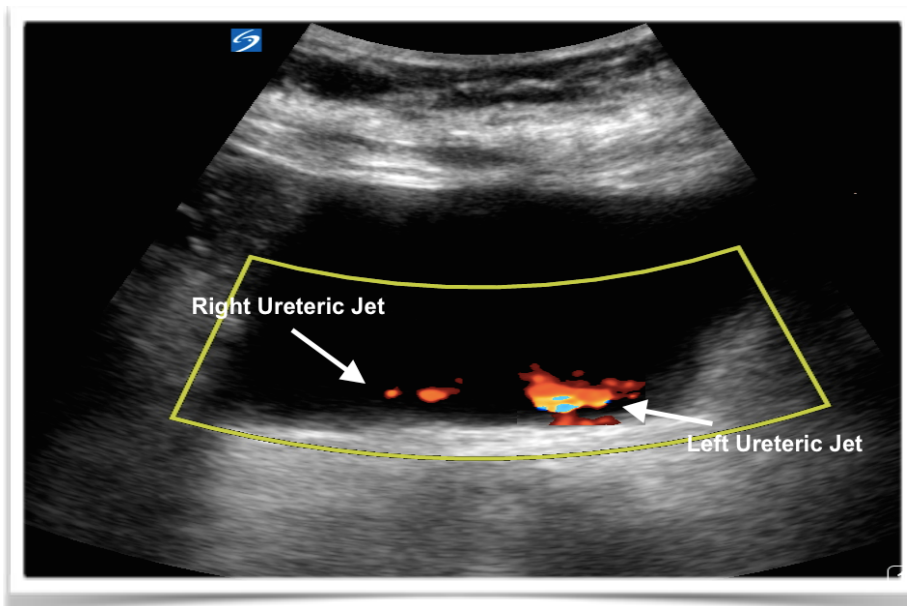


Sonic Boom

Newsletter 4, Ultrasound Special Skills Term

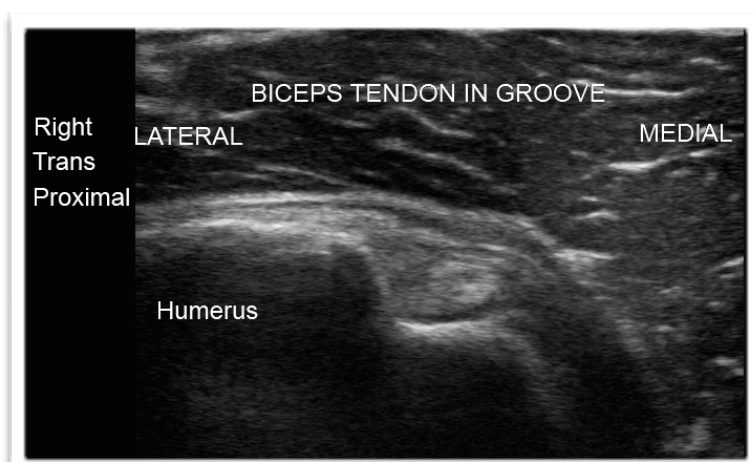
Bladder Ultrasound

A very handy way to check for urine production / obstruction in any patient. Scan the bladder and put the 'Color' on to check for the ureteric jets on either side. Sometimes both jets not seen at once and may have to wait few minutes. Helpful in many situations - renal colic, renal failure, sepsis, trauma etc.

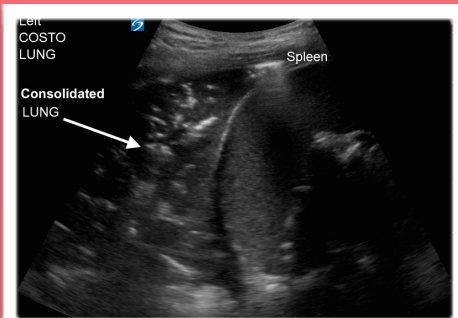


Musculoskeletal Localisation

It can be difficult in some patients (such as obese) to judge exactly what structure is tender to palpation. This patient hurt his shoulder during a heavy lift. He was tender to probe pressure over the biceps tendon in the bicipital groove.



Another massive pleural effusion, Notice the 'spine sign' inferiorly.



