

Abdominal procedures

Abdominal Complete & Abdominal upper:

Preparation:	Superior diagnostic results are obtained in the morning after fasting 8 to 12 hours. On the morning of your exam you may drink water and take any prescribed medications . No smoking or drinking carbonated beverages prior to your exam. If a pelvic ultrasound (Abdomen/Pelvic ultrasound) is to accompany your abdominal ultrasound <i>you must drink your 32oz of water prior to the exam</i> .
Time:	Approximately 30 minutes.
Procedure:	The sonographer will need access to your abdomen. You will be asked to open or pull up your shirt and a towel will be draped over your shirt to prevent it from getting wet from the ultrasonic gel. The sonographer will then place a transducer (with ultrasonic gel) on your abdomen to obtain clear images of the abdominal organs.

Abdominal Ultrasound limited (ie. Appendix, gallbladder, pancreas, liver, spleen, soft tissue)

Preparation:	Superior diagnostic results are obtained in the morning after fasting 8 to 12 hours. On the morning of your exam you may drink water and take any prescribed medications. No smoking or drinking carbonated beverages prior to your exam. If a pelvic ultrasound is to accompany your abdominal ultrasound it is alright to drink your 32oz of water prior to the exam.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will need access to your abdomen. You will be asked to open or pull up your shirt and a towel will be draped over your shirt to prevent it from getting wet from the ultrasonic gel. The sonographer will then place a transducer (with ultrasonic gel) on your abdomen to obtain clear images of the organ of interest (ie. Appendix, gallbladder, liver, spleen).

Ultrasound of the Pylorus:

Preparation:	Your baby must be hungry for this exam. The sonographer will perform the ultrasound while your child is taking a bottle.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will need you to remove your infants clothing from the waist up. Ultrasonic gel will be applied to the transducer which will then be placed on the baby's belly. The sonographer will watch the milk as it leaves the stomach and passes across the pylorus. Multiple pictures and measurements will be taken of the pylorus during the exam.

Ultrasound of the Kidneys

Preparation:	The sonographer will need access to your abdomen. You can either pull your shirt up just below your chest or the sonographer can step out so that you may remove your shirt and cover up with a sheet. There is no to fast prior to this exam.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will apply ultrasonic gel to the transducer and then place the transducer on your abdomen. The sonographer will move the transducer around your abdomen in order to acquire the best possible images of your kidneys.

Moore Sound Imaging

Female imaging procedures

Pelvic ultrasound:

Preparation:	<p>The transabdominal technique works best when the patient has a full bladder. Approximately one hour prior to your exam you will need to empty your bladder and then drink 32-oz to 40-oz of water. You will need to refrain from urinating again prior to your exam. If your bladder begins causing you too much discomfort you may partially empty your bladder (only one cup).</p> <p>Preparation for transvaginal or endovaginal ultrasound is similar to that of a routine manual pelvic exam. Your bladder should be completely empty for this procedure. The sonographer will step out of the room to allow you to disrobe from the waist down. You will need to assume the same position as you would for a pap smear and cover up with a sheet. The sonographer will then step back into the room accompanied by a chaperone provided by the office (if the sonographer is a male).</p>
Time:	Approximately 30 minutes (60 minutes if both procedures are needed).
Procedure:	<p>There are two methods of performing a pelvic ultrasound: transabdominal ultrasound and endovaginal ultrasound.</p> <p><u>The transabdominal ultrasound:</u> This approach is performed first. A liberal amount of ultrasonic gel is placed on the transducer which is then placed on your lower abdomen, near the pubic bone. The transducer is then moved around your lower pelvis sending and receiving ultrasonic pulses and converting them into images on the machine's monitor. This exam may cause some discomfort due to your full bladder.</p> <p><u>The Endovaginal Ultrasound:</u> This approach is often used to obtain greater diagnostic detail, or when the transabdominal approach fails due to technical reasons (bowel gas, bladder not full enough, etc.). The endovaginal transducer is sheaved and then covered with a lubricant. The sonographer will then insert the lubricated transducer into your vagina (he or she may ask you to reach down under the sheets and guide the transducer into your vagina as you would a tampon). The tip of the transducer is circular or oblong, but is smaller than the standard speculum used while obtaining a routine pap smear. This exam will not hurt, but you may feel some pressure.</p>

Ultrasound of the Breast

Preparation:	The sonographer will step out of the room and allow you to undress from the waist up, lie down on the examination table, and cover up with a sheet. The sonographer will then step back into the room. If the sonographer is a male, he will be accompanied by a chaperone provided by the office when he steps back into the room.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will apply ultrasonic gel to the transducer and then gently place the transducer on the breast, in the region of interest. Pictures will be taken to document the area of interest. In some instances the sonographer will take pictures of the same area on the opposite breast.

