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Original Article

Assessment of Five-Year Trends in Ultrasonography Utilization by Age Group and Sex: A Retrospective Audit at a Tertiary Care Hospital

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Abstract

Background: *Ultrasonography is central to routine clinical decision-making in tertiary hospitals because it is low-cost, portable, repeatable, and free of ionizing radiation, while offering real-time diagnostic information across high-volume pathways such as abdominal, hepatobiliary, urinary, obstetric, and superficial organ assessment. The study aimed to quantify five-year trends in ultrasonography utilization (2021–2025) at a tertiary care hospital by measuring annual scan volume and year-to-year change, and to describe the distribution of examination types stratified by patient sex and age group.*

Methods: *A retrospective audit was performed in the Radiology and Imaging Department of a tertiary care hospital, including all ultrasonography examinations from January 2021 to December 2025. Data were extracted from departmental registers and the radiology information system, and records with missing age, sex, or year, duplicates, or non-diagnostic entries were excluded. Variables collected were year, sex, age group, and scan type, with age categorized into seven groups and scan types classified into predefined categories. Outcomes included annual scan volume with year-to-year change, and the distribution of scan types by year, sex, and age group, summarized using frequencies and percentages.*

Results: *A total of 4,952 ultrasonography examinations were performed from 2021 to 2025, increasing from 326 scans in 2021 to 1,507 in 2025, with the largest rise in 2022 (136.8%) and slower growth thereafter. Whole-abdomen scans were most common (72.3%), followed by PVR (10.6%) and pregnancy scans (5.6%), with a largely stable case mix over time. Females accounted for 63.7% of scans, and utilization was highest in ages 25–34 years (27.9%) and 0–14 years (21.6%), with scan types clustering by sex and age, including male predominance for PVR and female predominance for pregnancy, thyroid, and breast examinations.*

Conclusion: *Ultrasonography utilization increased substantially over five years, with whole-abdomen examinations consistently dominating and stable female predominance. Utilization was highest in younger age groups, and scan types showed clear age and sex clustering, highlighting the need for targeted capacity planning, staffing, and protocol standardization for high-volume services*

Keywords: Ultrasonography, Utilization trends, Retrospective audit, Sex and age distribution.

Introduction

Ultrasonography has become a core component of routine clinical decision making, because it is comparatively low cost, portable, repeatable, and free of ionizing radiation, while still providing real time anatomical and physiological information. In tertiary care hospitals, ultrasound supports a wide range of high-volume diagnostic pathways, including evaluation of abdominal pain, hepatobiliary disorders, urinary tract obstruction and retention, pregnancy related assessment, and focused imaging of the thyroid, breast, scrotum, neck masses, and other superficial structures.

Globally, inequities in access to diagnostics remain substantial, and closing the diagnostic gap is increasingly recognized as a prerequisite for universal health coverage and improved outcomes across common conditions[1]. Medical imaging is a key component of this gap, particularly in low- and middle-income countries, where limitations in equipment availability, maintenance, trained workforce, and service organization can restrict access and quality[2]. Recent analyses also emphasize that appropriate diagnostic imaging, including ultrasound, can strengthen primary care by improving triage, reducing unnecessary referrals, and enabling earlier treatment decisions when integrated into care pathways[3]. A systematic review describing ultrasound use in low- and middle-income countries highlights both expanding adoption and wide variation in implementation, reporting, and service capacity, which reinforces the need for locally generated utilization data rather than assuming stable patterns over time[4]. Within this evolving landscape, point-of-care ultrasound is increasingly discussed as a practical strategy to extend imaging closer to the bedside, integrating sonography into clinical examination and procedural guidance. This has been framed as a paradigm shift in low-resource settings, but it also requires structured governance, competency assessment, supervision, and quality assurance to ensure diagnostic reliability and patient safety[5]. Consistent with this, evidence from a systematic review indicates that task shifting of point-of-care ultrasound to non-specialist providers can be feasible across multiple primary healthcare contexts, provided training and oversight are robust and clearly defined[6]. In Bangladesh, implementation work has similarly shown that with structured training and standardization, general practitioners can acquire lung ultrasound skills for specific indications such as pediatric pneumonia assessment, illustrating the feasibility of capability building when programs are carefully designed[7]. Service demand for imaging is also rising in many settings, driven by population growth, aging, and the increasing burdens of noncommunicable diseases, trauma, and maternal health needs. Longitudinal analyses from emergency care environments demonstrate that imaging utilization can change materially over time and that modality use can shift with evolving technology and practice patterns[8,9]. Although emergency department trends are not directly equivalent to outpatient ultrasonography profiles, they underline an important operational point: utilization is dynamic, and routine monitoring is necessary for realistic workforce planning, equipment procurement, appointment scheduling, and quality improvement. Workforce constraints remain a persistent bottleneck for ultrasound provision. Country-level audits from the Global South have shown that sonographers may represent a relatively small proportion of imaging personnel, leaving ultrasound capacity sensitive to staffing shortfalls and uneven geographic distribution[10]. Against this background, longitudinal hospital-level audits that describe ultrasound utilization by calendar year, age group, and sex are particularly valuable in Bangladesh and comparable South Asian contexts, because they can provide actionable evidence for service planning and can identify potential inequities or shifts in demand that warrant targeted response. The present retrospective audit, therefore, aims to quantify five-year trends in ultrasonography utilization, describing annual scan volume and year-to-year change, and characterizing examination types across calendar years, stratified by sex and age group.

Methods

This retrospective audit was conducted at a tertiary care hospital to assess five-year trends in ultrasonography utilization by year, age group, and sex. The study setting was the Radiology and Imaging Department, and the study period covered January 2021 through December 2025. All ultrasonography examinations performed within the specified period were eligible. Records with missing year, sex, or age, duplicate entries for the same examination, or non-diagnostic administrative test entries were excluded.

Data were extracted from departmental registers and, where available, the radiology information system. For each examination, the following variables were recorded in a structured data sheet: calendar year of scan, patient sex, patient age at examination, and scan category or type. Age was categorized into seven predefined groups: 0–14, 15–24, 25–34, 35–44, 45–54, 55–64, and ≥65 years. Scan indications were classified into mutually exclusive categories based on the primary recorded examination type, such as whole abdomen, post-void residual (PVR), pregnancy-related scan, liver, testis, thyroid, breast, neck, swelling, pelvis, and brain. Data cleaning included removal of exact duplicates, verification of outliers in age, harmonization of scan type labels, and cross-checks of yearly totals against the source registers.

The primary outcome was annual scan volume, summarized as the total number of scans per year and the year-to-year percentage change. Secondary outcomes were distributions of scan categories overall and by year, and utilization patterns stratified by sex and age group. Descriptive statistics were presented as frequencies and percentages for categorical variables. Trends were assessed by comparing proportions across years, and results were displayed in tables and figures. Data management and analysis were performed using standard statistical software, and outputs were formatted for reporting consistent with STROBE guidance for observational studies.

Results

Ultrasonography utilization increased markedly over five years, rising from 326 scans in 2021 to 1,507 in 2025, for a total of 4,952 scans. The largest year-to-year increase occurred from 2021 to 2022, a 136.8% rise, after which growth continued but progressively slowed: 35.4% in 2023, 24.6% in 2024, and 15.7% in 2025.

