

**SWI DIAGNOSTICS**  
GENERAL AND VASCULAR ULTRASOUND SERVICES

**Ultrasound Procedures and Instructions**

<b>Study</b>	<b>Time (min)</b>	<b>Instruction</b>
<b>VASCULAR SERVICES</b>		
Abdominal Aorta	20	NOP AFTER MIDNIGHT (6 hrs)
Carotid Artery Duplex	30	None
Venous (DVT and Varicose Veins)	30 or 60	None
<b>PERIPHERAL ARTERIAL DUPLEX</b>		
Arterial Lower Leg <u>Single or Bilaterally</u>	30 or 60	None
Ankle/Brachial Indices (ABI)	30	None
Non-invasive Physiologic Study	30	None
<b>GENERAL ULTRASOUND</b>		
Musculoskeletal <u>Single or Bilaterally</u>	30 or 60	None
Abdominal	30	NOP AFTER MIDNIGHT (6 hrs)
Gallbladder	20	NOP AFTER MIDNIGHT (6 hrs)
Renal/Bladder	30	<b>Very</b> Full Bladder
Thyroid	20	None
Scrotum	30	None
<b>WOMEN SERVICES</b>		
<b>GYN</b>		
Pelvic/Uterus/Ovaries	20	<b>Very</b> Full Bladder
Transvaginal/Endometrium/Ovaries	20	None
Pelvic-inflow/outflow	20	None
Color Flow Doppler (TV)		
Pelvic mass evaluation of blood flow characteristics.		
Breast	30	None
Varicose Vein Study	30	None
<b>OB</b>		
First Trimester	20	<b>Very</b> Full Bladder
OB-TV	20	None
Fetal BPP	30	None
Umbilical Artery	30	None
Anatomical Study	30	None
F/U OB Limited	30	None
F/U growth, abnormality	30	None
Nuchal Translucency	30	None