

SPECIALITY: **Radiology**
 PROCEDURE(S): **Direct access ultrasound**

AVAILABLE AT: **Devizes NHS Treatment Centre**
Emersons Green NHS Treatment Centre

ALOS: **Day case**

Please complete the referral form on page 72 or download a copy from our website at www.uk-sh.co.uk, sign it and fax it to us on the number indicated

INDICATIONS

Abdomen

- Clinically suspected cholelithiasis: It is the initial investigation of biliary pain but cannot reliably exclude CBD stones
- Investigation of jaundice: US reliably differentiate between obstructive and non obstructive jaundice, but bile duct dilatation may be subtle in the early obstruction
- Persistently abnormal LFTs (not slightly elevated GGT)
- Evaluation of mass lesions/organomegaly
- Known Cirrhosis Complications: US are sensitive for ascites. In portal hypertension US may show varices, especially on the splenic hilum. US is of lower sensitivity than CT or MRI for the detection and confirmation of hepatoma
- Evaluation of pulsatile abdominal mass
- Chronic Pancreatitis: US may be definitive, especially in thin patients

Renal

- Microscopic haematuria
- Chronic loin pain
- First UTI in male
- Recurrent/persistent UTI in female
- Deteriorating renal function to exclude obstruction
- CKD 4 or 5 (eGFR<30)
- CKD 1, 2 & 3 with PCR<30mg/mmol only if there is a history suggestive of urological disease or a family history of polycystic renal disease
- Screening for adult polycystic renal disease (note that cysts may not appear until patients are in their 20s)

Bladder

- Measurement of post voiding residual in suspected outlet obstruction
- Neurogenic bladder and urinary incontinence

Testes

- Impalpable testis with hydrocoele of recent origin
- US is indicated for scrotal swelling and when presumed inflammatory scrotal pain does not respond to treatment
- Male Infertility: Scrotal US is used to measure testicular volume, to assess testicular texture, detect varicoceles, and exclude testicular pathology

INDICATIONS

Gynaecology

- Palpable pelvic mass
- Irregular menstrual bleeding/ inter-menstrual bleeding (not mid-cycle ovulatory bleeding)
- Menorrhagia with uterus palpable abdominally (ultrasound to diagnose small fibroids is not indicated)
- Pelvic pain, including suspected pelvic inflammatory disease and suspected endometriosis. Lost IUCD
- PCOS – Ultrasound is sensitive in the diagnosis of polycystic ovaries. Whilst polycystic ovaries (PCO) is an ultrasonic diagnosis, the term polycystic ovary syndrome (PCOS) is used if the ultrasound appearance of the ovaries is combined with clinical symptoms and biochemical evaluation

Lumps and Bumps

- Ultrasound is useful in the evaluation of superficial soft tissue masses. It can usually distinguish between cystic lesions and solid masses. It can measure the size of the lesion. In the case of solid masses it is not usually possible to be certain about underlying pathology and more complex imaging +/- biopsy may be required.(UKSH don't provide biopsy and any further complex imaging)
- Ultrasound can be helpful in the diagnosis of hernias

NOT INDICATED

- The value of ultrasound is in answering specific clinical questions and confirming/refuting a provisional diagnosis
- It is not of value as a "screening test" for vague abdominal symptoms, to "out rule malignancy" or for abdominal bloating
- In the absence of clinical abnormality or a specific indication it is unlikely to be helpful in investigating left upper quadrant pain or pelvic pain in males
- It is not the investigation of choice for imaging the GI tract or excluding GI pathology. It will not reliably detect GI tumours
- US is first line screening for renovascular hypertension (UKSH do not provide this service)
- Acute renal colic
- Frank haematuria