Examination: Aortic ultrasound.

Clinical Information: [Reason For Study].

Comparison: [Comparison].

Findings:

ABDOMINAL AORTA

Proximal aorta diameter: […] cm.

Mid aorta diameter: […] cm.

Distal aorta diameter: […] cm.

COMMON ILIAC ARTERIES

Right common iliac artery: […] cm.

Left common iliac artery: […] cm.

FREE FLUID: [None.]

Impression:

[Normal. No abdominal aortic aneurysm.]

Examination: Ultrasound ascites.

Clinical Indication: [Cirrhosis. Ascites.]

Comparison: [Comparison].

Findings:

[The abdomen was evaluated for ascites. No ascites is identified.]

Impression:

[No ascites. Paracentesis is deferred.]

Examination: Bilateral lower extremity venous ultrasound.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain/Shortness of breath].

Comparison: [Comparison].

Findings:

[The common femoral, femoral, popliteal, proximal medial saphenous, and deep femoral veins are patent and free of thrombus bilaterally. The veins are normally compressible and have normal phasic flow and augmentation response.]

[The paired peroneal and posterior tibial calf veins are patent bilaterally.]

Impression:

[Negative study. No deep vein thrombosis of either lower extremity.]

Examination: Bilateral upper extremity venous ultrasound.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain].

Comparison: [Comparison].

Findings: [The internal jugular, subclavian, axillary, basilic, cephalic, and paired brachial veins are patent and free of thrombus bilaterally. The veins demonstrate normal color Doppler flow, cardiorespiratory phasicity, and/or compression. The imaged brachiocephalic veins are patent.]

Impression:

[Negative study. No thrombosis of central veins of the upper extremities.]

Procedure: US-guided biopsy.

Clinical Information: [Clinical Information].

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Biopsy Device: [Biopsy device]

Site: […]

Number of Samples: […].

Samples were placed in[Medium: formalin/saline/RPMI].

Procedural Sedation:[Sedation: None/Conscious sedation/Anesthesia].

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [Discharged from the department in stable condition.]

Operator(s): Dr. […] and Dr. […].

Supervising Radiologist: Dr. […].

Impression: [Ultrasound guided biopsy.]

I, Dr. […], was present for the key and critical procedure components of this case. I have reviewed and agreed with the dictated report. I reviewed and confirmed the images and report findings.

Examination: Bladder ultrasound.

Clinical Information: [Incomplete voiding.]

Comparison: [Comparison].

URINARY BLADDER: [The urinary bladder is morphologically normal. No free fluid is seen in the pelvis.]

PRE-VOID BLADDER: […] x […] x […] cm; estimated volume […] mL.

POST-VOID BLADDER: […] x […] x […] cm; estimated volume […] mL.

Impression:

Post-void residual bladder volume […] mL.

Examination: Carotid and vertebral artery ultrasound.

Clinical Information: [Clinical information].

Comparison: [Comparison].

Technique: Grayscale and color Doppler ultrasound examination of the carotid and vertebral artery systems bilaterally. Maximum peak systolic velocity (PSV) / end diastolic velocity (EDV) were measured. Detailed velocity measurements in the proximal, mid, and distal CCAs and ICAs are recorded in the imaging archive and are summarized below.

Findings:

RIGHT CAROTID SYSTEM

Common carotid artery (RCCA): [Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Proximal: […] / […] cm/sec.

Mid: […] / […] cm/sec.

Distal: […] / […] cm/sec.

Internal carotid artery (RICA): [Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Proximal: […] /[…] cm/sec.

Mid: […] / […] cm/sec.

Distal: […] /[…] cm/sec.

External carotid artery (RECA): […] cm/sec. [Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Vertebral artery (RVA): […] cm/sec. Antegrade flow with normal waveform.

LEFT CAROTID SYSTEM

Common carotid artery (LCCA): [Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Proximal: […] / […] cm/sec.

Mid: […] / […] cm/sec.

Distal: […] / […] cm/sec.

Internal carotid artery (LICA): [Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Proximal: […] / […] cm/sec.

Mid: […] / […] cm/sec.

Distal: […] / […] cm/sec.

External carotid artery (LECA): cm/sec. Plaque: None/wall thickening/less than 50/at least 50/near occlusion/total occlusion.]

Vertebral artery (LVA): […] cm/sec. [Antegrade flow with normal waveform.]

OTHER FINDINGS

[None.]

Society of Radiologists in Ultrasound (SRU) consensus statement (Radiology 2003; 229:340-346. DOI 10.1148/radiol.2292030516) was used to estimate internal carotid artery stenosis.

Impression:

1. Right internal carotid artery: [Right internal carotid:Normal/less than 50/50 to 69/at least 70/Near occlusion./Total occlusion.]

2. Left internal carotid artery: [Left internal carotid:Normal/less than 50/50 to 69/at least 70/Near occlusion./Total occlusion.]

3. Vertebral arteries: [Antegrade flow with normal waveforms bilaterally.]

Examination: Abdominal ultrasound.

Clinical Information: [Clinical information:\*\*\*/Pain/LFTs].

Comparison: [Comparison].

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

Main portal vein: [Patent with antegrade flow.]

Intrahepatic bile ducts: [Normal. Not dilated.]

Common bile duct: […] mm.

GALLBLADDER:

[Normal. No gallstones, wall thickening, or pericholecystic fluid.]

PANCREAS:

[The pancreatic head and proximal body are imaged and are normal in size and texture. The distal pancreatic body and tail are obscured by overlying bowel gas.]

KIDNEYS:

[The right and left kidneys are imaged in normal anatomic location and are normal in size, echotexture, and parenchymal thickness. No hydronephrosis, suspicious focal lesion, or calculus is evident.]

Right kidney length: […] cm.

Left kidney length: […] cm.

SPLEEN:

[Normal.]

AORTA and INFERIOR VENA CAVA:

[Imaged portions are normal.]

ASCITES:

[None.]

Impression:

[Normal examination.]

Procedure: Ultrasound-guided drainage catheter placement.

Comparison: [Comparison].

Informed Consent: [The risks, benefits, and alternatives of the procedure, including procedural sedation, were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Preliminary Images: […]

Site: […]

Preparation: The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: [1% lidocaine. ]

Technique: [Using image guidance, a needle was placed into the collection, through which a guidewire was advanced. The tract was dilated serially to accept the catheter. Imaging was utilized to confirm appropriate position.]

Catheter: […]-French […] catheter.

Fluid:

Volume: […] mL.

Character: […].

Procedural Sedation:[Sedation: None/Conscious sedation/Anesthesia].

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [Discharged from the department in stable condition.]

Operator(s): Dr. […] and Dr. […].

Supervising Radiologist: Dr. […].

Impression: [Ultrasound-guided drainage catheter placement.]

I, Dr. […], was present for the key and critical procedure components of this case. I have reviewed and agreed with the dictated report. I reviewed and confirmed the images and report findings.

Examination: Pelvic and transvaginal ultrasound.

Clinical Information: [Clinical information].

LMP: [LMP].

Beta hCG: [Beta hCG].

Comparison: [Comparison].

Technique: Transabdominal sonography of the pelvis was performed followed by transvaginal sonography to better evaluate the uterus and ovaries.

Findings:

UTERUS and GESTATIONAL SAC

Intrauterine gestation: [Single].

Mean gestational sac diameter: […] cm; estimated gestational age […] weeks […] days.

Yolk sac: […].

Crown-rump length (CRL): […] cm = […] weeks […] days.

Fetal heart motion: […] bpm.

Subchorionic hemorrhage: [None.]

OVARIES

Right ovary: [Normal.]

Left ovary: [Normal.]

FREE FLUID

[None.]

Impression:

1. [Single live intrauterine pregnancy.]

2. Estimated gestational age […] weeks […] days.

Examination: Abdominal ultrasound with elastography.

Clinical Information: [Clinical information:\*\*\*/Pain/LFTs].

Comparison: [Comparison].

Technique: [In addition to standard imaging, 2D shear wave elastography values were obtained of the liver parenchyma.]

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

Main portal vein: [Patent with antegrade flow.]

Intrahepatic bile ducts: [Normal. Not dilated.]

Common bile duct: […] mm.

GALLBLADDER:

[Normal. No gallstones, wall thickening, or pericholecystic fluid.]

PANCREAS:

[The pancreatic head and proximal body are imaged and are normal in size and texture. The distal pancreatic body and tail are obscured by overlying bowel gas.]

KIDNEYS:

[The right and left kidneys are imaged in normal anatomic location and are normal in size, echotexture, and parenchymal thickness. No hydronephrosis, suspicious focal lesion, or calculus is evident.]

Right kidney length: […] cm.

Left kidney length: […] cm.

SPLEEN:

[Normal.]

AORTA and INFERIOR VENA CAVA:

[Imaged portions are normal.]

ASCITES:

[None.]

ELASTOGRAPHY MEASUREMENTS:

Median shear wave velocity: […] m/sec

IQR ratio (IQR/median): […] (less than 0.3 indicates adequate quality of the elastogram)

Reference values for liver fibrosis\*\*\*:

F1: Velocities greater than 1.35 m/sec

F2: Velocities greater than 1.66 m/sec

F3: Velocities greater than 1.77 m/sec

F4: Velocities greater than 1.99 m/sec

\*\*\*LOGIQ E9 Shear Wave Elastography White Paper, GE Healthcare, March 2015

Impression:

1. [Normal examination.]

2. […]

Examination: Liver elastography.

Clinical Information: [Clinical information:\*\*\*/Pain/LFTs/fibrosis].

Comparison: [Comparison].

Technique: [2D shear wave elastography values were obtained of the liver parenchyma.]

Findings:

ELASTOGRAPHY MEASUREMENTS:

Median shear wave velocity: […] m/sec

IQR ratio (IQR/median): […] (less than 0.3 indicates adequate quality of the elastogram)

Reference values for liver fibrosis\*\*\*:

F1: Velocities greater than 1.35 m/sec

F2: Velocities greater than 1.66 m/sec

F3: Velocities greater than 1.77 m/sec

F4: Velocities greater than 1.99 m/sec

\*\*\*LOGIQ E9 Shear Wave Elastography White Paper, GE Healthcare, March 2015

OTHER FINDINGS: [None.]

Impression:

[Elasto impression:F0/F1/F2/F3/F4/non-diagnostic]

Examination: Right upper quadrant abdominal ultrasound with elastography.

Clinical Information: [Clinical information:\*\*\*/Pain/LFTs].

Comparison: [Comparison].

Technique: [In addition to standard imaging, 2D shear wave elastography values were obtained of the liver parenchyma.]

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

Main portal vein: [Patent with antegrade flow.]

Intrahepatic bile ducts: [Normal. Not dilated.]

Common bile duct: […] mm.

GALLBLADDER:

[Normal. No gallstones, wall thickening, or pericholecystic fluid.]

PANCREAS:

[The pancreatic head and proximal body are imaged and are normal in size and texture. The distal pancreatic body and tail are obscured by overlying bowel gas.]

RIGHT KIDNEY:

[Normal in anatomic location, size, and parenchymal thickness. No hydronephrosis, suspicious focal lesion, or evident calculus.]

Sagittal length: […] cm.

AORTA and INFERIOR VENA CAVA:

[Imaged portions are normal.]

ASCITES:

[None.]

ELASTOGRAPHY MEASUREMENTS:

Median shear wave velocity: […] m/sec

IQR ratio (IQR/median): […] (less than 0.3 indicates adequate quality of the elastogram)

Reference values for liver fibrosis\*\*\*:

F1: Velocities greater than 1.35 m/sec

F2: Velocities greater than 1.66 m/sec

F3: Velocities greater than 1.77 m/sec

F4: Velocities greater than 1.99 m/sec

\*\*\*LOGIQ E9 Shear Wave Elastography White Paper, GE Healthcare, March 2015

Impression:

1. [Normal sonographic study of the right upper abdominal quadrant.]

2. [Elasto impression:F0/F1/F2/F3/F4/non-diagnostic]

Examination: Intraoperative ultrasound guidance.

Clinical Information: [Clinical information:\*\*\*/Radiation oncology/Urology/Thyroid].

Comparison: [Comparison].

Technique: Intraoperative ultrasound guidance was performed.

Requesting proceduralist(s): Dr. […]

Radiologist presence in the procedure suite: [Yes. A radiologist was present in the procedural suite during image acquisition.]

Findings:

[Described intraoperative findings here.]

Impression:

[Intraoperative ultrasound guidance, as described.

Please see the surgical/procedural note by the requesting proceduralist.]

Examination: Kidney biopsy.

Clinical Information: [Clinical information].

Comparison: [Comparison].

Procedure: Ultrasound examination was performed to localize the [Target: right native/left native/right transplant/left transplant] for biopsy by the nephrology service.

Number of biopsy passes: […].

Complications: [None. Images obtained after biopsy show no evidence of hematoma, arteriovenous fistula, or other complication.]

Impression: Ultrasound guidance for kidney biopsy.

Examination: Pelvic and transvaginal ultrasound.

Clinical Information: [Clinical information].

LMP: [LMP].

Beta hCG: [Beta hCG].

Comparison: [Comparison].

Technique: Transabdominal sonography of the pelvis was performed followed by transvaginal sonography to better evaluate the uterus and ovaries.

Findings:

UTERUS and FETAL MEASUREMENTS

Intrauterine gestation: [Single].

Biparietal diameter: […] cm; estimated gestational age […] weeks […] days.

Head circumference: […] cm; estimated gestational age […] weeks […] days.

Abdominal circumference: […]cm; estimated gestational age […] weeks […] days.

Femur length: […] cm; estimated gestational age […] weeks […] days.

Fetal heart motion: […] bpm.

Subchorionic hemorrhage: [None].

OVARIES

Right ovary: [Normal.]

Left ovary: [Normal.]

FREE FLUID

[None.]

Impression:

1. [Single live intrauterine pregnancy.]

2. Estimated gestational age […] weeks […] days.

Examination: Left lower extremity venous ultrasound.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain/Shortness of breath].

Comparison: [Comparison].

Findings:

[The left common femoral, femoral, popliteal, proximal medial saphenous, and deep femoral veins are patent and free of thrombus. The veins are normally compressible and have normal phasic flow and augmentation response.]

[The paired peroneal and posterior tibial calf veins are patent.]

[The contralateral (right) common femoral vein is patent and free of thrombus. ]

Impression:

[Negative study. No deep vein thrombosis of the left lower extremity.]

Examination: Left upper extremity venous ultrasound.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain].

Comparison: [Comparison].

Findings:

[The left internal jugular, subclavian, axillary, basilic, cephalic, and paired brachial veins are patent and free of thrombus. The veins demonstrate normal color Doppler flow, cardiorespiratory phasicity, and/or compression. The imaged left brachiocephalic vein is patent and free of thrombus.]

[The contralateral (right) subclavian vein is patent and free of thrombus.]

Impression:

[Negative study. No thrombosis of left upper extremity veins.]

Procedure: Ultrasound-guided liver biopsy.

Clinical Information: [Clinical information].

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Biopsy Device: [Biopsy device]

Site: […]

Number of Samples: […].

Samples were placed in[Medium: formalin/saline/RPMI].

Procedural Sedation:[Sedation: None/Conscious sedation/Anesthesia].

