

**WHO to scan:  
UNSTABLE! (Part of RUSH exam)**

+Risk factors:

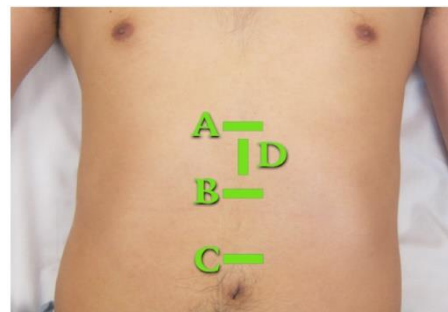
- History of EVAR
- AtScl RF: HLD, HTN, CAD, PAD
- Tobacco, current (x5)
- 65-80 yrs (4-8%)
- Family history (x2)

**WHY should we scan?**

PE does not have good sensitivity  
 PE + US has high (97%) sensitivity  
 Non-specific history  
 Pathology: Aneurysm or Dissection  
 Dx is time sensitive! High mortality!

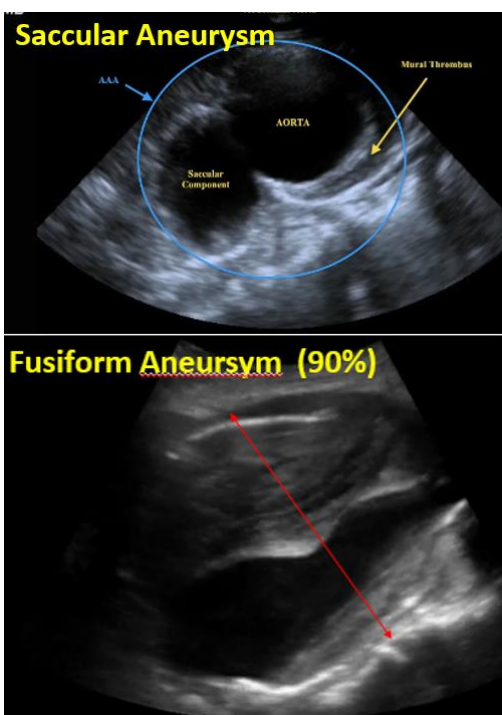
**THE COMPLETE EXAM**

Transverse: Proximal, Mid, Distal, Iliacs  
 Measure width, outer wall to outer wall  
 Longitudinal – do NOT measure width!



**TIPS**

*Bowel gas in the way?* Apply constant pressure with probe and wait. Ask patient to bend their knees.  
*Careful not to confuse Aorta with IVC.* Trace it back up to the heart. Ask patient to sniff to see IVC collapse.



**← SCARY BADNESS (BUT INTERESTING!)**

Top left: Saccular Aneurysm. Must scan through whole length to catch.

Bottom left: Fusiform Aneurysm is most common type (90%).

Right: AAA with mural thrombus in \*stars\*. Must measure mural thrombus IN the width