

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

**Indication/History:**  Abdominal pain  Weight loss  Postprandial pain  Cirrhosis  Liver transplant

**Specify:** \_\_\_\_\_

<p><b>HEPATIC VEINS</b> (nl hepatofugal)</p> <p>Right: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> occluded</p> <p>Middle: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> occluded</p> <p>Left: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> occluded</p> <p><b>IVC:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal - Describe _____</p>	<p><b>AORTA</b> <input type="checkbox"/> Normal <input type="checkbox"/> Aneurysm <input type="checkbox"/> Stenosis</p> <p>Prox _____ cm</p> <p>Mid _____ cm</p> <p>Distal _____ cm</p>
<p><b>PORTAL VEINS</b> (nl hepatopedal)</p> <p>Right: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> phasic <input type="checkbox"/> occluded</p> <p>Left: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> phasic <input type="checkbox"/> occluded</p> <p>Main: <input type="checkbox"/> pedal <input type="checkbox"/> fugal <input type="checkbox"/> phasic <input type="checkbox"/> occluded</p> <p>Main velocity: _____ cm/s (nl 20-40)</p> <p>Main diameter: _____ cm (nl ≤1.3 cm)</p>	<p><b>CELIAC AXIS</b> <input type="checkbox"/> Normal <input type="checkbox"/> Stenosis</p> <p>PSV _____ cm/s (&gt;200 implies &gt;70% stenosis)</p>
<p><b>SPLENIC VEIN</b> <input type="checkbox"/> Normal <input type="checkbox"/> Thrombus <input type="checkbox"/> Occluded <input type="checkbox"/> Collaterals</p> <p>Other: _____</p>	<p><b>SMA</b> <input type="checkbox"/> Normal <input type="checkbox"/> Stenosis</p> <p>PSV _____ cm/s (&gt;275 implies &gt;70% stenosis)</p>
<p><b>HEPATIC ARTERY</b> <input type="checkbox"/> Normal <input type="checkbox"/> Stenosis</p> <p>PSV _____ cm/s RI _____ (nl .55-.7)</p>	<p><b>IMA</b> <input type="checkbox"/> Normal <input type="checkbox"/> Stenosis <input type="checkbox"/> Not visualized</p> <p>PSV _____ cm/s (&gt;200 implies stenosis)</p>
<p><b>GASTRIC VARICES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>ESOPHAGEAL VARICES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>RECANALIZED UMBILICAL VEIN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>ASCITES</b> <input type="checkbox"/> None <input type="checkbox"/> Small <input type="checkbox"/> Mod <input type="checkbox"/> Large</p>	<p><b>OTHER FINDINGS:</b></p>

Reasons for nonvisualization: \_\_\_\_\_

**IMPRESSION/SUMMARY:** \_\_\_\_\_

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