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [Discharged from the department in stable condition.]

Operator(s): Dr. […]

Supervising Radiologist: Dr. […].

Impression: [Ultrasound guided biopsy.]

I, Dr. […], was present for the key and critical procedure components of this case. I have reviewed and agreed with the dictated report. I reviewed and confirmed the images and report findings.

Examination: Ultrasound color Doppler liver.

Clinical Information: [Elevated LFTs.]

Comparison: [Comparison].

Technique: The native liver was imaged.

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

PORTAL VENOUS SYSTEM:

Main portal vein: [Patent with antegrade flow.]

Left intrahepatic portal vein: [Patent with antegrade flow.]

Right intrahepatic portal vein: [Patent with antegrade flow.]

Main portal vein velocity: […] cm/sec.

HEPATIC ARTERIAL SYSTEM:

Main hepatic artery: [Patent. Sharp systolic upstroke and continuous diastolic flow.]

Main hepatic artery peak systolic velocity: […] cm/sec.

HEPATIC VEINS:

[Patent with cardiac phasicity.]

GALLBLADDER:

[Normal. No gallstones, wall thickening, or pericholecystic fluid.]

BILIARY TREE:

[No biliary dilatation.] Extrahepatic bile duct measures […] mm.

SPLEEN:

Spleen size: […] cm.

Splenic vein: [Patent with antegrade flow.]

ABDOMINAL AORTA/IVC:

[Imaged portions are normal.]

ASCITES:

[None.]

OTHER FINDINGS:

[None.]

Impression:

[Normal liver morphology and hemodynamics.]

Examination: Ultrasound transplant liver with color Doppler.

Clinical Information: [Liver transplant. Elevated LFTs.]

Comparison: [Comparison].

Technique: The transplant liver was imaged.

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

Fluid collections: [None.]

PORTAL VENOUS SYSTEM:

Main portal vein: [Patent with antegrade flow.]

Left intrahepatic portal vein: [Patent with antegrade flow.]

Right intrahepatic portal vein: [Patent with antegrade flow.]

Main portal vein velocity: […] cm/sec.

HEPATIC ARTERIAL SYSTEM:

Main hepatic artery: [Patent. Sharp systolic upstroke and continuous diastolic flow.]

Main hepatic artery peak systolic velocity: […] cm/sec.

Left intrahepatic artery: [Patent. No tardus parvus waveform.]

Left intrahepatic resistance index (RI): […] (normal < 0.8).

Right intrahepatic artery: [Patent. No tardus parvus waveform.]

Right intrahepatic resistance index (RI): […] (normal < 0.8).

HEPATIC VEINS: [Patent with cardiac phasicity.]

BILIARY TREE: [No biliary dilatation.] Extrahepatic bile duct measures […] mm.

SPLEEN:

Spleen size: […] cm.

Splenic vein: [Patent with antegrade flow.]

ABDOMINAL AORTA/IVC: [Imaged portions are normal.]

ASCITES: [None.]

OTHER FINDINGS:

[None.]

Impression:

[Normal transplant morphology and hemodynamics.]

Procedure: Ultrasound-guided fine needle aspiration of lymph node.

Clinical Information: [Thyroid nodule.]

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Site: […].

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Needle: [25-gauge needles.]

Samples: [4] passes.

Adequacy: [Adequacy of the sample was confirmed by the cytotechnologist.]

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [The patient was observed in the department for 30 minutes and was discharged in stable condition.]

Operator: […]

Supervising Radiologist: Dr. […]

Impression:

Ultrasound-guided [fine needle aspiration] of lymph node.

Dr. […] dictated this invasive procedure. Dr. […] was present for the key and critical procedural components of this case. Images were reviewed and reported findings were edited and confirmed by Dr. […]

Examination: Limited pelvic obstetrical ultrasound.

Clinical Information: [Clinical information].

LMP: [LMP].

Beta hCG: [Beta hCG].

Comparison: [Comparison].

Technique: [Limited pelvic obstetrical ultrasound was performed using transabdominal sonography.]

Findings:

UTERUS, FETUS, AND PLACENTA

Intrauterine gestation: [Single.]

Fetal heart motion: […] bpm.

Placenta: [No intraplacental or retroplacental hemorrhage is identified.]

OVARIES

Right ovary: [Right ovary: Normal/Obscured by overlying bowel gas.]

Left ovary: [Left ovary: Normal/Obscured by overlying bowel gas.]

FREE FLUID

[None.]

OTHER

[None.]

Impression:

1. [Single live intrauterine pregnancy.]

2. Please note, this is a limited pelvic obstetrical ultrasound study. For complete obstetrical ultrasound evaluation, follow-up with Maternal-Fetal Medicine (MFM) is suggested.

Examination: Ultrasound pancreas transplant with color Doppler.

Clinical Information: [Elevated glucose.]

Comparison: [Comparison].

Findings:

TRANSPLANT PANCREAS:

Transplant location: [Transplant location: right/left]

Transplant drainage: [Transplant drainage: portal enteric/systemic enteric]

Transplant morphology: [Normal size and echogenicity without focal lesion.]

Pancreatic duct: [Not dilated.]

Peritransplant fluid collections: [None.]

With the use of color Doppler, flow is detected throughout the transplant pancreas.

