Scanning Cheat Sheet: Chest US

Procedure Overview: Chest ultrasound can be utilized to evaluate the superficial parenchyma, and skin. A diagnostic US (ultrasound) may be appropriate to perform on patients whose clinical profile is consistent with one of the following three areas:

- Symptomatic (e.g. lump, focal pain, thickening of the skin, or superficial injury to the skin w/possible foreign body) men or women involving the Chest anteriorly or posterioly.

Required Pre-Procedure Prep:

- Obtain patient verbal consent prior to exam.
- Obtain patient history including, but not limited to symptoms and any prior chest surgery.
- Instruct the patient to lie supine and sit facing away from the sonographer for optimal access to the intercostal spaces.

Proper Probes: Linear array probe with a frequency of 7 - 14 MHz that has tri-duplex capabilities for superficial assessment. Sector bidirectional probe with a frequency of 2 - 5 MHz is ideal to scan between subcostal spaces.

Protocol for Chest Ultrasound (76604)

Imaging Protocol

The following steps outline the protocol to complete this exam Prior to Patient Arrival: Review the patient chart to obtain history and reason for the exam.

- Image Acquisition: Exam will include a targeted area exam as dictated by the patient's symptom and the order.The necessary views listed below:
    - **Targeted Area:** Area of concern is evaluated in transverse and sagittal planes. Document adequately by labeling in as much detail the area of concern as well as timeline of presence. Pathological findings must be documented in two planes. Below are the images that need to be acquired.
        - B-mode transverse and sagittal planes
        - Color Doppler analysis in transverse and sagittal planes
        - Measurement of any cyst, mass, foreign body, or lesion seen in length, height, and width
        - If pathology is present, document in sagittal and transverse with cine clip labeling superior to inferior or medial to lateral.

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