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#### **Ultrasound Protocol: Abdominal Aorta**

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Link to: General Imaging Requirements and Pathology Protocol PDF

## List of Required Images

#### **Aorta**

- **Proximal** (superior to celiac trunk)
  - o Sagittal with and without AP measurement
  - o Transverse with and without width measurement
- Mid
  - o Sagittal with and without AP measurement
  - o Transverse with and without width measurement
- Distal
  - Sagittal with and without AP measurement
  - o Transverse with and without width measurement

### Common Iliac Arteries All images to be included on both right and left

- **Transverse** Bifurcation with and without color Doppler
- **Sagittal** Complete documentation to include:
  - o Proximal with and without AP measurement
  - o Proximal with color Doppler
- **Transverse** Complete documentation to include:
  - o Proximal with and without width measurement

# Additional Images for Aneurysms

### **Aneurysm Documentation:** For aneurysms, include the following complete documentation:

- o Measurements of the aneurysm AP, width, and length at the widest visualized portion.
- o Document relationship of aneurysm to the renal arteries and the aortic bifurcation
- o Color Doppler of the aneurysm to show filling defects and/or turbulent flow
- o CINE of the aneurysm in sagittal and transverse
- For patients with history of endovascular stent placement, a Vascular Duplex Aorta study should be ordered instead. If the history is unknown at time of scheduling, only color images (or power Doppler) are required to document patency.

# Common Indications for Aorta Ultrasound

Indications for ultrasound of the abdominal aorta include, but are not limited to:

- Diagnostic Evaluation for Abdominal Aortic Aneurysm
  - 1. Palpable or pulsatile abdominal mass.
  - 2. Unexplained lower back pain, flank pain, or abdominal pain.
  - 3. Follow-up of a previously demonstrated abdominal aortic aneurysm.





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- Screening Evaluation for Abdominal Aortic Aneurysm: Patient history and exam necessity are to be determined by the referring provider.
  - 1. Men age 65 or older who have ever smoked.
  - 2. Women age 65 or older with cardiovascular risk factors.
  - 3. Patients age 50 or older with a family history of aortic and/or peripheral vascular aneurysmal disease.
  - 4. Patients with a personal history of peripheral vascular aneurysmal disease.
- Groups with additional risk include patients with a history of hypertension or certain connective tissue diseases (e.g., Marfan's syndrome).

NOTE: For follow-up of abdominal aortic or iliac **endoluminal stent**, a **Vascular Duplex Aorta Study** should be ordered instead. If aortic rupture or dissection is clinically suspected, ultrasound is usually not the examination of choice, then CTA Abdomen should be performed.