

AUSTIN RADIOLOGICAL ASSOCIATION
ULTRASOUND PROTOCOLS

Procedure Name: **Follicular Study (includes pelvic protocol)**

Updated 01/30/12, approved 9/2011

Indications:

May include but not limited to fertility evaluation, pelvic pain, questionable mass, possible ectopic pregnancy, ovarian torsion, ovarian and/or uterine pathology, irregular bleeding, localization of intrauterine device, follow up of prior pelvic ultrasound, or for any other valid medical reason.

General Description:

This is a survey of the female pelvis which; includes examination of the uterus, right and left ovaries and adnexal regions. To further delineate pelvic structures and or pathology, a transvaginal pelvic ultrasound will be required (give appropriate images). Follicular evaluation includes subsequent transvaginal exams documenting the 3 largest follicles per ovary as well as imaging additional follicles for each ovary.

Patient Preparation:

The patient's urinary bladder must be adequately distended for pelvic portion of the exam. This typically requires drinking at least 32oz. of water 1 hour prior to the exam. Subsequent transvaginal procedures should be performed without patient prep.

Equipment Selection and Settings:

Select pelvis from preset menu for transabdominal exam.

Select EV from preset menu for transvaginal exam.

For transabdominal exam, a curvilinear 4.0MHz probe will be used for most patients (select appropriate probe for pedi or small body habitus). For transvaginal exam an EV-8C4 probe (adults) will be used. The sonographer should use the preprogrammed setting for the appropriate body part and adjust gain, depth, and transmit zone settings to optimize images.

Imaging Sequence:

The following image sequence is for a normal exam. Utilize color flow to aid in the determination of any possible abnormality and to demonstrate blood flow. Include additional images of pathology to demonstrate dimensions in three planes, texture, size, shape and relationship to adjacent anatomy. If there are multiple uterine fibroids or ovarian cysts, label these 1, 2, 3 etc. to correspond with worksheet labels. Include hepatorenal space (Morrison's pouch) image when appropriate to r/o free fluid in the abdomen.

MLQ LONG/TRANS

1. Image patient data (include LMP and pregnancy history)
2. Uterus mid (length, AP and endometrial stripe measurement)
3. Uterus mid (transverse measurement)

RLQ LONG/TRANS

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4. Rt. ovary (length, trans and AP measurements, use color flow to show profusion)
5. Include images and measurements of the 3 largest follicles as well as images of additional follicles

LLQ LONG/TRANS

6. Lt. ovary (length, trans and AP measurements, use color doppler to show profusion)
7. Include images and measurements of the 3 largest follicles as well as images of additional follicles

MLQ LONG

8. Uterus right mid-lateral (one or more images)
9. Uterus left mid-lateral (one or more images)

MLQ TRANS

10. Uterus inferior (multi images will include vaginal canal and cervix)
11. Uterus mid
12. Uterus superior
13. Uterus / Rt. and Lt. Adnexa

TRANSVAGINAL IMAGING AND FOLLICULAR EVALUATION

Give appropriate images to include pelvic structures and pathology visualized. Follicular evaluation includes multiple transvaginal exams scheduled on subsequent days.

For follicular evaluation the first exam includes a complete pelvic exam (including transvaginal) performed under exam code USPETV. Subsequent exams involve transvaginal procedure only and performed under the exam code USFOL (follow-up/follicular).

For follicular evaluation (first and subsequent exams) image and measure the 3 largest follicles from each ovary as well as include images to show any additional follicles visualized. The same 3 follicles per ovary should be numbered and measured for each subsequent exam. Upon completion of required procedure, fill out appropriate impression sheet to be scanned into synapse.