



What Do I Do When I Find Non-Vascular Pathology On My Vascular Ultrasound Study
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Incidental Findings.....

- How many patients have you seen that they diagnosed themselves by Google?
- Pareidolia
 - is the tendency for perception to impose a meaningful interpretation on a nebulous stimulus, usually visual, so that one sees an object, pattern, or meaning where there is none




When I Look At Ultrasound Too Long I Start Seeing Things, People, Animals, TV Commercials, Celebrities, Late Night TV Hosts and Monsters etc.




Do You See Gonzo?

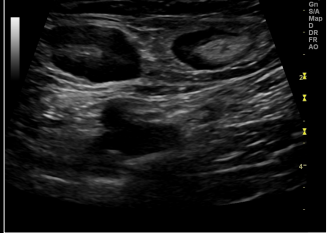



Did You Ever Start Your Day Off Feeling Like This?



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Not Too Happy!!!



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Does Everyone See Anyone We Know?



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Incidental Popliteal Finding



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Common Sonographic Standards


- Who was the ordering physician
- Pre-Test Probably
- Always look where it hurts!
- Always review alternative imaging images
- Have secondary transducers ready
- One first image dial in B-Mode-Color-Secondary Imaging parameters-Doppler
- Complete the examination that is ordered per protocol
- Then optimize and concentrate on the incidental finding



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Common Sonographic Standards


- Areas involve the entire scanning spectrum from neck to lower extremity
- Some questions to ask your self:
 - Is the area sensitive to touch?
 - Is the area warm?
 - Is the area solid or compressible?
 - Has the patient sustained any recent trauma?
 - Is this pathology hyper-vascular?
 - Is this mass confined or is it pedunculated?



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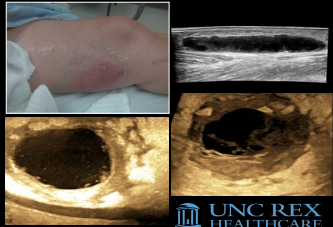

What Do I Do When I Find Non-Vascular Pathology On My Vascular Ultrasound Study

- Are the findings Solid, Cystic or a Mixed cystic component
- Follow up exams can be performed
- A formal ultrasound is performed in radiology
- Alternative Imaging is requested
- My most common finding in the lower extremity is a Baker's cyst




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- Hematoma Sonographic Appearance
 - Early: poorly defined and hyperechoic
 - "Later": hypoechoic, fluid and debris
 - Later: decrease in size, solid and heterogeneous
 - Avascular
 - Incidental calf finding
 - Intramuscular hematoma
 - Easy to call peroneal DVT and be careful not to anticoagulate
 - D-dimer going to be positive

What Do I Do When I Find Non-Vascular Pathology On My Vascular Ultrasound Study




Dissected Hemorrhagic Baker's Cyst




What Do I Do When I Find Non-Vascular Pathology On My Vascular Ultrasound Study

Remember Ultrasound doesn't always have all the answers!




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- What size lymph node is concerning?
- Size: Cervical lymph nodes and axillary nodes are atypical if > 1 cm, as compared to supraclavicular > 0.5 cm, and inguinal nodes >1.5 cm




