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978-1-108-85048-3 — Ultrasound for the Generalist with Online Resource
Edited by Sarb Clare , Chris Duncan
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Ultrasound for the Generalist

Ultrasound for the Generalist

A Guide to Point-of-Care Imaging

Edited by

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University Printing House, Cambridge CB2 8BS, United Kingdom
One Liberty Plaza, 20th Floor, New York, NY 10006, USA
477 Williamstown Road, Port Melbourne, VIC 3207, Australia
314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre,
New Delhi – 110025, India
103 Penang Road, #05–06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of the University of Cambridge.
It furthers the University’s mission by disseminating knowledge in the
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levels of excellence.

www.cambridge.org
Information on this title: www.cambridge.org/9781108850483
DOI: 10.1017/9781108850476

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First published 2022

Printed in the United Kingdom by TJ Books Limited, Padstow Cornwall

A catalogue record for this publication is available from the British Library.

Library of Congress Cataloging-in-Publication Data

Names: Clare, Sarb, Dr., editor. | Duncan, Chris, Dr., editor.

Title: Ultrasound for the generalist : a guide to point of care imaging /
edited by Sarb Clare, Chris Duncan.

Description: Cambridge, United Kingdom : New York, NY : Cambridge
University Press, 2022. | Includes bibliographical references and index.

Identifiers: LCCN 2021019839 (print) | LCCN 2021019840 (ebook) |
ISBN 9781108850476 (epub) | ISBN 9781108797078 (paperback)

Subjects: | MESH: Ultrasonography–instrumentation | Ultrasonography–
methods | Point-of-Care Systems

Classification: LCC RC78.7.U4 (ebook) | LCC RC78.7.U4 (print) |
NLM WN 208 | DDC 616.07/543–dc23

LC record available at <https://lccn.loc.gov/2021019839>

ISBN 978-1-108-79707-8 Paperback

ISBN 978-1-108-85047-6 Cambridge Core

ISBN 978-1-108-85048-3 Print/Online bundle

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Foreword

It is a pleasure and a privilege to write a foreword and contribute to this unique ultrasound field book. From the clinician just starting out on their point-of-care ultrasound (POCUS) journey to those who are already established and well advanced, this book will prove to be an invaluable companion. The increasingly recognised value of POCUS for all clinical decision-making means that this book will appeal to General Practitioners, Family Medicine Physicians, Emergency, Acute and Critical Care Physicians, Paramedics and Prehospital Practitioners, Physiotherapists, Podiatrists and Advanced Nurse Practitioners.

Ultrasound for the Generalist – A Guide to Point-of-Care Imaging provides you with the knowledge and skills to learn the basics and progress to develop more advanced skills. You will understand how ultrasound images are created, how to acquire and interpret them for each organ and to apply them in your daily work. You will learn what is normal and what is abnormal in the context of real cases and appreciate the importance of quality assurance, limitations and accreditation. The combination of digital media and case descriptions brings this book alive and will inspire you to reach for the scanner. This is an ideal book to take out with you in your field of clinical work as a real-time reference guide.

Ultrasound for the Generalist definitely addresses the needs of the generalist as it covers a wide range of organ systems where POCUS informs management decisions. Chapters range from thoracic ultrasound and echocardiography through to gynaecological and musculoskeletal ultrasound and considers new care settings where even experienced POCUS users may not have seen ultrasound at the bedside. The coverage of remote and austere medicine, including prehospital, military and humanitarian medicine, highlights the essential diagnostic role of POCUS in resource-limited settings.

As a senior clinician, POCUS has enabled me to deliver and practice the best clinical medicine of my career. It has empowered me with a skill that provides prompt and accurate information to make decisions wherever I see patients – in the home, care home or in the hospital. It has been a complete ‘game changer’ in my day-to-day practice as I have been able to deliver more acute care within community settings. This has been critical for the development of Acute Hospital at Home so that patients and families have a more credible choice over where they would like to be treated during an acute illness. POCUS is now a routine part of my assessment of patients.

I have worked alongside the authors Dr Sarb Clare and Dr Chris Duncan for a number of years and am really proud to have them as my colleagues. Their dedication, clinical expertise and passion for POCUS is inspirational and contagious. All clinical cases within this book are original and display the extensive experience of the authors and contributors.

I highly recommend this very special book for all generalists. It is beautifully written for the learner and easy to follow with fantastic illustrations, scans, photos and digital media. This indispensable text will allow you to acquire and apply this increasingly critical skill to provide the highest quality of care to all patients you see and in whatever setting you see them.

