




Screenshots for Documentation of Endoscopic Ultrasound (EUS) Procedures in CORI v4

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Above each screenshot or set of screenshots is the name of the table in the v4 National Endoscopic Database where the data collected on that screen is found. Some screenshots show the content of subscreens that are also documented in the same table. Controls which have subscreens are evidenced by the orange arrows: 

HISTORY

Table: History

EUS
History

Pathology
Images
Print
Fax
Orders

First name
Middle name
Last name
MRN
Birth date
Procedure date

fake

Patient
00000000
1/1/1901
1/ 1/2000 12:00 PM

History

Physical exam

Indications

Preprocedure

Sedation

Procedure

EGD Visual

Colon Visual

EGD Findings

Bil/Pan Findings

Colon Findings

Staging

Events

Assessment/Plan

Letters/Instructions

Save

Sign

Print Preview

Close

Medications

Within the last 7 days, has the patient taken anti-inflammatory, anti-coagulant or anti-platelet medications? Yes No

Which medications	Stopped prior to exam?	# of days prior
<input type="checkbox"/> ASA	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> NSAID	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> COX-2	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Heparin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> LMWH	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Coumadin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Plavix	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Other antiinflammatory/anticoagulant/antiplatelet meds

Anticoagulation plan

Other medications

Patient habits

Smoking history

Amount *

Number of years

Smokes every day Yes No

Current alcohol consumption (wine, beer, liquor)

No prior surgeries

Surgical history ▶

No history of major medical illness

Medical history ▶

Recent labs/studies Yes No

Allergies Yes No

History comments

Please do not use this field if you can document the information using other fields on the screen

CORI v4 Endoscopic Reporting Software / National Endoscopic Database

5

Surgical History

Table: HxSurgHx

Patient History > Surgical History

Biliary/Pancreatic	GI, Upper	Genitourinary
<input type="checkbox"/> Biliary bypass <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Cyst removal <input type="checkbox"/> Liver surgery <input type="checkbox"/> Pancreatic resection <input type="checkbox"/> Pancreatic surgery <input type="checkbox"/> Sphincteroplasty <input type="checkbox"/> Whipple procedure	<input type="checkbox"/> Anti-reflux surgery <input type="checkbox"/> Billroth I <input type="checkbox"/> Billroth II <input type="checkbox"/> Esophageal myotomy (Heller) <input type="checkbox"/> Esophagectomy <input type="radio"/> partial <input type="radio"/> total <input type="checkbox"/> Gastrectomy <input type="radio"/> partial <input type="radio"/> total Gastric bypass <input type="checkbox"/> Banded gastroplasty <input type="checkbox"/> Roux-en-Y gastric bypass (RYGB) <input type="checkbox"/> Sleeve gastrectomy <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Gastrostomy tube <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Pyloroplasty	<input type="checkbox"/> Cesarean Section <input type="checkbox"/> Total abdominal hysterectomy <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Vaginal hysterectomy <input type="checkbox"/> Partial hysterectomy <input type="checkbox"/> TURP
Cardiovascular		Pulmonary
<input type="checkbox"/> Coronary artery bypass <input type="checkbox"/> Valve replacement		<input type="checkbox"/> Lobectomy
GI, Lower		Organ Transplant
<input type="checkbox"/> Colostomy <input checked="" type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Segmental colectomy <input type="checkbox"/> Total colectomy with <input type="radio"/> ileostomy <input type="radio"/> ileo-anal pouch <input type="radio"/> Koch pouch <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Terminal ileum resection <input type="checkbox"/> Appendectomy		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Small Bowel <input type="checkbox"/> Bone marrow
		Other
		<input type="checkbox"/> Other surgical history ▶ <input type="checkbox"/> Tonsillectomy

Other: Other surgical history

Table: SurgHxOther

Other surgical history

Medical History

Table: HxMedHx

Patient history > Medical history

Cardiovascular	Gastrointestinal	Infection
<input type="checkbox"/> Angina <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Coronary artery disease (CAD) <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Deep vein thrombosis/PE <input type="checkbox"/> Hypertension (HTN) <input type="checkbox"/> Implanted defibrillator <input type="checkbox"/> Murmur <input type="checkbox"/> Myocardial Infarction (MI) <input type="checkbox"/> Pacemaker <input type="checkbox"/> Peripheral vascular disease (PVD) <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Valvular heart disease	<input type="checkbox"/> Adenomatous polyps <input type="checkbox"/> Barrett's esophagus <div style="border: 1px solid black; padding: 2px;"> Cancer <input type="checkbox"/> Anal Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Gastric Cancer <input type="checkbox"/> Small bowel Cancer </div> <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Dysphagia <input type="checkbox"/> Esophagitis <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Food impaction <input type="checkbox"/> Gastritis <input type="checkbox"/> Gastroesophageal reflux disease (GERD) <input type="checkbox"/> H. pylori <input type="checkbox"/> Inflammatory bowel disease (IBD) <input type="checkbox"/> Irritable bowel syndrome (IBS) <input type="checkbox"/> Pancreatitis <input type="radio"/> acute <input type="radio"/> chronic <input type="checkbox"/> Small bowel obstruction <input type="checkbox"/> Sphincter of Oddi dysfunction <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Ulcers	<input type="checkbox"/> Human immunodeficiency virus (HIV) <input type="checkbox"/> Methicillin resistant Staph. aureus (MRSA) <input type="checkbox"/> Sepsis <input type="checkbox"/> Vancomycin resistant Staph. aureus (VRSA)
Endocrine	Genitourinary	Neurological/Musculoskeletal
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Steroid use <input type="checkbox"/> Thyroid abnormality <input type="checkbox"/> Weight change > 10 lbs (recent)	<input type="checkbox"/> Benign prostatic hypertrophy <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Prostate cancer	<input type="checkbox"/> Arthritis <input type="checkbox"/> Back problems <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Lupus/SLE <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disease <input type="checkbox"/> Stroke <input type="checkbox"/> Seizure <input type="checkbox"/> Syncope <input type="checkbox"/> Transient ischemic attack
Gynecological	Liver/Biliary	Pulmonary
<input type="checkbox"/> Ovarian cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Endometrial cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Breast cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Portal hypertension <div style="border: 1px solid black; padding: 2px;"> Viral hepatitis <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C </div> <input type="checkbox"/> Other hepatitis <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Cholecystitis	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic obstructive lung disease <input type="checkbox"/> Dyspnea <input type="checkbox"/> Orthopnea <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Upper respiratory infection (recent)
Hematological	Other	Renal
<input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Hematological cancer ▶ <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hemophilia <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Sickle cell disease/trait	<input type="checkbox"/> Obesity <input type="checkbox"/> Other medical history ▶	<input type="checkbox"/> Continuous abdominal peritoneal dialysis (CAPD) <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Renal failure <input type="checkbox"/> Urinary tract infection (recent)

Hematological: Hematological cancer

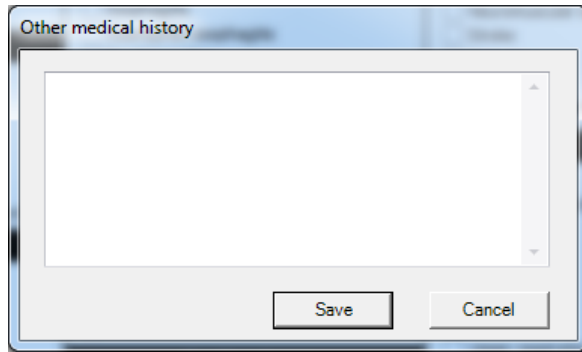
Table: HemeCaType

Hematological cancer

Please indicate type of hematological cancer

Other: Other medical history

Table: MedHxOther



The image shows a screenshot of a software window titled "Other medical history". The window has a light blue title bar and a white main area. Inside the main area, there is a large, empty text input field with a vertical scrollbar on the right side. At the bottom of the window, there are two buttons: "Save" on the left and "Cancel" on the right. The window is set against a white background.

PHYSICAL EXAMINATION

Table: PE

EUS
Pathology Images Print Fax Orders

First name: Fake

Middle name:

Last name: Patient

MRN: 00000000

Birth date: 1/1/1901

Procedure date: 1/ 1/2000 12:00 PM

Physical exam performed:

Measurements

Height/length: in Units: English Metric

Weight: lbs

BMI #:

BMI class (adults):

Physical exam(s)

Entire PE WNL

Abdominal Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Airway Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Cardio-pulmonary Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Extremity Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
HEENT Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Mental status Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Neurological Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Rectal Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed

Systolic BP: mm. Hg

Diastolic BP: mm. Hg

Pulse: beats / min.

Physical exam comments
Please do not use this field if you can document the information using other fields on the screen

Save

Sign

Print Preview

Close

INDICATIONS

Table: EusInd

EUS
Pathology Images Print Fax Orders

History

Physical exam

Indications

Preprocedure

Sedation

Procedure

EGD Visual

Colon Visual

EGD Findings

Bil/Pan Findings

Colon Findings

Staging

Events

Assessment/Plan

Letters/Instructions

Save

Sign

Print Preview

Close

First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

Diagnostic Sampling

Fine needle aspiration (FNA)

