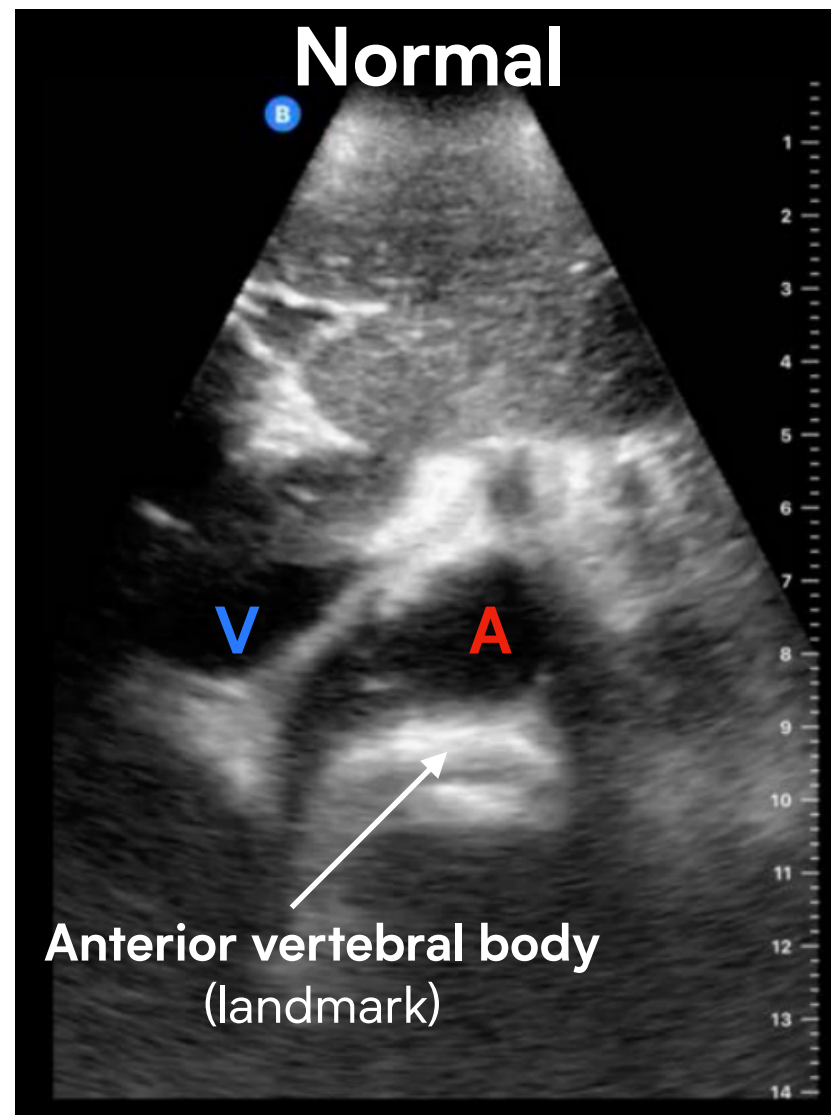
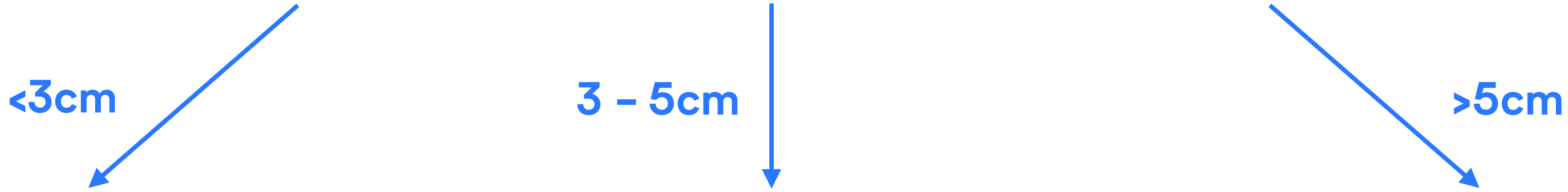
