Sonographer Scanning Cheat Sheet: US Abd Ltd
(US for Appendix Evaluation: CPT code: 76705)

Procedure Overview: An Abd Limited US can be used to evaluate an area of concern for RLQ / Appendicitis.

Required Pre-Procedure Prep:

- Obtain patient's verbal consent
- Obtain pertinent patient history related to the area of concern.
- Instruct the patient to lie supine and confirm the area of concern.

Proper Probe: Linear array transducer with Frequency range between 7-15 MHz If a Curved Probe is needed due to depth of anatomy, scan at the highest frequency that still provides clear images..

NOTE:

- ***Any additional CINE clips during suspension are to be performed at the end of the exam after all still images are taken.***

Prior to the exam:

- The patient should empty their bladder and may be positioned supine or left lateral decubitus.
- Before you start the protocol images: Localize the landmarks in the right lower quadrant. Identify the psoas muscle and the iliac vessels. (The appendix is typically found anterior to the psoas muscle and iliac vessels, and it arises from the cecum.)
- Look for key features: Observe the appendix's size, internal contents, wall thickness as well as any signs of surrounding inflammation (free fluid, or enlarged lymph nodes).
- Note: While scanning, be gentle as you apply graded increasing pressure to the area to displace any gas. If it is painful when you suddenly remove the pressure, that is called rebound pain and should be noted on your worksheet if present.
- Use color or power Doppler: Assess for increased blood flow (hypervascularity) within the appendix wall, which is a sign of inflammation

Version 1.0, Last Update on 02/14/25

Exam Order:

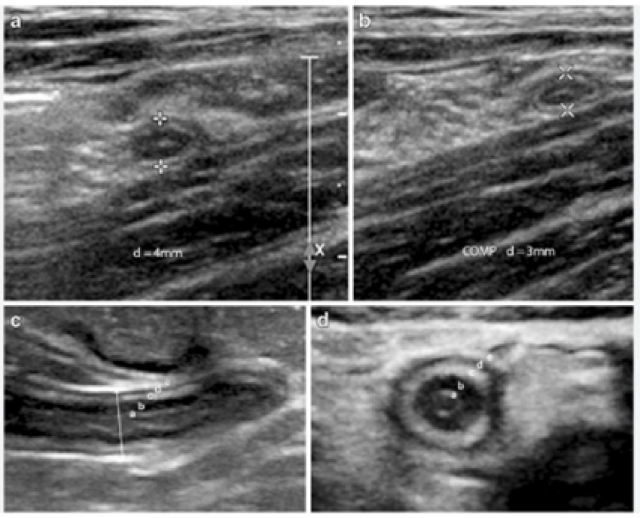
1. ***TRV: image of the prox appendix***
2. ***TRV: image of the mid appendix***
3. ***TRV: image of the mid appendix with full diameter measurement and wall thickness measurement***
4. ***TRV: image of the mid appendix with color Doppler to visualize hypervascularity if any***
5. ***TRV: Dual screen showing with and without compression to rule out normal bowel***
6. ***TRV: image of the distal appendix***
7. ***Suspend if needed to image or measure any internal contents or other pathology in TRV plane with & without color as well***
8. ***SAG: image area just lateral to the appendix***
9. ***SAG: image long appendix***
10. ***SAG: image long appendix with SAG and A/P measurements***
11. ***SAG: Image long appendix with color Doppler***
12. ***Suspend if needed to image or measure any internal contents or other pathology in SAG plane with & without color as well***
13. ***Cine: TRV Sweep from prox to distal appendix***
14. ***Cine: SAG Sweep lateral to medial over appendix***

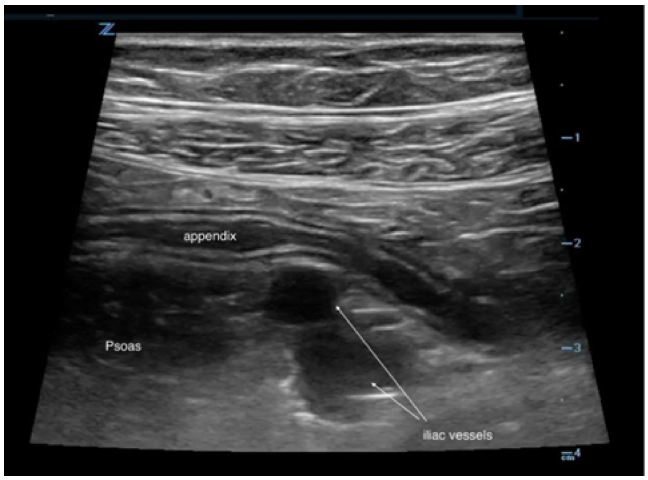
Document any findings on your General US worksheet to include comments on hypervascularity, measurements of the appendix and any pathology.