Forceps Biopsy

Needle biopsy

Brush cytology

Other diagnostic sampling ▶

Therapeutic intervention

Cyst aspiration

Celiac plexus neurolysis or block

Pancreatic pseudocyst drainage

EUS-assisted EMR

Other therapeutic intervention ▶

Evaluation or staging of known malignancy

Histology

Adenocarcinoma

Lymphoma

Squamous cell carcinoma

Unknown

Other ▶

Tumor site

Evaluation stage

preoperative

postoperative

post-radiation therapy

post-chemotherapy

Primary Indication

Gastrointestinal : suspected finding

Achalasia Suspected Established

Varices Suspected Established

Large gastric folds Suspected Established

Anal sphincter injury Suspected Established

Pancreatic

Acute pancreatitis Suspected Established

Chronic pancreatitis Suspected Established

Pancreatic duct dilation Suspected Established

Pancreatic duct stricture Suspected Established

Pancreatolithiasis Suspected Established

Pancreatic mass Suspected Established

Pancreatic cystic lesion Suspected Established

Pancreatic pseudocyst Suspected Established

Biliary

Bile duct dilation Suspected Established

Bile duct stricture Suspected Established

Cholelithiasis Suspected Established

Cholecystitis Suspected Established

Hepatic

Hepatic cystic lesion Suspected Established

Mass or tumor

Adenopathy Suspected Established

Extramural/mediastinal mass Suspected Established

Lymphoma Suspected Established

Polyp Suspected Established

Subepithelial mass Suspected Established

Other known or suspected finding ▶

Evaluation or staging of known malignancy

Histology

Adenocarcinoma

Lymphoma

Squamous cell carcinoma

Unknown

Other ▶

Tumor site

Evaluation stage

preoperative

postoperative

post-radiation therapy

post-chemotherapy

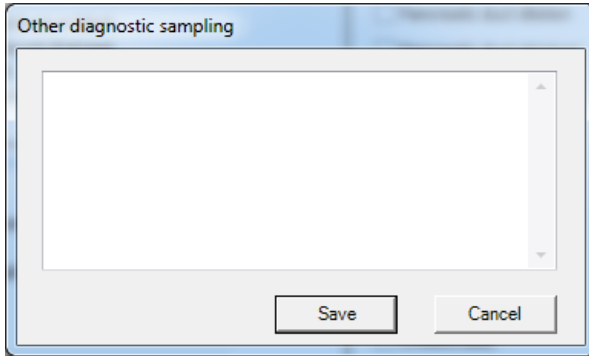
Primary Indication

CORI v4 Endoscopic Reporting Software / National Endoscopic Database

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Diagnostic sampling: Other diagnostic sampling

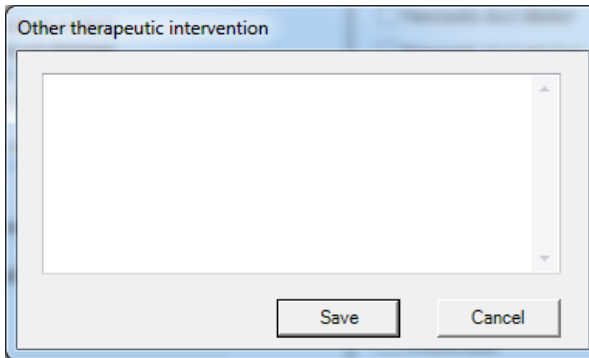
Table: EusIndDxOther



A screenshot of a software dialog box titled "Other diagnostic sampling". The dialog box has a light blue header bar with the title. Below the header is a large, empty white rectangular area with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

Therapeutic intervention: Other therapeutic intervention

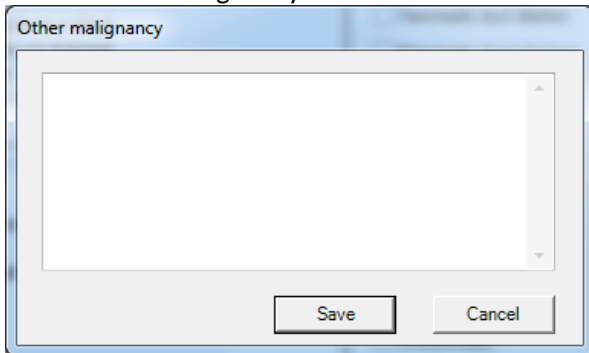
Table: EusIndTherOther



A screenshot of a software dialog box titled "Other therapeutic intervention". The dialog box has a light blue header bar with the title. Below the header is a large, empty white rectangular area with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

Evaluation or staging of known malignancy: Histology: Other

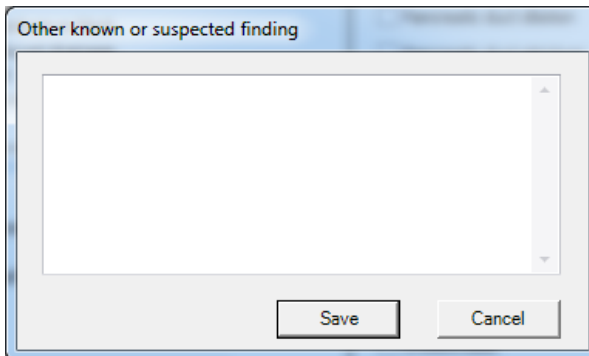
Table: EusIndMalignancyOther



A screenshot of a software dialog box titled "Other malignancy". The dialog box has a light blue header bar with the title. Below the header is a large, empty white rectangular area with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

Known or suspected finding: Other known or suspected finding

Table: EusIndFindOther



A screenshot of a software dialog box titled "Other known or suspected finding". The dialog box has a light blue header bar with the title. Below the header is a large, empty white rectangular area with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

PREPROCEDURE

Table: EusPreProc

Procedure personnel grid: EusPreProc_Procedure_personnel_grid

Antibiotics grid: EusPreProc_Antibiotics_grid

Menu containing only site-specific data: Procedure performed by

Menu containing only site-specific data: Responsible endoscopist

Procedure consent

Was a consent obtained? Yes No

Person consenting

Consent obtained by

- Physician
- Endoscopist
- PA
- GI assistant
- Staff nurse

Did the patient consent to be contacted for research purposes?

Patient Admission Status

Outpatient
 Inpatient
 ED

Bronchoscopy performed in

- Hospital bronchoscopy suite
- Ambulatory surgery center
- Office
- OR
- Radiology suite

Did the patient consent to be contacted for research purposes?

Patient performance status (ECOG/WHO/Zubrod)

Patient Admission Status

Outpatient
 Inpatient
 ED

Endoscopy performed in

- Endoscopy suite
- Hospital ward
- ICU
- NICU
- OR
- PICU
- Radiology suite
- Short stay unit

Did the patient consent to be contacted for research purposes?

Procedure personnel

Role	Name
Endoscopist - Attending physician	Corey Cori, MD

Did the patient consent to be contacted for research purposes?

- Consented
- Did not consent
- Not asked for consent

Patient performance status (ECOG/WHO/Zubrod)

Procedure personnel Add staff

Role	Name
Endoscopist - Attending physician	Corey Cori, MD

- Bronchoscopist - Attending physician
- Bronchoscopist - Fellow
- Endoscopist - Attending physician
- Endoscopist - Fellow
- Nurse
- Nurse anesthetist
- Nurse assistant
- Nurse practitioner

Perform by

Procedure personnel Add staff

Role	Name
Endoscopist - Attending physician	Corey Cori, MD
Endoscopist - Fellow	Ima Fellow Not MD

Procedure performed by

Responsible endoscopist

Level of supervision

- Attending present for the entire procedure
- Attending present for part of the procedure
- Attending available to assist

Role	B prep kit
Endose	Fleets enema
	Fleets prep kit
	Golytely
	Halflytely
	None
Procedure perf	Phospho soda
Corey Cori, MD	Visicol
Responsible en	Mag citrate
Corey Cori, MD	Miralax
	Nulytely
Level of supervi	MoviPrep
	Gatorade & MiraLAX
	OsmoPrep
	SUPREP

GI preparation
Prep used: _____
Prep dose: _____
Over # hours: _____

(Prep used menu customizable by site)

Medication	Dose	Route
amoxicillin		
amoxicillin		
ampicillin		
cefazolin		
cephalexin		
ciprofloxacin		
clindamycin		
gentamicin		
levofloxacin		
metronidazole		
moxifloxacin		
ofloxacin		
streptomycin		
trimethoprim/sulfamethoxazole		
vancocycin		

Other antibiotic medication: History of endocarditis:

Medication	Dose	Route
amoxicillin	250 mg	
	500 mg	
	750 mg	
	1000 mg	
	1500 mg	
	2000 mg	

Other antibiotic medication:

(Dose menu customized to Medication selection)

Medication	Dose	Route
amoxicillin		Aerosol
		IM
		IV
		PO
		PR
		SC
		SL
		Topical

Other antibiotic medication:

SEDATION

Table: EusSedation

Sedation medications grid: EusSedation_Sedation_medications_grid

Pre-sedation assessment

ASA classification

Urgency Emergency
 Urgent
 Elective

Assessed by

Monitoring

Blood pressure
 ECG
 Pulse oximetry
 Capnography
 Other monitoring

Supplemental oxygen

Oxygen flow (liters)

Delivery method

Intubation / Ventilation

Patient intubated
 Ventilation used

Method of ventilation

(Dropdown menu options: Anesthesiologist, Assistant, Bronchoscopist (Attending physician), Bronchoscopist (Fellow), Bronchoscopist (Nurse Practitioner), Bronchoscopist (Physician assistant), ENT staff, ICU staff, Nurse, Nurse anesthetist, Nurse assistant, Nurse practitioner, Oncology staff, Pathology staff, Physician assistant, Primary care physician, Radiology staff, Research staff, Resident, Student, Surgeon, Technician)

Supplemental oxygen at baseline

Oxygen flow (liters)

Delivery method

Patient intubated

(Dropdown menu options: Blow by, Endotracheal tube, Face mask, Nasal prongs)

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

(Dropdown menu options: No sedation, Anxiolytic sedation, Moderate (conscious sedation), Deep sedation, General anesthesia)

