

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

PEDIATRIC INTUSSUSCEPTION ABDOMEN ULTRASOUND (PIA)

Patient Name: _____ MR#: _____

Date: _____ Tech initial: _____ Ext: _____

Patient Age: _____ (**years / months**) old

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

Indication: ☐ Colicky abdominal pain ☐ Other: _____

Comparison: ☐ None ☐ _____

Technique: Gray scale/Color doppler transabdominal sonographic evaluation of the abdomen was obtained to evaluate for intussusception.

Findings:

☐ No oval mass-like structure is seen within the abdomen to suggest intussusception.

☐ No fluid collection identified.

☐ Abnormal ****RADIOLOGIST ADD DICTATION****

☐ Pyloric channel is elongated at _____ **mm** (normal is <15mm)

☐ Pyloric muscle is thickened at _____ **mm** (normal is <3mm)

☐ Urinary bladder debris / wall thickening

☐ Free fluid in the _____ quadrant of the abdomen

☐ Dilated appendix: _____ **mm** diameter

☐ Appendiceal wall thickening

☐ Thick-walled fluid filled (**large / small**) bowel loops

☐ Enlarged right lower quadrant mesenteric lymph nodes present

☐ Left hydronephrosis/hydroureter

☐ Right hydronephrosis/hydroureter

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

☐ No sonographic evidence of intussusception

☐ Abnormal [*****Radiologist Add Dictation*****]