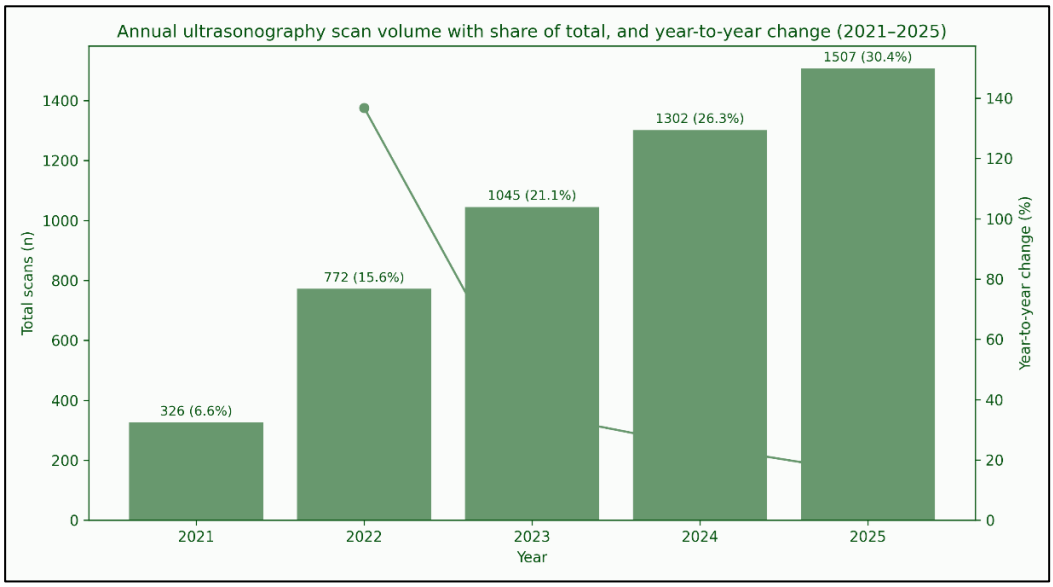

Figure 1: Annual ultrasonography scan volume and year-to-year change (n = 4,952)

Whole abdomen ultrasonography dominated overall service use, accounting for 3,581 scans, 72.3% of all examinations. The next most frequent category was PVR, with 523 scans (10.6%), followed by pregnancy-related scans with 277 (5.6%). All other categories were individually uncommon, each under 4%, including liver (3.7%), testis (1.8%), thyroid (1.6%), breast (1.3%), neck (1.0%), swelling (0.8%), pelvis (0.6%), and brain (0.6%).

Across all years, whole abdomen scans consistently remained the largest category, ranging from 71.0% in 2024 to 75.2% in 2021, and reaching 72.5% in 2025. PVR showed a gradual upward

pattern from 9.5% in 2021 to 11.5% in 2025. Pregnancy scans also increased over time, from 2.8% in 2021 to 6.4% in 2025. Most other categories remained relatively stable and low across years, with liver around 3.6 to 4.0%, thyroid around 1.2 to 1.7%, and brain around 0.5 to 0.9%, indicating that the overall rise in volume largely reflected growth in the same dominant categories rather than major shifts in case mix.

Table 1. Overall distribution of ultrasonography examinations by scan category (n = 4,952)

Category	Frequency (n)	Percentage (%)
Whole Abdomen	3581	72.3
PVR	523	10.6
Pregnancy	277	5.6
Liver	185	3.7
Testis	91	1.8
Thyroid	80	1.6
Breast	63	1.3
Neck	51	1
Swelling	40	0.8
Pelvis	32	0.6
Brain	29	0.6

Female patients consistently accounted for nearly two-thirds of all scans each year, while male patients accounted for just over one-third. Overall, females accounted for 3,154 scans (63.7%), compared with 1,798 scans among males (36.3%), and this proportional pattern remained stable from 2021 through 2025.

Table 2. Year-wise distribution of scan categories (n = 4,952)

Type	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	2025 n (%)
Whole Abdomen	245 (75.2)	568 (73.6)	752 (72.0)	924 (71.0)	1092 (72.5)
PVR	31 (9.5)	72 (9.3)	108 (10.3)	138 (10.6)	174 (11.5)
Pregnancy	9 (2.8)	38 (4.9)	58 (5.6)	76 (5.8)	96 (6.4)
Liver	13 (4.0)	28 (3.6)	38 (3.6)	48 (3.7)	58 (3.8)
Testis	11 (3.4)	15 (1.9)	18 (1.7)	22 (1.7)	25 (1.7)
Thyroid	4 (1.2)	12 (1.6)	17 (1.6)	21 (1.6)	26 (1.7)
Breast	1 (0.3)	12 (1.6)	18 (1.7)	28 (2.2)	4 (0.3)
Neck	4 (1.2)	8 (1.0)	11 (1.1)	13 (1.0)	15 (1.0)
Swelling	0 (0.0)	8 (1.0)	12 (1.1)	18 (1.4)	2 (0.1)
Pelvis	5 (1.5)	6 (0.8)	7 (0.7)	7 (0.5)	7 (0.5)
Brain	3 (0.9)	5 (0.6)	6 (0.6)	7 (0.5)	8 (0.5)

