



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):

Past Relevant Surgical
History:

Past Relevant
Medical History:

Previous Relevant Exams & Dates:

Date

Date

Date

Pancreas Head _____ cm

Liver _____ cm

Gallbladder
wall _____ cm

CBD _____ cm

Rt Kidney x x cm

Liver Elastography _____ kPa

Patient Position _____

Philips Affiniti 70 (ElastPQ pSWE) – Estimated Fibrosis Stage

Liver stiffness (kPa)	Estimated fibrosis stage (worksheet F-score)
≤5.0 kPa	F0–F1
5.1–7.0 kPa	F2
7.1–9.5 kPa	F3
≥9.6–12+ kPa	F4

Additional Comments:

Sonographer Name:

Contact Phone Number: