Ultrasound - Abdomen

Ultrasound imaging of the abdomen uses sound waves to produce pictures of the structures within the upper abdomen. It is used to help diagnose pain or distention (enlargement) and evaluate the kidneys, liver, gallbladder, bile ducts, pancreas, spleen and abdominal aorta. Ultrasound is safe, noninvasive and does not use ionizing radiation.

This procedure requires little to no special preparation. Your doctor will instruct you on how to prepare, including whether you should refrain from eating or drinking beforehand. Leave jewelry at home and wear loose, comfortable clothing. You may be asked to wear a gown.

What is Ultrasound Imaging of the Abdomen?

Ultrasound is safe and painless. It produces pictures of the inside of the body using sound waves. Ultrasound imaging is also called ultrasound scanning or sonography. It uses a small probe called a transducer and gel placed directly on the skin. High-frequency sound waves travel from the probe through the gel into the body. The probe collects the sounds that bounce back. A computer uses those sound waves to create an image. Ultrasound exams do not use radiation (as used in x-rays). Because images are captured in real-time, they can show the structure and movement of the body's internal organs. They can also show blood flowing through blood vessels.

Ultrasound imaging is a noninvasive medical test that helps physicians diagnose and treat medical conditions.

An abdominal ultrasound produces a picture of the organs and other structures in the upper abdomen.

A Doppler ultrasound study may be part of an abdominal ultrasound examination.

Doppler ultrasound is a special ultrasound technique that evaluates movement of materials in the body. It allows the doctor to see and evaluate blood flow through arteries and veins in the body.

What are some common uses of the procedure?

Abdominal ultrasound imaging is performed to evaluate the:

- kidneys
- liver
- gallbladder
- bile ducts
- pancreas
- spleen
- abdominal aorta and other blood vessels of the abdomen
Ultrasound is used to help diagnose a variety of conditions, such as:

- abdominal pain or distention (enlargement)
- abnormal liver function
- enlarged abdominal organ

Additionally, ultrasound may be used to provide guidance for biopsies.

Doppler ultrasound images can help the physician to see and evaluate:

- blockages to blood flow (such as clots)
- narrowing of vessels
- tumors and congenital vascular malformations
- reduced or absent blood flow to various organs, such as the testes or ovary
- increased blood flow, which may be a sign of infection

**How should I prepare?**

Wear comfortable, loose-fitting clothing. You may need to remove all clothing and jewelry in the area to be examined.

You may be asked to wear a gown during the procedure.

Preparations depend on the type of ultrasound you are having.

- For a study of the liver, gallbladder, spleen, and pancreas, you may be asked to eat a fat-free meal on the evening before the test and then to avoid eating for eight to 12 hours before the test.
- For ultrasound of the kidneys, you may be asked to drink four to six glasses of liquid about an hour before the test to fill your bladder. You may be asked to avoid eating for eight to 12 hours before the test to avoid gas buildup in the intestines.
- For ultrasound of the aorta, you may need to avoid eating for eight to 12 hours before the test.

**What does the equipment look like**

Ultrasound scanners consist of a computer console, video display screen and an attached transducer. The transducer is a small hand-held device that resembles a microphone. Some exams may use different transducers (with different capabilities) during a single exam. The transducer sends out inaudible, high-frequency sound waves into the body and then listens for the returning echoes. The principles are similar to sonar used by boats and submarines.

The technologist applies a small amount of gel to the area under examination and places the transducer there. The gel allows sound waves to travel back and forth between the transducer and the area under examination. The ultrasound image is immediately visible on a video display screen that looks like a computer monitor. The computer creates the image based on the loudness (amplitude), pitch (frequency) and time it takes for the ultrasound signal to return to the transducer. It also takes into account what type of body structure and/or tissue the sound is traveling through.

**How does the procedure work?**

Ultrasound imaging is based on the same principles involved in the sonar used by bats, ships and fishermen. When a sound wave
strikes an object, it bounces back, or echoes. By measuring these echo waves, it is possible to determine how far away the object is as well as the object's size, shape and consistency. This includes whether the object is solid or filled with fluid.