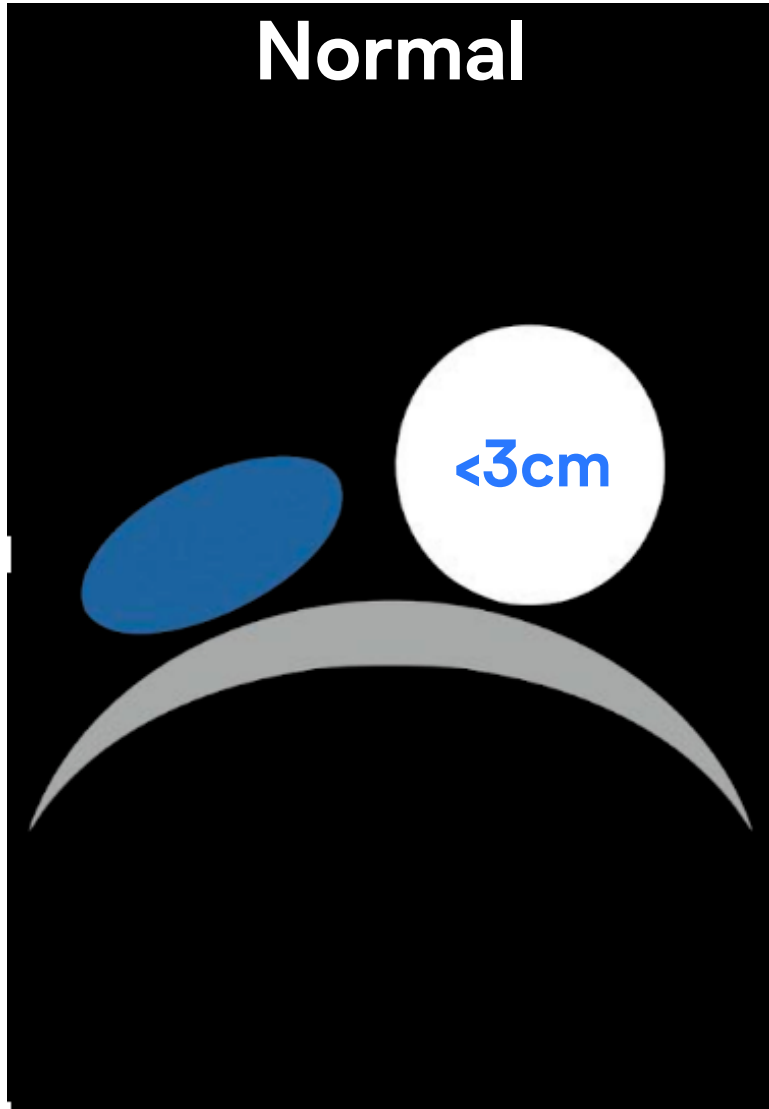
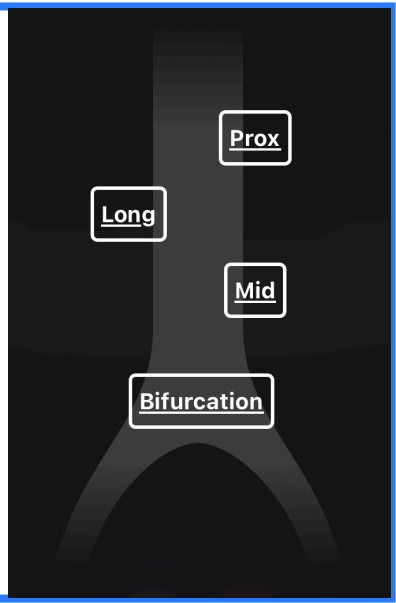


Aorta Assessment Pathway



Indication
Screening: male smoker age 65-70 and/or family hx of aortic aneurysm
Abdominal pain: >55yo or clinical suspicion

Scanning sequence
3 Transverse: prox, mid, distal (bifurcation), marker towards patient right
1 Sagittal: long axis, marker toward head
1 measurement
Use "aorta protocol" in action tab



No aneurysm

Consider additional imaging as indicated

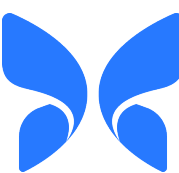
Aneurysm (Non-intervention)

Regular screening as per regional protocol

Consider additional imaging as indicated

Aneurysm (Intervention)

Urgent vascular follow up



Aorta Scanning Protocol

Why?

RISK of AAA
male smoker between 65–75
1:100

Patients with FH of AAA
high risk

Sensitivity of history, exam, and
stethoscope for AAA is poor
< 50%

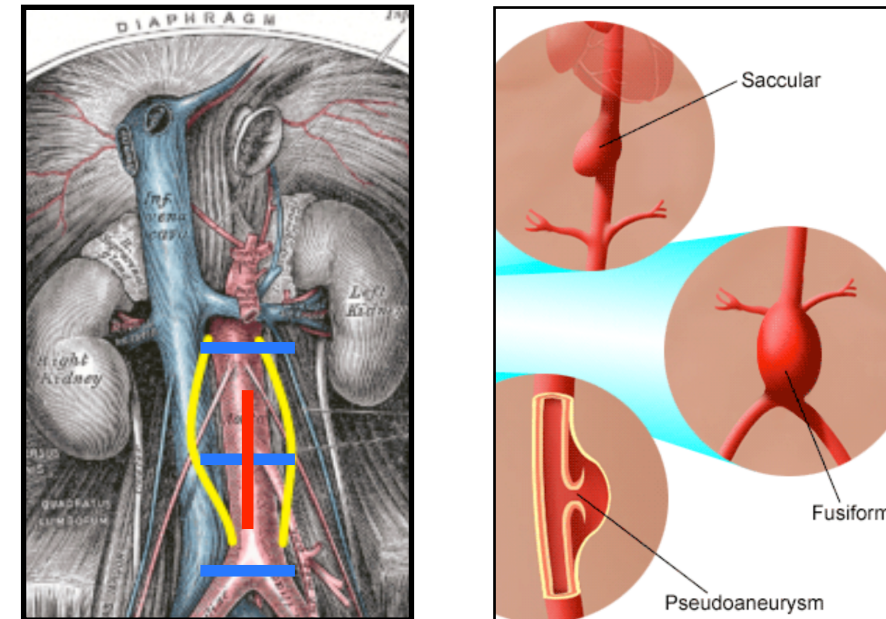
Sensitivity of US
for AAA
similar to abd CT

POCUS is performed at the time
of patient assessment.
Gives immediate imaging info
for an informed decision

Negative is easy to learn
high value
for patients at risk
or with abd pain

Where?

Between xyphoid and umbilicus



3 transverse views
Prox (below xyphoid)
Mid
Distal (just above umbilicus)

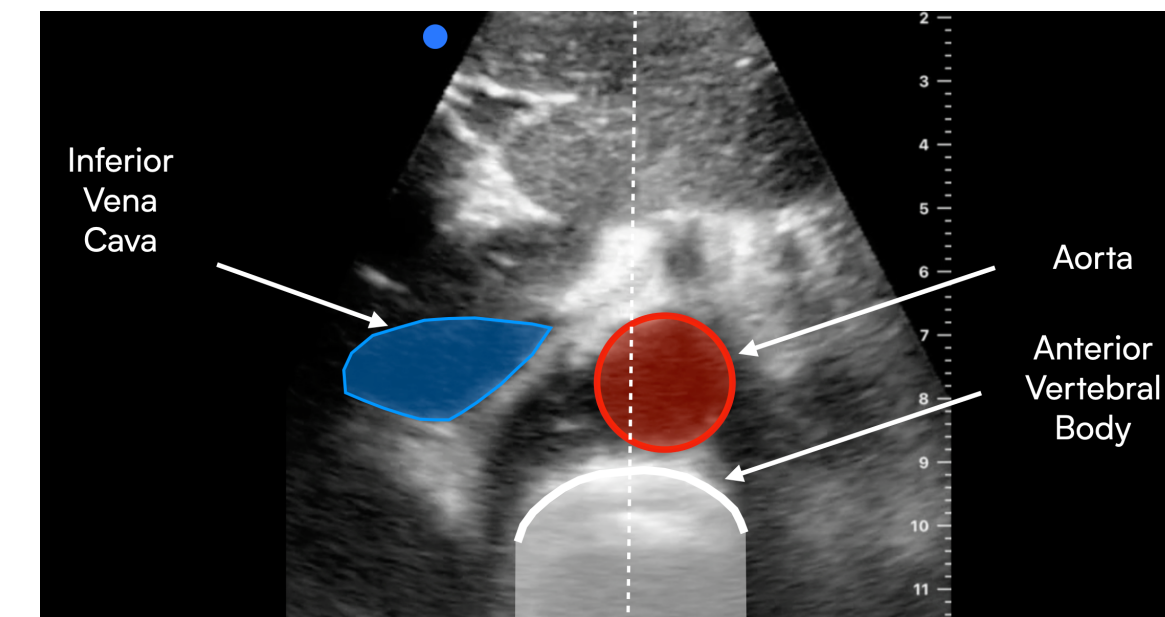
1 sagittal (long) view
for saccular aneurysm

1 measurement
in transverse view

Fan probe to maximize image
Trans: head to toe
Long: side to side

What?

Aorta sag fluid filled tube (**black** content)
anatomically to pts' left of midline
transverse view = circle
long axis view = rectangle



Look for anterior vertebral body
(Anatomical landmark)

Probe marker to **patient right**
Aorta on screen left

IVC on screen right
May compress & disappear with pressure

Diameter < 3cm
NO ANEURYSM

Win!

Aorta < 3cm
No aneurysm
CT imaging **not needed**

Aorta 3 – 5cm
Aneurysm
Regular follow up imaging
as per local (multidisciplinary)
protocol

Aorta >5cm
Aneurysm
Urgent follow up
as per local (multidisciplinary)
protocol

Additional imaging for ANY findings
if not confident in interpretation