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 2021

Preface

Point-of-care ultrasound (POCUS) has become an essential tool within acute specialties to enhance bedside diagnostics, facilitate safe interventional procedures and guide referral to specialist services. It is vital for this tool to be expanded to community and pre-hospital settings where access to definitive investigations is limited. With the evolution of technology, ultrasound is becoming increasingly available due to reducing costs, machine size and remote image review for quality assurance purposes. This skill is invaluable for clinicians at all levels of training from medical school through to consultancy and allied healthcare professionals in any discipline.

With extensive experience using POCUS and seeing the uncountable benefits from swift diagnoses, streamlining the patient journey, carrying out safe procedures and ultimately saving lives, we are both hugely passionate about sharing this skill with all generalist colleagues. We were inspired to write *Ultrasound for the Generalist – A Guide to Point-of-Care Imaging* to provide a field handbook with the fundamentals and foundation of knowledge for clinicians to apply to whatever their normal practice may be.

It is only once you start using ultrasound in day-to-day practice that you will see and appreciate its true utility. US is a simple skill to acquire and yet it confers huge benefits for patients. It will enhance your clinical decision-making and identify pathology you would previously wait days or weeks to confirm. We are very keen to hear from you when you scan the cardinal case where ultrasound makes the difference!

This book will teach you how to use the machine, acquire images, recognise key anatomical landmarks and the appearance of pathology. You will learn to scan all systems and how to achieve competency and accreditation. It starts with the basics and progresses beyond conventional POCUS accreditation pathways. We have complemented the chapters with examples from our extensive library of real-life patient cases.

Key areas of inclusion are the application of US within 'Hospital at Home', Palliative Care, Soft tissue and Musculoskeletal, COVID-19 and Remote, Austere, Military and Humanitarian medicine. US does not 'belong' to any one specialty and clinicians should identify and incorporate the techniques applicable to their daily practice.

We would like to thank all our mentors and the POCUS enthusiasts championing this skill. A massive thanks to our contributing authors and the publishers at Cambridge University Press, in particular Catherine Barnes and Kim Ingram, for believing in us and our vision. Final thanks to our family and friends for their relentless support!

Enjoy the read and please spread the Power of POCUS!

Dr Sarb Clare and Dr Chris Duncan
 2021

www.GeneralistUltrasound.com

This book provides access to an online version on Cambridge Core, which can be accessed via the code printed on the inside of the cover.

Abbreviations

A2C apical two-chamber view	CFM colour flow mode
A3C apical three-chamber view	CKD chronic kidney disease
A4C apical four-chamber view	CO cardiac output
A5C apical five-chamber view	COPD chronic pulmonary obstructive disease
AAA abdominal aortic aneurysm	CPAP continuous positive airway pressure
ACA anterior cerebral artery	CPD continual professional development
AF atrial fibrillation	CPR cardiopulmonary resuscitation
AFB acid fast bacilli	CRP C-reactive protein
AIM acute internal medicine	CRL crown rump length
ALI acute lung injury	CT computed tomography
AMVL anterior mitral valve leaflet	CTPA computed tomography pulmonary angiogram
Ao aorta	CW continuous wave
AP anterior-posterior	CWD continuous wave Doppler
AMS acute mountain sickness	CXR chest X-ray
AR aortic regurgitation	dBs decibels
ARDS acute respiratory distress syndrome	DC direct current
ARVC arrhythmogenic right ventricular cardiomyopathy	DCM dilated cardiomyopathy
AS aortic stenosis	DCS decompression stress
ASD atrial septal defect	DICOM digital imaging and communications in medicine
ASE American Society of Echocardiography	DVT deep vein thrombosis
ATT anti tubercular treatment	EBV Epstein–Barr virus
AV aortic valve	ECG electrocardiogram
AXR abdominal X-ray	Echo echocardiogram
BLUE basic lung ultrasound examination	ECMO extracorporeal membrane oxygenation
BP blood pressure	ED emergency department
BSE British Society Of Echocardiography	EF ejection fraction
CAP community-acquired pneumonia	EM emergency medicine
CBD common bile duct	

