

*This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.*

## **ABDOMINAL ULTRASOUND (NAB)**

PATIENT NAME: \_\_\_\_\_ MR# \_\_\_\_\_  
DATE: \_\_\_\_\_ TECH INITIAL: \_\_\_\_\_ EXT: \_\_\_\_\_  
FACILITY: MWH / MIF / ICW / MILH / MIKG / MINS / SH

**INDICATION:** ☐ Abdominal pain, (**must specify location:** \_\_\_\_\_).  
☐ Elevated liver serum enzyme levels ☐ Abnormal liver function tests  
☐ Abnormal physical exam finding: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**COMPARISON:** ☐ None ☐ \_\_\_\_\_

**TECHNIQUE:** Transabdominal grayscale and duplex sonography of the abdomen performed.  
☐ In addition, targeted sonographic evaluation was performed at the site of clinical concern.

### **FINDINGS:**

#### **LIVER:**

- ☐ The liver is normal in size and echotexture. No focal mass visualized. (Normal length  $\leq 17$  cm)
- ☐ Fatty infiltration of the liver suggested by loss of periportal echoes/increased echogenicity compared to the right kidney/loss of through transmission. No focal mass visualized.
- ☐ Coarse hepatic echotexture. No focal mass visualized.
- ☐ Nodular hepatic contour with coarse echotexture. No focal mass visualized.
- ☐ OTHER: \_\_\_\_\_ \*\*\*[ADD DICTATION]

#### **GALLBLADDER: (Check all that apply)**

- ☐ Normally distended. (Normal  $\leq 10$  cm length)
- ☐ No pericholecystic fluid, gallbladder wall thickening, shadowing calculi, or sludge.
- ☐ Negative sonographic Murphy's sign.
- ☐ Surgically absent
- ☐ OTHER (see below):
  - ☐ Distended gallbladder
  - ☐ Pericholecystic fluid
  - ☐ Shadowing calculi: ☐ mobile ☐ non mobile
  - ☐ Positive sonographic Murphy's sign
  - ☐ Abnormal gallbladder wall thickening (\_\_\_\_\_ mm thickness) (Normal  $\leq 3$  mm thickness)
  - ☐ Sludge
  - ☐ Polyp(s) \_\_\_\_\_
  - ☐ OTHER \_\_\_\_\_ \*\*\*[ADD DICTATION]

#### **BILE DUCTS:**

- ☐ No abnormal intra- or extra- hepatic biliary ductal dilatation
- ☐ Extrahepatic bile duct measures \_\_\_\_\_ mm. (Normal  $\leq 6$  mm under age 60, allow 1 mm extra per decade above age 60; Normal  $\leq 10$  mm status post cholecystectomy)
- ☐ OTHER \_\_\_\_\_ \*\*\*[ADD DICTATION]

#### **PORTAL VEIN:**

- ☐ Patent with appropriate flow to the liver. (Normal main portal vein  $\leq 17$  mm diameter)
- ☐ OTHER \_\_\_\_\_ \*\*\*[ADD DICTATION]

#### **PANCREAS:**

- ☐ Visualized pancreas is within normal limits.

PATIENT NAME: \_\_\_\_\_ MRN: \_\_\_\_\_

☐ Visualized pancreas is unremarkable, but please note that significant portions of the pancreas are suboptimally visualized, potentially obscuring pathology.

☐ Pancreas not visualized and likely obscured by overlying viscera.

☐ OTHER. \_\_\_\_\_ \*\*\*[ADD DICTATION]

RIGHT KIDNEY: \_\_\_\_\_ cm in length. (Normal range 9-13 cm)

☐ Normal renal parenchymal echogenicity

☐ No obstruction, renal calculi, or focal lesion.

☐ OTHER. (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s)

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: \_\_\_\_\_ \*\*\*[ADD DICTATION]

LEFT KIDNEY: \_\_\_\_\_ cm in length. (Normal range 9-13 cm)

☐ Normal renal parenchymal echogenicity

☐ No obstruction, renal calculi, or focal lesion.

☐ OTHER. (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s)

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: \_\_\_\_\_ \*\*\*[ADD DICTATION]

SPLEEN: \_\_\_\_\_ cm in maximal dimension (Normal  $\leq$  13 cm)

☐ Homogenous in echotexture without discrete splenic abnormality.

☐ OTHER \_\_\_\_\_ \*\*\*[ADD DICTATION]

ABDOMINAL AORTA:

☐ Normal caliber abdominal aorta.

☐ Suboptimally visualized secondary to overlying bowel gas, although visualized segments are normal caliber.

☐ Could not be adequately assessed due to technical factors.

☐ Atherosclerotic irregularity of the abdominal aorta noted.

☐ OTHER. \_\_\_\_\_ \*\*\*[ADD DICTATION]

IVC: ☐ Patent. ☐ OTHER. \_\_\_\_\_ \*\*\*[ADD DICTATION]

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*

☐ Normal abdominal ultrasound.

☐ Normal abdominal ultrasound. However, please note that there was suboptimal visualization of the \_\_\_\_\_ . Follow up CT or MRI could be performed as deemed clinically necessary.

☐ ADD DICTATION