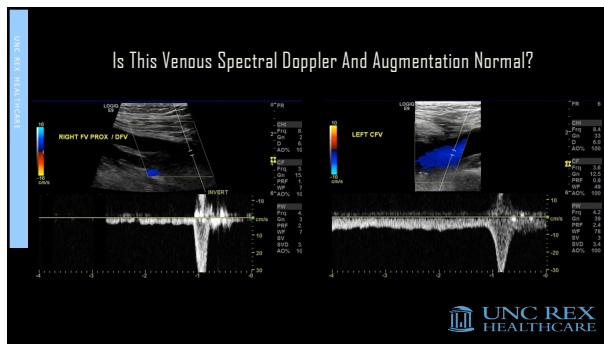
Left Groin



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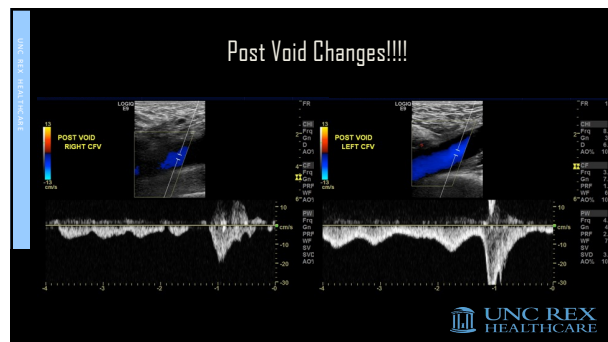
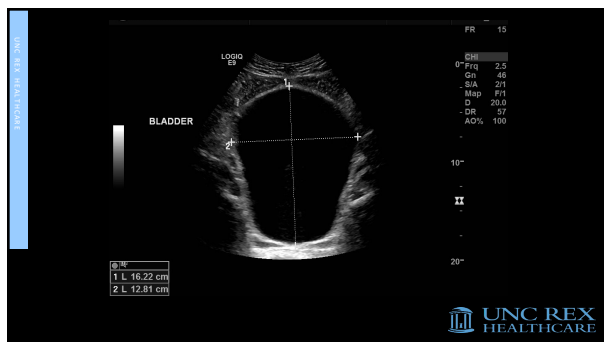
Here are some examples of some recent nonvascular pathology





"I have never seen this!" ...
I suggest saving it to your memory bank to remember later from this evening's lecture.

