**Ultrasonography**

**Date** (dd/mm/yyyy): ………./………./……….

**Procedure done by**: trainee without supervisor/trainee with/supervisor/senior

**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

**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

**Dilated intrahepatic bile ducts:** Yes or No or Uncertain

**Peripancreatic fluid:.** Yes or No or Uncertain

**Edematous pancreas**: Yes or No or Uncertain

**Enlarged pancreas:** Yes or No or Uncertain

**Atrophic pancreas:** Yes or No or Uncertain

**Irregular pancreas contours:** Yes or No or Uncertain

**Blurred pancreas contours:** Yes or No or Uncertain

**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

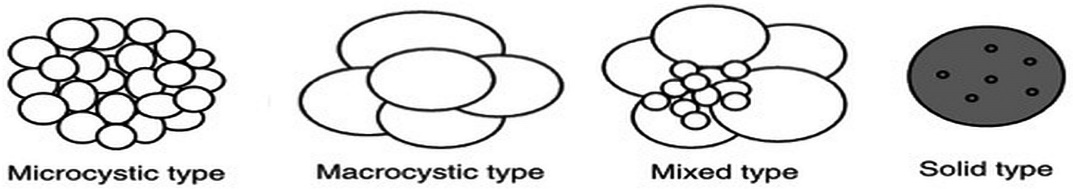
Size (biggest): ………. mm

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 septation 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

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 |

Synchron tumor: Yes or No

If Yes: …………………………………..…………………

Anything else worth to share:

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