# El Paso Community College Syllabus Part II Official Course Description

SUBJECT AREA	Diagnostic Medical Sonography
COURSE RUBRIC AND NUMBER	DMSO 1441
COURSE TITLE	Abdominopelvic Sonography
COURSE CREDIT HOURS	4 4 : 1
	Credits Lec Lab

## I. Catalog Description

Studies normal anatomy and physiology of the abdominal and pelvic cavities as related to scanning techniques, transducer selection, and scanning protocols. A grade of "C" or better is required in this course to take the next course. **Prerequisite: DMSO 2405. (4:1). Lab fee. ABD Mock Exam fee.** 

#### II. Course Objectives

Upon satisfactory completion of this course, the student will be able to:

# A. Unit I. Abdominal Vessels

- 1. Define the following terms associated with vessel structure:
  - a. Lumen
  - b. Tunica Intima
  - c. Tunica Media
  - d. Tunica Adventitia
- 2. Describe the differences between venous and arterial structure.
- 3. Explain why the difference in structure is necessary.
- 4. Identify the branches of the abdominal aorta from the most superior vessel to the most inferior vessel.
- 5. Define the branches of the celiac axis.
- 6. Describe the paths of both the right renal artery and left renal artery from the aorta to the kidney.
- 7. Define the areas that the following vessels supply and their exact location:
  - a. Superior Mesenteric Artery
  - b. Inferior Mesenteric Artery
  - c. Splenic Artery
  - d. Hepatic Artery
  - e. Renal Arteries
  - f. Common Illiac Arteries
  - g. Gastroduodenal Artery
  - h. Replaced Right Hepatic Artery
  - Left Gastric Artery
- 8. Identify the tributaries of the Inferior Vena Cava
- 9. Describe the location of the Inferior Vena Cava as compared to the abdominal aorta.
- 10. Identify the tributaries of the Portal Vein
- 11. Describe the exact location of the following vessels:
  - a. Portal Vein

- b. Superior Mesenteric Vein
- c. Inferior Mesenteric Vein
- d. Splenic Vein
- e. Hepatic Veins
- f. Coronary Vein
- g. Renal Veins
- 12. Explain the importance and location of the umbilical vein.
- 13. Define collaterals.
- 14. Compare the superior mesenteric artery to the superior mesenteric vein as far as location is concerned.

## B. Unit II. Lower Extremity (Vessels)

#### 1. Anatomy

- a. The common femoral vein (CFV) lies medial to the common femoral artery (CFA).
- b. The superficial vein (SFV) lies posterior to the superficial femoral artery (SFA) superiorly.
- c. The SFV follows a medial course along the inner curve of the thigh and at its inferior aspect, just superior to the knee, lies posterior to the SFA.
- d. The popliteal vein lies posterior and lateral to the popliteal artery.
- The saphenous vein is located medial to the SFV and CFV at the level of the SFV insertion.
- f. Valves are located in the larger veins to prevent the back flow of blood. These are commonly seen in the CFV, SFV, and popliteal veins.
- g. The deep femoral vein or profunda vein is found posterior to the SFV with its insertion at approximately the same level.
- h. All veins are thin-walled and collapse easily with a minimum of pressure.

#### 2. Scanning Planes and Methods

- a. Explain the way ultrasound uses body or scanning planes to image the body.
- b. Define scanning planes and show how they divide the body.
- c. Define the anatomic areas of each scanning plane.
- d. Provide scanning techniques and methods.
- e. Define patient positions.
- f. Provide surface landmarks used as scanning reference.

## 3. Standards – Scanning Criteria

- a. Know the two-dimensional anatomic areas appreciated on each scanning plane.
- b. Use proper scanning methods.
- c. Be familiar with the surface landmarks used as scanning references.
- d. Follow the survey steps and take the required images recommended in the scanning protocol chapters.

