

Name:	GOUL	ASH + number:			
TAJ:		Date of EUS:			
Type of echoen	doscope: 🗆 radia	al 🗆 linear			
Serial type of e	choendoscope:				
Used frequency	y:MI	Hz			
<b>Sedation:</b> □ no	sedation   mi	dazolam:mg 🗆 fentanyl:mg			
Duration of EUS	S:min				
Pancreas Size:	□ Normal				
	□ Partially e	☐ Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is			
	-	one exceeds 3 cm)			
	□ Definitely	enlarged (any part over 3 cm AP diameter)			
Peripancreatic	fluid:□ None				
	□ Present				
	□ Large pseu	idocyst(s)			
	Size of perip	ancreatic fluid or pseudocyst: mm			
Parenchymal fo	eatures (Rosemon	t criteria¹)			
Hyperec	hoic foci with shad	owing (echogenic structures ≥2 mm in length and width that shadow):			
	YES (Major A)	□NO			
		bing (Well-circumscribed, ≥5 mm structures with enhancing rim and relatively			
echo-poor o	YES (Major B)	$\sqcap NO$			
		ombing (Noncontiguous lobules):			
	YES (Minor)				
	,	shadowing (echogenic structures ≥2 mm in length and width without			
shadowing)		Shadowing (cenogenic structures 22 min in length and without			
	YES (Minor)	□NO			
Cysts (Aı	nechoic, rounded/elliptic	structures with or without septations):			
-	YES (Minor)	□NO			
		mm in length seen in at least 2 different directions with respect to the imaged			
plane):					
-	YES (Minor)	□NO			



 $Ductal \ features \ (Rosemont \ criteria^1) \ (\text{Except for ductal calculi all other features should be looked in the body and tail of pancreas only)}$ 

Main pancreatic duct	(MPD)	calculi (E	Cchogenic structur	res within MPD wit	th acoustic shadowing):
□ YES (Majo:	r A)	□NO			
Irregular MPD conto	ur (uneven	or irregular	r in outline and ed	ctatic course):	
□ YES (Mino	r) [	□NO			
Dilated side branches	S (presence	of≥3 tubula	ar anechoic struct	tures each measurin	ng ≥1 mm in width budding
from the MPD):					
□ YES (Mino	r) [	□NO			
Main pancreatic duct	dilatatio	n (MPD di	ameter ≥3.5 mm	in the pancreatic bo	ody or ≥1.5 mm in the
pancreatic tail):					
□ YES (Mino	r) [	□NO			
Hyperechoic MPD m	argin (Ec	hogenic, dis	stinct structure gr	eater than >50% of	the entire MPD of the body
and tail):					
□ YES (Mino	r) [	□NO			
Endoscopic ultrasound dia	gnosis of	f chronic	c pancreatiti	s based upon	Rosemont criteria
□ Consistent with CP:	□ One N	Major A	feature with	≥3 Minor featu	ıres
	□ Major	r A featu	re and Major	B feature	
	□ 2 Maj	or A fea	tures		
□ Suggestive of CP:	□ One N	Major A	feature with	<3 Minor featu	ıres
	□ 1 Maj	or B fear	ture with $\geq 3$	Minor features	S
	□ ≥5 M	inor feat	ures		
□ Indeterminate for CP:	□ 3 or 4	Minor f	eatures with	no major featu	ires
	□ Major	r B featu	re alone or w	rith <3 Minor f	features.
□ Normal: <3 Minor featu	ires, no r	najor fea	itures.		
Necrotizing area (nonencha	incement	): 🗆 YES	S □ NO		
Largest diameter of r	necrosis a	ırea:	mm		
Location of necrosis:	$\Box$ head		body	□ tail	
Type of necrosis:	□patchy	/ <b>-</b>	full width		
Estimated necrosis:	□0%		< 30%	□30-60%	□above 60%



