

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

HEPATIC SURVEILLANCE ABD ULTRASOUND (HSU)

PATIENT NAME: _____ MR# _____

DATE: _____ TECH INITIAL: _____ EXT: _____

FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION: ☐ Hepatitis B ☐ Hepatitis C ☐ Elevated liver serum enzyme levels. ☐ Hepatic Cirrhosis

☐ Non-alcoholic steatohepatitis (NASH)

☐ 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 ≤ 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

☐ Common 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]

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]

PATIENT NAME: _____

MRN: _____

RIGHT KIDNEY: _____ **cm** in length. (Normal range 9-13 cm)

☐ Normal renal parenchymal echogenicity

☐ No obstruction.

☐ [OTHER]. (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s)

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: _____ ***[ADD DICTATION]

☐ **OMIT:**

LEFT KIDNEY: _____ **cm** in length. (Normal range 9-13 cm)

☐ Normal renal parenchymal echogenicity

☐ No obstruction.

☐ OTHER (see below)

☐ Increased renal parenchymal echogenicity

☐ Cyst(s)

☐ Solid Mass

☐ Hydronephrosis (mild/moderate/severe)

☐ Shadowing Calculus

☐ Cortical thinning

NOTES: _____ ***[ADD DICTATION]

☐ **OMIT:**

SPLEEN: _____ **cm** in maximal dimension (Normal ≤ 13 cm)

☐ Homogenous in echotexture without discrete splenic abnormality.

☐ OTHER _____ ***[ADD DICTATION]

☐ **OMIT:**

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]

☐ **OMIT:**

IVC: ☐ Patent. ☐ OTHER _____ ***[ADD DICTATION]

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

☐ Normal (**abdominal / right upper quadrant**) ultrasound. No discrete hepatic lesions. Continued hepatic surveillance per your algorithm is advised. CT and MR are more sensitive for the detection of hepatocellular carcinoma, and can be incorporated as you feel clinically necessary.

☐ Chronic hepatic disease. Continued hepatic surveillance per your algorithm is advised. CT and MR are more sensitive for the detection of hepatocellular carcinoma, and can be incorporated as you feel clinically necessary.

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PATIENT NAME: _____

MRN: _____

☐ Cirrhotic hepatic morphology. Continued hepatic surveillance per your algorithm is advised. CT and MR are more sensitive for the detection of hepatocellular carcinoma, and can be incorporated as you feel clinically necessary.

☐ ADD DICTATION