

PELVIC ULTRASOUND

TRANSABDOMINAL:

Image Sagittal and Transverse of ML uterus or ML pelvis (s/p hysterectomy).

Assess uterine size, shape, and orientation. Measure if necessary, i.e., large fibroids(s).

Image Sagittal and Transverse of right and left ovaries. (If ovaries aren't visualized then image right and left adnexal regions.

Document IUD if present.

ENDOVAGINAL:

Uterus:

Image Sagittal and Coronal of uterus (& cervix). Assess for enlargement and uterine orientation.

Measure uterine length in Sagittal view from fundus including the cervix.

Measure AP dimension in the Sagittal view perpendicular to the length.

Measure maximum width in Coronal.

Image and measure uterine masses and/or cysts. It is not necessary to measure all uterine fibroids just the largest or a few large myomas. Size and location of **clinically** relevant fibroids, i.e., submucosal, should definitely be documented.

Report on tech worksheet measurements of followed myomas from last 2-3 exams.

If enlarged uterus or anomaly exists, i.e., large fibroid, bicornuate uterus, image patient's kidneys for hydronephrosis or renal anomalies.

Endometrium:

Endometrium should be analyzed for thickness, focal abnormality, and the presence of fluid or masses in the cavity.

The thickest part of the endometrium should be measured perpendicular to its longitudinal plane in the AP diameter from echogenic to echogenic border. In the presence of endometrial fluid, the measurement of the two separate layers of the endometrium, excluding the fluid, are added to determine the endometrial thickness.

Image endometrium with color and/or power Doppler.

In adjunction to color Doppler, use spectral Doppler if a polyp, submucosal mass or retained products of conception is seen. Add a limited Doppler charge when utilizing spectral Doppler.[1]

If IUD present, document location and measure end of the string to external cervical os.

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Ovaries/Adnexa:

Image and measure Sagittal and Coronal right and left ovary.

Measure ovarian masses and/or cysts:

Simple cysts \leq 3 cm are normal in a *premenopausal asymptomatic* patient.

Simple cysts \leq 1 cm are normal in a *postmenopausal asymptomatic* patient.

Use color Doppler on ovarian/adnexal masses. Try to demonstrate 'ring of fire' on a corpus luteum cyst in a physiologic sized complex ovarian mass.

Use spectral Doppler on ovarian/adnexal masses, patients with severe acute pain and on specifically requested exams to "r/o ovarian torsion". Add a limited Doppler charge. | [2]

Evaluate right and left adnexal regions. If an adnexal abnormality is noted, its relationship to the ovaries and uterus should be assessed. Document size and sonographic characteristics of adnexal masses. Image color/power and/or spectral Doppler.

Assess and image cul de sac for free fluid or masses.