Sedation medications

Medication	Dose	Route

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

Sedation medications

Medication	Medication
<input type="checkbox"/>	Residual sedation
<input type="checkbox"/>	Other sedation
<input type="checkbox"/>	No sedation medications

Sedation / Anesthesia:

Please do not use this field for other purposes

Anesthesiologist
 Assistant
 Endoscopist (Attending physician)
 Endoscopist (Fellow)
 Endoscopist (Nurse Practitioner)
 Endoscopist (Physician assistant)
 ENT staff
 ICU staff
 Nurse
 Nurse anesthetist
 Nurse assistant
 Nurse practitioner
 Oncology staff
 Pathology staff
 Physician assistant
 Primary care physician
 Radiology staff
 Research staff
 Resident
 Student
 Surgeon
 Technician

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

Sedation medications

Medication	Medication
<input type="checkbox"/>	Residual sedation
<input type="checkbox"/>	Other sedation
<input type="checkbox"/>	No sedation medications

Sedation / Anesthesia:

Please do not use this field for other purposes

Anesthesiologist
 Nurse anesthetist
 Endoscopist (Attending physician)
 Endoscopist (Nurse Practitioner)
 Endoscopist (Physician assistant)

Sedation medications Add med

Medication	Dose	Route
atropine		
atropine		
benzocaine spray		
Cetacaine		
diazepam		
diphenhydramine		
droperidol		
fentanyl		
flumazenil		
glucagon		
glycopyrrolate		
ketamine		
lidocaine		
meperidine		
methohexital sodium 0.2%		
methohexital sodium 1%		
methohexital sodium 5%		
midazolam		
morphine		
nalbuphine		
naloxone		
ondansetron		
promethazine		
propofol		
Tetracaine		
thiopental sodium		

document the information

Please do not use this field for other purposes

Sedation medications		Add med	
Medication	Dose	Route	
atropine	0.5 mg 1 mg 1.5 mg 2 mg		

(Dose menu customized to Medication selection)

Sedation medications		Add med	
Medication	Dose	Route	
atropine		Aerosol IM IV PO PR SC SL Topical	

Residual sedation from prior procedure present
 Other sedation medication

PROCEDURE

Table: EusProc

Instruments grid: EusProc_Instruments_grid

Eus scope used grid: EusProc_Eus_scope_used_grid

The screenshot shows the EUS software interface with the following sections:

- Navigation Panel (Left):** History, Physical exam, Indications, Preprocedure, Sedation, Procedure (highlighted), EGD Visual, Colon Visual, EGD Findings, Bil/Pan Findings, Colon Findings, Staging, Events, Assessment/Plan, Letters/Instructions, Save, Sign, Print Preview, Close.
- Pathology Images Print Fax Orders (Top):**
 - First name: Fake, Middle name: , Last name: Patient, MRN: 00000000, Birth date: 1/1/1901, Procedure date: 1/ 1/2000 12:00 PM
 - Buttons: Use Defaults, Save as default
- Procedure performed (List):**
 - Esophagoscopy
 - Upper GI Endoscopy (EGD)
 - Colonoscopy
 - Flexible sigmoidoscopy
 - Celiac Plexus Block
 - Celiac Plexus Neurolysis
 - Thoracentesis (EUS-guided)
 - Pericardiocentesis (EUS-guided)
 - Other
- Was the procedure completed?** Yes No
- Reason(s) procedure was incomplete:**
 - Inability to intubate
 - Patient unstable
 - Incomplete/poor prep
 - Retained food
 - Obstruction
 - Stricture
 - Patient discomfort
 - Other
- Instruments:** Add instrument button, grid with columns: Instrument, Serial Number.
- EUS scope used:** Add scope button, grid with columns: Scope, Freq 1, Freq 2, Freq 3, Freq 4.
- Procedure Parameters (Right):**
 - Insufflation gas: Air CO2
 - Water immersion utilized?: Yes No
 - Were images taken?: Yes No
 - Was fluoroscopy used?: Yes No
 - Abdominal compression?: Yes No
 - Were biopsy(s) taken?: Yes No
 - Retroflexion performed?: Yes No
 - Patient position: [Dropdown]
 - Patient tolerance: [Dropdown]
 - Estimated blood loss (ml): [Spinner]
 - Medications administered: indomethacin PR [] mg, Zosyn (piperacillin/tazobactam) IV [] grams
 - Procedure duration:
 - Scope insertion to scope removal - EGD: [] min [] sec
 - Scope insertion to scope removal - COL: [] min [] sec
 - Cecal withdrawal time - COL: [] min [] sec
 - Patient recovery location:
 - After procedure patient sent: [Dropdown]
 - After recovery patient sent: [Dropdown]
 - Procedure comments: [Text Area]

Menus customizable by site: Instruments grid – Instrument, Serial Number;

Eus scope used grid – Scope

Close-up of the Instruments grid dropdown menu showing the following options:

