**Endoscopic Ultrasonography**

**Date of EUS** (dd/mm/yyyy): ………./………./……….

**Procedure starting time** (hh:mm): ………. : ……….

**Procedure ending time** (hh:mm): ………. : ……….

**Visualization of the pancreas**

* Good, complete (head, uncinate proc., body, tail, duct)
* Partially, incomplete (head, uncinate proc., body, tail, duct)
* Poor, non-diagnostic (head, uncinate proc., body, tail, duct)

**Homogenity**

* Homogeneous
* Inhomogeneous, includes area(s) of low echogenicity
* Inhomogeneous, includes calcifications

**Acute pancreatitis**: Yes or No or Uncertain

**Chronic pancreatitis:** Yes or No or Uncertain

**Dilated pancreatic duct (PD):** Yes or No or Uncertain

Diameter (head-body-tail): ……….-……….-………. mm

If dilated: Diffuse Segmental (head body tail)

**Pancreatic duct stone:** Yes or No or Uncertain

Size: ……..mm Number: ………..

**Pancreatic cystic neoplasms:** Yes or No or Uncertain

Cyst Number: ……….

Unifocal or Multifocal

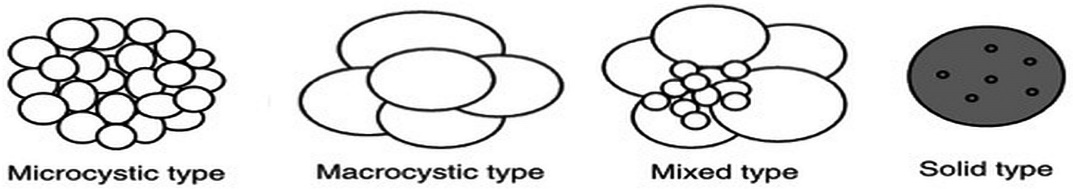
Size (biggest): ………. mm

Location of dominant cyst: HoP or BoP or ToP

Multilobularity: Yes or No or Uncertain

Number of lobules: .........

Type of multilobularity

 Microcystic Macrocystic Mixed Solid

Septums: Yes or No or Uncertain

Thickened or Thin septation

Solid component/nodule: Yes or No or Uncertain

Anechoic Hypoechoic Hyperechoic

Nodule size: ………. mm

Thickened cyst wall: Yes or No or Uncertain

If Yes: ………. mm

Central fibrous scar: Yes or No or Uncertain

Central stellate pattern: Yes or No or Uncertain

Calcifications: Yes or No or Uncertain

If Yes: Peripheral Central

PCN fluid content:

Anechoic Hypoechoic Hyperechoic

Homogeneous Inhomogeneous

PCN – PD communication: Yes or No or Uncertain

Vascular involvement: Yes or No or Uncertain

Level of involvement: Access Invasion

SMA SMV SA SV CT PV

**Contrast enhanced EUS performed**: Yes or No

Contrast enhancement: Yes or No or Uncertain

If Yes: Peripheral Central

Elastography

Strain ratio: ……….

FNA: Yes or No

Needle type (manufacturer): ……………………………….

Needle size: ……….

Passage number: ……….

Aspiration technique:

* Slow pull
* Suction

Vacuum volume: ……….ml

Obtained volume: ……….ml

String sign: Yes or No

CEA(ng/ml): ……….

Amylase (U/l): ……….

Cytopathology diagnosis: …………………………………………..

Antibiotic prophylaxis: Before or After

Intravenosus or Oral

Type of antibiotic:……………………….

Adverse Events: Bleeding Perforation Infection

Lymphadenopathy: Yes or No or Uncertain

|  |  |  |  |
| --- | --- | --- | --- |
| Visible lymphnode  Location | Peripancreatic | Mesenteric | Periaortic |
| Yes or No | Yes or No | Yes or No |
| Number |  |  |  |
| Size (biggest) | mm | mm | mm |

Previous cholecystectomy: Yes or No

Gallbladder inflammation: Yes or No or Uncertain

Gallbladder stone: Yes or No or Uncertain

If Yes, number and size (biggest): ………. ……….mm

Gallbladder polyp: Yes or No or Uncertain

Biggest diameter: ………. mm

Dilated common bile duct: Yes or No or Uncertain

Diameter: ………. mm

Thickened CBD wall: Yes or No or Uncertain

Intrahepatic bile ducts dilated: Yes or No or Uncertain

**Pictures of PCN (with the greatest diameter/with the most worrisome features and without flow and any measure tools):**

**Video of PCN**