# C. Unit III. Liver Anatomy

- 1. Identify the location of the liver.
- 2. Define the number of lobes within the liver.
- 3. Describe arterial and venous flow through the liver.
- 4 Define and identify the exact location for the following structures:
  - a. Portal Trial
  - b. Glisson's Capsule.
  - c. Hartman's Pouch
  - d. Valve of Heister
  - e. Phrygian Cap
  - f. Ligamentum Teres
  - g. Porta Hepatis
  - h. Falciform Ligament
  - i. Morrison's Pouch

- j. Caudate Lobe
- k. Quadrate Lobe
- 1. Sub-phrenic Space
- m. Sub-hepatic Space
- n. Common Hepatic Duct
- o. Cystic Duct
- p. Common Bile Duct
- q. Gallbladder
- r. Main Lobar Fissure
- s. Pleural Space
- t. Perinephric
- u. Paracolic Gutter
- v. Lesser Sac
- 5. Describe the location of the following liver structures:
  - a. Left Lobe
  - b. Right Lobe
  - c. Lateral Segments
  - d. Medial Segments
  - e. Caudate Lobe
  - f. (Quadrate) Medial Left Lobe
- 6. Identify the anatomical structures used to delineate the previous structures from one another.
- 7. Explain the function of the liver.
- 8. Discuss one of the unique structure differences of the liver as it relates to circulation.
- 9. Compare the sonographic appearance of the liver parenchyma to the following areas in terms of echogenicity:
  - a. Renal Sinus
  - b. Pancreas
  - c. Spleen
  - d. Renal Parenchyma
- 10. Compare the hepatic and portal veins in terms of echogenicity and appearance.
- 11. Identify one method used to determine normal liver size as far as measurements are concerned.
- 12. Describe the normal gallbladder wall thickness as it relates to ultrasound examination.
- 13. Discuss normal values for common bile duct measurements.
- Present one condition that could influence this measurement as far as patient history is concerned.
- 15. Explain a routine procedure that should be employed in the examination of the following structures:
  - a. Liver
  - b. Gallbladder
  - c. Biliary System
- 16. Discuss the correct patient preparation method(s) prior to ultrasonographic examination.
- D. Unit IV. Gallbladder Anatomy
  - 1. Identify the location of the Gallbladder.
  - 2. Define the function of the Gallbladder.
  - 3. Identify the Gallbladder anatomy.
- E. Unit V. Pancreas Anatomy
  - 1. Define the function of the pancreas.
  - 2. Identify the exact location of the pancreas.
  - 3. Discuss the position of the pancreas in relationship with the other abdominal organs.
  - 4. Describe the proper method for visualization of pancreas and the required views.

- 5. Explain the correct patient preparation for examination of the pancreas through ultrasound.
- 6. Define the location of the following structures:
  - a. Splenic Vein
  - b. Superior Mesenteric Vein
  - c. Superior Mesenteric Artery
  - d. Pancreatic Duct
  - e. Common Bile Duct
  - f. Gastroduodenal Artery
  - g. Stomach
  - h. Duodenum
  - 7. Define insulin and glycogen and their purpose.
  - 8. Give approximate size values for the following pancreatic areas:
  - a. Head
  - b. Tail
  - c. Body
- 9. Describe the sonographics appearance of a normal pancreas in the longitude and transverse planes.
- 10. Define the following laboratory values and their minimum and maximum values:
  - a. Serum Amylase
  - b. Serum Glucose
- 11. Identify which lab value is more accurate:
  - a. Serum Amylase
  - b. Urine Amylase
- 12. Identify which of the previous enzymes remains elevated longer.
- 13. Define what condition is being screened by the enzymes Serum Amylase and Urine Amylase.
- 14. Describe the sonographic appearance of the pancreas as compared to the following areas:
  - a. Renal Sinus
  - b. Liver
  - c. Spleen
  - d. Renal Parenchyma
- 15. Discuss possible methods to improve film quality when obscuring gas is present in the area of the pancreas.
- 16. Identify the anatomical areas in and around the pancreas.

