APRIL EXAM OF FOCUS
PELVIC AND FIRST TRIMESTER

Happy April! Our Exams of Focus this month are our pelvic and first trimester protocols.

As promised, in reviewing our protocols, we looked at whether there were images that we could eliminate. You will be happy to know that we did find a few places to cut back, especially in the transabdominal pelvic images! Please read about the changes below. Grab a snack, it's a long one! And as always, remember the protocol history table is always at the end of the protocols if you need to refresh your memory about these changes.

PELVIC PROTOCOL

- Transabdominal portion no longer needs to be all of the same images as the transvaginal. This is the list of required transabdominal images:

  UTERUS/MYOMETRIUM:
  - 1 Sagittal w and w/o measurements
  - Sagittal sweep w view set to see above fundus and pcds
  - 1 Transverse w and w/o measurements

  ADNEXA:
  - Transverse image of right and left adnexa.
  - Cine clip in sagittal and transverse of right and left adnexa.

  OVARIES:
  - Sagittal image of right and left ovary w and wo measurements.
  - Transverse image of right and left ovary w and wo measurements.

- We are going back to measuring the uterus with the ***cervix included***. Per AIUM, we were needing to exclude the cervix because we were reporting a volume. But determining the cervical os in a non-pregnant uterus is too subjective and less accurate so we have decided to remove the volume from the report and go back to measuring the whole thing! It never felt right to me, so I am happy for this change!

- Adnexa images have been reduced to one 2D image in transverse and a sweep in BOTH planes. This applies to transabdominal and transvaginal imaging.

- Separate ovary sweeps are only needed if an abnormality is seen.

- "Displacement cine clips" should be used when it is unclear if a mass or cyst is paraovarian or ovarian in nature. Apply pressure with the transvaginal probe to displace the structures. Watch for whether the ovary and area of concern move together or separate. Don't forget to do this! This applies to first trimester and rule out ectopic cases as well.

- Reminders:
  - LMP should be written in the indication section of the report.
  - If bladder fills on TV exam, have the patient void again.
  - We do follicle studies, refer to the Additional Images section of protocol if this is ordered.

FIRST TRIMESTER PROTOCOL

- If we are asked to rule out ectopic, it is crucial to have multiple sweeps through the adnexa. It is nondiagnostic without them and the radiologist will not have the information they need. We need at least 2 good, slow sweeps through the entire adnexa in each plane! And we also need sweeps through with color looking for any areas of hypervascularity or a ring of fire commonly seen.

- If the indication is to rule out ectopic, and the patient has had pain less than 6 days, we should also look for torsion and do ovarian dopplers. If the patient is not in pain, and the rule out ectopic indication is for bleeding only, is not necessary. Don't forget to add the doppler codes.

- If the uterus is empty and there is no sign of intrauterine or extrauterine pregnancy, use the **pelvic report** and obtain a measurement of the uterus. The early preg report for an empty uterus does not go across well. Still charge a UOB1 if there is a positive HCG.

- Be sure to add TV to method section on Viewpoint if one was done. There have been a lot recently that the doctors have had to go back and change reports for and that obviously is time consuming. Same goes for dopplers, or any other extra charge! When completing the exam check all the boxes that apply to the study so that they can be associated.

NUCHAL TRANSLUCENCY PROTOCOL

- A separate NT protocol has been made and additional information has been added about the technique.

- The C9-2 probe should be used for these cases whenever possible. It does image much better.

- Take placenta images and report its location. You do not need to comment on a low lying placenta, but mention it if it is a complete previa.

- When putting numbers into the report, only use whole numbers for the CRL, no decimals, the lab gets cranky.

- When choosing your numbers, always have at least 3 NTs and 3 CRLs. Take the smallest of the best CRLs and the largest of the best NTs. This gives the most conservative likelihood ratio numbers.

- If there is a nuchal cord wrap around the neck, measure the NT above and below the cord and average the two numbers to use in the report.

- We should only be measuring the NT if it was requested. If it incidentally looks thickened on a first trimester exam, we need to add the following images:
    - Cine clip of the fetus in motion showing the nuchal area to prove it is not the amnion being measured.
    - Transverse image of the cranium showing the nuchal area, looking for septations and cystic hygroma.
    - Cine clip in sagittal and transverse through the entire fetus.

SUMMARY

- Transabdominal images reduced.
- Include cervix in UT long measurement again!
- Adnexa images – Need one 2D in trv and a sweep in sag and trv.
- Transvaginal ovary sweeps needed only if abnormality seen
- Displacement cine clips to determine if paraovarian vs ovarian.
- Include LMP in indication section of report.
- Empty bladder again if fills on TV.
- We do follicle studies sometimes.
- ***For rule out ectopic, INCLUDE LOTS OF SWEEPS w color and without.***
- Do ovarian dopplers for ectopic eval if pain <6 days
- Use pelvic report if no evidence of IUP or extrauterine pregnancy seen. UT measurements to be included.
- Be sure to add TV and dopplers to method section if done. Check both boxes when end exam to associate them.
- Use C9-2 probe for NTs
- Take placenta images for NTs
- Use smallest of best 3 CRL. Use whole numbers, no decimals. Use largest NT.
- If nuchal wrap measure above and below cord and average the two for NT.
- If nuchal incidentally noted to be increased on first trimester exam review extra images to obtain.

Wow. That was a mouthful! Let me know if you have any questions. - Renee