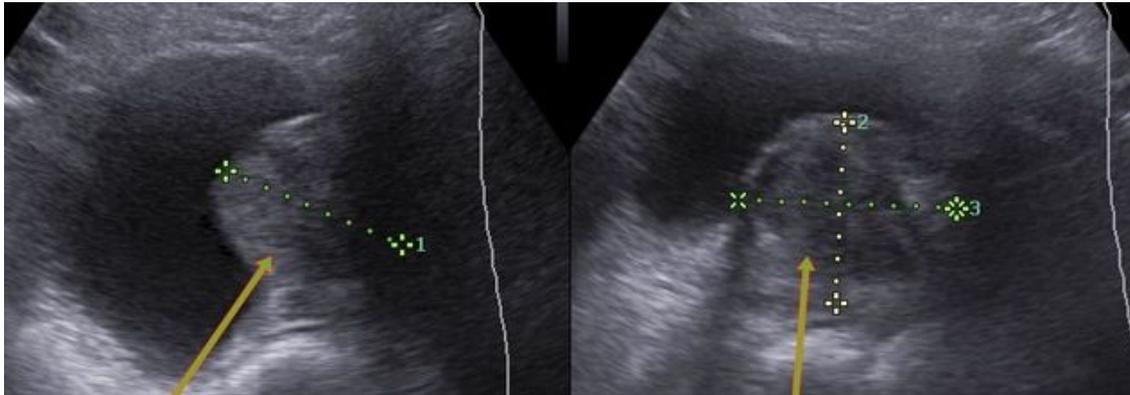


Renal

Please Measure prostate LAT(left below) and AP(Right below) as below:



Patients not full enough

When a patient is not full enough, please measure the aorta, kidneys and the jets if you can see them, then get patient to sit in the waiting room and fill up/wait. This way when you get the patient back in, you would have halved the scan time by then

Hydronephrosis HN (Kidneys)

When Hydronephrosis is present please search for any calculi present. Especially at the proximal and distal ureter. Please take images of prox and distal ureter in cases of HN

Pediatric Abdo

Please look for Mesenteric Adenitis when pain is in central Abdo and/or comment on Mesenteric LNs

Please look for Appendicitis and comment when pain is RIF

Thyroid

When you find nodules please comment on edges/vascularity/calcification

Make sure you check/comment on Lymph nodes for all Neck/Thyroid exams

Pelvic

Please comment on C-section scar defects if seen

Achilles

Please include images/rule out and comment on Retrocalcaneal Bursa (Bursitis)

Second trimester Ultrasounds

Please include measurement/comment on distance of edge of placenta from internal Os for all 2nd trimester scans

Ovarian Cysts

Please comment(where applicable) on vascularity, septations and solid components.

Ultrasounds with Injections

Please comment if patient has been booked for injection. Simply state at the bottom of US worksheet "Already Booked for injection"

Image Quality

Please ensure your image quality is as clear as possible and images are clinically relevant etc.

Sonographer Access to old GIG images

We have now arranged access for GIG technical staff to access all GIG Images(old/current). To access simply double click on the "Voyager Web Viewer" App as shown below then log with **username: gigstaff password: Xray1234**

You can find this app on the following Pcs in each site:

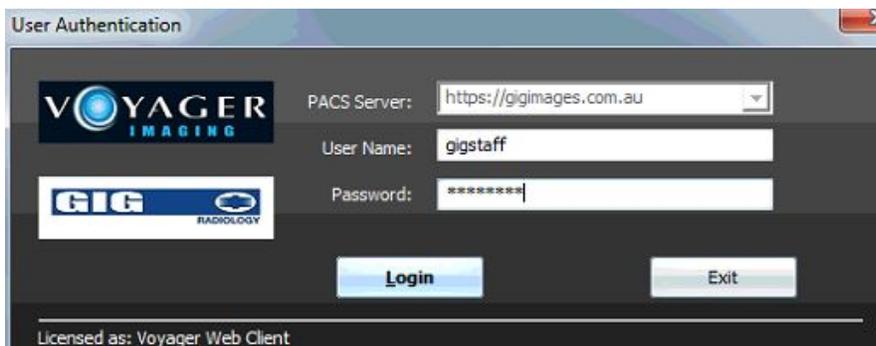
Cranbourne - Typist PC (PC on RT in back reception office)

Officer - Voyager PC (Back office PC)

Traralgon - Back office (Desk PC)

Pakenham - Spare (PC at the RT of front office)

Rosebud - Back PC (Opposite Kitchen)



Follow up Lesions/Pathology

In instances where a lesion has been previously found on the same modality or a different modality (CT liver lesion for follow up with US for example), The lesion **MUST BE IDENTIFIED**. If a Sonographer cannot identify said lesion, you are required to contact Dr nan and discuss this with him He might be able to look at the images and give some advise as to the exact location or techniques to help locate it etc. Also, it is required that you get another sonographer to attempt to find said lesion as well.

Only in a situation where the secondary sono/Dr Nan could not assist in finding this lesion should you let the patient go.

End of Day US machine procedure

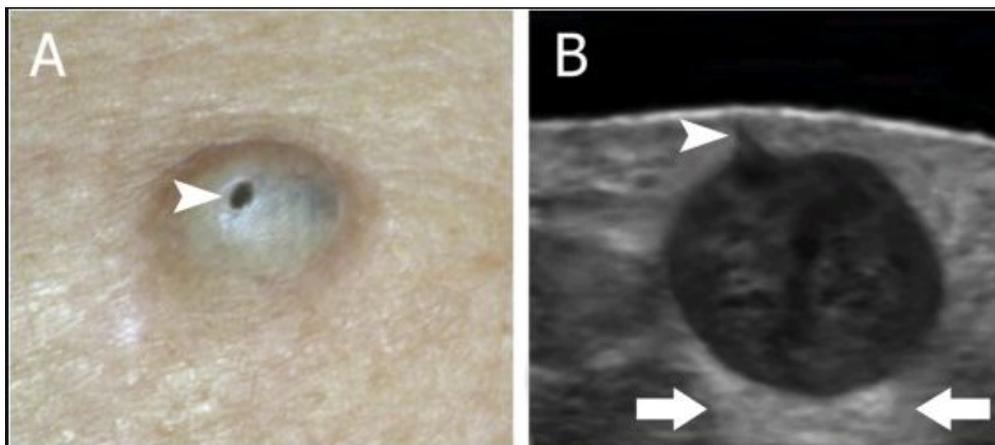
At the end of the day, please turn off all US machines from the wall. This helps to preserve the life of the machine.

Previous reports/Images/Comparison/Follow up studies

For any cases that require comparisons, please look at previous images and previous reports especially in cases of "follow up" studies. Attach previous reports to the worksheet where possible.

Cysts

Where a Sebaceous/Superficial cyst is suspected, please try to identify and show the punctum of the cyst and the tract into the skin. This will greatly assist Dr Nan in the diagnosis as per images below:



Fibroids

Please remember to always classify any suspected fibroids. I.e. Sub serosal, Intramural, Submucosal or Pedunculated.

Kidneys

Please ensure you include both poles of the kidney. Especially in images where you are measuring the Kidney length.

DVTs

Please make sure you check, image and comment on the IVC in the sono worksheet. Also please let reception know if the "Aorta/IVC medicare code" does not appear on the patient label. Reception will then add the code and reprint the label.

Please contact Dr Nan, Eb or Andrew with any questions/clarification on any of these protocols.