

APPENDIX:

- Prep: None
- Basic Principles: Use the highest frequency transducer possible for proper penetration.
- The examination should be performed as follows:
 - Begin with a sector survey of the bowel to evaluate for mass/inflammation/free fluid. Find the ascending colon/cecum.
 - With the highest frequency linear probe possible start in a transverse position in the right upper quadrant. Slide inferiorly down to the right lower quadrant to reveal the cecum / terminal ileum. The right psoas muscle should also be visualized. Alternatively, the probe may be placed directly over the point of maximal tenderness.
 - Once the cecum is seen the appendix should be documented arising from it. The appendix should be scanned in two orthogonal planes and a blind end shown.
 - All images need to have a body marker to demonstrate transducer position. Use terms longitudinal and transverse to denote orientation of bowel not transducer position.
 - Exam to include images of:
 - Longitudinal and transverse cecum
 - Longitudinal and transverse terminal ileum (if seen)
 - Longitudinal and transverse appendix – including origin at the cecum and a blind end (if seen)
 - Transverse images are critical to distinguish between small bowel and the appendix.
 - Note inflammatory changes in the fat and presence or absence of free fluid.
 - Use compression to diagnose in equivocal cases. A single finger can be used to compress the appendix.