ULTRASOUND RETROPERITONEAL COMPLETE

(used when urinary pathology not the order indication)

General Documentation:
1) Primary organ being imaged should be clearly labeled. (ex: LEFT KIDNEY, RIGHT LOBE LIVER). Avoid abbreviations
2) Images should be submitted in order of protocol whenever possible
3) When cines are submitted, 1 cine only in each plane (sag and trans) per organ or positive finding
4) Measurements:
   Sagittal: measures CC
   Transverse: measures TV and AP
   Documenting: SAG X AP X TV

For ALL organs/pathology:
Additional gray scale and color images of any abnormality/positive finding should be obtained
Documentation of masses/cysts/nodules/lesions should be performed using a split screen technique whereby the sagittal and transverse view are assessed on a single image with appropriate labeling include:
- Grayscale split screen without measurement
- Grayscale split screen with measurement
  - Measurements: AP and TV on Transverse; CC on Sagittal
- Color split screen
- Sagittal and Transverse CINE of abnormality (single sweep each plane)

Dedicated images of abnormalities and positive findings to be added after the standard images of each organ

PROTOCOL
- Kidneys
  - Sagittal: at least 3 gray scale images to include lateral, mid, medial
  - Sagittal: mid with renal length measurement
  - Sagittal: Color image mid demonstrating vessels from collecting system
  - Transverse: at least 3 gray scale images to include upper pole, mid, lower pole
  - Transverse: mid with AP and TV measurement
  - Sagittal CINE lateral to medial
- Transverse CINE superior to inferior
- **If Hydronephrosis is present**
  - Have patient void and re-image to see if hydronephrosis has changed/improved if bladder volume is >50 ml
- Image stents/nephrostomy tubes when present
- Renal Cysts should be appropriately assessed for size, complexity and need color flow box to prove they are cysts and do not have flow/are not aneurysms; Solid or complex lesions require measurements
- If there is a perinephric collection/hematoma, provide 3 plane measurement and volume calculation

**Bladder**
- Sagittal and Transverse grayscale with and without measurements
  - Volume calculation of bladder
- Color image documenting ureteral jets
- **If Hydronephrosis or indication states urinary retention have patient void if bladder volume is >50 ml**
  - Post void sagittal and transverse
  - Volume calculation

**Retroperitoneum**
- Sagittal and Transverse grayscale and color images of
  - Proximal aorta
  - Mid aorta
  - Distal aorta
  - Right & left common iliac arteries
  - Include measurement of widest aortic diameter and diameter of each iliac
- Assess for pathologic retroperitoneal adenopathy/masses/fluid collections
  - Can do a sweep. If pathology present, document with static images