

## MINIMUM SCANNING CRITERIA

STUDY	REQUIRED VIEWS	INTERPRETATIONS
<b>AORTA</b> -stills	Transverse views: measure diameter from outer wall to outer wall, anterior to posterior -still of proximal aorta at level of celiac trunk (nl < 3cm) -still of mid aorta at level of SMA (nl < 3cm) -still of distal aorta just above bifurcation (nl < 3cm) -still of common iliacs (nl < 1.5cm)  Sagittal view of aorta with anterior branches	-aneurysm? -dissection?
<b>APPENDIX</b> -stills & videos	-video of transverse views (include iliac crest, psoas muscle, iliac vessels, bladder) -video of sagittal views (include terminal cecum leading to appendix/ileus, psoas muscle in long axis) -still measurement of appendix diameter (outer wall to outer wall) (nl < 6mm) -demonstrate in/compressibility of appendix	-appendicitis?
<b>BILIARY</b> -stills & videos	-video fan through of GB in short axis -video fan through of GB in long axis -still of GB with anterior wall measurement ( nl =< 3mm) -still of portal triad in short axis -Optional: CBD measurement (nl < 6mm, age dependent)	-cholelithiasis? -cholecystitis? -sonographic murphy's? -CBD dilation?
<b>CARDIAC</b> -videos	Any 2 out of 4 views -parasternal long -parasternal short -apical 4 -subxiphoid	-gross EF? (decreased, nl) -pericardial effusion?
<b>DVT</b> -videos (increase clip length to 10sec)	Demonstrate in/compressibility (must be 100%) in the following: -common femoral v at level of greater saphenous v -common femoral v until its bifurcation -proximal femoral and deep femoral veins -popliteal v until its trifurcation to tibioperoneal trunk	-DVT?
<b>EFAST</b> -stills & videos	-stills of RUQ coronal views (include supra/sub diaphragmatic space, hepatorenal interface [Morrison's pouch], inferior renal pole) -stills of LUQ coronal views (include supra/sub diaphragmatic space, splenorenal interface, inferior renal pole) -stills of pelvis -bladder in transverse view -bladder in longitudinal view  IF ACTUAL TRAUMA PT: -video of cardiac view (either subxiphoid or parasternal long) -demonstrate lack or presence of lung sliding EITHER -video of lung sliding -still in M-mode	hemoperitoneum?  Trauma pt: -the above AND hemopericardium? hemothorax? pneumothorax?

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<b>HIP</b> -stills	Images in 2 orthogonal planes -measure bilateral maximal distance between ant surface of fem neck and posterior surface of iliopsoas muscle	-hip effusion?
<b>INTUSSUSCEPTION</b> -stills & videos	-video pans of all 4 quadrants -IF intussusception present, demonstrate at least 1: -transverse view: target/donut sign -oblique view: pseudokidney sign -sagittal view: alternating layers of hyper/hypoechoic layer -still of ileo-cecal valve, lead point (if present) -doppler eval of wall	-intussusception?
<b>LUNGS</b> -videos	If eval for pneumothorax see EFAST Evaluation of other thoracic pathology: 12 videos total in both transverse and sagittal planes moving from cephalad to caudal and apex to diaphragm -bilateral anterior -bilateral axillary -bilateral posterior	-B-lines? -pleural effusion? -consolidation?
<b>MSK/SOFT TISSUE</b> -stills	-stills of 2 orthogonal planes -show contralateral side for comparison -measure pathology i.e. abscess -apply color flow to abscesses to identify surrounding vasculature	-fracture? -abscess? -cellulitis? -dislocation?
<b>OB/1<sup>st</sup> TRIMESTER PREGNANCY</b> -stills & videos	-video pan through of transverse view of uterus -video pan through of sagittal view of uterus *must demonstrate entire uterus & endometrial stripe -attempt to evaluate adnexa -IF IUP has fetal pole (IUP = gestational sac + yolk sac and/or fetal pole), measure fetal heart rate in M-mode	-IUP?
<b>OCULAR</b> -stills & videos	-video of globe in transverse and sagittal views -IF measuring optic nerve sheath diameter, measure 3mm posterior to retina (nl < 5mm)	-detachment (lens, retina, vitreous body)? -increased ICP -hemorrhage?
<b>PYLORIC STENOSIS</b> -stills & videos	-stills of pylorus in transverse and longitudinal views (nl muscle wall thickness < 3mm, nl pylorus channel length < 14mm) -video demonstrating non/passage of fluid through pylorus	-pyloric stenosis?
<b>URINARY TRACT</b> -stills	-stills of b/l kidneys in both transverse and longitudinal coronal views -stills of bladder in both transvers and sagittal views (IF measuring post void volume, measure WDXH X 0.7 in adults, measure WDXH X 0.9 in peds)	-hydronephrosis? -urine retention?