults, adolescents and school-age children
b. NPO for 4 hours prior to the exam for children under the age of 5.

II. Equipment

a. Performed with real-time scanner using a sector or curved linear transducer with frequencies ranging from 3.5 MHz to 5.0 MHz, higher frequencies often necessary for children and infants. On occasion, large patients may require a lower frequency of 2.5 or 1 MHz.
b. Linear transducer with and without standoff pad may be necessary for superficial areas of concern.
c. Matrix x-plane and volumetric gray scale and/or power/color 3D evaluation can be employed.

III. Procedure Protocol

a. For any masses seen in any organ, use grey Power Doppler to assess for blood flow. All lesions should be demonstrated in gray scale with and without measurements. Additional maneuvers such as Valsalva and compression should be employed if necessary.
b. Different patient positions (e.g., supine, oblique, prone, decubitus, standing, sitting) should be documented if needed to evaluate for mobility of intraabdominal mass (i.e., exophytic uterine fibroid versus ovarian mass evaluation, fixed intraabdominal mass versus mobile intraabdominal mass) or to evaluate the abdominal wall (i.e., ventral abdominal hernia).
c. If any area cannot be visualized due to bowel gas or surgical removal, etc., please note on image "region of" or "fossa."
d. Single organ and/or anatomical structure, specified on a physicians request, should be assessed per the guidelines established in the "Abdominal Complete" protocol.
e. Ascites/Peritoneal evaluation
    i. Evaluation for free or loculated peritoneal fluid should include documentation of the extent and location of any fluid identified. Evaluation for free or loculated peritoneal fluid should include documentation of the extent and location of any fluid identified.
f. Abdominal Wall
    i. The examination should include images of the abdominal wall in the location of symptoms or signs.
    ii. The relationship of any identified mass to the peritoneum should be demonstrated.
    iii. Any defect in the peritoneum and abdominal wall musculature should be documented. The presence or absence of bowel, fluid, or other tissue contained within any abdominal wall defect should be noted. Images obtained in upright position and/or with use of the Valsalva maneuver may be helpful. Doppler examination may be useful to define the relationship of blood vessels to a detected mass.