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**Procedure Name: Chest**

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4/27/2016

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**Indications:**

May include but not limited to evaluation for pleural effusion.

**General Description:**

This is a survey of the pleural space.

**Patient Preparation:**

There is no preparation for this exam.

**Equipment Selection and Settings:**

A linear transducer with trapezoid on will be used for most patients. The sonographer should use the preprogrammed setting for the appropriate body part and adjust gain, depth and focal zone settings to optimize images.

**Patient Position:**

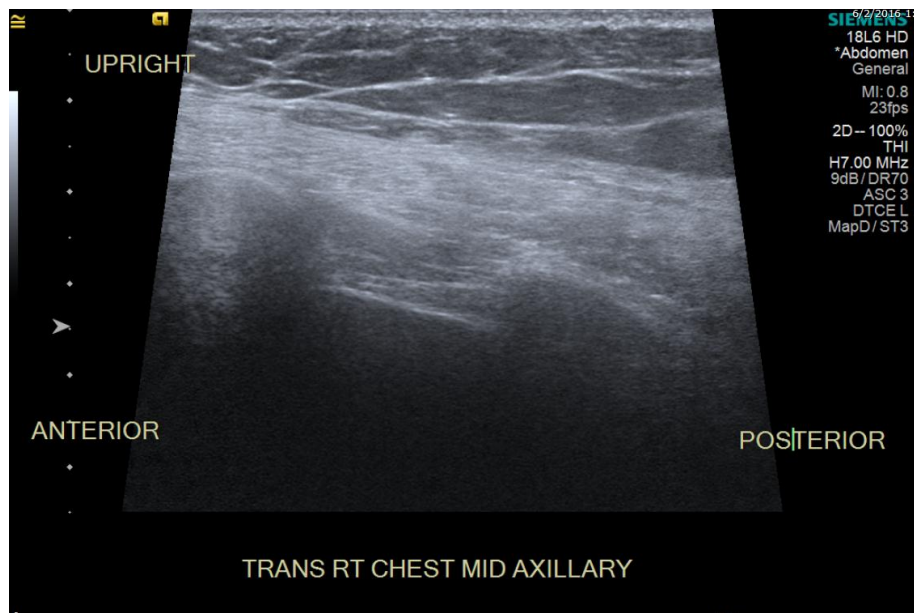
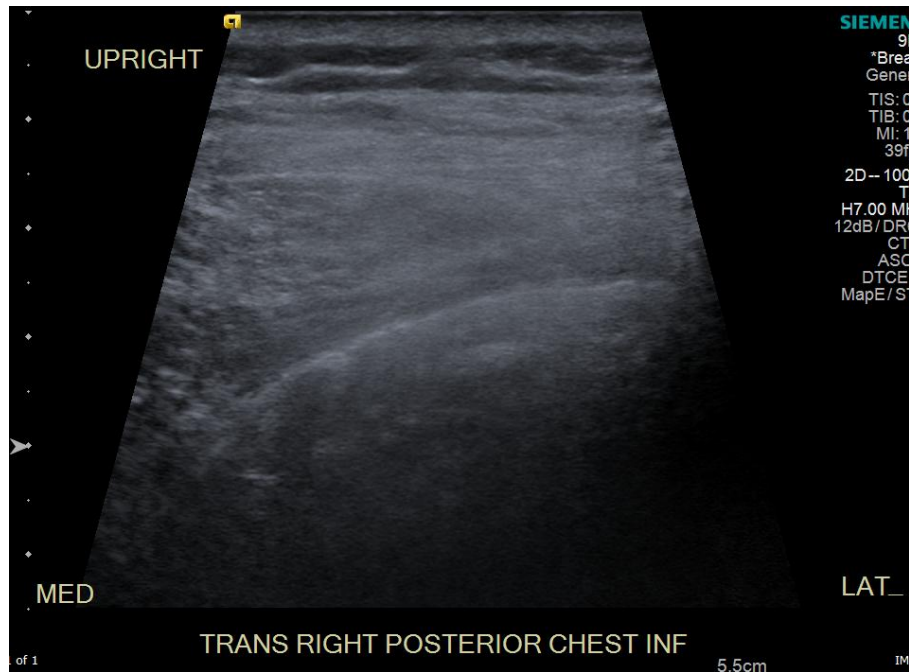
Upright or if unable to sit upright, LLD/RLD with the side being interrogated facing up.

**Imaging:**

1. Long and transverse posterior chest, just medial to the scapula, superior, mid and inferior
2. Long and transverse midclavicular line, superior, mid and inferior
3. Long and transverse midaxillary line, superior, mid and inferior
4. Scanning through the chest should be generous and include all the way to the spine
5. When an effusion is seen, the image must be optimized and measured in three dimensions
6. If there is any variability in pleural thickness, measure thickest region in the superficial-to-deep dimension.

**Annotations:**

1. Patient position (Upright, LLD, RLD)
2. Transducer orientation (Long, Trans)
3. Side (right chest, left chest)
4. Location (posterior, midclavicular, midaxillary)
5. Direction of transducer notch (Lateral.....Medial, Medial.....Lateral)



**Documentation:**

1. Sonographer findings should be reported on miscellaneous worksheet.
2. If negative, state no pleural effusion or thickening seen of interrogated location.
3. If positive, state which side, location, size and what approach was used for optimal visualization of each collection and/or area of abnormal pleura.
4. Describe fluid as simple or complex.
5. State any and all exceptions to patient positioning.