Urinary bladder scanning

Anatomy:

A hollow muscular and distensible organ, posterior to the symphysis pubis, urine enters the bladder via the urethra.

Indications:

-Dysuria or frequent micturition.

-Haematuria.

-recurrent infection (Cystitis, UTI)

-Pelvic mass.

-Retention of urine.

-Pelvic pain.

Reasons for localized thickening of the bladder wall:

-Bladder folds due to incomplete filling.

-Tumours.

-localized infection.

-Post traumatic hematoma.

Patient preparation:

Full bladder is required.

Sonographic appearance:

If full bladder it will appear anechoic with thin echogenic wall.

Transversely appear as square while longitudinally appear as with angle.

Breathing technique: Normal respiration.

Transducer: 2-5 or 2-7 MHz frequency.

Patient position: supine.

Procedure:

Begin with transducer longitudinal at the midline of the body just superior to the symphysis pubis from this area we will note the urinary bladder, we as we move inferiorly we note the urinary bladder which will appear as with angle, with angulation of the transducer we can get the full size of the UB, then we can take the measurement. (Bladder will be anterior to the uterus)

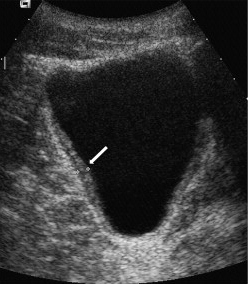
Rotate the transducer 90 degree in the same area just superior to the symphysis pubis as we move inferiorly we will note the urinary bladder which will appear in square shape with angulation of the transducer we get the full size of the UB.



Transverse image showing the Bladder



Longitudinal image showing the bladder



Measuring the Bladder wall thickness (in longitudinal view)