

Iliacs at Aortic bifurcation

Tips:

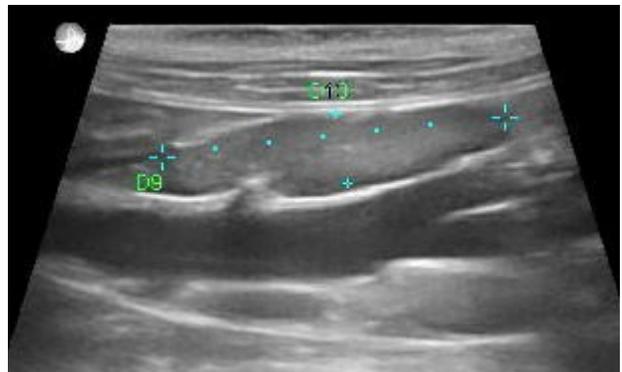
- Use the linear transducer in Harmonics when possible
- Normal lymph nodes may not always be seen
 - Characteristics: Well defined, smooth, and fusiform to oval shaped
 - Isoechoic or slightly hypoechoic (slightly darker) to surrounding fatty tissue
 - When using a high frequency transducer you may also see a hyperechoic (bright) central line representing the hilum
- Patient is scanned in a lateral decubitus position, transducer in a vertical position. Start dorsal, near back musculature and slowly slide ventral until Aorta appears. Slide caudal on Aorta until you see it bifurcate into iliac vessels. Fan through the bifurcation Lateral/Medial

Videos:

- Right Iliac Video (fan through the vessel at Aortic bifurcation)
- Left Iliac Video (fan through the vessel at Aortic bifurcation)

Images:

- If large lymph nodes are seen images should be taken (measure the largest)



Imaging Abnormalities

When abnormalities are noted on an exam additional images should be taken in addition to the protocol

Additional Images for Lesions

- Long AND Short Axis Images
 - If lesion is small use split screen
- Image with measurements
 - Smaller lesions can be measured on split screen
- Image with color Doppler
- Multiple lesions on the same organ that have similar appearance
 - Measure the largest 2 lesions and include images of the others
- Make sure that on your video that the lesions are included
 - May need to take 1-2 additional videos
- Large masses
 - Try to locate the organ it is originating from (this may be difficult at times depending on location and size)

Abdominal Fluid

- Capture an image of any ascites that you note
- Use organs as landmarks if only a small amount is seen so the specialist can document where the fluid is seen on reports

Fluid-filled Intestine

- Can be a normal finding or a sign of an abnormality
- Follow intestine until you no longer see the fluid or until you scan come across an abnormal/suspicious area