

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 ≤ 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 ≤ 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 ≤ 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 ≤ 6 mm under age 60, allow 1 mm extra per decade above age 60; Normal ≤ 10 mm status post cholecystectomy)
- ☐ OTHER _____ ***[ADD DICTATION]

PORTAL VEIN:

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

PATIENT NAME: _____

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:

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

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 ≤ 3 mm distended, ≤ 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