SOFsono ULTRASOUND SERIES

William H. Poston; 18D, Katarzyna (Kasia) Hampton, MD

A 35-year-old United States Marine Corps Forces Special Operations Command Operator presents with severe right flank pain, nausea, and vomiting. The patient alerted the medic at the village stability platform clinic, where the team is on an austere prolonged field mission. The patient reports sudden onset of progressively worsening flank pain starting 2 days ago. There was no preceding trauma. He is nauseated and has had multiple episodes of nonbloody nonbilious emesis. He has limited oral intake due to nausea. The patient further admits to increased urinary frequency and dysuria.

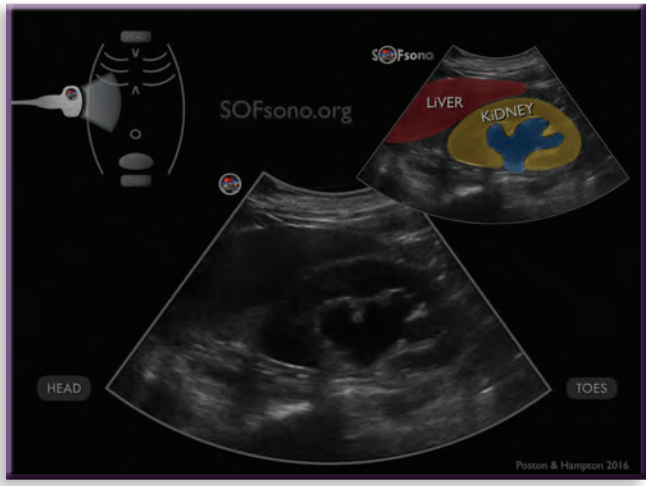
The patient denies any allergies, he does not take any medications, and he does not endorse any significant past medical or surgical history.

His initial vital signs: heart rate 125 beats/min, blood pressure 105/65mmHg, respiratory rate 24/min, Spo_2 98% on room air, and temperature 38.5°C (101.3°F)

As part of your workup, you obtain a right upper quadrant ultrasound with the findings as in Figure 1. What does it show? How does it influence the patient's disposition in a forward deployed environment with limited evacuation potential?

Join us at SOFsono.org for further case discussion.

Figure 1 *Right upper quadrant ultrasound findings.*



SFC Poston is a Special Forces Medical Sergeant (18D) from 1st SFG(A) and is currently assigned to the Defense POW/MIA Accounting Agency.

Dr Hampton is an emergency physician, and a volunteer subject matter expert ultrasound instructor for the military medical community. E-mail: katarzyna.hampton@gmail.com.