ARTERIAL SUPPLY:

Transplant arterial Y-graft, SMA, and splenic arteries: [Patent. Sharp systolic upstroke, continuous diastolic flow, and no perivascular tissue vibration.]

Y-graft peak systolic velocity: […] cm/sec.

Intrapancreatic arteries: [Patent. No tardus parvus waveform or high-resistance waveforms.]

VENOUS OUTFLOW:

Transplant SMV, splenic vein, and confluence to form the transplant PV: [Patent with normal waveforms.]

Transplant PV to recipient vein anastomosis: [Vein anastomosis: Obscured/Patent/Native portal vein patent]

Abbreviations:

SMA = superior mesenteric artery

SMV = superior mesenteric vein

PV = portal vein

Impression:

[Normal pancreas transplant morphology and hemodynamics.]

Procedure: Ultrasound-guided paracentesis.

Clinical Information: [Ascites.]

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Catheter: [4]-French One-Step catheter.

Site: [Right lower quadrant.]

Fluid:

Volume: […] mL.

Character: […]

Disposition: [Disposition: discarded/labs]

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [Discharged from the department in stable condition.]

Operator: […], […]

Supervising Radiologist: […], […]

Impression: [Ultrasound-guided paracentesis.]

I, Dr. […], was present for the key and critical procedure components of this case. I have reviewed and agreed with the dictated report. I reviewed and confirmed the images and report findings.

Examination: Parathyroid ultrasound.

Clinical Information: [Hyperparathyroidism.]

Comparison: [Comparison].

Technique: Multiple grayscale and color Doppler images of the parathyroid regions and thyroid were obtained.

Findings:

PARATHYROID

[No finding suspicious for parathyroid adenoma.]

THYROID

Right Thyroid Lobe:

Size: […] x […] x […] cm.

Echotexture: [Normal.]

Nodule(s): [None.]

Left Thyroid Lobe:

Size: […] x […] x […] cm.

Echotexture: [Normal.]

Nodule(s): [None.]

Impression:

[…]

Examination: Pelvis and transvaginal ultrasound.

Clinical Information: [Clinical information].

Comparison: [Comparison].

Technique:

Transabdominal sonography of the pelvis was performed followed by transvaginal sonography to better evaluate the [uterus and ovaries].

Spectral Doppler use: [No.]

Findings:

UTERUS

[The uterus is normal in size and echogenicity.]

Uterine dimensions: […] x […] x […] cm.

Endometrial thickness: […] mm.

OVARIES

[The ovaries are normal in size and echogenicity.]

Right ovary: […] x […] x […] cm. Volume […] mL.

Left ovary: […] x […] x […] cm. Volume […] mL.

FREE FLUID

[None.]

Impression:

[…]

Examination: [Pelvis and transvaginal ultrasound with color/spectral Doppler (duplex imaging).]

Clinical Information: [Pelvic pain. Clinical concern for ovarian torsion.]

Comparison: [Comparison].

Technique:

Transabdominal sonography of the pelvis was performed followed by transvaginal sonography to better evaluate the [uterus and ovaries.]

Color and spectral Doppler (duplex imaging) was also performed to evaluate arterial and venous blood flow of an organ (or organs) in the pelvis.

Findings:

UTERUS

[The uterus is normal in size and echogenicity.]

Uterine dimensions: […] x […] x […] cm.

Endometrial thickness: […] mm.

OVARIES

Right ovary: [The right ovary is normal in size and echogenicity.]

Right ovary: […] x […] x […] cm. Volume […] mL.

Right ovary color and spectral Doppler (duplex imaging): [Normal color Doppler and spectral Doppler waveforms are noted.]

Left ovary: [The left ovary is normal in size and echogenicity.]

Left ovary: […] x […] x […] cm. Volume […] mL.

Left ovary color and spectral Doppler (duplex imaging): [Normal color Doppler and spectral Doppler waveforms are noted.]

FREE FLUID

[None.]

Impression:

[Normal pelvic sonography. No ovarian torsion.]

Examination: Renal ultrasound.

Clinical Information: [Clinical information: Elevated creatinine/Acute on chronic injury/Chronic kidney disease/Renal lesion/\*\*\*].

Comparison: [Comparison].

Findings:

KIDNEYS

[The right and left kidneys are imaged in normal anatomic location and are normal in size, echotexture, and parenchymal thickness. No hydronephrosis, suspicious focal lesion, or calculus is evident.]

Right kidney sagittal dimension: […] cm.

Left kidney sagittal dimension: […] cm.

URINARY BLADDER

[No bladder abnormality is identified.]

Impression:

[Normal renal ultrasound examination.]

Examination: Renal ultrasound with color Doppler.

Clinical Information: Hypertension. Evaluate for renal artery stenosis.

Comparison: [Comparison].

Findings:

RIGHT KIDNEY

Kidney morphology: [Normal size and echogenicity. No hydronephrosis, calculus, or perinephric fluid collection.]

Kidney size: […] cm.

Main renal artery: [Patent. Sharp systolic upstroke, continuous diastolic flow, and no perivascular tissue vibration.]

Main renal artery peak velocity:

Proximal: […] cm/sec.

Mid: […] cm/sec.

