

1. Sir Robert Francis QC
2. May appear normal on ultrasound or diffusely oedematous / swollen
3. 1,500 IU/L
4. a) Antenatal screening programme
b) Abdominal Aortic Aneurysm screening programme
c) Breast screening programme
d) Newborn and Infant Physical Examination screening programme
5. U3, U4, U5
6. 10mm
7. To assess for signs of hydronephrosis
8. Congenital diaphragmatic hernia
9. Endometriosis
10. Ill defined, hypoechoic lesions, which may contain hyperechoic debris and internal septations
11. To ensure that clinically urgent requests are undertaken in a timely manner
12. Colour and spectral Doppler of portal and hepatic veins
13. Gestational age 11⁺² to 14⁺¹ weeks.
Crown rump length 45mm to 84mm
14. RCOG Green Top Guideline No 38
15. A follow up scan in the non-acute phase, usually 6-8 weeks later, to avoid missing small underlying lesions
16. Wall thickening
Loss of mural stratification
Distended appendiceal lumen
Inflammatory mesenteric changes
Fluid/collection
Hypervascularity
17. Shoulder
18. Recommended depth range for liver fibrosis assessment is 3-7cm
19. *Quality Standard for Imaging* was developed by the Royal College of Radiologists and College of Radiographers
20. Unilocular cysts
Presence of solid components (<7mm)
Presence of acoustic shadowing
No blood flow
Smooth multilocular tumour (<100mm)
21. A rescan after a minimum of 7 days
22. True lateral decubitus position
23. Patient
Anatomy
User checks
Systems and settings
Exposure
Draw to a close
24. The submandibular, parotid, and sublingual glands
25. A member of the clinical team
26. The liver should be minimally hyperechoic or isoechoic when compared to normal renal cortex
27. Look for spread in the renal vein, IVC and contralateral kidney, and assess the abdomen for other signs such as liver metastases
28. Shape
Size
Outline
Texture
Measurements