The highest utilization was observed in adults aged 25-34 years, contributing 1,380 scans, 27.9% of the total, followed by children aged 0-14 years with 1,069 scans, 21.6%. The 15-24 and 35-to-44-year-old groups each contributed 16.3%. Utilization declined with increasing age beyond midlife: 45 to 54 years accounted for 9.0%, 55 to 64 years 5.8%, and those aged 65 years or more 3.2%, with broadly stable age distributions across all five years.

Table 3. Sex wise distribution of ultrasonography utilization by year (n = 4,952)

Year	Male n (%)	Female n (%)	Total
2021	118 (36.2)	208 (63.8)	326
2022	280 (36.3)	492 (63.7)	772
2023	380 (36.4)	665 (63.6)	1045
2024	473 (36.3)	829 (63.7)	1302
2025	547 (36.3)	960 (63.7)	1507
Total	1798 (36.3)	3154 (63.7)	4952

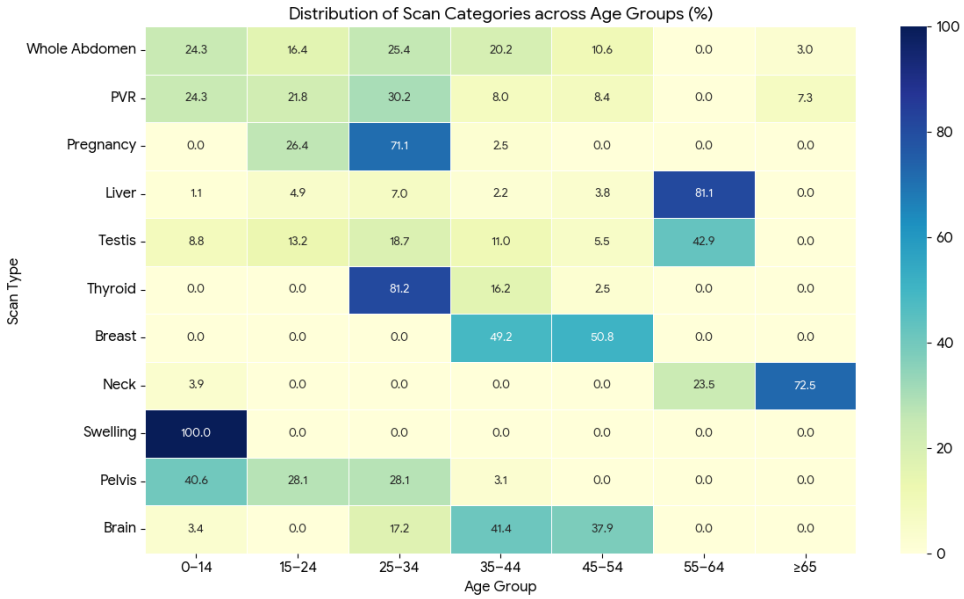

Figure 2: Distribution of scan categories across age groups (n = 4,952)

For whole abdomen scans, females accounted for 64.5% compared with 35.5% among males, mirroring the overall sex distribution. PVR scans were predominantly performed in males (66.5%), whereas pregnancy scans were performed exclusively in females (100%). Thyroid scans were also heavily female predominant (91.2%), and breast scans were mainly in females (77.8%). In contrast, brain scans were more common in males (58.6%), and liver scans showed a modest male predominance (53.5%), while neck scans were nearly equally distributed between sexes.