- Curvilinear Array Echoendoscope
- Flexible Blind Probe
- Forward Scanning Echoendoscope
- Helical Scanning Miniprobe
- Linear Miniprobe
- Radial Echoendoscope
- Radial Miniprobe
- Rectal Rigid Blind Probe

Close-up of the EUS scope used grid dropdown menu showing the following options:

- Curvilinear Arr...
- 5.0
- 7.5
- 12.0
- 20.0

Patient position	[Dropdown]
Patient tolerance	From side to side Left side to back
Estimated blood loss (ml)	On left side On right side
Procedure duration	Prone Right side to back
Scope insertion to scope removal	Supine High Fowler's position (80-90°)
Scope insertion to scope removal	Fowler's position (45-60°) Semi-Fowler's position (30-45°)
Cecal withdrawal time	Low Fowler's position (15-30°)

Patient position	[Dropdown]
Patient tolerance	[Dropdown]
Estimated blood loss (ml)	excellent good fair poor
Procedure duration	[Dropdown]

Patient recovery location	
After procedure patient sent	[Dropdown]
After recovery patient sent	home to ICU to NICU to PICU to hospital remain in endoscopy suite to recovery remain in bronchoscopy suite
Procedure comments	
Please do not use this field if you have other fields on the screen	

(After procedure patient sent menu customizable by site)

Patient recovery location	
After procedure patient sent	[Dropdown]
After recovery patient sent	[Dropdown]
Procedure comments	in to hospital back to hospital home
Please do not use this field if you have other fields on the screen	

(After recovery patient sent menu customizable by site)

Procedure duration: Clock times

Table: EUSClockTimes

Clock times	
Scope insertion - EGD	[Time Picker]
Scope removal - EGD	--:--:-- AM [Time Picker]
Scope insertion - COL	--:--:-- AM [Time Picker]
Cecum reached - COL	--:--:-- AM [Time Picker]
Scope removal - COL	--:--:-- AM [Time Picker]
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Esophagoscopy

Table: EusEsophagoscopyCPT

Esophagoscopy with...

- EUS
- EUS-guided fine needle aspiration/biopsy
- Endoscopic submucosal resection
- Biopsy(s)
- Control of bleeding
- Directed submucosal injection(s)
- Injection sclerotherapy of esophageal varices
- Band ligation of esophageal varices
- Removal of foreign body
- Removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bicap
- Removal of tumor(s), polyp(s) or other lesion(s) by snare technique
- Ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal
- Stent insertion
- Dilation using balloon <30mm
- Dilation using balloon >=30mm
- Dilation over guide wire
- Endoscopic mucosal resection
- Retrograde dilation

Save Cancel

Upper GI Endoscopy (EGD)

Table: EusEgdCPT

Upper GI Endoscopy with...

- EUS limited to esophagus
- EUS-guided fine needle aspiration (EUS limited to esophagus)
- EUS
- EUS-guided fine needle aspiration / biopsy(s)
- Endoscopic submucosal resection
- Biopsy(s)
- Directed submucosal injection(s)
- Control of bleeding
- Injection sclerotherapy of esophageal varices
- Band ligation of esophageal and / or gastric varices
- Removal of foreign body
- Removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bicap
- Removal of tumor(s), polyp(s) or other lesion(s) by snare technique
- Ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal
- Directed placement of PEG tube
- Intraluminal tube or catheter placement
- Stent insertion
- Dilation of gastric outlet obstruction
- Dilation of esophagus over guide wire
- Dilation using balloon <30mm
- Dilation using balloon >=30mm
- Drainage of pseudocyst
- Delivery of thermal energy to the muscle of lower esophageal sphincter
- Ultrasound guided injection
- Endoscopic mucosal resection

Save Cancel

Colonoscopy

Table: EusColCPT

Colonoscopy with...

- EUS
- EUS-guided fine needle aspiration/biopsy(s)
- Removal of foreign body
- Biopsy(s)
- Control of bleeding
- Directed submucosal injection(s)
- Removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bicap
- Removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- Ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal
- Stent placement
- Balloon dilation

Save Cancel

Flexible Sigmoidoscopy

Table: EusFlxCPT

Flexible sigmoidoscopy with...

- EUS
- EUS-guided fine needle aspiration/biopsy(s)
- Biopsy(s)
- Removal of foreign body
- Removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bicap
- Control of bleeding
- Directed submucosal injection(s)
- Decompression of volvulus
- Removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- Ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal
- Dilation by balloon, 1 or more strictures
- Stent placement

