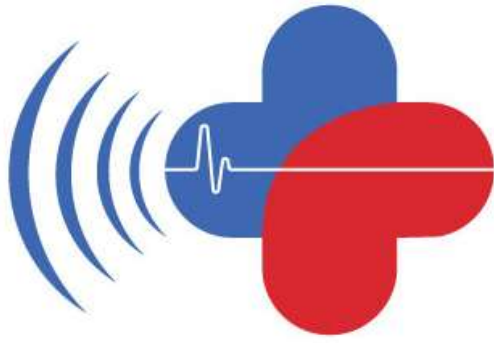




CSVSV

THE COLLEGE AND SOCIETY
FOR CLINICAL VASCULAR SCIENCE
Great Britain and Ireland

Service Guidelines

CSVSV Guidance on Image Storage and Use for Vascular Ultrasound Scans

Version 1.1

April 2026

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1.1	Updated formatting and minor content edits	Author: PSC Approval: CSVs Exec committee	April 2026

Purpose

This document was prepared by the Professional Standards Committee (PSC) of the College and Society for Clinical Vascular Science (CSVs) to support the practise and delivery of high quality standardised Clinical Vascular Science. This document may be used in its entirety (or referenced in part with suitable additions made by local policy implementers) by all parties involved with clinical vascular science. Suggestions for improving this document are welcome and should be sent to the Chair of the PSC (see csvs.org.uk for current PSC Chair details).

Introduction

The recording and storing of images taken during an ultrasound examination forms part of the record and report for that investigation¹. The images recorded serve several purposes:

- A record of findings showing disease and measurements taken, as well as demonstrating normality.
- An aid to reporting and report composition.
- To verify and confirm the written report, for example, in tracking discrepancies found in Multi-Disciplinary Team (MDT) meetings and, if required, allow a second opinion to be given.
- For review in follow-up patients under-going surveillance.
- To provide assurance of the quality and findings of an examination.
- To provide supporting evidence that the examination was carried out to a competent standard and that local and national guidelines and protocols were followed.
- In teaching, reporting unusual cases.
- Secure storage and easy availability of images is required to meet service accreditation requirements².
- For imaging reporting QA.

Storage

All vascular science services should routinely save a full set of ultrasound images as determined by local protocol to a system such as Picture Archiving and Communications System (PACS), to accompany any vascular science imaging test.

All recorded images form part of the patient record in conjunction with the written report of the investigation^{2,3,4}. They therefore need to be stored and treated as patient record documents. The recommendation of the National Ultrasound Steering Group is that there should be a permanent electronic record of all imaging studies⁵. Digital Imaging and Communications in Medicine (DICOM) output and compatibility with networking to the local PACS should be considered during procurement of new equipment.

The period for which images are available depends on a range of factors, but the minimum storage time is 8 years with guidance provided by NHS England Records Management Code of Practice¹. Services not aligned to the recommendation to keep permanent storage of imaging studies should therefore ensure they meet this minimum, and should utilise a retention schedule detailing how long images are stored³.

- Images are stored and archived securely following current General Data Protection Regulation (GDPR)^{6,7}.
- The responsibility of storage, archiving and retrieval of images will be the responsibility of the Trust or employing organisation rather than individual departments.
- The image storage process should be described in an appropriate document to outline the appropriate governance for any PACS for the service².

A business case utilising the support of managers and referring clinicians should be made for access to PACS where this is not already available.

Criteria for stored images

Vascular ultrasound is a dynamic study, and a single image may not convey the information obtained during real-time imaging. However, appropriately annotated recorded images are a part of, and contribute to the patient record. With these considerations in mind, see following guidance:

- For each scan type, local protocols should provide guidance as to which minimum set of images should be stored for each examination.
- Images should be as clear as possible for the purpose of demonstrating the view/pathology shown including measurements where appropriate.
- All stored images should be clearly and accurately labelled including anatomy and laterality, Patient identification date and time of examination and hospital/department/provider identification should also be recorded.
- If the image quality has adversely affected the quality of the diagnosis, e.g. poor visualization, this should be documented in the written report.
- Any images that display pertinent clinical findings should be stored.
- Services should consider ensuring that their clinic audit cycle provides assurance of image availability, completeness of image dataset, accuracy of image labelling, and concordance of report and images.
- It is recommended that imaging storage is subject to role-based access with a clear audit trail of access.

Medico-legal issues

As stated above, all recorded images form part of the patient record and may be used as evidence in relation to the management of a patient's case. There is a professional responsibility to record appropriate images that support the written report.

- At all times, patient related images should be treated with the confidentiality that patient medical data requires and treated in accordance with the Data Protection Act 2018⁶ and principles of General Data Protection Regulation (GDPR)⁷.
- For ultrasound imaging, the consent to make visual recordings with ultrasound is implied in the consent to undergo the examination and does not need to be separately obtained⁸.
- Storage devices for transport of images should be appropriately protected/encrypted in line with local organisational policy.
- Services should carefully consider their digital infrastructure needs and information governance issues surrounding workflows for portable ultrasound scanners, off-network devices, outreach clinics and community settings, as well as handheld devices.

Images used for teaching, training, audit and research

- All stored Images obtained as part of standard care may be used for teaching, training and research as long as images are suitably anonymised^{9,10,11,12}. This refers to direct (name, date of birth) or indirect (hospital name and hospital or NHS number) information that could lead to the individual being identified. Care should be taken to ensure removal of any identifiable DICOM metadata.
- Your local governance team can advise you if consent is required for audit, commercial or non-commercial research studies.
- Where there is any possibility that a patient may be identified from images or a case report, consent should be obtained from the patient. This is particularly important to consider before publication in a journal, conference or presentation in a public forum, or other publicly available form^{9,12}.
- Further guidance is available from the Royal College of Radiologists^{10,12}.

Recording of Images by patients

Patients may request to record the ultrasound examination or capture a still image. It is recommended that local policy should be followed. However, the following should be considered when making a decision¹¹.

- Will the taking of video or images be a cause of distraction during the investigation impacting on the quality of the investigation?
- Will any of the healthcare scientists performing the investigation be identifiable should the video or image be posted on social media?
- Does the patient require a recording to assist with decision making e.g. hearing or learning difficulties?

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