Table 4. Age group-wise distribution of ultrasonography utilization by year (n = 4,952)

Age group (years)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	2025 n (%)	Total n (%)
0–14	71 (21.8)	167 (21.6)	225 (21.5)	281 (21.6)	325 (21.6)	1069 (21.6)
15–24	53 (16.3)	126 (16.3)	171 (16.4)	213 (16.4)	246 (16.3)	809 (16.3)
25–34	91 (27.9)	215 (27.8)	291 (27.8)	363 (27.9)	420 (27.9)	1380 (27.9)
35–44	53 (16.3)	126 (16.3)	170 (16.3)	212 (16.3)	246 (16.3)	807 (16.3)
45–54	29 (8.9)	69 (8.9)	94 (9.0)	117 (9.0)	135 (9.0)	444 (9.0)
55–64	19 (5.8)	45 (5.8)	61 (5.8)	75 (5.8)	87 (5.8)	287 (5.8)
≥65	10 (3.1)	24 (3.1)	33 (3.2)	41 (3.1)	48 (3.2)	156 (3.2)
Total	326 (100)	772 (100)	1045 (100)	1302 (100)	1507 (100)	4952 (100)

Whole abdomen scans were concentrated in the 0–14-year group, 24.3%, and the 25-34 years, 25.4%, followed by the 35-44 years, 20.2%. PVR scans were most frequent in the 25-34 years (30.2%) and 0-14 years (24.3%) age groups, with additional contributions from the 15-24 years (21.8%) age group.

Pregnancy scans were overwhelmingly concentrated in the 25–34-year-old group (71.1%), with 26.4% in the 15–24-year-old group. Several categories showed strong age clustering: liver scans were predominantly in 55-64 years, 81.1%; breast scans were split between 35-44 years, 49.2%, and 45-54 years, 50.8%; and neck scans were mainly in those aged 65 years or more, 72.5%, indicating distinct age-related utilization patterns by scan type.

Table 5. Distribution of scan categories by sex (n = 4,952)

Type	Male n (%)	Female n (%)	Total n (%)
Whole Abdomen	1273 (35.5)	2308 (64.5)	3581 (72.3)
PVR	348 (66.5)	175 (33.5)	523 (10.6)
Pregnancy	0 (0.0)	277 (100.0)	277 (5.6)
Liver	99 (53.5)	86 (46.5)	185 (3.7)
Testis	13 (14.3)	78 (85.7)	91 (1.8)
Thyroid	7 (8.8)	73 (91.2)	80 (1.6)
Breast	14 (22.2)	49 (77.8)	63 (1.3)
Neck	25 (49.0)	26 (51.0)	51 (1.0)
Swelling	0 (0.0)	40 (100.0)	40 (0.8)
Pelvis	2 (6.2)	30 (93.8)	32 (0.6)
Brain	17 (58.6)	12 (41.4)	29 (0.6)
Total	1798 (36.3)	3154 (63.7)	4952 (100.0)

Discussion

This five-year audit demonstrates a rapid rise in ultrasonography workload, with total annual scans increasing from 326 in 2021 to 1507 in 2025, and the steepest year-to-year change occurring in 2022 (136.8%), followed by progressive deceleration through 2025 (15.7%). This pattern suggests an early expansion or rebounds phase, followed by movement toward a more mature, capacity-limited growth trajectory. Similar time-dependent shifts in utilization have been described in tertiary radiology settings, where ultrasound volumes increased modestly over time but the slope is strongly influenced by service organization, referral pathways, and competing imaging options[11]. Emergency department imaging audits also report that modality-specific growth can slow as systems stabilize, even when demand remains high[9,12]. Across the full cohort (n=4952), whole-abdomen examinations accounted for nearly three-quarters of all studies (72.3%), indicating that ultrasound remains a front-line diagnostic tool for undifferentiated abdominal symptoms in tertiary care. This predominance is consistent with primary care and hospital-based audits in which abdominal pain, hepatobiliary suspicion, and abnormal liver tests drive a large share of referrals, and high proportions of scans yield clinically relevant findings[13,14]. From a service-planning perspective, the sustained dominance of whole-abdomen scans implies that reporting capacity, protocol standardization, and quality assurance for hepatobiliary, renal, and general abdominal pathways will have the greatest impact on throughput and diagnostic value in comparable settings. Female patients comprised 63.7% of all scans, and this proportion remained stable across years, indicating persistent sex-linked referral patterns rather than a transient surge driven by a single program. Female predominance has also been observed in family practice ultrasound utilization, partly reflecting higher attendance for abdominal and pelvic complaints, and the contribution of obstetric and gynecologic scanning[13,14]. In the present audit, pregnancy scans accounted for 5.6% overall, with a clear concentration in the 25–34-year age group, aligning with the typical peak reproductive years. International evidence also highlights that ultrasound utilization can mirror broader sex disparities in disease detection pathways, including thyroid evaluation, where ultrasound intensity has been discussed in relation to differential diagnostic cascades[15]. These findings collectively support the need for sex-sensitive workflow planning, including appointment allocation and counselling pathways, while ensuring appropriateness and equitable access. Age distribution showed the highest utilization in young and early middle adulthood, with the 25–34-year group contributing 27.9% of scans, followed by 0–14 years (21.6%). This is compatible with a mixed burden of reproductive health needs, abdominal symptom presentations, and pediatric indications. In contrast, population-level studies focused on older adults demonstrate rising ultrasound utilization with age and comorbidity burden, particularly where chronic disease surveillance and hepatobiliary or vascular assessments are

