

**Emergency Exam – Critical results, must notify Radiologist**

**Probe: L12-5, eL18-4 or C8-5**

Intussusception is most common at ages 5 months to 2 years, but can occur in younger and older children.

**For suspected intussusception:**

- Image bowel, and label the ileocecal area.
- Intussusception looks like a large donut.
- Usually located in RUQ, but can extend to the ML and LT colon also.
- If intussusception is seen, put color Doppler on it to look for blood flow in bowel wall.
- If intussusception is NOT seen, then perform exam for malrotation/midgut volvulus, as detailed below.

**For suspected malrotation and/or midgut volvulus (or if intussusception was suspected but NOT seen):**

- Look for clockwise swirling of SMA/SMV and bowel.
- Obtain 3 or more images of SMA/SMV starting at Porta Hepatis, scanning down until they branch.
  - Follow SMV/SMA down to first branch; take at least 3 transverse images, and label.
  - Obtain transverse cine clip following vessels down to first branch.
- Obtain 1-2 images of D3 (3rd section of duodenum, between SMA and Aorta), and label.
- If malrotation is seen, obtain cine clip with color Doppler.

Protocol Updated: 03/2026