

# Case Study Submission Requirements: Contrast Enhanced Ultrasound (CEUS)

Refer to the Accreditation Application Manual for additional case study submission requirements.

\*Note: If you are also applying for specialty "Abdominal/General", the cases marked with an asterisk below <u>have already been satisfied</u>.

Complete abdominal cases in which a patient has had a nephrectomy are <u>not acceptable</u> for submission.

Only case studies with an ultrasound indication, listed in the relevant practice parameters, will be accepted. (Non-indicated exams will not be accepted.)

## From the main site:

- submit 1 contrast-enhanced case study of the liver with its corresponding final report, and
- 1 contrast-enhanced case study of the <u>kidney</u> with its corresponding final report <u>and</u>
- \* 1 complete abdominal case study with its corresponding final report

## From each additional site or mobile unit:

- submit 1 contrast-enhanced case study of the <u>liver or kidney</u> with its corresponding final report, and
- \* 1 complete abdominal case study with its corresponding final report

# **Contrast-Enhanced Imaging Checklists**

### **Contrast-Enhanced**

#### Labeled images of the following:

#### LIVER

Imaging should be performed continuously from contrast injection until peak arterial-phase enhancement to characterize the presence, intensity, and pattern of arterial-phase enhancement.

Alternatively, continuous imaging can be extended beyond peak arterial-phase enhancement until 60 seconds after contrast injection to determine the presence of early washout. After 60 seconds, recording of static images should be performed intermittently (3–5 seconds every 30–60 seconds) to detect late washout and to assess its degree.

#### **KIDNEY**

Imaging should be performed continuously from contrast injection until peak arterial-phase enhancement or until the lesion is fully characterized.

If the lesion is enhancing a soft-tissue mass, recording of static images should be performed intermittently (3–5 seconds every 30–60 seconds) to detect contrast washout.

# **Contrast-Enhanced Imaging Checklists**

Complete Abdomen
Labeled images of the following:
LIVER
<ul> <li>□ 1. Longitudinal views demonstrating the right, left, and caudate lobes of the liver</li> <li>□ 2. Transverse views demonstrating the right, left, and caudate lobes of the liver</li> <li>□ 3. Liver / right kidney view</li> <li>□ 4. Right hemidiaphragm</li> </ul>
□ 5. IVC / liver view
☐ 6. Hepatic veins ☐ 7. Main portal vein
□ 8. Left and right portal veins
GALLBLADDER & BILIARY TRACT
<ul><li>□ 9. Longitudinal views of gallbladder</li><li>□ 10. Transverse views of gallbladder</li><li>□ 11. Intrahepatic bile ducts demonstrated at the level of the main, right, and left portal veins</li></ul>
☐ 12. Extrahepatic bile duct measurement
PANCREAS
<ul> <li>□ 13. Pancreatic head</li> <li>□ 14. Distal common bile duct in the region of the pancreatic head</li> <li>□ 15. Pancreatic body and pancreatic duct</li> <li>□ 16. Pancreatic tail</li> <li>□ 17. Peripancreatic region to rule out adenopathy and fluid</li> </ul>
SPLEEN
<ul> <li>□ 18. Longitudinal views of the spleen</li> <li>□ 19. Transverse views of the spleen</li> <li>□ 20. Spleen / left hemidiaphragm</li> <li>□ 21. Spleen / left kidney</li> </ul>
KIDNEYS
<ul> <li>□ 22. Longitudinal views of RIGHT kidney including length measurement</li> <li>□ 23. Transverse views of upper pole, renal pelvis, and lower pole of RIGHT kidney</li> <li>□ 24. Longitudinal views of LEFT kidney including length measurement</li> <li>□ 25.Transverse views of upper pole, renal pelvis, and lower pole of LEFT kidney</li> </ul>
AORTA AND INFERIOR VENA CAVA
☐ 26. Representative longitudinal and transverse views of aorta ☐ 27. Representative longitudinal and transverse views of IVC
Changes made to this document since previous version:

7/24/24	added requirement for proper exam indication