

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

## **PEDIATRIC ABDOMINAL ULTRASOUND (PAU)**

PATIENT NAME: \_\_\_\_\_ MR# \_\_\_\_\_

DATE: \_\_\_\_\_ TECH INITIAL: \_\_\_\_\_ EXT: \_\_\_\_\_

PATIENT AGE: \_\_\_\_\_ months / years old FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

**INDICATION:** ☐ Abdominal pain. ☐ Palpable abdominal mass

☐ Abnormal prenatal sonogram findings \_\_\_\_\_

☐ Other: \_\_\_\_\_

**COMPARISON:** ☐ None ☐ : \_\_\_\_\_

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

### **FINDINGS:**

#### **LIVER:**

☐ The liver is normal in size and echotexture. No focal mass visualized. ☐ 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.

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

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

☐ Normally distended.

☐ 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.

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

#### **PORTAL VEIN:**

☐ Patent with appropriate flow to the liver.

☐ 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 could not be adequately visualized due to technical factors.

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

**RIGHT KIDNEY:** \_\_\_\_\_ cm in length.

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

- ☐ 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 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]

ADRENAL GLANDS:

- ☐ Within normal limits
- ☐ Non visualized

☐ OTHER: [ADD DICTATION] \_\_\_\_\_

SPLEEN: \_\_\_\_\_ **cm** in maximal dimension

- ☐ 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