Distal: […] cm/sec.

Intrarenal arteries: [Patent. No tardus parvus or high-resistance waveforms.]

Resistance index (RI) (normal < 0.8):

Superior: […]

Mid: […]

Inferior: […]

Pulsatility index (PI) (normal < 1.8):

Superior: […]

Mid: […]

Inferior: […]

Renal vein: […]Patent with normal cardiac phasicity. […]

LEFT KIDNEY

Kidney morphology: […]Normal size and echogenicity. No hydronephrosis, calculus, or perinephric fluid collection. […]

Kidney size: […]cm.

Main renal artery: [Patent. Sharp systolic upstroke, continuous diastolic flow, and no perivascular tissue vibration.]

Main renal artery peak velocity:

Proximal: […] cm/sec.

Mid: […] cm/sec.

Distal:[…] cm/sec.

Intrarenal arteries: [Patent. No tardus parvus or high-resistance waveforms.]

Resistance index (RI) (normal < 0.8):

Superior: […]

Mid: […]

Inferior: […]

Pulsatility index (PI) (normal < 1.8):

Superior: […]

Mid: […]

Inferior: […]

Renal vein: [Patent with normal cardiac phasicity.]

ABDOMINAL AORTA

Caliber: [Normal.]

Peak systolic velocity: […] cm/sec.

FREE FLUID: [None.]

Impression:

[Normal renal morphology and hemodynamics.]

Examination: Ultrasound renal transplant with color Doppler.

Clinical Information: Elevated creatinine.

Comparison: [Comparison].

Findings:

Transplant location: [Transplant location: right/left]

Transplant morphology: [Normal size and echogenicity without focal lesion.]

Transplant collecting system: [No hydronephrosis or kidney stones.]

Kidney size: […] cm.

Peritransplant fluid collections: [None.]

Transplant main renal artery: [Patent. Sharp systolic upstroke, continuous diastolic flow, and no perivascular tissue vibration.]

Transplant main renal artery peak velocity: […] cm/sec.

Transplant intrarenal arteries: [Patent. No tardus parvus or high-resistance waveforms.]

Resistive index (RI): […] to […] (normal < 0.8).

Pulsatility index (PI): […] to […] (normal < 1.8).

Transplant renal vein: [Patent with normal cardiac phasicity.]

Ipsilateral iliac artery and vein: [Patent.]

Urinary bladder: [No abnormality.]

Impression:

[Normal renal transplant morphology and hemodynamics.]

Examination: Right lower extremity venous ultrasound.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain/Shortness of breath].

Comparison: [Comparison].

Findings:

[The right common femoral, femoral, popliteal, proximal medial saphenous, and deep femoral veins are patent and free of thrombus. The veins are normally compressible and have normal phasic flow and augmentation response.]

[The paired peroneal and posterior tibial calf veins are patent.]

[The contralateral (left) common femoral vein is patent and free of thrombus.]

Impression:

[Negative study. No deep vein thrombosis of the right lower extremity.]

Examination: Right upper extremity venous ultrasound examination.

Clinical Information: [Clinical information:\*\*\*/Swelling/Pain].

Comparison: [Comparison].

Findings:

[The right internal jugular, subclavian, axillary, basilic, cephalic, and paired brachial veins are patent and free of thrombus. The veins demonstrate normal color Doppler flow, cardiorespiratory phasicity, and/or compression. The imaged right brachiocephalic vein is patent and free of thrombus.]

[The contralateral (left) subclavian vein is patent and free of thrombus.]

Impression:

[Negative study. No thrombosis of right upper extremity veins.]

Examination: Right upper quadrant abdominal ultrasound.

Clinical Information: [Clinical information:\*\*\*/Pain/LFTs].

Comparison: [Comparison].

Findings:

LIVER:

[Normal in size and echogenicity without focal lesion.]

Main portal vein: [Patent with antegrade flow.]

Intrahepatic bile ducts: [Normal. Not dilated.]

Common bile duct: […] mm.

GALLBLADDER:

[Normal. No gallstones, wall thickening, or pericholecystic fluid.]

PANCREAS:

[The pancreatic head and proximal body are imaged and are normal in size and texture. The distal pancreatic body and tail are obscured by overlying bowel gas.]

RIGHT KIDNEY:

[Normal in anatomic location, size, and parenchymal thickness. No hydronephrosis, suspicious focal lesion, or evident calculus.]

Sagittal length: […] cm.

AORTA and INFERIOR VENA CAVA:

[Imaged portions are normal.]

ASCITES:

[None.]

Impression:

[Normal sonographic study of the right upper abdominal quadrant.]

Examination: Scrotal ultrasound.

Clinical Information: [Clinical information].

Comparison: [Comparison].

Technique: The scrotum was imaged.

Spectral Doppler use: [Doppler: yes/no]

Findings:

TESTES:

[Normal in size and echotexture without focal lesion.]

Color Doppler: [Normal color Doppler flow pattern.]

Right testicle size: […] x […] x […] cm.

Left testicle size: […] x […] x […] cm.

EPIDIDYMIDES:

[Normal in size and echotexture without focal lesion.]

Color Doppler: [Normal color Doppler flow pattern.]

HYDROCELE: [None.]

