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

Patient Position _____

Vendor-neutral Diagnostic Chart

	Stiffness Value	Fibrosis Indication
	≤ 5 kPa or 1.3 m/s	High probability of being normal
	>5 kPa or 1.3 m/s - 9 kPa or 1.7 m/s	In the absence of other known clinical signs, rules out cACLD
	9 kPa or 1.7 m/s - 13 kPa or 2.1 m/s	Suggestive of cACLD but may need further test of confirmation
	> 13 kPa or 2.1 m/s	Highly suggestive of cACLD
	≥ 17 kPa or 2.4 m/s	Probability of CSPH but additional patient testing may be required

Additional Comments:

Sonographer Name: Contact Phone Number: