

<http://ccm.ang...>

Try to ID both the IVC and the aorta, if having difficulty look for the spinal shadow in transverse view first; IVC will also have liver just anterior to it and have the hepatic vein branch off

Self E

Name

Bowel gas always makes it difficult to see due to air being a reflector, one way to minimize is slow steady probe pressure, not high pressure jabs

Que	Answer
3	
4	
5	

less than 3 cm in abdominal and less than 1.5 cm infrarenal; remember for aorta must measure OUTER wall to OUTER wall to minimize errors

Questions 4 and 5 both illustrate importance of full scanning of the aorta, most are infrarenal and can miss a good number if you only do the proximal aorta

1. In the abdomen, what is the anatomical relationship between the aorta and the IVC?

- A. Aorta is to the anatomical left of the IVC
- B. Aorta is to the anatomical right of the IVC
- C. The aorta is anterior to the IVC

2. Which of the following commonly obstructs views of the aorta?

- A. Abdominal wall muscles
- B. Mesenteric fat
- C. Abdominal wall fat
- D. Bowel gas

3. What is the normal diameter of the abdominal aorta in the longitudinal view?

- A. Less than 1.5 cm
- B. Less than 3 cm
- C. Less than 4.5 cm
- D. Less than 6 cm

4. When scanning the aorta, which one of the following is most important?

- A. Scanning entire vessel down to the iliac bifurcation
- B. Measure thickness of the aortic wall
- C. Check flow in the celiac trunk
- D. Check flow in the distal portion of the aorta

5. Most abdominal aortic aneurysms are located:

- A. Below the inferior mesenteric artery
- B. Below the superior mesenteric artery
- C. Below the renal arteries
- D. Above the celiac trunk