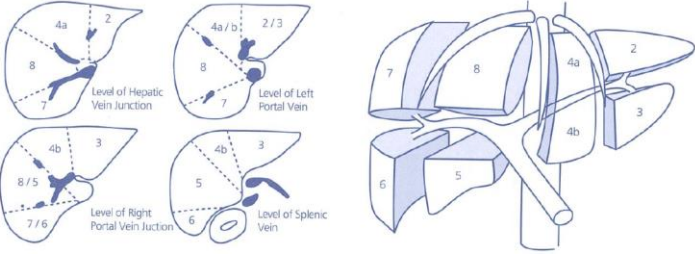


ABDOMINAL ULTRASOUND WORKSHEET

Patient ID: Not provided	Sonographer Initials: AF	Scan Quality: Excellent
Clinical Details: 9-year-old patient, RIF pain, vomiting, fever, unwell, elevated white blood cell count, unable to walk.		
Aorta: NAD/Normal AP measurement - 1.1cm		
Pancreas: NAD/Normal		
<p>Liver Size: 13.2cm measured in mid-clavicular line – normal size (should be less than 16cm)</p> <p>Portal Vein Size: 9mm – Normal size and appearance.</p> <p>Portal Vein Flow: Hepatopedal – normal appearance of flow and doppler seen.</p> <p>Liver Comments: NAD/Normal - Homogeneous echotexture throughout, isoechoic to right renal cortex parenchyma, normal vascular appearance seen throughout.</p> 		
<p>Right Kidney: Size – 9cm NAD</p> <p>Left Kidney: Size – 8.9cm NAD</p>		
<p>Gallbladder: NAD/Normal Wall thickness – 1.3mm</p>		
<p>CBD: NAD Widest AP diameter at hepatic artery – 3.6mm</p>		
<p>Spleen: Size – 11.4cm Bulbulous and enlarged for patient’s age - splenomegaly ? related to appendicitis</p>		
<p>Additional Comments: Blinded tube seen in long view in RIF area (ROI) with hypoechoic and hyperechoic thickened wall layers, target appearance in trans view. AP measurement in trans – 18mm – non compressible. Echogenic material within lumen. Echogenic soft tissue surrounding appendix – periappendiceal fat inflammation and hyperemia noted in this area with free fluid surrounding. Acute appendicitis – cannot rule out rupture given fluid seen. Likely cause for patient’s pain. Marked as urgent and patient advise to follow up with their doctor to get results of scan.</p>		