

A1. Site/Study ID #: _____ / P _____

A2. Visit Date: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

A4. Visit: 3. Year 2 5. Year 4 7. Screening 8. Reread

To DCC

*The internal variable CTXPGRPT (typically used for page repeat) is being used to capture the Reader's Site

Directions: If there is Protected Health Information (PHI) present on the images DO NOT SUBMIT to DCC. Remove the PHI present on the images before submitting to DCC.

B01QUAL B1. Rate the quality of the images:

- 1. Adequate
- 2. Suboptimal (Select reason why image quality was suboptimal) (check all that apply)

B01AIAC a. Incomplete anatomic coverage

B01BPGS b. Poor gray scale technique

B01CPAM c. Patient motion

B01DART d. Distortion artifacts

B01EOT e. Other

B01ESP (Specify _____)

B02LGS B2. Liver Gray Scale US Grade (Note: echogenicity will be evaluated by comparing to kidney)

- 1. Grade 0 - Normal
- 2. Grade 1 - Heterogeneous echogenicity
- 3. Grade 2 - Diffuse homogeneous increased echogenicity
- 4. Grade 3/4 - Heterogeneous liver texture with nodular parenchyma and margins

*Note: Increased echogenicity that is patchy or limited to periportal regions (>2mm) should be considered Grade 1.

B03ULT B3. Are the kidneys normal by ultrasound? (i.e. no evidence of medical renal disease) 1. Yes 2. No

B04LOC B4. Level of confidence with grading this image:

- 1. Very confident (75%-100%)
- 2. Confident (50%-75%)
- 3. Somewhat confident (25%-50%)
- 4. Not confident (0%-25%)

RDSIG Interpreting Radiologist Signature

SIGMM Date Month

SIGDD Date Day Date (MM/DD/YYYY)

SIGYY Date Year

SIGDT

CMMNT Comment