Female imaging procedures (con't)

**Ultrasound of the Pregnant Uterus:

Preparation:	<p>The transabdominal technique works best when the patient has a full bladder. Approximately one hour prior to your exam you will need to empty your bladder and then drink 32-oz to 40-oz of water. You will need to refrain from urinating again prior to your exam. If your bladder begins causing you too much discomfort you may partially empty your bladder (about 1 cup).</p> <p>Preparation for endovaginal ultrasound is similar to that of a routine manual pelvic exam. Your bladder should be completely empty for this procedure. The sonographer will step out of the room to allow you to disrobe from the waist down. You will need to assume the same position as you would for a pap smear and cover up with a sheet. The sonographer will then step back into the room accompanied by a chaperone provided by the office (if the sonographer is a male).</p>
Time:	Approximately 30 minutes (60 minutes if both procedures are needed).
Procedure:	<p>There are two methods of performing a pelvic ultrasound: transabdominal ultrasound and endovaginal ultrasound.</p> <p><u>The transabdominal Ultrasound:</u> This approach is performed first. A liberal amount of ultrasonic gel is placed on the transducer which is then placed on your lower abdomen, near the pubic bone. The transducer is then moved around your lower pelvis sending and receiving ultrasonic pulses and converting them into images on the machine's monitor. A complete survey of your baby and its environment will be evaluated and documented. This exam may cause some discomfort due to your full bladder.</p> <p><u>The endovaginal Ultrasound:</u> This approach is often used to obtain greater diagnostic detail, or when the transabdominal approach fails due to technical reasons (bowel gas, bladder not full enough, etc.). The endovaginal transducer is sheaved and then covered with a lubricant. The sonographer will then insert the lubricated transducer into your vagina (he or she may ask you to reach down under the sheets and guide the transducer into your vagina as you would a tampon). The tip of the transducer is circular or oblong, but is smaller than the standard speculum used while obtaining a routine pap smear. This exam will not hurt, but you may feel some pressure.</p>

**If you would like to know the sex of your baby, please let the sonographer know, and we will try to determine if your baby is a boy or a girl. There is no guarantee that we will be able to see the sex organs or that our prediction will be accurate. Ultrasound only shows the external parts of the sex organs. The sex organs may be hidden by adjacent parts of the baby or can be difficult to see because of the baby's position. Also, in earlier stages of pregnancy, we are not able to tell the difference between a boy and a girl.

Moore Sound Imaging Vascular imaging procedures

Venous Ultrasound

Preparation:	For a lower extremity ultrasound the sonographer will need access to your legs, from your groin to your ankle. For upper extremity ultrasound the sonographer will need you to remove your shirt and cover up with a sheet to enable access to the complete arm and shoulder region.
Time:	Approximately 30 minutes.
Procedure:	Ultrasonic gel will be applied to a transducer which will then be used to examine the affected extremity. Compression maneuvers will be used to rule out blood clots. Doppler spectral analysis will be used to assess the blood flow in your veins.

Arterial Ultrasound (lower extremity)

Preparation:	For lower extremity arterial studies the sonographer will need access to your legs and arms. The sonographer will step out of the room to allow you to undress from the waist down, lie down on the examination table, and cover up with a sheet. A loose short-sleeve shirt will allow the sonographer to access your arms and to take blood pressures.
Time:	Approximately 60 minutes for a bilateral extremity study.
Procedure:	For lower extremity arterial studies blood pressures will be taken from the arms and from the legs. After obtaining blood pressures, the sonographer will apply ultrasonic gel to a transducer and begin evaluating the arteries in the groin. Doppler spectral analysis and color Doppler will allow direct quantification of flow changes in the lower extremity arteries. The sonographer will examine all major leg arteries from the groin to the ankle. In some instances the sonographer will also examine the arteries in the pelvis and lower abdomen.

