

ABDOMEN LIMITED (GALLBLADDER ONLY) US PROTOCOL

PURPOSE:

- To evaluate the gallbladder and extrahepatic bile duct for any abnormalities.

INDICATIONS:

- Upper abdominal, right upper quadrant or epigastric abdominal pain.
- Known or suspected cholelithiasis or biliary obstruction.
- Comments section must indicate Gallbladder (or GB) Only protocol.

EQUIPMENT:

- 3-5 MHz linear or curved probe

PATIENT PREPARATION & ASSESSMENT:

- The patient should be NPO after midnight or 6-8 hours prior to examination.
- Introduce yourself to the patient.
- Verify patient identity via two patient identifiers (name and date of birth) per hospital policy.
- Explain the examination, its purpose and how long it will take.
- Answer any questions the patient may have regarding the examination.
- Obtain patient history including symptoms, signs, risk factors and other relevant history.

GENERAL GUIDELINES:

- Send the measurements screenshot page if your machine is capable.
- For focal lesions (masses, cysts, nodules, lymph nodes, fibroids) obtain split-screen images of the lesion without calibers, with calibers and with Color Doppler.
- Any deviations from the standard protocol and any limitations to the examination should be documented on the technologist worksheet for future reference and for repeatability in follow-up studies.
- Report preliminary critical findings to the referring clinician when appropriate (i.e. immediate medical attention may be warranted) and according to hospital policy.

DOCUMENTATION:

Gallbladder

- Document longitudinal images in the supine position of the following:
 - Neck
 - Body
 - Fundus
- Document transverse images in the supine position of the following:
 - Neck

- Body
- Fundus
- Measure wall thickness (normal ≤ 3 mm)
- Document longitudinal images in left lateral decubitus position of the following:
 - Neck
 - Body
 - Fundus
- Document transverse images in left lateral decubitus position of the following:
 - Neck
 - Body
 - Fundus
- Assess for gallbladder distention (normal < 10 cm in length), sonographic Murphy's sign and pericholecystic fluid.
- Measure the largest stone in one dimension.
- If a stone does not shadow with an increased frequency transducer, use Color Doppler to demonstrate twinkling artifact sign.
- For non-stone pathology (mass-like sludge, masses, nodules), document color and spectral Doppler images of the pathology. Sludge will not have blood flow. Masses will have blood flow.

Bile Ducts

- Document images of the following:
 - Common bile at the porta hepatis without and with measurement (normal ≤ 6 mm up to 60 years then add 1 mm per decade of age up to 10 mm post cholecystectomy).
 - Document color Doppler image of common bile duct (at the hepatic artery and main portal vein)
 - Assess for dilatation of the intrahepatic bile ducts if there is dilatation of the common bile duct.