Save Cancel

Reason(s) procedure was incomplete: Other

Table: EusProIncompleteOther

Other reasons

Save Cancel

EGD VISUALIZATION

Table: Eus_EgdVisual

The screenshot shows the EUS software interface. On the left is a navigation menu with buttons for History, Physical exam, Indications, Preprocedure, Sedation, Procedure, **EGD Visual**, Colon Visual, EGD Findings, Bil/Pan Findings, Colon Findings, Staging, Events, Assessment/Plan, and Letters/Instructions. At the bottom of the menu are Save, Sign, Print Preview, and Close buttons. The main window has tabs for Pathology, Images, Print, Fax, and Orders. Below the tabs is a patient information section with fields for First name (Fake), Middle name, Last name (Patient), MRN (00000000), Birth date (1/1/1901), and Procedure date (1/ 1/2000 12:00 PM). There are 'Use Defaults' and 'Save as Default' buttons. The 'Endoscopic Visualization' section includes 'Depth of insertion' with 'Intended' and 'Actually reached' dropdowns, a checkbox for 'Vocal cords viewed', and a question 'Was gastric retroflexion performed?' with 'Yes' and 'No' radio buttons. The 'EUS Visualization' section has a question 'Were all organs of interest visualized?' with 'Yes' and 'No' radio buttons. Below this is a table of organs with three radio button options: 'not sought', 'visualized', and 'not visualized'. The organs listed are Esophagus, Stomach, Duodenum, Jejunum, Mediastinum, Liver, Spleen, Gallbladder, Pancreas, Left kidney, Left adrenal, Right kidney, Right adrenal, Aorta, and Vascular Structures. There is also a checkbox for 'Other structure visualized' and a corresponding text area.

This close-up shows the 'Endoscopic Visualization' section. The 'Depth of insertion' dropdown menu is open, displaying a list of options: Esophagus, Stomach, Duodenum, Jejunum, Ileum, and Anastomosis site. The 'Actually reached' dropdown is also visible but not open. The 'Vocal cords viewed' checkbox and 'Was gastric retroflexion performed?' radio buttons are also visible.

This close-up shows the 'EUS Visualization' section. The dropdown menu is open, displaying a list of options: Esophagus, Stomach, Duodenum, Jejunum, Ileum, and Anastomosis site. The 'Were all organs of interest visualized?' radio buttons are also visible.

COLON VISUALIZATION

Table: Eus_ColVisual

Pathology Images Print Fax Orders

First name: Fake Middle name: Middle name Last name: Patient MRN: 00000000 Birth date: 1/1/1901 Procedure date: 1/1/2000 12:00 PM

Use Defaults Save as Default

Endoscopic Visualization

Depth of insertion Intended: [dropdown]
Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale --> BBPS

EUS Visualization

Were all organs of interest visualized? Yes No

Organ	not sought	visualized	not visualized
Rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External Anal Sphincter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Anal Sphincter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puborectalis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iliac vessels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other structure visualized

Save Sign Print Preview Close

Endoscopic Visualization

Depth of insertion Intended: [dropdown]
Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale: [dropdown]

EUS Visualization

Were all organs of interest visualized? Yes No

Endoscopic Visualization

Depth of insertion Intended: [dropdown]
Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale: [dropdown]

EUS Visualization

Were all organs of interest visualized? Yes No

Endoscopic Visualization

Depth of insertion Intended

Actually reached

Quality of bowel preparation

Excellent - no more than small bits of adherent fecal material
 Good - small amounts of feces or fluid not interfering with exam
 Fair - adequate to detect polyps > 5mm
 Poor - inadequate to detect polyps > 5mm

Boston bowel preparation scale

Table: EusBBPSform

Boston bowel preparation scale (BBPS)

NA - Segment surgically absent or not seen due to reasons unrelated to bowel prep (i.e. technical difficulties or patient intolerance).

0 - unprepared colon segment with mucosa not seen because of solid stool that cannot be cleared or unseen proximal colon segment in a colonoscopy aborted due to inadequate bowel prep.

1 - portion of mucosa of the colon segment seen, but other areas of the colon segment are not well seen because of staining, residual stool, and/or opaque liquid

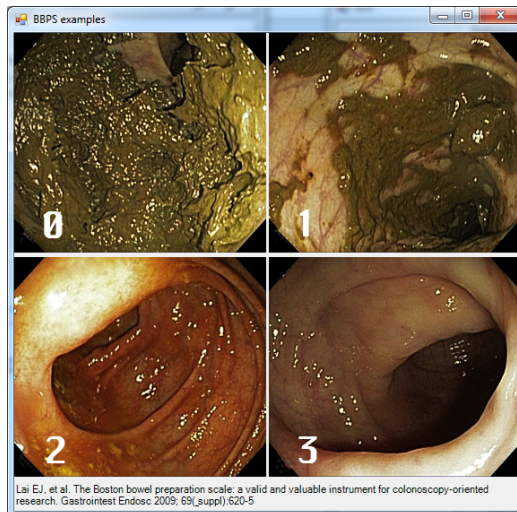
2 - minor amount of residual staining, small fragments of stool, and/or opaque liquid, but mucosa of colon segment is seen well.

3 - entire mucosa of colon segment seen well, with no residual staining, small fragments of stool, or opaque liquid.

Right	Transverse	Left	Total BBPS Score
<input type="radio"/> NA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3	<input type="radio"/> NA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> NA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	?