Arterial Ultrasound (upper extremity)

Preparation:	For upper extremity arterial studies the sonographer will need access to your arms and chest. The sonographer will step out of the room to allow you to undress from the waist up, lie down on the examination table, and to cover up with a sheet.
Time:	Approximately 60 minutes for a bilateral extremity study.
Procedure:	The sonographer will obtain blood pressures from your upper and lower arm. The sonographer will then apply ultrasonic gel on a transducer and place the transducer just below your collar bone. Doppler spectral analysis and color Doppler will allow direct quantification of flow changes in the upper extremity arteries. All major arteries will be examined from the shoulder area down to the wrist.

Vascular imaging procedures (con't)

Ultrasound of the Carotid Arteries

Preparation:	The sonographer will need access to your neck. You may be asked to unbutton your top buttons and fold down your collar.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will place face towels over your collar to prevent it from getting wet from the ultrasonic gel. He/she will put gel on the transducer and place the transducer on your neck. He/she may ask you to turn your head in order to get better access to your neck. The sonographer will be able to visualize your carotid arteries and evaluate them for plaque/calcification. Doppler spectral analysis and color Doppler will be used to evaluate the blood flow in the carotid arteries.

Transcranial Doppler Imaging Ultrasound

Preparation:	The sonographer will need to place the transducer on your temples, on the lids of your closed eyes, and on the base of your skull. The gel is water based which will leave your hair wet in those areas covered by hair.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will put gel on the transducer and begin by placing the transducer on your temple. Color Doppler will be utilized to help locate the major cerebral arteries inside your brain. Doppler spectral analysis will be used to evaluate the blood flow in the major cerebral arteries. After completing the evaluation at the temple locations, the sonographer will perform the same techniques at the base of your skull, and on the lids of your closed eyes.

Cardiac Procedures:

Ultrasound of the Heart (Echocardiogram)

Preparation:	The sonographer will need access to your chest. He/she will step out of the room to allow you to remove everything from the waist up, lie down on the exam table, and cover up with a sheet.
Time:	Approximately 30 minutes (45 minutes for pediatric exams)
Procedure:	You will be asked to roll on your left side, place your left hand behind your head, and place your right hand on your side. The sonographer will use a towel, along with the sheet, to keep you covered up at all times. He/she will apply ultrasonic gel to a transducer and place the transducer on your chest. The heart will be seen on the ultrasound machine's monitor. The two dimension evaluation will include real time imaging, visualization of cardiac anatomy, wall motion and valvular function using multiple views and imaging planes. Doppler spectral analysis and color flow imaging will be utilized to evaluate blood flow across the valves of the heart.

Stress Echocardiogram

Preparation:	Patients will follow their instructions for the stress test procedure. The ultrasound portion of this exam consists of a pre-stress heart echocardiogram, followed by walking/running on the treadmill, and then immediately performing post treadmill echocardiogram.
Time:	Approximately 1 hour.
Procedure:	This procedure is the same as a regular echocardiogram except you will be asked to elevate your heart rate by walking or running on a treadmill. Your heart under stress will be compared to your heart at rest.

Moore Sound Imaging "Small Parts" Ultrasound

Ultrasound of the Thyroid

Preparation:	The sonographer will need access to your full neck. You may be asked to fold your collar down or to unbutton the upper most buttons of your shirt. Prior to the study the sonographer will tuck face towels between your neck and your shirt to prevent gel from getting on your shirt or blouse.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will apply ultrasonic gel to the transducer and then place the transducer on your neck. Multiple views and planes will be used to assess your thyroid gland and the region around your thyroid gland. Measurements of your thyroid will be made and any pathology will be documented.

Ultrasound of the Testicles/Scrotum

Preparation:	The sonographer will step out of the room and allow you to undress from the waist down, lay down on the examination table, and cover up with a sheet. The sonographer will then step back into the room. He/she will cover your pelvic region with a towel and ask you to reach underneath the towel, grab your penis, and hold it tautly pulling it towards your navel. The Sonographer will then pull the sheet down until the testicles/scrotum is uncovered.
Time:	Approximately 30 minutes.
Procedure:	The sonographer will apply warm ultrasonic gel to the transducer and then gently place the transducer on the scrotum. The scrotal contents (testicles, epididymis, and blood vessels) will be examined and any abnormalities will be documented by the sonographer.