Abbreviations

ESR erythrocyte sedimentation rate	IVS interventricular septum
EtCO2 end tidal carbon dioxide	IUD intrauterine device
ETT endotracheal tube	IUP intrauterine pregnancy
FAC fractional area change	IVF in vitro fertilisation
FASH focused assessment sonography HIV-associated tuberculosis	IVSd interventricular septum diastole
FAST focused assessment with sonography in trauma	JVP jugular venous pressure
e-FAST extended focused assessment with sonography in trauma	KHz Kilohertz
FB foreign body	LA left atrium
FH frank hypovolaemia	LBBB left bundle branch block
FUSIC focused intensive care echocardiography	LP lumbar puncture
GB gallbladder	LUQ left upper quadrant
GCA giant cell arteritis	LUS lung ultrasound
GCS Glasgow Coma Scale	LV left ventricle
GP general practitioner	LVAS left ventricular assist system
HACE high altitude cerebral oedema	LVEDP left ventricular end diastolic pressure
HAPE high altitude pulmonary oedema	LVIDd left ventricle internal diameter in diastole
HAPH high altitude pulmonary hypertension	LVIDs left ventricle internal diameter in systole
HCG human chorionic gonadotropin	LVH left ventricular hypertrophy
HCM hypertrophic obstructive cardiomyopathy	LVNCC left ventricular non compaction cardiomyopathy
HIV human immunodeficiency virus	LVOT left ventricular outflow tract
HPB hepatobiliary	LVOTO left ventricular outflow tract obstruction
HRCT high resolution computed tomography	LVPWd left ventricle posterior wall in diastole
HTN hypertension	m/s metres per second
Hz Hertz	MAPSE mitral annular plane systolic excursion
IAS interatrial septum	MCA middle cerebral artery
ICD intercostal drain	MDR TB multi drug resistant tuberculosis
ICP intracranial pressure	MERT medical emergency response team
ICU intensive care unit	MHz Megahertz
IIH idiopathic intracranial hypertension	MI myocardial infarction
ITU intensive therapy unit	M-Mode motion mode
IVC inferior vena cava	MPA main pulmonary artery
IV intravenous	MR mitral regurgitation
IVDU intravenous drug user	MRI magnetic resonance imaging
	MS mitral stenosis

Abbreviations

MSK musculoskeletal	PW pulse wave
MSKUS musculoskeletal ultrasound	PWD pulse wave Doppler
MSSA methicillin susceptible staphylococcus aureus	QA quality assurance
MV mitral valve	RA right atrium
NF necrotising fasciitis	RBBB right bundle branch block
NHS National Health Service	RCEM Royal College of Emergency Medicine
NICE National Institute of Clinical Excellence	RCR Royal College of Radiologists
NSTEMI non ST elevation myocardial infarction	REBOA resuscitative endovascular balloon occlusion of the aorta
NYHA New York Health Association	RHD rheumatic heart disease
ON optic nerve	ROSC return of spontaneous circulation
ONSD optic nerve sheath diameter	RUQ right upper quadrant
PA pulmonary artery	RV right ventricle
PACS picture archive and communication systems	RVESA right ventricular end systolic area
PCA posterior cerebral artery	RVID right ventricular internal dimension
PCI percutaneous coronary intervention	RVOT right ventricular outflow tract
PD power Doppler	RWMA regional wall abnormalities
PE pulmonary embolism	SAH subarachnoid haemorrhage
PEA pulseless electrical activity	SAM systolic anterior motion
PEEP positive end expiratory pressure	SBE subacute bacterial endocarditis
PG porcelain gallbladder	SC subcostal view
PHEM prehospital emergency medicine	SFJ saphenofemoral junction
PHT pulmonary hypertension	SLE systemic lupus erythematosus
PHUS prehospital ultrasound	SMA superior mesenteric artery
PIMS paediatric multisystem inflammatory syndrome	SOB shortness of breath
PLAPS posterolateral alveolar and/or pleural syndrome	SS suprasternal view
PLAX parasternal long-axis view	STIs sexually transmitted infections
PMVL posterior mitral valve leaflet	STEMI ST elevation myocardial infarction
POCUS point-of-care ultrasound	SV stroke volume
POD Pouch of Douglas	TAB temporal artery biopsy
PSAX parasternal short-axis view	TAP transversus abdominis plane
PSS Paget-Schroetter syndrome	TAPSE tricuspid annular plane systolic excursion
PV pulmonary valve	TAUS temporal artery ultrasound
	TB tuberculosis
	TCD transcranial Doppler

Abbreviations

TDI tissue Doppler imaging	UTI urinary tract infection
THI tissue harmonic imaging	VATS video assisted thoracoscopic surgery
TGC time gain compensation	VEXUS venous excess ultrasound
TOE transoesophageal echocardiography	VGE venous gas emboli
TR tricuspid regurgitation	V/Q ventilation and perfusion
TTE transthoracic echocardiography	VSD ventricular septum defect
TV tricuspid valve	VTE venous thromboembolism
TVUS transvaginal ultrasound	VTI velocity time integral
UGRA ultrasound guided regional anaesthesia	VUJ vesicoureteric junction
US ultrasound	WES wall echo shadow
USS ultrasound scan	WHO World Health Organization

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