



Guide for Ultrasound Orders

For STAT orders – Please contact ultrasound directly at (513) 636-3177 and follow the prompts for same day appointment requests. Do not fax the order to our referral team. When you speak with us, we will give you our direct fax number depending on what location the patient will be seen.

This list is not exhaustive but contains the most used orders for community providers. If you have questions, please contact us at (513) 636-3177 and we will be happy to assist.

Important: Please provide pertinent clinical history and indication for the exam – not just an IDC10 diagnosis code.

Review **Ultrasound Exam Prioritization Guideline** at the end of this order guide.

Body Region	Indication	Order
HEAD OR NECK		
Head (open fontanelle, < 1 year old)	Increased head circumference, concern for hydrocephalus, follow up known IVH	ULT Head
Skull	Abnormal head shape, ridging over suture line, concern for craniosynostosis	ULT Head or Neck Soft Tissue
Soft Tissues of Head or Neck	Lymphadenitis, anterior neck lumps (concern for thyroglossal duct cyst/branchial cleft cyst), soft tissue abnormality of the head/neck	ULT Head or Neck Soft Tissue
Thyroid	Enlarged thyroid, abnormal thyroid labs, thyroid mass	ULT Thyroid
ABDOMEN		
Abdominal Organs	Includes liver, gallbladder, biliary tree, pancreas, kidneys, spleen, and urinary bladder	ULT Abdomen Complete
RUQ Abdominal Organs	Includes liver, gallbladder, biliary tree, pancreas, and limited views of the right kidney	ULT RUQ
Single Organ of Concern	Spleen only, pancreas only	ULT Single Quadrant
Abdominal Wall	Soft tissue abnormality, lump	ULT Soft Tissue Torso
Abdominal Wall	Concern for abdominal wall, umbilical or inguinal hernia	ULT Single Quadrant
Kidneys and Bladder	Recurrent UTI, hematuria, flank pain, high blood pressure	ULT Renal Note: Renal Limited should not be ordered as it does not include the bladder
Appendix	RLQ abdominal pain, concern for appendicitis or RLQ abscess s/p appendectomy	ULT Appendix/RLQ Note: If there is also concern for ovarian pathology/ovarian torsion please order ULT Pelvis Complete or ULT Pelvis w/Doppler as well.
Pylorus (< 7 months old)	Non-bilious projectile vomiting, slow weight gain or weight loss	ULT Pylorus



Body Region	Indication	Order
ABDOMEN (continued)		
Umbilicus	Pain, swelling, drainage, concern for urachal abnormality	ULT Pelvis Limited Note: If concern for umbilical hernia, order ULT Single Quadrant
Bowel	Intermittent abdominal pain, bloody stools, inconsolable child, lethargy	ULT Intussusception
CHEST		
Chest Wall	Soft tissue abnormality	ULT Soft Tissue Torso
Chest/Intrathoracic	Concern for pleural effusion	ULT Chest
PELVIS		
Uterus/Ovaries	Adnexal pain, pelvic pain, dysmenorrhea, precocious puberty, primary or secondary amenorrhea, concern for ovarian torsion, IUD position	ULT Pelvis Complete Note: If concern for ovarian torsion, order ULT Pelvis w/Doppler
Uterus/Ovaries → sexually active patient or patient who has tolerated a pelvic exam with speculum	Same as above	ULT Transvaginal Note: If concern for ovarian torsion, order ULT Transvaginal w/Doppler
Bladder Only or Male Pelvis	Pelvic pain, mass	ULT Pelvis Limited
EXTREMITIES		
Hip(s) (< 7 months old)	Concern for DDH, hip click/clunk, breech positioning in utero, limb length discrepancy, uneven gluteal/thigh/groin creases	ULT Hips DDH Note: Screening exams are performed at > 6 weeks past due date. If there is an indication for exam to be done sooner, please provide this information.
Hip(s)	Hip pain, limping, concern for hip effusion	ULT Hip Effusion
Axilla	Lump, pain, lymphadenitis	ULT Extremity
Groin	Lump, pain, lymphadenitis, concern for hernia	ULT Single Quadrant
Arm/Hand or Leg/Foot	Soft tissue abnormality, lump, knee/ankle effusion, elbow effusion, lump behind knee (bakers cyst), lump on finger/wrist (ganglion cyst), concern for retained foreign body in soft tissues	ULT Extremity



