

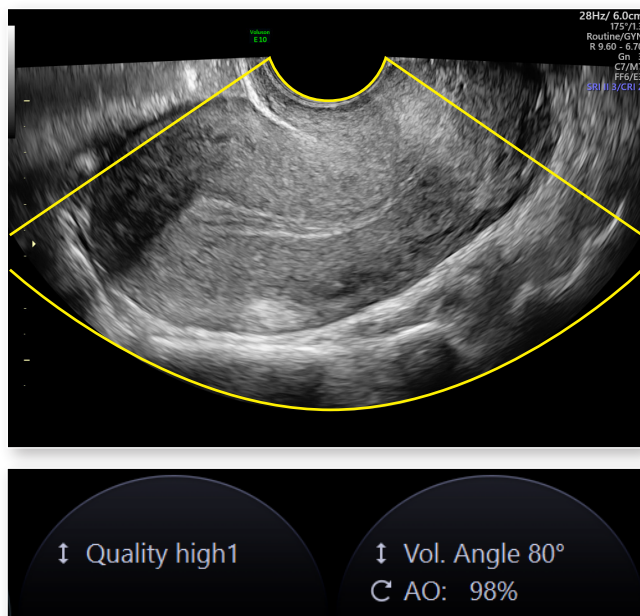


3D in Gynecology

3D in GYN: Step by step approach to acquiring and manipulating Uterine Volumes

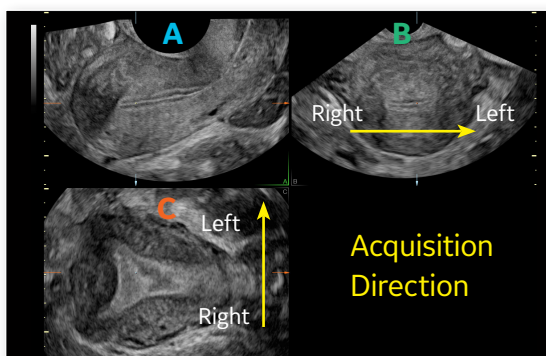
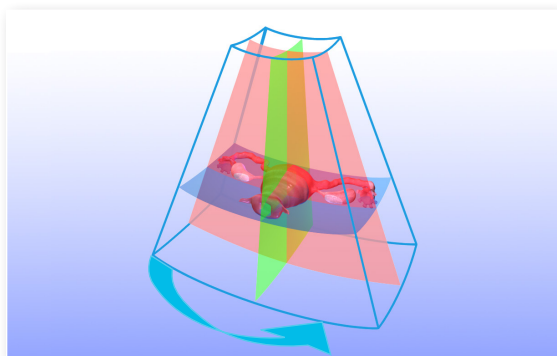
Acquisition Technique

- For maximum Image/Volume quality, acquire in Static 3D (as opposed to 4D)
- Begin from a mid-sagittal view of the uterus
- In the 3D presets, choose Multiplanar
- Ensure Volume Angle is wide enough to encompass the entire uterus from side to side
- Ensure Quality is set as high as possible given patient movement



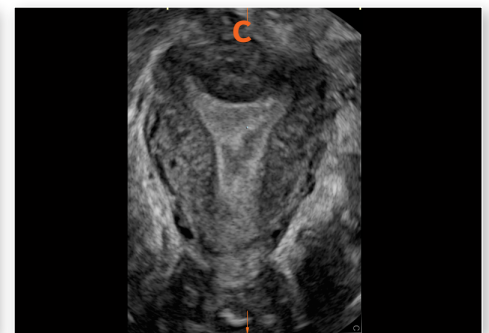
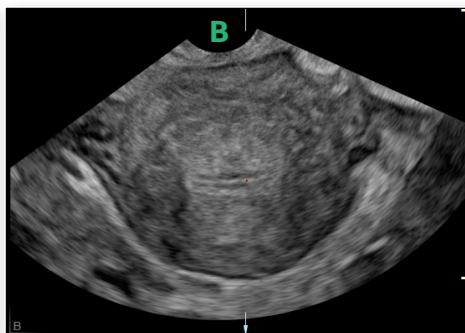
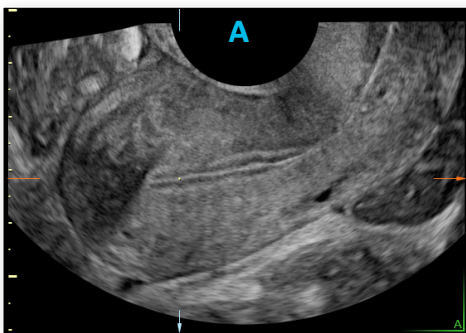
Volume Orientation

- With 'notch' facing upward (anterior of patient) acquisition will be from **patient Right** to **patient Left**
- B-Plane (transverse) orientation demonstrates **patient Right** on left side of display
- C-Plane (coronal) orientation displays **patient Right** on bottom side of display



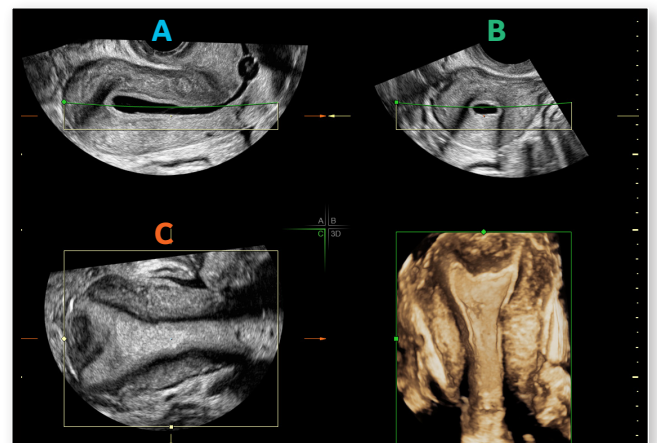
Volume Manipulation

- Evaluate uterus in its entirety by using Parallel Shift control to pan through each of the 3 orthogonal planes
 - A** – Sagittal from right to left
 - B** – Transverse from cervix to fundus
 - C** – Coronal from anterior to posterior
- If any area is seen that requires further investigation, place reference dot on the area of interest in one plane, and the area will then be seen in the other planes. Rotate on the X (horizontal) or Y (vertical) axes for further evaluation
- Coronal plane can be oriented as seen below (fundus up) by rotating it on the Z axis
- Coronal plane is valuable for evaluating for uterine anomalies, cornual ectopic pregnancies, IUD placement, or other anatomy/pathology



Rendering Techniques

- Ensure Render Direction is Up to Down (Green Line on the top of the **Region of Interest** in **A** as shown)
- Make ROI Box narrow top to bottom to encompass only area to be rendered
- ROI box does not move while rendered – must move *image* to the box
- Reference dot cannot be moved while rendered – it remains centered to the ROI
- 3D-Frame – Diamond and Square demonstrate orientation in the rendered image



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