VARICOCELE: [None.]

OTHER FINDINGS: [None.]

Impression:

[Normal scrotal sonography.]

Examination: [Scrotal ultrasound with color/spectral Doppler (duplex imaging).]

Clinical Information: [Testicular pain. Clinical concern for testicular torsion.]

Comparison: [Comparison].

Technique: Routine scrotal sonography with additional color and spectral Doppler (duplex imaging) was performed to evaluate the arterial and venous blood flow of the [testes].

Findings:

TESTES:

Right testicle: [Normal in size and echotexture without focal lesion.]

Right testicle size: […] x […] x […] cm.

Right testicle color and spectral Doppler (duplex imaging): [Normal color Doppler and spectral Doppler waveforms are noted.]

Left testicle: [Normal in size and echotexture without focal lesion.]

Left testicle size: […] x […] x […] cm.

Left testicle color and spectral Doppler (duplex imaging): [Normal color Doppler and spectral Doppler waveforms are noted.]

EPIDIDYMIDES:

[Normal in size and echotexture without focal lesion.]

Color Doppler: [Normal color Doppler flow pattern.]

HYDROCELE: [None.]

VARICOCELE: [None.]

OTHER FINDINGS: [None.]

Impression:

[Normal scrotal sonography. No testicular torsion.]

Procedure: Ultrasound-guided thoracentesis.

Clinical Information: [Pleural effusion.]

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Catheter: [4]-French One-Step catheter.

Site: chest.

Fluid:

Volume: […] mL.

Character: […]

Disposition: [Disposition: discarded/labs]

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [Discharged from the department in stable condition.]

Operator: […], […]

Supervising Radiologist: […], […]

Impression: [Ultrasound-guided thoracentesis.]

I, Dr. […], was present for the key and critical procedure components of this case. I have reviewed and agreed with the dictated report. I reviewed and confirmed the images and report findings.

Procedure: Ultrasound-guided fine-needle aspiration of thyroid nodule.

Clinical Information: Thyroid nodule.

Informed Consent: [The risks, benefits, and alternatives of the procedure were discussed with the patient. Verbal and written consent was obtained.]

Time-Out: [Time-out performed to confirm the correct patient, procedure, and site.]

Site: […].

Preparation: A suitable skin site was identified. The patient was prepped and draped in usual sterile fashion.

Local Anesthesia: 1% lidocaine.

Needle: [25-gauge needles.]

Samples: [4] passes.

Adequacy: [Adequacy of the sample was confirmed by the cytotechnologist.]

Estimated Blood Loss: [Minimal.]

Complications: [None.]

Patient Disposition: [The patient was observed in the department for 30 minutes and was discharged in stable condition.]

Operator: […]

Supervising Radiologist: Dr. […]

Impression:

Ultrasound-guided [fine needle aspiration] of a thyroid nodule.

Dr. […] dictated this invasive procedure. Dr. […] was present for the key and critical procedural components of this case. Images were reviewed and reported findings were edited and confirmed by Dr. […]

Examination: Thyroid ultrasound.

Clinical Information: [Thyroid nodules.]

Technique: Multiple grayscale and color Doppler images of the thyroid and neck lymph nodes were obtained.

Comparison: [Comparison].

Findings:

Right Thyroid Lobe:

Size: […] x […] x […] cm.

Echotexture: [Normal.]

Right Thyroid Nodule(s):

Nodule #1:

Size: […] cm

Location: […]

Composition: [Composition: cystic/almost completely cystic (0)/spongiform (0)/mixed cystic and solid (1)/solid/almost completely solid (2)/cannot determine (2)]

Echogenicity: [Echogenicity: anechoic (0)/hyperechoic (1)/isoechoic (1)/hypoechoic (2)/very hypoechoic (3)/cannot determine (1)]

Shape: [Shape: not taller-than-wide (0)/taller-than-wide (3)]

Margins: [Margins: smooth (0)/ill-defined (0)/lobulated/irregular (2)/extra-thyroidal extension (3)/cannot determine (0)]

Echogenic foci: [Echogenic foci: Dictate all that apply, including point values: None (0), Large comet tail artifact (0), macrocalcs (1), peripheral calcs (2), punctate echogenic foci (3)]

Change in size\*/features: [Change in size or features: Not applicable/No]

\* Defined as 20% or greater increase in size on 2 dimensions (minimal increase of 2 mm)

ACR TI-RADS total points: [Total points]

ACR TI-RADS risk category: [Risk category:TR1/TR2/TR3/TR4/TR5]

Nodule #2:

Size: […] cm

Location: […]

Composition: [Composition: cystic/almost completely cystic (0)/spongiform (0)/mixed cystic and solid (1)/solid/almost completely solid (2)/cannot determine (2)]

Echogenicity: [Echogenicity: anechoic (0)/hyperechoic (1)/isoechoic (1)/hypoechoic (2)/very hypoechoic (3)/cannot determine (1)]

Shape: [Shape: not taller-than-wide (0)/taller-than-wide (3)]

Margins: [Margins: smooth (0)/ill-defined (0)/lobulated/irregular (2)/extra-thyroidal extension (3)/cannot determine (0)]

Echogenic foci: [Echogenic foci: Dictate all that apply, including point values: None (0), Large comet tail artifact (0), macrocalcs (1), peripheral calcs (2), punctate echogenic foci (3)]

Change in size\*/features: [Change in size or features: Not applicable/No]

\* Defined as 20% or greater increase in size on 2 dimensions (minimal increase of 2 mm)

ACR TI-RADS total points: [Total points]

ACR TI-RADS risk category: [Risk category:TR1/TR2/TR3/TR4/TR5]

Left Thyroid Lobe:

Size: […] x […] x […] cm.

