

# **INTUSSUSCEPTION** **ABDOMEN LIMITED ULTRASOUND**

## Patient Prep:

1. None.

## Survey:

Perform a real-time survey of the neonatal bowel looking for a mass, fluid collection or any other abnormality.

Use Doppler or color flow to distinguish vessels and abnormalities.

## Image Documentation:

Each image must be labeled with the patient's full name, medical record number, accession number, initial of the imaging technologist, organ/area identification, scanning plane and patient orientation if different from supine.

If an image of a structure is not well seen, take an image of the structure and annotate the purpose of the image.

## General Procedure description:

1. Evaluate the bowel in the abdomen for a mass, fluid collection or any abnormality.

## Guidelines for abdomen ultrasound:

### **ABDOMEN**

1. Evaluate RUQ, RLQ, LUQ, LLQ, midline abdomen and pelvis for a mass or fluid collection. Provide images in longitudinal and transverse plane to verify this area was evaluated for an abnormality.
2. If an abnormality which might be an intussusception is discovered please take in addition to static images also take cine clips in its LONG and SHORT axis.

### **MASS OR FLUID COLLECTION NOTED**

1. Make sure all images are labeled exactly where the mass or fluid collection is located.
2. Image in longitudinal plane with and without measurement.
3. Image in transverse plane with and without measurement.
4. Images in longitudinal plane to cover entire mass or fluid collection.
5. Images in transverse plane to cover entire mass or fluid collection.
6. Provide images with and without graded compression of the area.
7. At a minimum, at least one longitudinal and one transverse cine clips of the mass or fluid collection.
8. At a minimum, at least one color Doppler flow image in longitude and transverse.

## **INTUSSUSCEPTION**

1. Intussusception occurs when bowel prolapses into more distal bowel.
2. Most are in the ileocolic region.
3. Some symptoms patients may present with are colicky abdomen pain, vomiting and bloody stool.
4. A palpable abdominal mass may be noted.
5. In longitudinal, the mass will appear with an echogenic center with hypoechoic layers on each side.
6. In longitudinal, intussusception can have the appearance of a pseudokidney or sandwich sign.
7. In transverse, the mass will appear as alternating hypoechoic and hyperechoic rings (target sign)
8. Intussusception usually occurs in children ages 6 months to 2 years. With a higher incidence (2:1) in males.

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