Hampshire Hospitals NHS Foundation Trust

Guidelines for Justification of Ultrasound Requests

April 2017

Based on:

British Medical Ultrasound Society; Recommended Good Practice Guidelines for Justification of Ultrasound Requests, 2015

Royal College of Radiologists; iRefer, 7th Edition, 2011

National Institute for Health and Care Excellence Guidelines

HHFT Multidisciplinary Clinical Consultation

CCG Clinical Consultation

INDICATION	COMMENT	JUSTIFIED
ABDOMEN		
Significant unintended weight loss	For suspicion of malignancy, as per NICE guidelines If there is no direct access to CT and a 2WW is **not** being triggered, Ultrasound is justified	**YES**
Iron deficiency anaemia	Ultrasound not indicated unless there is a specific clinical question	**NO**
'Altered LFTs' See footnote 1	Please include more information **Duration** of abnormality. A single episode of mild – moderate elevation does not justify an US scan **Specific LFT** results must be included or be available on ICE Include a **specific diagnosis** to be considered	**NO**
'Raised ALT' (other LFTs normal) See footnote 1	Please include more information US is **NOT** justified in patients with risk factors (DM, obesity, statins & other medications which affect the liver) US is **NOT** justified for a single episode of raised ALT US is justified if raised ALT (>120) is **persistent** (3-6 months) despite following weight loss and altered lifestyle guidance and/or change in medication US is justified if persistently raised ALT >120 (3 months) and no other risk factors	**NO** **NO** **NO** **YES** **YES**
Jaundice	Any jaundice requires an ultrasound New onset painless jaundice requires urgent US and **2WW** referral	**YES**
Pain (RUQ)	Assessment of gallbladder	**YES**
Suspected GB disease	Pain plus fatty intolerance and/or dyspepsia	**YES**

GB polyp	1 or multiple <6mm NO routine f/up recommended 6-10mm f/up US at 6 months. If no change, annual US for 5 yrs. If no change at 5 yrs STOP. Any **size increase** refer to HPB >10mm refer HPB	**NO** **YES** **YES**
Bloating/ abdominal distension	As the only symptom With a palpable mass With ascites	**NO** **YES** **YES**
Altered bowel habit/ diverticular disease	No role in management of IBS or DD If suspected bowel ca refer via **2WW**	**NO** **NO**
Diabetes	US does not have a role in the diagnosis or management of Diabetes. Up to 70% of patients with DM have a fatty liver with raised ALT. This does not justify a scan.	**NO**
RENAL TRACT		
UTI (ADULT) **UTI (CHILDREN)** See footnote 2	First episode Recurrent (>/= 3 episodes in 12 months) Non-responders to antibiotics Frequent re-infection H/O stone or obstruction As per NICE guidelines	**NO** **YES** **YES** **YES** **YES** **YES**
Hypertension	Routine imaging is not indicated. RAS (renal artery screening) is **NOT** offered	**NO**
Renal Failure	Acute or acute on chronic To assess renal size and rule out obstructive causes	**YES**
Haematuria(micro/macro)	Most haematuria at HHFT go through the 'haematuria **one-stop** clinic'	**YES**

SMALL PARTS		
Lymphadenopathy	Patients with clinically benign groin, axillary or neck lymphadenopathy do not need US Small nodes in the groin, neck or axilla are commonly palpable. If new and a source of sepsis is evident, US is not required Signs of **malignancy** include increasing size, fixed mass, rubbery consistency	**NO** **YES**
Soft tissue lump	**2WW** sarcoma referral if >5cm, tender or enlarging <5cm stable, soft, non-tender lumps	**YES** **NO**
Scrotal mass	Following full clinical examination: Any patient with a swelling or mass in the body of the testis should be referred for **URGENT** US **Extra-testicular** mass, eg epididymal cyst Generalised scrotal swelling '?hydrocoele' Varicocoele	 **YES** **NO** **NO** **YES**
Scrotal pain	Chronic (>3 months) pain in the absence of a palpable mass does **NOT** justify US Acute pain requires **URGENT** Urology/Surgical referral (?torsion)	**NO** **NO**
Inguinal hernia?	Characteristic history and exam findings including reducible palpable lump or cough impulse. Ultrasound **NOT** justified. Irreducible and/or tender lumps suggest an incarcerated hernia and require **URGENT** surgical referral. **Vague** request ?hernia ?something else If groin pain present, clinical assessment should consider MSK causes and refer accordingly	**NO** **Consider Surgical referral** **NO** **NO** **NO**