Body Region	Indication	Order
PERIPHERAL VASCULAR		
Lower extremity veins	DVT symptoms – lower extremity pain, swelling, warmth	ULT Doppler Lower DVT Unilateral (Right/Left)
Upper extremity veins	DVT symptoms – lower extremity pain, swelling, warmth	ULT Doppler Upper DVT Unilateral (Right/Left)
OTHER SOFT TISSUE		
Breast (female, age 11 or younger)	Lump(s), swelling, pain, nipple discharge	ULT Breast
Breast (female, age 12 or older)	Up to 1 or 2 lump(s) per breast, area of induration/redness with concern for abscess vs. cellulitis	ULT Breast Note: If more than 1-2 lumps per breast, generalized pain, nipple discharge, or breast survey is needed please refer to dedicated breast center.
Breast (male)	Gynecomastia, lump, nipple discharge	ULT Breast
Buttock	Lump, swelling, pain concern for abscess (pilonidal or other)	ULT Buttock
Labia/Perineum	Lump, swelling, pain, concern for abscess	ULT Labia/Perineum
SCROTUM		
Testicle(s)	Testicular pain, swelling, lump, trauma	ULT Scrotum and Contents Note: If concern for testicular torsion, order ULT Scrotal w/Doppler
Inguinal Canal	Lump/swelling, concern for inguinal hernia (no concern for testes)	ULT Single Quadrant
SPINE		
Spine (< 7 months old)	Sacral dimple, gluteal cleft asymmetry, skin tag, hairy patch, hemangioma, subcutaneous lipoma	ULT Spine



Ultrasound Exam Prioritization Guideline

EMERGENT – Perform within two (2) hours

SEMI-URGENT – Perform within eight (8) hours

ROUTINE – Patient/family may schedule at their convenience by calling (513) 636-4251.

EMERGENT Perform within 2 Hours
Scrotal w/Doppler <ul style="list-style-type: none"> r/o Testicular Torsion or Rupture
Pelvis (TABD or TV) w/Doppler <ul style="list-style-type: none"> r/o Ovarian Torsion r/o Ectopic Pregnancy Endovaginal Criteria- <i>Endovaginal Ultrasound is offered to patients who:</i> <ol style="list-style-type: none"> are able to give consent to endovaginal probe insertion AND are sexually active OR have tolerated a pelvic speculum exam in the past.
Head New/worsening symptoms concerning for: <ul style="list-style-type: none"> Bleed/Hemorrhage/Ischemia Seizure/Altered Mental Status
Transplant Organ <ul style="list-style-type: none"> r/o Ischemia or Clot or if surgical team requests an emergent exam
ECMO <ul style="list-style-type: none"> Head with new/worsening symptoms Vascular/Doppler eval for ECMO access <i>Exams may be deferred to later time if provider requests, or the patient is not stable</i>
RLQ/Appendix
Intussusception
Hip Effusion
Incarcerated Hernia (Scrotal/Inguinal/Abdominal)
Arterial Doppler <ul style="list-style-type: none"> Concern for ischemic limb Initial pulse loss following cardiac catheterization
R/O VOD <ul style="list-style-type: none"> Provider may defer exam to a later time depending on patient status

SEMI-URGENT Perform within 8 Hours
Pylorus
Abdomen <ul style="list-style-type: none"> r/o GB or Biliary Disease
Renal <ul style="list-style-type: none"> r/o Hydronephrosis r/o Nephrolithiasis/Stones
Pelvis (TABD or TV) <ul style="list-style-type: none"> r/o PID/TOA (<u>without</u> concern for torsion)
Peripheral Doppler <ul style="list-style-type: none"> DVT exam for new or worsening symptoms
R/o Abscess <ul style="list-style-type: none"> Head/neck, Buttocks, etc.

All other exams/indications are **ROUTINE** and patient/family may schedule at their convenience by calling (513) 636-4251.