Echotexture: [Normal.]

Left Thyroid Nodule(s):

Nodule #3:

Size: […] cm

Location: […]

Composition: [Composition: cystic/almost completely cystic (0)/spongiform (0)/mixed cystic and solid (1)/solid/almost completely solid (2)/cannot determine (2)]

Echogenicity: [Echogenicity: anechoic (0)/hyperechoic (1)/isoechoic (1)/hypoechoic (2)/very hypoechoic (3)/cannot determine (1)]

Shape: [Shape: not taller-than-wide (0)/taller-than-wide (3)]

Margins: [Margins: smooth (0)/ill-defined (0)/lobulated/irregular (2)/extra-thyroidal extension (3)/cannot determine (0)]

Echogenic foci: [Echogenic foci: Dictate all that apply, including point values: None (0), Large comet tail artifact (0), macrocalcs (1), peripheral calcs (2), punctate echogenic foci (3)]

Change in size\*/features: [Change in size or features: Not applicable/No]

\* Defined as 20% or greater increase in size on 2 dimensions (minimal increase of 2 mm)

ACR TI-RADS total points: [Total points]

ACR TI-RADS risk category: [Risk category:TR1/TR2/TR3/TR4/TR5]

Nodule #4:

Size: […] cm

Location: […]

Composition: [Composition: cystic/almost completely cystic (0)/spongiform (0)/mixed cystic and solid (1)/solid/almost completely solid (2)/cannot determine (2)]

Echogenicity: [Echogenicity: anechoic (0)/hyperechoic (1)/isoechoic (1)/hypoechoic (2)/very hypoechoic (3)/cannot determine (1)]

Shape: [Shape: not taller-than-wide (0)/taller-than-wide (3)]

Margins: [Margins: smooth (0)/ill-defined (0)/lobulated/irregular (2)/extra-thyroidal extension (3)/cannot determine (0)]

Echogenic foci: [Echogenic foci: Dictate all that apply, including point values: None (0), Large comet tail artifact (0), macrocalcs (1), peripheral calcs (2), punctate echogenic foci (3)]

Change in size\*/features: [Change in size or features: Not applicable/No]

\* Defined as 20% or greater increase in size on 2 dimensions (minimal increase of 2 mm)

ACR TI-RADS total points: [Total points]

ACR TI-RADS risk category: [Risk category:TR1/TR2/TR3/TR4/TR5]

Lateral compartment (levels I-V) lymph nodes: [Normal.]

Central compartment (level VI) lymph nodes: [Normal.]

Impression:

1. […]

2. Nodule […] : […] cm, ACR TI-RADS:

ACR TI-RADS recommendations:

TR5, highly suspicious (greater than or equal to 7 points) - FNA if greater than or equal to 1 cm, follow-up if 0.5-0.9 cm every year for 5 years

TR4, moderately suspicious (4-6 points) - FNA if greater than or equal to 1.5cm, follow-up if 1-1.4 cm in 1, 2, 3 and 5 years

TR3, mildly suspicious (3 points) - FNA if greater than or equal to 2.5cm, follow-up if 1.5-2.4 cm in 1, 3 and 5 years

TR2, not suspicious (2 points) and TR1, benign (0 points) - No FNA or follow-up

\* ACR TI-RADS recommends no more than two nodules with the highest ACR TI-RADS total point should be biopsied and no more than four nodules should be followed.

ACR TI-RADS (Thyroid Imaging and Reporting Data System) is a structured system for interpreting and reporting thyroid imaging studies with management guidelines.

<https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/TI-RADS>

Examination: Transjugular intrahepatic portosystemic shunt (TIPS) ultrasound evaluation.

Clinical Information: Evaluate TIPS patency and flow. […]

Comparison: [Comparison].

Findings:

Liver: [Cirrhosis. No focal lesion.]

Ascites: [None.]

Main portal vein: [Patent with normal antegrade flow.]

Left portal vein: [Patent with retrograde flow as expected in a patient with a TIPS in place.]

Hepatic artery: [Patent with normal flow characteristics.]

Hepatic veins: [Patent with normal flow hemodynamics.]

Peak velocities are as follows:

Current examination:

Main portal vein: […] cm/sec

TIPS portal-vein end: […] cm/sec

Mid TIPS: […] cm/sec

TIPS hepatic-vein end: […] cm/sec

Prior examination:

Main portal vein: […] cm/sec

TIPS portal-vein end: […] cm/sec

Mid TIPS: […] cm/sec

TIPS hepatic-vein end: […] cm/sec

Spleen length: […] cm.

Splenic vein: [Patent with antegrade flow.]

[Other findings]

Impression:

[Patent TIPS. No evidence of stenosis.]