Left Lower Lobe
Pneumonia



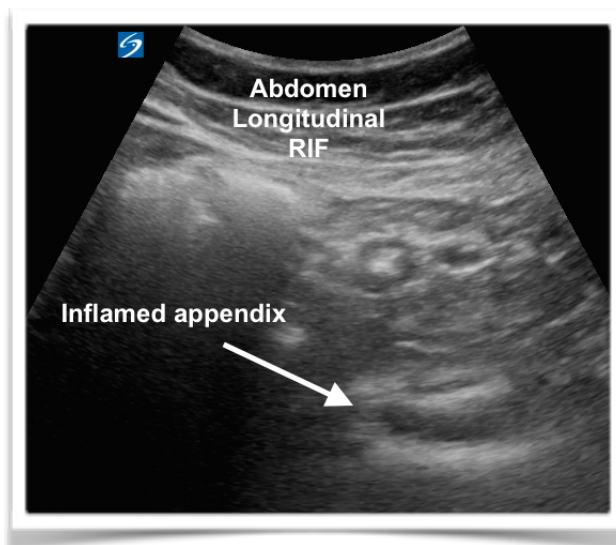
Moderate right renal pelvis/
calyceal dilatation

Appendicitis

This lady seen in our ED had a non-compressible, blind ending tubular structure in the RIF tender to probe pressure. Appendicitis was confirmed when she was taken to OT.

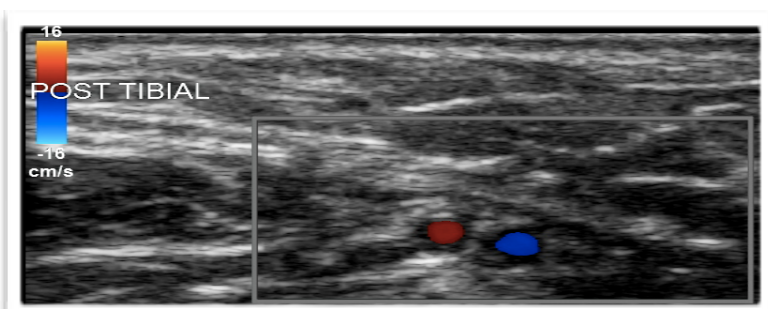
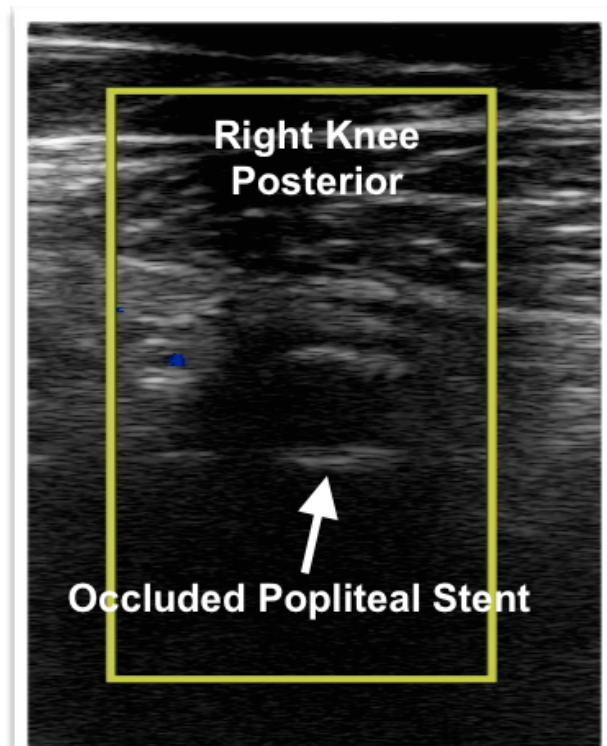
Other signs that you could see on US include:

- hyper-echoic surrounding fat
- hyperaemia
- absence of peristalsis
- 'target' sign in axial plane



Limb Ischaemia

Patient presented with a cool right foot and pain on standing. Recent insertion of a popliteal stent. Used the linear probe for a 'quick look' only, with the 'arterial' pre-set. Assessed 3 points - femoral (flow present), popliteal (NO flow) and posterior tibial (pulsatile flow noted as seen below). His stent had occluded!! Flow to foot via collateral vessels.



OCT.
05

**EMUG Victoria Clinical
Leaders Network
Meeting**

by The Emergency Medicine
Ultrasound Group Victoria



Email emugvic@gmail.com for all questions/queries.