

eFAST	6 clips: RUQ, LUQ, SP, SX, lungs x2 (or M-mode).	Transabdominal (TA) Pelvis	2 views: uterus transverse and sagittal; bilateral ovaries attempted. If there's live IUP, need FHT by M-mode or by clip. Assess for ovarian size/cysts
Echo	3 out of 4 clips: SX, PSL, PSS, AP4. contractility, pericardial effusion, RV strain	Endovaginal (EV) Pelvis	
Chest	Bilateral clips: B-Lines must have multiple views each side of the chest. PTX, effusion, A/B-lines	Testicular	Clips: transverse and longitudinal of each testis, with color doppler
IVC	SX clip visualizing IVC diameter with respiratory variation.	MSK	Multiple clips- joint, effusion, bone, muscle, tendon
Gallbladder (GB)	2 clips: transverse and long, measurements: CBD, anterior wall.	Soft Tissue (SOFTTISS)	Multiple clips- cellulitis, abscess, hematoma, cyst, lymph nodes
Renal	5 clips: transverse and long of each kidney and bladder.	DVT	Multiple clips: compressibility of femoral and popliteal veins (5-10cm distance)
Bladder	2 clips: transverse and sagittal views with 3 measurements and calculation of volume.	Pediatric Hip	Bilateral measurements at femoral neck
Aorta	Multiple clips: transverse and long; Multiple sections of the aorta until bifurcation. still image: measurement of aorta.	Orbital	Clips of both eyes; fan through, kinetic study. Nml gain to assess retinal pathology High gain to assess vitreous pathology
Abdominal	Clips: bowel, pancreas, liver, intussusception, pyloric stenosis, all other	Proc PIV/Central Line	Clips or still images showing needle or catheter in the vein.
Appendix (RLQ)	Multiple clips, scan until the tip of the appendix, use compression	Proc Para(centesis)	Clip of ascites, presence/absence of overlying vessels, and location of needle inserted

eFAST	First place to see free fluid: caudal tip of the liver, between diaphragm & spleen, above heart in SX view	Transabdominal (TA) Pelvis	IUP: need to see yolk sac, not just gestational sac FHR: nml 120-160
Echo	Contractility: EPSS \leq 7mm, fractional shortening $>$ 30% RVS: D sign in PSS, RV:LV ratio \geq 1:1 3 musketeers in PSL: LA, LVOT, RV the same size	Endovaginal (EV) Pelvis	If pos preg test + no IUP \rightarrow ectopic until proven otherwise If above + positive FAST \rightarrow ruptured ectopic until proven otherwise If ovary diameter $>$ 5cm \rightarrow increased risk for torsion
Chest	Pulmonary edema: 2-2-2; more than 2 B-lines in \geq 2 zones on each side bilaterally	Testicular	Torsion: decreased/absent flow on Doppler Compare to the other (unaffected) side
IVC	$<$ 1.5 cm with $>$ 50% resp variation \rightarrow lower CVP $<$ 2.5 cm with $<$ 50% resp variation \rightarrow higher CVP *Pediatric: transverse IVC/Aorta $<$ 0.8 = dehydration	MSK	Bone: hyperechoic with posterior shadowing Fracture: disruption of the hyperechoic cortex Effusion: anechoic
Gallbladder (GB)	Stone in neck: turn patient to check mobility Nml: GBW $<$ 4mm, CBD $<$ 6mm Acute chole: sono Murphy's, GBW thickening, PCCF	Soft Tissue (SOFTTISS)	Cellulitis: cobblestoning Abscess: compress to see if there's pus-talsis Lymph node: looks like little kidney
Renal	Hydronephrosis: dilation of the renal pelvis Cyst: located in the periphery, round	DVT	Negative: complete compression Check near bifurcation of femoral vein and trifurcation of popliteal vein
Bladder	Post-void residual nl: $<$ 100mL *Pediatric Bladder Vol = (Age in years + 2) x 30cc	Pediatric Hip	$>$ 5mm effusion measured at femoral neck, or $>$ 2mm difference from asymptomatic side
Aorta	AAA: $>$ 3cm outer to outer wall in transverse view Iliac artery aneurysm: $>$ 1.5cm	Orbital	ONSD: measure 3mm behind the globe, nl $<$ 5mm
Abdominal	SBO: bowel diameter $>$ 3cm, bowel contents move to-and-fro, whirling, or no peristalsis Intussusception: target or donut sign Pyloric Stenosis: $>$ 12mm canal length, $>$ 3mm wall width	Proc PIV/ Central Line	Short axis: identify nearby structures including the artery, don't mistake the needle shaft for the tip Long axis: visualize the needle/catheter path, know where the tip is
Appendix (RLQ)	Appendicitis: blind ended tubular structure, diameter $>$ 6mm, non-compressible, no peristalsis	Proc Para(centesis)	Beware of the inferior epigastric artery