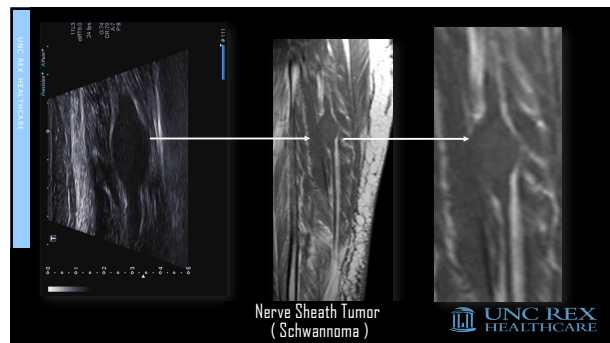
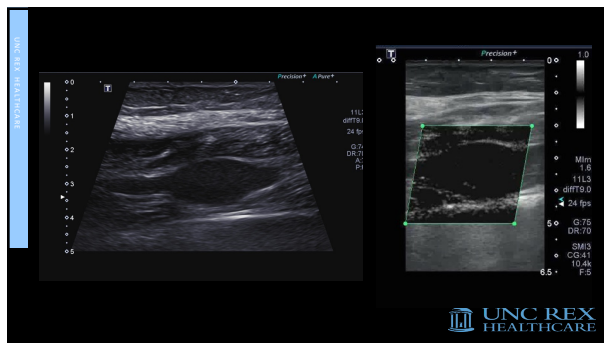
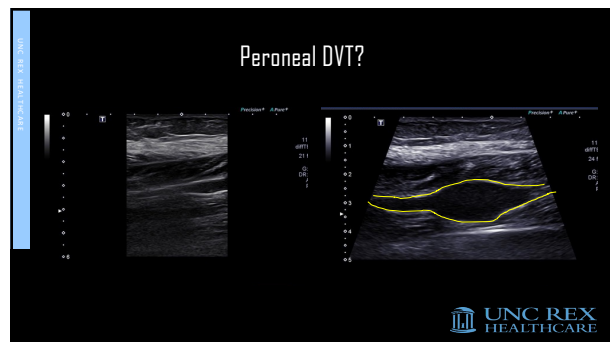
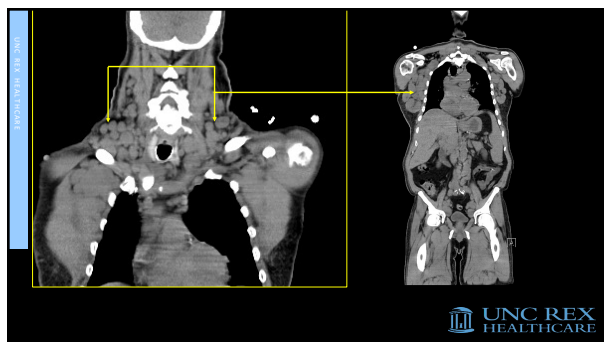
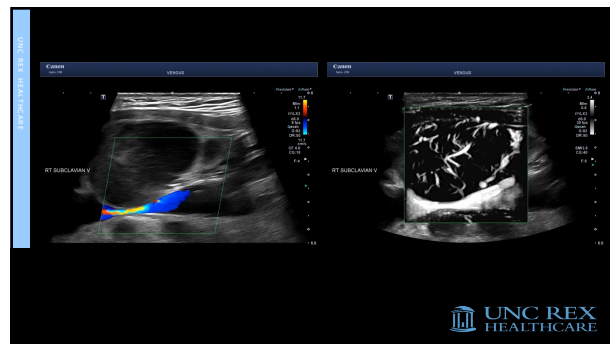
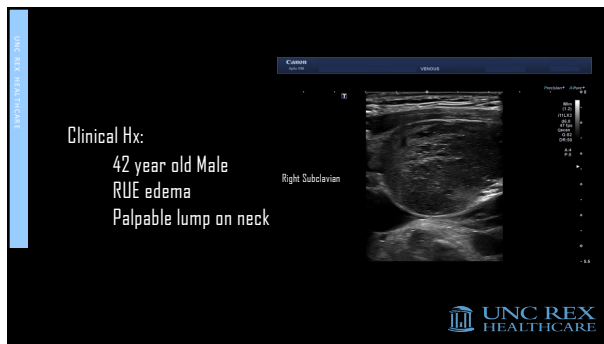
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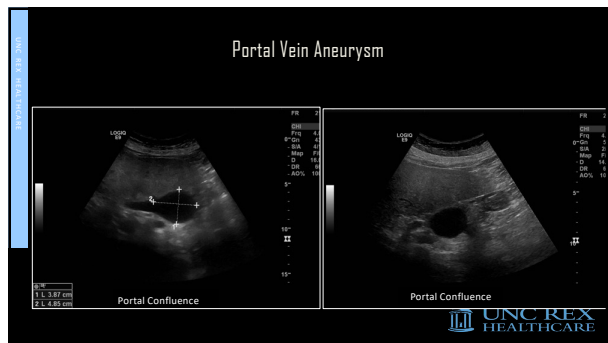
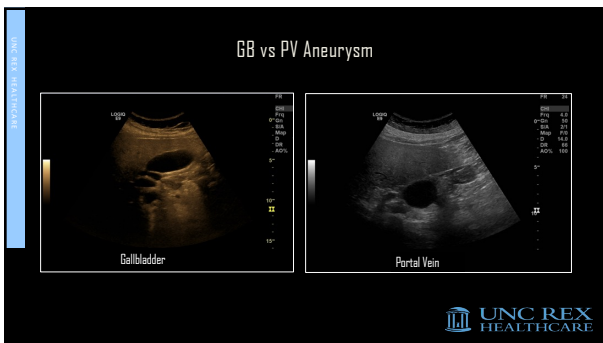
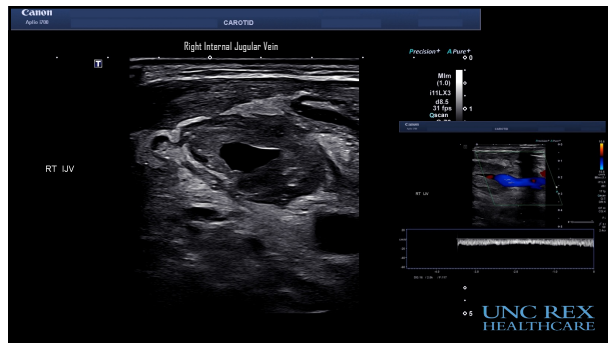
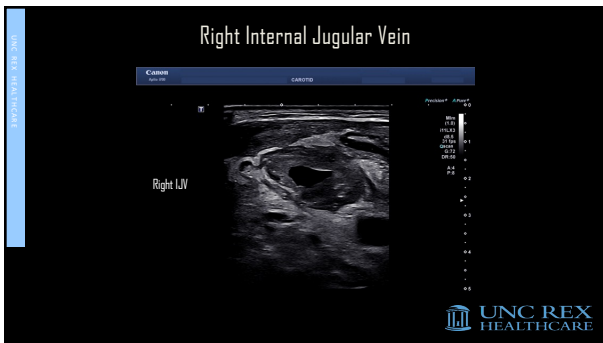
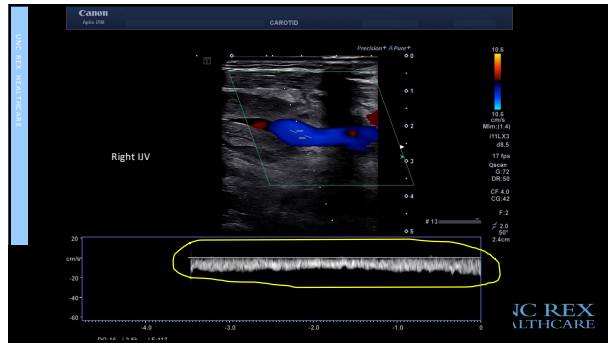


