



Scanning Cheat Sheet: Female Pelvis US

Procedure Overview: A female pelvic transabdominal and transvaginal can be utilized to evaluate the uterine and ovarian parenchyma for pathology.

Required Pre-Procedure Prep

- Obtain patient verbal consent prior to exam.
- Instruct the patient to drink fluids to fill her bladder for TA. Patients should be allowed to empty their bladders before TV.
- Obtain patient history including, but not limited to symptoms, parity, gravita, LMP, hormone regimens, and previous pelvic surgery.

Proper Probe: for TA exams, a curvilinear (convex) or vector probe 2.5 – 5 MHz. High Frequency endocavity probe should be used for TV exams.

Proper precautions including a probe cover and cleaning protocol should be utilized for TV exams.

Protocol for Female Transabdominal Pelvis (76856) Transvaginal (76830)

This protocol aligns with the Mindray I-Works protocol: Imagen Pelvic

You may “Suspend” the protocol at any time to take additional images or handle pathology, then restart I-Works.

***Document pathology with and without measurement in two planes, Sag and Trv measuring the length, height, & width. Be sure to also include images with and without color Doppler.*

Cine Clips should be taken to help prove pathology and provide context for Remote Radiologists when appropriate. Please be mindful of not taking too many cine clips, just show what's most important.



Pelvic Ultrasound:

****If the exam is post miscarriage, be sure to evaluate for RPOC (retained products of conception). Show color doppler w/waveform sampling if flow is present.**

1. Sag UT midline
2. Sag UT midline with measurement (length and height)
3. Sag UT midline endometrium
4. Zoom image of endometrium
5. Sag UT midline focusing on endometrial stripe with measurements (A/P measurement)
6. Sagittal uterus right
7. Sagittal uterus right
8. Sagittal uterus left
9. Sagittal uterus left
10. Sagittal vagina/cervix
11. Sagittal posterior cul-de-sac
12. Transverse cervix/vagina
13. Transverse uterus inferior
14. Transverse uterus mid
15. Transverse uterus mid with measurements (width)
16. Transverse uterus superior
17. Sagittal Rt adnexa w/Color on iliac vessels
18. Sagittal Rt adnexa without vessels
19. Transverse Rt adnexa w/Color on iliac vessels
20. Transverse Rt adnexa without vessels
21. Sagittal Rt ovary
22. Sagittal Rt ovary
23. Sagittal Rt ovary with measurements (length and height)
24. Sagittal Rt ovary with color flow
25. Rt ovary- Doppler waveform of ovary arterial flow
26. Rt ovary- Doppler waveform of ovary venous flow
27. Rt Transverse ovary
28. Rt Transverse ovary
29. Rt Transverse ovary with measurements (width)
30. Sagittal Lt adnexa w/Color on iliac vessels
31. Sagittal Lt adnexa without vessels
32. Transverse Lt adnexa w/Color on iliac vessels
33. Transverse Lt adnexa without vessels
34. Sagittal Lt ovary
35. Sagittal Lt ovary with measurements (length and height)
36. Sagittal Lt ovary with color flow
37. Lt ovary- Doppler waveform of ovary arterial flow
38. Lt ovary- Doppler waveform of ovary venous flow
39. Lt Transverse ovary
40. Lt Transverse ovary
41. Lt Transverse ovary with measurements (width)

Normal Measurements		
Anatomy	Premenopausal	Post-Menopausal
Uterus	7 to 9 cm	<7 cm
Endometrium	<15 mm	<4 mm
Ovarian	2.5 to 5 cm	<3.5 cm
Ovarian Cysts	>2.5 cm	>1.0 cm

Common Pathology:

- Fibroids:** Typically solid, vascular, mostly hypoechoic, round to oval uterine lesions. Fibroids are the most common benign lesions of the uterus and result in uterine enlargement.
 - Intramural Fibroids:** The most common fibroid and are located within the myometrium of the uterus.
 - Submucosal Fibroids:** Typically cause heavy, painful menses and are located within the endometrial canal.
 - Subserosal fibroids:** Often pedunculated and located outside the uterine myometrium.
- Endometrial Hyperplasia:** Presents as hyperechoic, thickened endometrium measuring >15 mm in peri-menopausal women and >4 mm in post-menopausal women. Commonly causes post-menopausal bleeding. Serum CA125 antigen can help differentiate between hyperplasia and carcinoma.
- Ovarian Cysts:** Follicles that measure over 2.5 cm.
 - Simple Ovarian Cysts:** Appear hypoechoic, free of echoes, avascular with well-defined borders.
 - Complex Ovarian Cysts:** Commonly painful and appear "dirty" with internal echoes, vascular, and ill-defined borders.
- Ovarian Torsion:** Patient will likely be in severe pain. Ovary might appear enlarged during the acute phase with edema or swelling. Proof of venous flow rules out torsion since they would collapse first. Arterial flow should also be documented. In some cases, a characteristic whirlpool or spiral appearance of the vascular structures around the ovary may be visualized on ultrasound. This is known as the "whirlpool sign" and is highly suggestive of ovarian torsion.