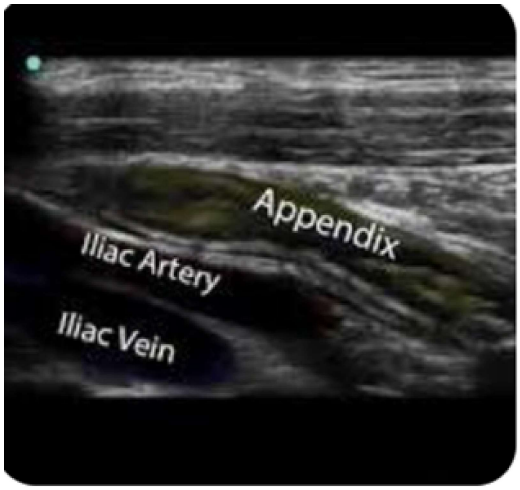
See some examples of normal and abnormal appendix images on the next 2 pages:

(References: ResearchGate & https://www.acep.org/sonoguide/advanced/appendicitis / https://www.thepocusatlas.com/new-blog/appendicitis / https://www.radiology.expert/en/modules/abdominal-ultrasound/ultrasound-pathology-intestines-trauma/)

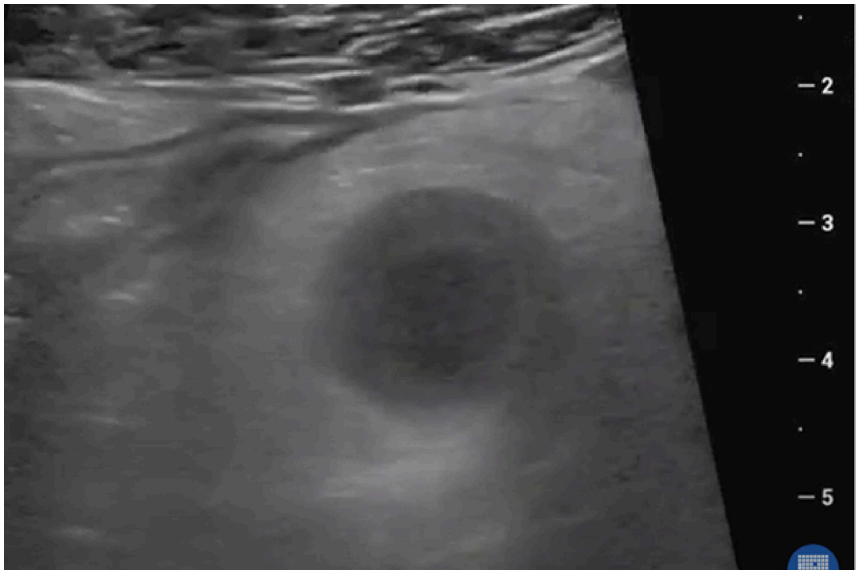
Normal images of the appendix



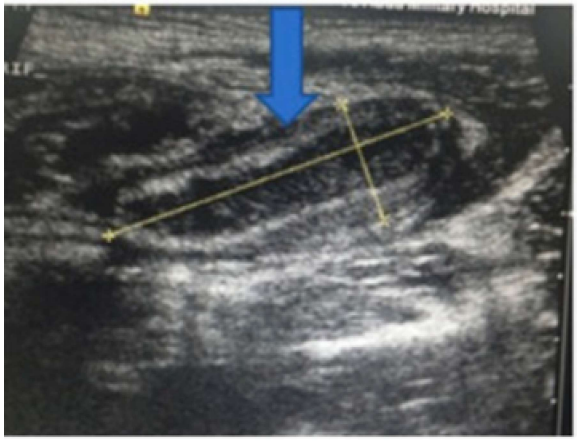


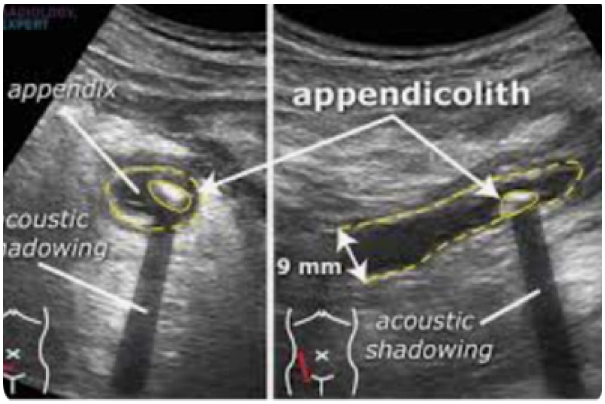


Abnormal images of the appendix / appendicitis:
(appendix diameter >6mm or wall thickness >3mm is abnormal)



Version 1.0, Last Update on 02/14/25





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