

# PAEDIATRIC NECK ULTRASOUND

## Paediatric Neck Ultrasound

**Objective** To ensure that all staff follow correct procedure of evaluation for neck imaging in the Paediatric Patient.

**Responsibility** All Sonographers, Trainee Sonographers, Registrars and Radiologists performing Paediatric ultrasound examinations.

**Frequency** For all Paediatric Ultrasound Examinations of the Neck as requested by a clinician and subsequently prioritized by a Radiologist for the following indications:

**Procedure** The following table describes the process to be followed for ultrasound examination of a neck mass in the Paediatric patient.

Step	Action
1	Look at old films/ultrasound +/- report before starting.
2	Use high frequency linear array probe with colour/spectral Doppler capability.
3	Scan normal side for landmarks before assessing abnormal side.
4	Note the following: <ul style="list-style-type: none"> <li>• Size of mass</li> <li>• Cystic versus solid versus mixed nature of the mass</li> <li>• Organ of origin</li> <li>• Vascularity</li> <li>• Affect on adjacent organs or vasculature.</li> </ul>
5	When scanning a neck the parotid, sub-mandibular and thyroid glands should be documented bilaterally.
6	Document the IJV and CCA on each side of the neck in grey scale.
7	Image the cervical chain bilaterally.

### Note:

1	Lymph nodes have a central vascular supply.
2	Abscess may be cystic or mixed in appearance and have an avascular centre.
3	Left sided fistula from pyriform fossa may present as left thyroidal mass.
4	Thyroglossal duct cyst (typically infrahyoid) may have thick fluid and appear echogenic.
5	Parotid lymph node may be intra-glandular
6	If salivary gland is enlarged (particularly sub-mandibular) look for obstructing stone.