

SONOGRAPHER TO RADIOLOGIST COMMUNICATION OF ULTRASOUND FINDINGS

Below observations must be presented at the time of examination. Hold patient in exam room until instruction from radiologist.

Technologists are not asked to make specific diagnoses. However, sonographers are expected to recognize potentially worrisome *findings* and bring these to the attention of the radiologist. This list is not all-inclusive or exclusive.

Use good judgment to determine if a finding not listed is critical and should be communicated immediately to the radiologist.

ABDOMEN + RETROPERITONEUM

- Pericardial effusion
- Findings concerning for acute cholecystitis (including emphysematous cholecystitis)
- New intra and extrahepatic biliary ductal dilatation
- New unilateral or bilateral hydronephrosis (any degree greater than mild pelvocaliectasis)
- Appearance worrisome for emphysematous pyelonephritis
- New large AAA (≥ 4.5 cm) and/or findings concerning for dissection
- Appearance suspicious for portal vein thrombosis or other vascular thrombus
- Findings concerning for abdominal or retroperitoneal abscess

PELVIS

- Findings concerning for testicular or ovarian torsion
- Findings concerning for tubo-ovarian abscess or other pelvic abscess
- Findings concerning for acute appendicitis
- Findings concerning for retained products of conception or endometritis
- Missing or mal-positioned IUD

OBSTETRICS

All

- Appearance suspicious for fetal demise
- Cervix < 3 cm at < 28 w or findings concerning for cervical abnormality (i.e., open os, funneling, etc.)
- Findings concerning for abortion in progress

1st Trimester

- No IUP with confirmed positive B-hCG
- Findings suspicious for ectopic pregnancy or abnormal gestational sac implantation (i.e., very eccentric, low)

2nd Trimester

- New ABNORMAL fetal anatomy (excluding *isolated* EIF, CP cyst, absent nasal bone, single UA, mild UTD, short femur)
- **Incomplete Fetal Anatomy Survey F/U scan: Get stills and cines of missed anatomy; call rad if any doubt about satisfactory visualization.**
- Findings concerning for placental abruption
- New polyhydramnios or new oligohydramnios
- New IUGR (EFW $< 10\%$)
- All umbilical artery Doppler
- Mark all BPP as STAT; call for any BPP less than 8 out of 8

PEDIATRICS

ALWAYS Call: evaluation for Urachal remnant, call regardless if positive or negative.

If **POSITIVE:** Call if positive - Evaluation for appendicitis, intussusception, neonatal spine, lumps/bumps, abnormal lymph nodes in size, morphology, or vascularity

Head: (call *only* for indications below)

- New or evidence of worsening intracranial hemorrhage
- New or evidence of worsening hydrocephalus

Abdomen

- Evidence of abnormal pylorus when evaluating for pyloric stenosis
- Evidence of possible midgut volvulus (i.e., reversed SMA/SMV relationship)

MSK

- Appearance suggestive of abnormal hips when evaluating for dysplasia

VASCULAR + MSK/OTHER

- Findings concerning for *acute DV* (or chronic DVT not previously documented in our system)
- Carotid measurements suggesting critical stenosis
- Evidence of soft tissue abscess

BREAST

- **Speak directly with a Breast Radiologist for any US Chest study evaluating breast pathology or complaint performed between 7:30 a.m. and 5:00 p.m. Monday through Friday or if a Breast Radiologist is on call at night or on the weekends (call PAS to find out). If no Breast Radiologist is working, then the US Chest (Breast) study can just be put onto the list.**
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