

## **US Rotation Knowledge Checklist**

### **FAST Indications**

1. Acute blunt or penetrating trauma
2. Trauma in pregnancy
3. Pediatric trauma
4. Undifferentiated hypotension

<b>FAST</b>
View SUX
View peri-hepatic
View peri-splenic
View pelvic/bladder

### **Common Abnormal/Pathology**

Be able to identify free fluid in all 4 views

### **Cardiac Indications**

1. Cardiac arrest
2. Pericardial effusion
3. Massive pulmonary embolism
4. Left ventricular function
5. Estimation of central venous pressure
6. Proximal aortic dissection

<b>Cardiac</b>
View LAX
Know LAX landmarks
View SAX
Know SAX landmarks of base, mid, and apex
View A4C
View SUX
View A5C

### **Common Abnormal/Pathology**

Be able to recognize pericardial effusion, cardiac tamponade, RV strain, cardiac activity

**Aorta Indications**

1. Presentation consistent with AAA
2. Cardiac arrest
3. Unexplained hypotension, dizziness, or syncope

<b>Aorta</b>
View aorta in 5 places in abdomen (Suprarenal, Renal, Infra-renal, Bifurcation, Rescue)
Image and label aorta in long axis
Obtain short/long axis dual screen and obtain measurements

**Common Abnormal/Pathology**

Be able to recognize aortic dissection and aneurysm

**Critical Care Views Indications**

1. Undifferentiated hypotension
2. Undifferentiated shock

<b>Critical Care</b>
Evaluate costophrenic angles
Show lung sliding and M mode tracing
Show how to obtain IVC measurements

**Common Abnormal/Pathology**

Be able to recognize pneumothorax, pleural effusion, pulmonary edema, hyperdynamic IVC

**Hepatobiliary Indications**

1. Gallstones and biliary colic
2. Acute cholecystitis
3. Jaundice
4. Abdominal sepsis
5. Ascites
6. Hepatic abnormalities

<b>Hepatobiliary</b>
GB Long with wall thickness measurements
GB Trans
CBD Short with measurements
CBD Long

**Common Abnormal/Pathology**

Be able to recognize peri-cholecystic free fluid, thickened GB wall, dilated CBD, GB stone

**Pelvic Indications**

1. Intrauterine pregnancy
2. Pregnant with vaginal bleeding or abdominal pain

<b>Pelvic</b>
View posterior cul-de-sac with sweep
View sagittal uterus
Sweep sagittal uterus
If IUP obtain appropriate measurements (see chart)
View coronal uterus
Sweep coronal uterus
View R ovary and sweep adnexa
Dual screen of right ovary with measurements
View L ovary and sweep adnexa
Dual screen of left ovary with measurements

**Common Abnormal/Pathology**

Be able to recognize normal IUP at various stages correlating with BHCG, free fluid in the posterior cul-de-sac, adnexal pregnancy, abnormal IUP

**Renal Indications**

1. Suspected renal colic
2. Urinary retention
3. Acute renal failure
4. Acute pyelonephritis
5. Trauma

<b>Renal</b>
View each kidney in short and long axis
Dual screen of kidney with measurements
View bladder in short and long axis
Dual screen of bladder with measurements
Demonstrate urethral jet with Doppler

**Common Abnormal/Pathology**

Be able to recognize grade I-IV hydronephrosis, bladder distention