Wednesday 12 September 2018

On-call and acute ultrasound – a survival guide

14:30–15:00

Acute ultrasound in the paediatric patient

Dr Jude Foster, Plymouth Hospitals NHS Trust

Learning points

Ultrasound is the firstline investigation for many acute paediatric presentations.

The abdominal ultrasound examination in a child does not stop at the waist. Always evaluate the pelvis as part of the study.

Always have a full bladder where possible.

In cases of an acute abdomen in a child – consider the age of the child to narrow your differential.

Use a wide range of transducers to maximise diagnostic accuracy.

References


www.radiology assistant.nl (last accessed 8/8/18)
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15:00–15:30

Ultrasound in acute pelvic pain

Dr Peter Cantin, Plymouth Hospitals NHS Trust

Learning points

Ultrasound gives a unique opportunity within radiology to talk to the patient and elicit more detailed information than is often provided on the request card. A couple of minutes spent talking to the patient, examining when necessary and reviewing laboratory results is time well spent in terms of coming to a definitive diagnosis.

A comprehensive set of ultrasound skills is necessary in the assessment of acute pelvic pain including trans-abdominal ultrasound, transvaginal scanning, ultrasound assessment of bowel and surrounding mesentery and ultrasound of the anterior abdominal wall.
Acute scrotal ultrasound

Dr Jane Belfield, Royal Liverpool and Broadgreen University Hospitals NHS Trust

Learning points

10% of testicular tumours present with acute scrotal pain or inflammation. If focal orchitis is seen on ultrasound, follow-up imaging may be required in six to eight weeks to exclude a tumour. 10–15% testicular tumours present following an episode of blunt trauma.

If emergency surgery is performed and a tumour is found, a scrotal incision is likely to have been made. On follow-up computed tomography (CT), radiologists should carefully assess the pelvis for nodal disease as the distribution of nodes will differ from that following an inguinal approach to surgery.

If an incarcerated hernia is suspected on ultrasound, CT may be required prior to taking the patient to theatre.

References


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16:30–17:00

Acute ultrasound of the liver, pancreas and biliary tree

Dr Asha Omar, Plymouth Hospitals NHS Trust

Learning points

An overview of the key on-call acute liver, biliary and pancreatic pathologies.

Key ultrasound appearances of acute liver, biliary and pancreatic pathology.

Know what to do when you find something abnormal.

Other imaging modalities that may help with problem-solving.