<b>Enlarged lymph nodes:</b> □ YES	□NO							
Echostructure: □ heteroge	eneous 🗆 hor	□ homogeneous						
Echogenicity: □ hypoech	Echogenicity: □ hypoechogenic □ hyperechogenic □ mixed							
Shape: □ triangle □ r	round							
Size (long and short axis	):mm	Numb	er:					
Border: □ smooth,	well defined	$\Box$ ill-defined						
Presence of necrosis: □ y	res □ no							
Presence of calcification	: □ yes	□ no						
<b>Pancreas cancer<sup>2</sup>:</b> □ YES	□ NO							
$\hfill\Box$ $T1$ (the tumor is inside the pa	ncreas and is 2cm or le	ss in any direction)						
$\ \square \ T1A$ (the cancer in n	o more than 0.5 cm in s	ize in any direction)						
$\hfill\Box$ $T1B$ (more than $0.5\ c$	cm but no more than 1c	m in size in any direc	ction)					
$\hfill\Box$ $T1C$ (more than 1 cm	$\square$ T1C (more than 1 cm but no more than 2cm in size in any direction)							
$\hfill\Box$ $T2$ (more than 2 cm but no m	ore than 4cm in size in	any direction)						
$\Box$ T3 (more than 4 cm in size)								
$\hfill\Box$ $T4$ (the cancer has grown out	side the pancreas, into	the nearby large bloc	d vessels)					
$\square$ $N0$ (there are no lymph nodes	s containing cancer)							
$\hfill \square$ $N1$ (there are 1 to 3 lymph no	odes that contain cancer	cells)						
$\ \square\ N2$ (that there is cancer in mo	ore than 4 lymph nodes							
$\square$ $M0$ (the cancer has not spread	d into distant organs su	ch as the liver or lung	gs)					
$\hfill \square$ $M1$ (the cancer has spread to	other organs)							
Elastography <sup>3</sup> performed:	$\square$ YES	$\square$ NO						
$\ \square \ Type \ 1$ (with homogeneous $\mu$	oattern)							
$\Box$ Type 2 (with 2 or 3 colours)	)							
$\ \square$ Type 3 (with a honeycomb)	pattern)							
Contrast enhanced EUS <sup>4</sup> perfo	ormed:	$\square$ YES	□NO					
□ vascularisation: □ a	ıvascular							
	□ (parietal) vascularized nodules and septa							
	/ascular: □ arte	erial	□ arterial and venous					



FNA performed:	$\square$ YES	$\; \square \; NO$				
if YES, site:	□ pancreas head	1	□ pancreas bo	dy 🗆 pano	creas tail	
	□ pseudocyst		□lymph node	□liver	□ other:	••••
Numb	per of passes:	Nee	edle used:	□ 19G	□ 22G	□25G
Suction	on type: 🗆 style	et slow-p	ull 🗆 vacu	ıum: ml	□ wet suction	
Pseudocyst drainag	e: □ YES		□ NO			
Type of stent	ed □ parti	tic		en apposing st	ent 🗆	double-
□ Inflammati	on (Cholecystit	is, Duod	enitis, etc.) □	YES □NO		
	location					
□ Cholecysto	lithiasis:	$\square \ YES$	$\square$ NO			
□ Choledocho	olithiais:	$\square \ YES$	$\square$ NO			
□ Venous thre	ombosis:	$\square \ YES$	$\square$ NO			
	if yes: □ v.por	tae	□ v.hepatica	$\square$ v.lienalis	□other:	
□ Other:						
Distant abdominal f	fluid: 🗆 YES		□ NO			
□ Small amou	unt (hard to see, les	s than 2 cm	in lesser pelvis, le	ess than 1 cm aroun	d liver/spleen)	
□ Moderate a	mount (easy to see	e, but withou	out pelvic or abdom	ninal distension)		
□ Large amou	unt with abdom	inal/pelv	ric distension			
Other Description:						
<sup>1</sup> Rana SS, Vilmann P. Ultrasound.2015;4(1):10-4. <sup>2</sup> https://www.cancerresearcl						···· v. Endosc
<sup>3</sup> Janssen J, Schlörer E, Gre	_	-		-	_	l pancreas,
chronic pancreatitis, and foo	cal pancreatic lesion	s. LGastroii	ntest Endosc. 2007	;65(7):971-8.		

<sup>&</sup>lt;sup>4</sup> Christoph F. Dietrich, M. Sharma, and M. Hocke: Contrast-Enhanced Endoscopic Ultrasound, Endosc Ultrasound. 2012;1(3):130–136.