# F. Unit VI. Spleen Anatomy

- 1. Identify the location of the spleen.
- 2. Define the function of the spleen.
- 3. Identify the splenic anatomy.

## G. Unit VII. Renal Anatomy

- 1. Identify the location of the kidneys in relation to the
  - a. Liver
  - b. Spleen
  - c. Peritoneum
- 2. Describe the angulation of the long-axis of the kidneys to the long-axis of the body.
- 3. Explain the importance of determining whether or not a patient is undergoing peritoneal dialysis.
- 4. Identify normal and abnormal creatinine levels.
- 5. Identify the following renal anatomy:
  - a. Renal Calyces
  - b. Renal Pelvis
  - c. Renal Arteries/Veins/Ureters

- d. Columns of Bertin
- e. Renal Cortex
- f. Renal Pyramids
- 6. Define the importance of the renal capsule.
- 7. Define the importance of the "Fat Line"

#### H. Unit VIII. Adrenal Anatomy

- 1. Identify the location of the adrenals.
- 2. Define the anatomy of the adrenals.
- 3. State the function of the adrenals.

# III. THECB Learning Outcomes (WECM)

- 1. Identify organs and structures of the body in sectional planes.
- 2. Describe anatomical relationships.
- 3. Identify anatomical structures in standard and non-standard imaging planes.

#### IV. Evaluation

A. Grading Scale

100 - 92 = A

91 - 83 = B

82 - 75 = C

74 - 67 = D

66 - 0 = F

No grade of less than "C" will be considered as successful completion of a professionally related course. Grades .5 or higher will be rounded off to the next whole number grade.

## B. Final Grade Determination

Take Home Exams and Pop Quizzes 10% of final grade Unit Exams 40% of final grade Worksheets/Homework 10% of final grade Comprehensive Final 40% of final grade

100%

#### C. Exams -- NO RE-TESTS ARE GIVEN

All exams are written and consist of the following formats: Multiple-choice, true-false, matching, essay, or a combination of any of the preceding.

An exam missed because of an <u>excused</u> absence must be made up on the day that the student returns to class. An exam missed because of an <u>unexcused</u> absence may <u>not</u> be made up and the student will receive a grade of zero (0) for that exam.

Frequent unannounced pop quizzes are given at the beginning of the class period. Tardiness or absence on these days results in a zero (0) on that particular pop quiz. No pop quizzes, under any circumstances, may be made up.

# D. Cheating

Any student caught cheating will have his/her exam withdrawn and given a zero (0) for that exam.

E. Attendance

An absence is considered excused if the student informs the instructor of his/her absence before that class period begins.

An accumulation of three unexcused absences warrants the student being dropped from the class for excessive absences.

#### F. Tardiness

Tardiness is defined as being ten (10) minutes or more late to class. Students tardy in excess the above are considered absent.

# G. Assignments

Assignments will **not** be accepted if they are submitted more than two (2) class meetings late, except in cases of illness.

# V. Disability Statement (Americans with Disabilities Act [ADA])

EPCC offers a variety of services to persons with documented sensory, mental, physical, or temporary disabling conditions to promote success in classes. If you have a disability and believe you may need services, you are encouraged to contact the Center for Students with Disabilities to discuss your needs with a counselor. All discussions and documentation are kept confidential. Offices located: VV Rm C-112 (831-2426); TM Rm 1400 (831-5808); RG Rm B-201 (831-4198); NWC Rm M-54 (831-8815); and MDP Rm A-125 (831-7024).

## VI. 6 Drop Rule

Students who began attending Texas public institutions of higher education for the first time during the Fall 2007 semester or later are subject to a 6-Drop limit for all undergraduate classes. Developmental, ESL, Dual Credit and Early College High School classes are exempt from this rule. All students should consult with their instructor before dropping a class. Academic assistance is available. Students are encouraged to see Counseling Services if dropping because exemptions may apply. Refer to the EPCC catalog and website for additional information.