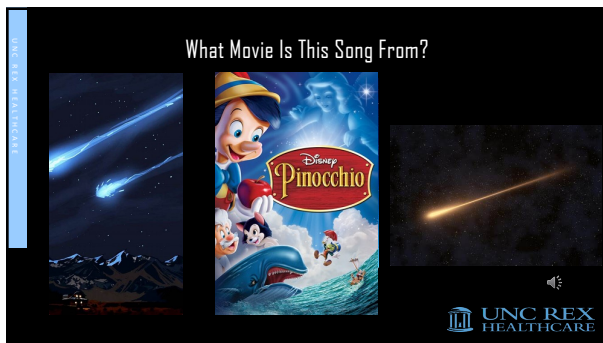
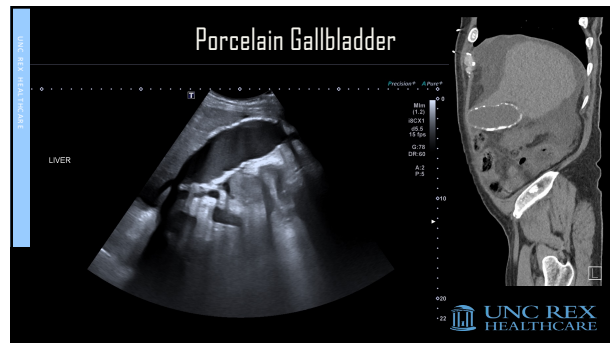
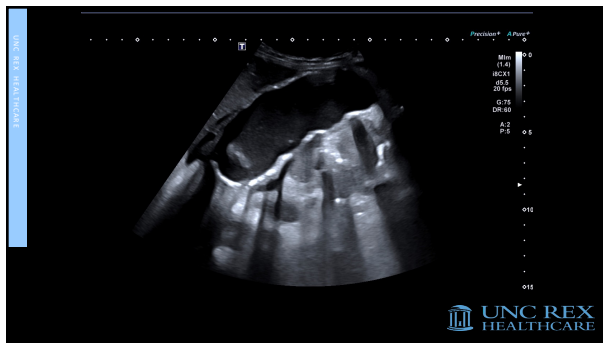
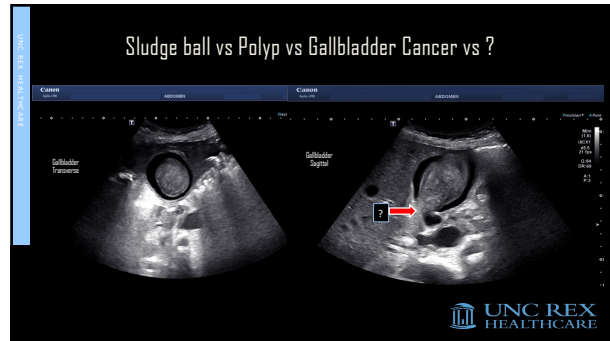
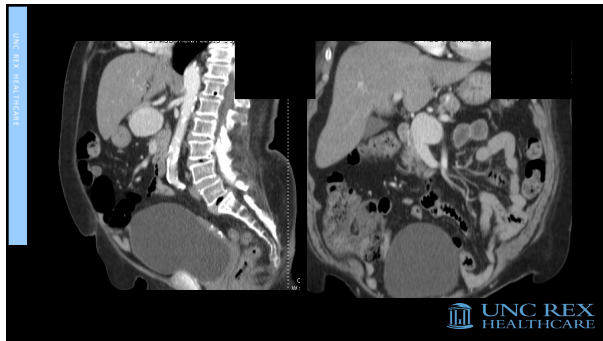
Has Anyone Here Ever Seen Anything In a Glass of Beer While Having a Beer with JP Hughes?

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Lemierre syndrome:

Refers to septic thrombophlebitis of the internal jugular vein (IJV). The condition typically begins with oropharyngeal infection and frequently involves inflammation within the wall of the vein, infected thrombus within the lumen, surrounding soft tissue inflammation, persistent bacteremia, and septic emboli.

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