**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 lymphnodeLocation | 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**