HEAD & NECK		
Thyroid	Ultrasound may be required where there is **doubt** as to the origin of a cervical mass, ie thyroid in origin Clinical features that increase the likelihood of malignancy include history of irradiation, male sex, age (<20,>70), fixed mass, hard/firm consistency, cervical nodes, change in voice, family history of MEN II or papillary Ca Routine **follow up** of benign nodules (U2) is not recommended	**YES** **NO**
Salivary mass	History suggestive of salivary duct obstruction Suspected salivary mass/tumour	**YES** **YES**
GYNAECOLOGY See Footnote 4		
Pelvic pain ?cause **Pre-menopausal**	US is unlikely to contribute to patient management if pain is the only symptom In patients **>50**, the likelihood of pathology is increased. Please include a **specific clinical question**	**NO** **YES**
Pain + **Palpable mass** **Raised CRP/WCC** **Nausea/Vomiting** **Menstrual irregularity** **Pain menstrual or premenstrual** **Deep dyspareunia** **Lack of GI symptoms**	Please include a **specific clinical question**/ differential diagnosis. The addition of another clinical symptom justifies the request	**YES**
Pain + **H/o ovarian cyst** **H/o PCOS** **'Severe' or 'Sudden'** **Loose stools** **?appendicitis** **?ovarian cyst**	These do not represent further clinical symptoms Vague notions of a diagnosis with no real basis, or reassurance scans will be referred back pending more information	**NO** **NO**

Bloating See footnote 3	As only symptom Intermittent bloating **Persistent** bloating ***with the addition*** of other symptoms, such as a palpable mass/ raised Ca 125 (Referral and alternative tests required for GI tract related symptoms)	**NO** **NO** **YES**
F/up of benign lesions, eg fibroid, dermoid, cyst	There is no role for US in follow-up of these lesions If the patient has undergone a **clinical change** re-scan is appropriate	**NO** **YES**
PMB	Include information about the LMP (i.e. post- rather than peri-menopausal) and relevant HRT status	**YES**
Heavy menstrual bleeding See Footnote 4	US recommended if - Uterus is palpable abdominally - Vaginal examination yields a pelvic mass - Pharmaceutical treatment fails	**YES**
Irregular bleeding (inter menstrual, post-coital, more frequent, prolonged, irregular cycle) See Footnote 5	As only symptom <40 With abdominopelvic mass Heavy irregular bleeding >40 refer to Gynae +/- US	**NO** **YES** **YES**
PCOS	Only useful in **secondary care** if investigating subfertility Diagnosis of PCOS is based on: 1. Irregular menses. 2. Symptoms and signs of hyperandrogenism 3. Biochemical evidence of hyperandrogenism 4. Biochemical exclusion of other confounding conditions	**NO**
Investigation of subfertility	**West Hants/RHCH:** Accepted if concurrent referral made to fertility service **North Hants/NHH:** Please refer to fertility service who will arrange TVUS	**YES** **NO**

Lost IUCD	US as initial investigation. Will need AXR if not found on US	**YES**
MSK		
Shoulder	Impingement/rotator cuff pathology SCJ OA/pathology	**YES (<75yr)** **NO**
Elbow	Common flexor/extensor tenosynovitis	**NO**
Wrist/hand	Specific tendon/joint	**YES**
Hip	Palpable lump – bursitis?	**YES**
Knee	Patellar/quadriceps tendinopathy Popliteal cyst Meniscal pathology	**YES** **YES** **NO**
Ankle/foot	Achilles tendinopathy Plantar fasciitis Mortons neuroma Anterior talofibular ligament	**YES** **YES** **YES** **YES**
Any body part	Diffuse pain/swelling Non-specific requests, eg "joint/tendon/ligament pathology?" Palpable lump – if changing Whole limb requests Intra-articular pathology	**NO** **NO** **YES** **NO** **NO**

For indications that fall outside these guidelines, radiologist discussion is recommended on the Hot Hub telephone number:

Basingstoke and North Hampshire Hospital 01256 313 982
Royal Hampshire County Hospital 01962 825 000

FOOTNOTES

1. Liver Function tests - Isolated enzyme rises – US generally not indicated

ALT alone: Fatty liver (risk factors; obesity, hyperlipidaemia, DM) or Drugs (statins/ OC)

ALP alone: probably bone NOT liver (adolescent growth, Paget's disease, recent fracture)

GGT alone: usually alcohol. Consider prescribed drugs. Fatty liver (risk factors; obesity, TGs, DM)

AST alone: Muscle injury or inflammation.
Bilirubin alone: Gilberts syndrome (usually <80mols/L)

2. UTIs in under 16s.
https://www.nice.org.uk/guidance/cg54/chapter/1-guidance

3. Ovarian cancer – NICE guidance for women aged 18 and over.
https://pathways.nice.org.uk/pathways/ovarian-cancer#path=view%3A/pathways/ovarian-cancer/ovarian-cancer-detection-in-primary-care.xml&content=view-index

4. Heavy Menstrual Bleeding

https://www.nice.org.uk/guidance/cg44/chapter/recommendations#/history-examination-and-investigations-for-hmb

5. HHFT Gynaecology referral guidance

http://www.hampshirehospitals.nhs.uk/media/295023/gynae_guidelines_aug2014.pdf