

PAEDIATRIC NECK ULTRASOUND

Paediatric Neck Ultrasound

Objective To ensure that all staff follow correct procedure of evaluation for neck imaging in the Paediatric Patient.

Responsibility All Sonographers, Trainee Sonographers, Registrars and Radiologists performing Paediatric ultrasound examinations.

Frequency For all Paediatric Ultrasound Examinations of the Neck as requested by a clinician and subsequently prioritized by a Radiologist for the following indications:

Procedure The following table describes the process to be followed for ultrasound examination of a neck mass in the Paediatric patient.

Step	Action
1	Look at old films/ultrasound +/- report before starting.
2	Use high frequency linear array probe with colour/spectral Doppler capability.
3	Scan normal side for landmarks before assessing abnormal side.
4	Note the following: <ul style="list-style-type: none"> • Size of mass • Cystic versus solid versus mixed nature of the mass • Organ of origin • Vascularity • Affect on adjacent organs or vasculature.
5	When scanning a neck the parotid, sub-mandibular and thyroid glands should be documented bilaterally.
6	Document the IJV and CCA on each side of the neck in grey scale.
7	Image the cervical chain bilaterally.

Note:

1	Lymph nodes have a central vascular supply.
2	Abscess may be cystic or mixed in appearance and have an avascular centre.
3	Left sided fistula from pyriform fossa may present as left thyroidal mass.
4	Thyroglossal duct cyst (typically infrahyoid) may have thick fluid and appear echogenic.
5	Parotid lymph node may be intra-glandular
6	If salivary gland is enlarged (particularly sub-mandibular) look for obstructing stone.