



# Promoting Excellence In Ultrasound

## **Policies and Statements**

# **D5**

## Guidelines For Abdominal Scanning

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#### Guidelines For Abdominal Scanning

*August 1991, Reaffirmed May 1997, Revised September 1999*

The following comments apply to ultrasound in adults. They generally hold for children and infants, although are directed towards the range of pathology expected in adults.

Equipment for abdominal scanning should be high quality real-time apparatus. Curved linear and sector transducers with variable focal zones are preferred. The frequency should be in the 3.5-5.0 MHz range.

Ultrasonic investigation of the abdomen is usually directed to a specific clinical problem and the examination should be tailored to answer the clinical question, for example: Are there gallstones? Is the prominent aortic pulsation due to aneurysm?

Although the study should be directed to answering the clinical question, a general examination of the abdomen should follow to detect alternate causes for the symptoms and signs and to exclude other pathology. This survey of the abdomen can usually be restricted to the upper abdominal organs. Transabdominal scanning of the lower abdomen should be obtained if appropriate.

When assessing a particular organ in the abdomen with ultrasound, the organ should be completely scanned from one margin to the other in two orthogonal planes as a minimum. Hard copy images are taken in standard planes to document a normal study and specific views are taken to illustrate detected pathology.

The following is a guide to the abdominal ultrasound survey.

#### 1. **PANCREAS**

Transverse and longitudinal scanning required, particularly in the head

##### **Comment on:**

The degree of visualisation particularly if suboptimal

Size of the head, body and tail

Parenchymal texture

Focal lesions: including soft tissue masses, cysts, and calcification

Pancreatic duct; calibre, contour and stones

Peripancreatic lesions; solid masses, lymphadenopathy and cysts

#### 2. **GALL BLADDER**

Demonstrate in at least two planes and with patient in more than one position (i.e. oblique and erect)

**Comment on:**

Intraluminal lesions; number, size, posterior shadowing and mobility  
Wall thickness (versus degree of distension)  
Presence of mural gas or calcification  
Distension - physiological, pathological  
Point tenderness  
Pericholecic collections

3. **EXTRAHEPATIC BILE DUCT**

Attempt to demonstrate the full length of the common bile duct and common hepatic duct.

**Comment on:**

Duct diameter - measured inside to inside, at level of portal vein bifurcation and more distally, if the proximal measurement is at or above the upper limit of normal Duct dilatation - degree and extent of dilatation, level of obstruction, regularity of calibre  
Intraluminal lesions - number, size, echogenicity, posterior shadowing, and mobility within duct

4. **LIVER**

Longitudinal and transverse views usually sufficient.

**Comment on:**

Adequacy of visualisation of the whole of the liver  
Overall size, caudate lobe size  
Borders - smooth, irregular  
Parenchymal echogenicity, texture and attenuation  
Focal lesions; number, size, location echo characteristics  
Intrahepatic bile ducts  
Hepatic veins, portal veins  
Perihepatic collections  
Right pleural space

5. **SPLEEN**

Size  
Parenchyma - texture and echogenicity  
Focal lesions - number, size, location, echo characteristics  
Perisplenic collections, collateral veins  
Left pleural space

6. **KIDNEYS**

Size - measure bipolar distance  
Outline  
Parenchyma - echogenicity cortex and medulla  
Focal masses - number, size, location, cystic or solid  
Collecting systems - hydronephrosis, prominent extrarenal pelvis, dilated ureter, intraluminal lesions  
Peri-renal and para- renal collections and masses

7. **ADRENALS**

Visualisation should be attempted  
Size and texture if enlarged  
Focal masses: cystic, solid, bilateral, unilateral

## 8. UPPER ABDOMINAL VASCULATURE

Demonstration of the upper abdominal vasculature is the key to upper abdominal anatomy. The level of ultrasonic evaluation of the vasculature will depend on the clinical indication for the scan. The following vessels should be identified.

- Aorta
- Coeliac axis
- Superior mesenteric artery
- Left renal vein
- Inferior vena cava
- Splenic vein
- Superior mesenteric vein
- Main portal vein and its branching pattern in liver
- Splenic artery
- Hepatic artery
- Replaced right hepatic artery (common variant)
- Hepatic veins

## 9. AORTA

Size: measure the outer AP diameter of the aorta.

### **Comment on:**

- Aneurysmal dilatation
- Calcification, plaques and thrombus
- Para-aortic masses; size number location

## 10. PERITONEAL CAVITY

- Ascites
- Loculated collections; size, site, echo characteristics
- Peritoneal masses; size and site
- Bowel wall: thickness, dilatation, peristalsis
- Assess appendix.



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