In medicine, ultrasound is used to detect changes in the appearance of organs, tissues, and vessels and to detect abnormal masses, such as tumors.

In an ultrasound exam, a transducer both sends the sound waves and records the echoing waves. When the transducer is pressed against the skin, it sends small pulses of inaudible, high-frequency sound waves into the body. As the sound waves bounce off internal organs, fluids and tissues, the sensitive receiver in the transducer records tiny changes in the sound's pitch and direction. These signature waves are instantly measured and displayed by a computer, which in turn creates a real-time picture on the monitor. One or more frames of the moving pictures are typically captured as still images. Short video loops of the images may also be saved.

Doppler ultrasound, a special ultrasound technique, measures the direction and speed of blood cells as they move through vessels. The movement of blood cells causes a change in pitch of the reflected sound waves (called the Doppler effect). A computer collects and processes the sounds and creates graphs or color pictures that represent the flow of blood through the blood vessels.

How is the procedure performed?

For most ultrasound exams, you will lie face-up on an exam table that can be tilted or moved. Patients may be turned to either side to improve the quality of the images.

After you are positioned on the examination table, the radiologist (a physician specifically trained to supervise and interpret radiology examinations) or sonographer will apply a warm water-based gel to the area of the body being studied. The gel will help the transducer make secure contact with the body and eliminate air pockets between the transducer and the skin that can block the sound waves from passing into your body. The transducer is placed on the body and moved back and forth over the area of interest until the desired images are captured.

There is usually no discomfort from pressure as the transducer is pressed against the area being examined. However, if scanning is performed over an area of tenderness, you may feel pressure or minor pain from the transducer.

Doppler sonography is performed using the same transducer.

Once the imaging is complete, the clear ultrasound gel will be wiped off your skin. Any portions that are not wiped off will dry quickly. The ultrasound gel does not usually stain or discolor clothing.

What will I experience during and after the procedure?

Most ultrasound exams are painless, fast and easily tolerated.

Abdominal ultrasound is usually completed within 30 minutes.

If a Doppler ultrasound study is performed, you may actually hear pulse-like sounds that change in pitch as the blood flow is monitored and measured.

When the exam is complete, you may be asked to dress and wait while the ultrasound images are reviewed.

After an ultrasound examination, you should be able to resume your normal activities immediately.

Who interprets the results and how do I get them?

A radiologist, a doctor trained to supervise and interpret radiology exams, will analyze the images. The radiologist will send a
signed report to the doctor who requested the exam. Your doctor will then share the results with you. In some cases, the radiologist may discuss results with you after the exam.

Follow-up exams may be needed. If so, your doctor will explain why. Sometimes a follow-up exam is done because a potential abnormality needs further evaluation with additional views or a special imaging technique. A follow-up exam may also be done to see if there has been any change in an abnormality over time. Follow-up exams are sometimes the best way to see if treatment is working or if an abnormality is stable or has changed.

What are the benefits vs. risks?

Benefits
- Most ultrasound scanning is noninvasive (no needles or injections).
- Occasionally, an ultrasound exam may be temporarily uncomfortable, but it should not be painful.
- Ultrasound is widely available, easy-to-use and less expensive than most other imaging methods.
- Ultrasound imaging is extremely safe and does not use radiation.
- Ultrasound scanning gives a clear picture of soft tissues that do not show up well on x-ray images.
- Ultrasound provides real-time imaging, making it a good tool for guiding minimally invasive procedures such as needle biopsies and fluid aspiration.

Risks
- Standard diagnostic ultrasound has no known harmful effects on humans.

What are the limitations of Abdominal Ultrasound Imaging?

Ultrasound waves are disrupted by air or gas. Therefore, ultrasound is not an ideal imaging technique for the air-filled bowel or organs obscured by the bowel. Ultrasound is not as useful for imaging air-filled lungs, but it may be used to detect fluid around or within the lungs. Similarly, ultrasound cannot penetrate bone, but may be used for imaging bone fractures or for infection surrounding a bone.

Large patients are more difficult to image by ultrasound because greater amounts of tissue attenuate (weaken) the sound waves as they pass deeper into the body and need to be returned to the transducer for analysis.

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at http://www.radiologyinfo.org to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or