

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

## ABDOMINAL and RETROPERITONEAL ULTRASOUND (ARSE)

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

### INDICATION: Need indication from both sections:

Abdominal pain, (must specify location: \_\_\_\_\_).  
 Elevated liver serum enzyme levels.  Abnormal liver function tests.  Abnormal physical exam findings  
 Acute renal failure  Chronic renal failure  
 Other: \_\_\_\_\_

### **AND**

Pelvic and perineal pain  Hematuria  Bladder disorder  Urinary tract infection  Bladder calculus   
Obstructive uropathy  Other: \_\_\_\_\_

**COMPARISON:**  None  \_\_\_\_\_

**TECHNIQUE:** Transabdominal grayscale and duplex sonography of the abdomen and bladder performed.

### **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]**

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MRN: \_\_\_\_\_

PANCREAS:

Visualized pancreas is within normal limits.  
 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]**

COMMON ILIAC ARTERIES:  Normal in caliber

Suboptimally visualized secondary to overlying bowel gas.  
 OTHER: \_\_\_\_\_ **\*\*\*[ADD DICTATION]**

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

URINARY BLADDER:

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

Prevoid volume of \_\_\_\_\_ mL

Post void residual of \_\_\_\_\_ mL. (<50 mL WNL)

Patient unable to void

Both  Neither  Right  Left ureteral jets identified.

No urinary bladder wall thickening or debris within the urinary bladder. (normal wall thickness  $\leq$ 3mm distended,  $\leq$  5 mm underdistended)

Bladder contains a Foley catheter and is decompressed.

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

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

Normal abdominal and retroperitoneal ultrasound.

Normal abdominal and retroperitoneal 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