frequent[16]. The relatively smaller proportion of elderly patients in this audit may reflect local demographic structure, competing diagnostic routes, or differential referral thresholds; it also underscores that tertiary ultrasound demand in Bangladesh may be driven more by acute presentations and reproductive-age care than by geriatric imaging pathways. An important contextual factor is the evolving boundary between radiology-performed ultrasound and clinician-performed point-of-care ultrasound (POCUS). Multiple studies show expanding POCUS exposure during training and increasing procedural and diagnostic use in emergency settings, with variable uptake depending on credentialing, workflow, and equipment access[17-20]. Where POCUS capacity grows, formal radiology ultrasound demand may shift toward more complex indications, follow-up confirmation, or comprehensive abdominal and pelvic studies, rather than diminishing overall volume. For tertiary hospitals, this argues for coordinated governance: shared protocols, clear escalation criteria from POCUS to formal scans, and joint quality monitoring to avoid duplicate examinations and protect diagnostic accuracy.

Limitations of the study

Key limitations of this retrospective audit include reliance on routinely recorded register or RIS data, which may contain missing fields, misclassification of scan categories, or duplicate entries despite cleaning. The analysis reports utilization counts rather than clinical indications, appropriateness, diagnostic yield, or patient outcomes, so the drivers and value of increasing volume cannot be fully determined. As a single-centre study, findings may not be generalizable to other hospitals with different referral pathways, staffing, equipment availability, or POCUS practice.

Conclusion

Ultrasonography utilization increased substantially from 2021 to 2025, with the sharpest growth occurring early and a gradual slowing of year-to-year expansion thereafter. Whole-abdomen examinations consistently dominated the case mix, and service use remained persistently higher among females and was most concentrated in the 25–34-year age group, with distinct age- and sex-specific clustering by scan type. These findings support targeted capacity planning, protocol standardization for high-volume abdominal studies, and stronger utilization governance to ensure timely, appropriate, and high-quality ultrasound services in tertiary care.

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References

1. **Sullivan R.** The Lancet Commission on diagnostics: transforming access to diagnostics. Lancet. 2021; doi:10.1016/S0140-6736(21)00673-5
2. **Frija G,** Blažić I, Frush DP, Hierath M, Kawooya M, Donoso-Bach L, Brkljačić B. How to improve access to medical imaging in low-and middle-income countries?. EClinicalMedicine. 2021 Aug 1;38.
3. **Nafade V,** Sen P, Arentz M, Kadam R, Bigio J, Allen LN, Blandina DM, Bosire S, Ferreira J, Jha S, John O. The value of diagnostic imaging for enhancing primary care in low-and middle-income countries. EClinicalMedicine. 2024 Nov 1;77.
4. **Stewart KA,** Navarro SM, Kambala S, Tan G, Poondla R, Lederman S, Barbour K, Lavy C. Trends in ultrasound use in low and middle income countries: a systematic review. International Journal of Maternal and Child Health and AIDS. 2020 Jan 3;9(1):103.
5. **Frija G,** Salama DH, Kawooya MG, Allen B. A paradigm shift in point-of-care imaging in low-income and middle-income countries. EClinicalMedicine. 2023 Aug 1;62.
6. **Abrokwa SK,** Ruby LC, Heuvelings CC, Belard S. Task shifting for point of care ultrasound in primary healthcare in low-and middle-income countries-a systematic review. EClinicalMedicine.

