



Case Study Submission Requirements: Female Pelvic Floor Ultrasound

- All cases must follow the [General Requirements for the Submission of Case Studies](#).
- All cases must include a finalized corresponding report. For reporting criteria, refer to the [Documentation Practice Parameter](#).
- For the purpose of accreditation, all anatomy must be appropriately labeled.

From the main site:

- submit 4 female pelvic floor cases with their corresponding final reports, using one or more of the approaches from the imaging checklist on page 2 to identify all relevant structures

From each additional site or mobile unit:

- submit 1 female pelvic floor case with its corresponding final report, using one or more of the approaches from the imaging checklist on page 2 to identify all relevant structures

Female Pelvic Floor Imaging Checklist

- **All cases must include a finalized corresponding report.** For reporting criteria, refer to the [Documentation Practice Parameter](#).
- For the purpose of accreditation, all anatomy must be appropriately labeled.

Approach: Perineal or Intraoital

Labeled images of the following:

- 1. 2D documentation of urethra, levator ani, and the anal canal (long / mid-sagittal view) at rest w/wo measurement (measure from pubic bone to levator plate = anteroposterior diameter)
- 2. Document the cystocele, rectocele, or apical prolapse at Valsalva or cough
- 3. Obtain 3D view of the minimal levator hiatus containing the pubic symphysis, urethra, bladder, vagina, and anorectum at squeeze
- 4. 4D assessment of the pelvic floor to assess ballooning
- 5. Assessment of Tomographic ultrasound for levator ani avulsion
- 6. Assessment of Tomographic ultrasound for anal sphincter integrity

Approach: Endovaginal

Labeled images of the following:

- 1. Urethral length longitudinal
- 2. 2D anterior view of the pubic symphysis, urethra, bladder
- 3. Documentation of dynamic imaging of the anterior compartment to evaluate funneling
- 4. 2D posterior view of the anal canal, the levator plate
- 5. Documentation of dynamic imaging of the posterior compartment to evaluate intussusception
- 6. Measurement from the transducer to levator plate at rest
- 7. Measurement from the transducer to levator plate with squeeze
- 8. 3D measurement of minimal levator hiatus, anteroposterior diameter
- 9. Documentation of levator plate descent angle
- 10. Document integrity of the anal sphincter complex and levator ani muscles

Approach: Endoanal (*if indicated*)

Labeled images of the following:

- 1. External anal sphincter, degree of defect
- 2. Internal anal sphincter, degree of defect
- 3. 3D image of anal sphincter complex