IMAGEN

ABDOMINAL RUQ ULTRASOUND EVALUATION
With Liver Elastography

Date of Exam: Name of Patient:

Patient ID #: Accn# Ordering Provider:

Order Status:
- ☐ Regular
- ☐ STAT

Reason for Exam (Symptoms/Indication): Choose or Type

Past Relevant Surgical History: Choose or Type

Past Relevant Medical History: Choose or Type

Previous Relevant Exams & Dates: Choose or Type _____ Date Choose or Type _____ Date Choose or Type _____ Date

Pancreas Head			cm	Please Select One
Liver			cm	Please Select One
Gallbladder wall			cm	Please Select One
CBD			cm	Please Select One
Rt Kidney	x	x	cm	Please Select One

Liver Elastography _____ kPa

Metavir Score _____

Patient Position _____

	Fibrosis Stage	Stiffness (kPa) Range
	F0 – Normal	0 – 8.0 kPa
	F1 – Mild	8.0 – 10.0 kPa
	F2 – Moderate	10.0 – 11.0 kPa
	F3 – Advanced	**11.0 – 13.5 kPa**
	F4 – Cirrhosis	**> 13.5 kPa**

Additional Comments:

Sonographer Name: Contact Phone Number: