

ULTRASOUND

Munson Army Health Center Department of Radiology
Scheduling hours: Monday – Friday 0730 – 1600 (excluding weekends and holidays)
(913) 684-6140 or 6141 or Toll-free 1-800-250-3462

Your healthcare provider has requested that you schedule an ultrasound appointment with the Department of Radiology:

Children will not be allowed in the room during the examination without appropriate supervision. Due to room size constraints, only 2 family members may accompany you during the exam, with your permission.

DATE: _____ TIME: _____

We ask that you please arrive 15 minutes prior to your appointed time. If you are late or not properly prepared, it may be necessary to reschedule your appointment or cause you to wait.

PROCEDURE & PREPARATION INSTRUCTIONS

*There is no preparation required for these exams
Total estimated time for each procedure: 30 minutes*

_____ NECK or THYROID (Lab tests required) _____ BREAST
_____ ABDOMINAL WALL _____ TESTICULAR
_____ (Non-Doppler) EXTREMITY (including superficial lesions)

There is no preparation required for these exams

_____ CAROTID ARTERY _____ VASCULAR STUDIES
(Bilateral Only) (Venous only)
60 minutes *Unilateral 60 minutes*
Bilateral 90 minutes

WHAT TO EXPECT:

Once you are in the ultrasound room, you may be asked to change into an examination gown. You will then be instructed to lie on the ultrasound examining table. A warmed gel will be spread over the area being examined. The sonographer will examine you with a wand-like instrument (transducer) to obtain images. The images are then saved to the computer to be reviewed by the radiologist. The exam is usually painless, but may cause some discomfort.

ULTRASOUND REPORTS:

The report for your ultrasound will be sent to your doctor. If you have any questions regarding your results, please contact your healthcare provider.

CANCELING & RESCHEDULING APPOINTMENTS:

If you cannot keep your appointment or have any questions, please call Radiology at the numbers listed above. If you need to cancel or reschedule your appointment for any reason, please try to do so as early as possible (preferably 24 hours prior to your appointment).

PELVIS, KIDNEY & OBSTETRIC ULTRASOUND

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DATE: _____ TIME: _____

We ask that you please arrive 15 minutes prior to your appointed time. If you are more than 15 minutes late or not properly prepared, it may be necessary to reschedule your appointment or cause you to wait (see detailed preparation instructions below).

PROCEDURE & PREPARATION INSTRUCTIONS

*Your healthcare provider must order you a pregnancy test, which must be done **no more than two days before** your scheduled SHG ultrasound appointment. The pregnancy test **MUST** be blood, not urine. Please bring a sanitary pad or tampon with you for after the exam. Use **this checklist to assist with planning for this exam.***

- ✓ Schedule a Pelvic/Transvaginal Ultrasound : Date _____ Time _____
(duration of the Pelvic/Transvaginal ultrasound is approximately 60 minutes).
- ✓ Get lab test for pregnancy done two days before SHG Ultrasound Done: _____
- ✓ Schedule the SHG Ultrasound on a different day and after the Pelvic/Transvaginal exam;
You should call on the first day of your period to have it scheduled within the next 15 days.
- ✓ (Optional) Take an analgesic drug (Ibuprofen or similar) to help with discomfort (the exam may cause pelvic cramping) prior to your scheduled SHG exam
(duration of SHG is approximately 60 minutes)

WHAT IS THIS EXAM?

Sonohystogram (Saline Sonogram): A sonohystogram is an exam/test which can be performed to evaluate the uterine cavity for polyps or fibroids. A small amount of fluid (sterile saline) is injected through a catheter placed through the cervix and into the uterine cavity while a vaginal ultrasound is performed at the same time. This provides important information about the inside of your uterus without surgery or exposure to x-rays.

WHAT CAN I EXPECT?

Once you are in the ultrasound room, you may be asked to change into an examination gown. You will then be instructed to lie on the ultrasound examining table. A warmed gel will be spread over the area being examined. The sonographer will examine you with a wand-like instrument (transducer) to obtain images. The images are then saved to the computer to be reviewed by the radiologist. The exam is very similar to a pap exam and may cause some discomfort.

ULTRASOUND REPORTS:

The report for your ultrasound will be sent to your doctor. If you have any questions regarding your results, please contact your healthcare provider.

CANCELING & RESCHEDULING APPOINTMENTS:

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ABDOMINAL ULTRASOUND

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PROCEDURE & PREPARATION INSTRUCTIONS

_____ UPPER ABDOMEN (5 Organ)
(liver, spleen, pancreas, gall bladder, and retro peritoneal)

_____ SINGLE ORGAN ABDOMEN

_____ ABDOMINAL AORTA

Nothing to eat or drink after midnight, prior to your appointment. Then nothing by mouth (cigarettes, candy, gum, etc.) on the morning of the exam, to include

NO BREAKFAST AND NO FLUIDS

Estimated duration of each exam:

60 minutes

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