

A1. Site/Study ID #: _____ / P _____ A2. Visit Date: _____ / _____ / _____
Month Day Year A3. Staff Initials: _____

A4. Visit: 3. Year 2 5. Year 4 7. Screening To DCC

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.

B01HR B1. Has the subject been NPO (as defined by last solids or non water liquids) for 4 hours? 1. Yes 2. No

B02QUAL B2. Rate the quality of the images:

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

B02AIAC a. Incomplete anatomic coverage
 B02BPGS b. Poor gray scale technique
 B02CPAM c. Patient motion
 B02DART d. Distortion artifacts
 B02EOT e. Other
 B02ESP (Specify _____)

B03LGS B3. 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 (> 2 mm) should be considered Grade 1.

B04LS B4. Liver Size

B041LSCM 1. Diaphragm to Tip of R Lobe (Largest Dimension) _____ cm
 2. Not assessed

B05SS B5. Spleen size

B05SSCM 1. Greatest dimension _____ cm
 2. Not assessed

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

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

A3. Staff Initials: ____

A4. Visit: 3. Year 25. Year 47. ScreeningTo DCC

B06ASC B6. Ascites

1. Present
2. Absent
3. Unable to assess

B07TO B7. Thickened Omentum

1. Yes
2. No
3. Unable to assess

B08PV B8. Portal Venous Collateral Vessels

1. Present
2. Absent
3. Unable to assess

B09PV B9. Portal Vein

1. Visualized

B09AM a. Greatest Diameter of main PV ____ . ____ mm
 B09BPAT b. Patent

Direction of Flow (check one)

- i. Hepatopetal
- ii. Hepatofugal
- iii. No flow seen

B09CTHR

c. Thrombosis

- i. Partial
 - ii. Complete
 - iii. Evidence of recanalization
2. Not visualized

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

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

A3. Staff Initials: _____

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

To DCC

B10. Doppler measurements

- B10DOP1 1. Main portal vein mean velocity (PVV) _____ . _____ cm/sec
- B10DOP2 2. Splenic vein mean velocity (SVV) _____ . _____ cm/sec
- B10DOP3 3. Hepatic artery mean velocity _____ . _____ cm/sec
- B10DOP4 4. Hepatic artery peak velocity _____ . _____ cm/sec
- B10DOP5 5. Hepatic artery resistive index (HARI) _____ . _____
- B10DOP6 6. Hepatic artery pulsatility index (HAPI) _____ . _____
- B10DOP7 7. Splenic artery resistive index (SARI) _____ . _____
- B10DOP8 8. Splenic artery pulsatility index (SAPI) _____ . _____

B11. Doppler wave forms of hepatic veins

B111RHV 1. Right Hepatic Vein

- B111ARVN a. Visualized
 - i. Monophasic
 - ii. Pulsatile biphasic
 - iii. Pulsatile triphasic
- b. Not visualized
- c. Unable to assess

B112MHV 2. Middle Hepatic Vein

- B112AMVN a. Visualized
 - i. Monophasic
 - ii. Pulsatile biphasic
 - iii. Pulsatile triphasic
- b. Not visualized
- c. Unable to assess

B113LHV 3. Left Hepatic Vein

- B113ALVN a. Visualized
 - i. Monophasic
 - ii. Pulsatile biphasic
 - iii. Pulsatile triphasic

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

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

A3. Staff Initials: _____

A4. Visit: 3. Year 2

5. Year 4

7. Screening

To DCC

b. Not visualized

c. Unable to assess

B12ULT B12. Are the kidneys normal by ultrasound? (i.e. no evidence of medical renal disease) 1. Yes 2. No

B13LOC B13. 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