2022 Mar 1;45.

7. **Pervaiz F,** Hossen S, Chavez MA, Miele CH, Moulton LH, McCollum ED, Roy AD, Chowdhury NH, Ahmed S, Begum N, Quaiyum A. Training and standardization of general practitioners in the use of lung ultrasound for the diagnosis of pediatric pneumonia. Pediatric pulmonology. 2019 Nov;54(11):1753-9.
8. **Raja AS,** Ip IK, Sodickson AD, Walls RM, Seltzer SE, Kosowsky JM, Khorasani R. Radiology utilization in the emergency department: trends of the past 2 decades. American Journal of Roentgenology. 2014 Aug;203(2):355-60.
9. **Juliusson G,** Thorvaldsdottir B, Kristjansson JM, Hannesson P. Diagnostic imaging trends in the emergency department: an extensive single-center experience. Acta radiologica open. 2019 Jul;8(7):2058460119860404.
10. **Mkhize N,** Tiwari R, Chikte U, Pitcher R, Chikte UM. Temporal trends in the South African diagnostic radiology workforce (2002-2019). Cureus. 2022 Jul 22;14(7).
11. **Siyeka N,** Da Silva M, Pitcher RD. Temporal trends in ultrasound utilisation in the radiology department of a tertiary hospital. SA Journal of Radiology. 2022 Aug 29;26(1):2449.
12. **Poyiadji N,** Beauchamp III N, Myers DT, Krupp S, Griffith B. Diagnostic imaging utilization in the emergency department: recent trends in volume and radiology work relative value units. Journal of the American College of Radiology. 2023 Dec 1;20(12):1207-14.
13. **Alamri AF,** Khan I, Baig MI, Iftikhar R. Trends in ultrasound examination in family practice. Journal of Family and Community Medicine. 2014 May 1;21(2):107-11.
14. **AlSaif HI,** Alzaid AS, Albabtain MA, Alharbi AA, Alnahabi FK, Alarifi AI, Alqasoumi MS, Alhawas AY, Alsaad SM, Alharbi Sr AA, Alnahabi Sr FK. The Diagnostic Yield of Abdominal Ultrasounds Requested by Family Physicians at an Academic Hospital in Riyadh, Saudi Arabia. Cureus. 2022 Jun 1;14(6).
15. **Ahn HS,** Kim HJ, Welch HG. Korea's thyroid-cancer "epidemic"—screening and overdiagnosis. N Engl J Med. 2014 Nov 6;371(19):1765-7.
16. **Gaget V,** Inacio MC, Tivey DR, Jorissen RN, Babidge WJ, Visvanathan R, Maddern GJ. Trends in utilisation of ultrasound by older Australians (2010–2019). BMC geriatrics. 2023 Jan 27;23(1):50.
17. **Gottlieb M,** Cooney R, King A, Mannix A, Krzyzaniak S, Jordan J, Shappell E, Fix M. Trends in point-of-care ultrasound use among emergency medicine residency programs over a 10-year period. AEM education and training. 2023 Apr;7(2):e10853.
18. **Biggs O,** Taljaard L, Van Hoving DJ, Rugunanan M. The utilisation of emergency point-of-care ultrasound in a tertiary hospital emergency department in East London, South Africa. African Journal of Emergency Medicine. 2024 Sep 1;14(3):135-40.
19. **Khanyi HB,** Naicker B. The use of point-of-care ultrasound in a regional emergency department in KwaZulu-Natal, South Africa. South African Family Practice. 2021 Aug 23;63(3).
20. **Shires,** C. B., Boughter, J. D., Jr, Smith, A., & Sebelik, M. E. (2023). Head and Neck Ultrasound Utilization Rates: 2012 to 2019. *OTO open*, *7*(4), e97. https://doi.org/10.1002/oto2.97

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