Pediatric Abdominal Ultrasound Protocol:

- Trans Pancreas (Sag if abnormalities)
- Aorta – Prox, Mid, Distal – Sag; Bifur TRV
  - AP measurements
- IVC
- Lt lobe liver – Sag and Trans (include caudate lobe and IVC)
- Rt lobe liver – Sag and Trans (include MPV, dome, diaphragm, rt kidney, gb)
  - Measure liver length
- GB - Sag and Trans
  - Wall thickness Measurement
- GB LLD – Sag and Trans
- CBD – with and without color and measurement
- Rt Kidney – Sag (lateral to medial); Trans (superior to inferior)
  - color
  - Measurements
- Lt Kidney - Sag (lateral to medial); Trans (superior to inferior)
  - color
  - Measurement
- Spleen – Sag and Trans
  - Measurement

***Pediatric patients 17 years and younger with RLQ abdomen or pelvic pain or periumbilical pain must have a RLQ survey appendicitis***

If Appendix is visualized, please document the items below:

- Appendix size 7-8 mm
- Appendix size >8 mm
- Appendix non-compressible
- Appendicolith present

If Appendix not visualized, please document secondary signs of appendicitis:

- Inflammatory change present or echogenic fat
- Fluid or fluid collection present
- Hyperemia present/abnormal vascularity
- Large lymph nodes observed
- Bowel peristalsis RLQ Yes or No

***Pediatric patients with suspected Ileocolic Intussusception***

All intussusception studies require a four-quadrant bowel survey to include the course of the colon throughout the abdomen to the left lower quadrant.