A value for each segment is required

Examples



EGD FINDINGS

Table: Eus_EgdFind

EUS

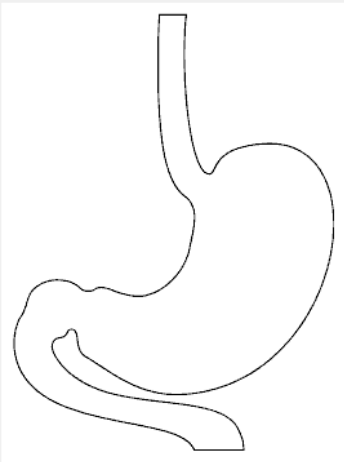
Pathology Images Print Fax Orders

First name Middle name Last name MRN Birth date Procedure date

Fake Patient 00000000 1/1/1901 1/ 1/2000 12:00 PM

EGD Findings

Import Images Multiple findings of [dropdown] End multiple findings



Normal findings

- Esophagus
- Stomach
- Duodenum

Check all

Findings Instructions

- Add a Finding:** left click the diagram, or left click and drag to shade a region
- Delete a Finding:** right click on the finding label
- View/Edit Details:** double click on the finding label
- Move a Label:** left click and drag the finding label

History

Physical exam

Indications

Preprocedure

Sedation

Procedure

EGD Visual

Colon Visual

EGD Findings

Bil/Pan Findings

Colon Findings

Staging

Events

Assessment/Plan

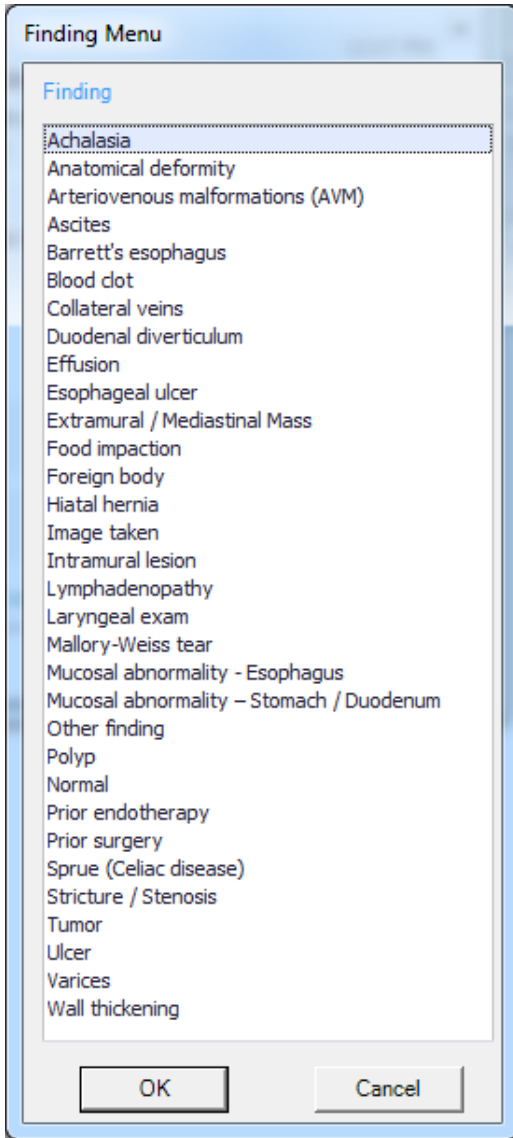
Letters/Instructions

Save

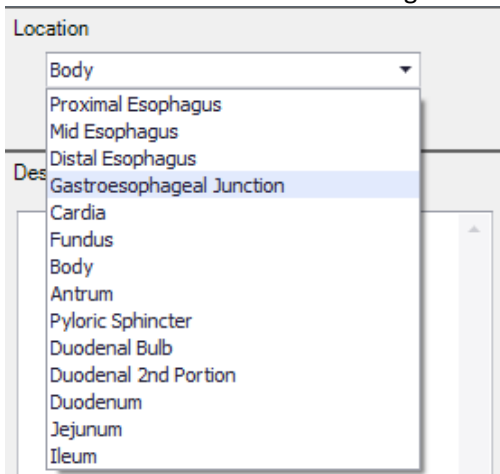
Sign

Print Preview

Close



Location menu found in EUS – EGD Findings:



Adjacent Organ Invaded grid found in EUS – EGD Findings:

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal regi			
<ul style="list-style-type: none"> esophageal region duodenal region gastric region 			

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal r...	aortic arch		
<ul style="list-style-type: none"> aortic arch azygos vein carina carotid artery descending aorta diaphragm esophagus left atrium left pleural sac lung main bronchus mediastinum periaortic region pericardium periesophageal region pulmonary artery right pleural sac spine superior vena cava trachea 			
Margin <input type="checkbox"/> invading <input checked="" type="radio"/> irregular <input type="radio"/> smooth <input type="radio"/> poorly defined <input type="radio"/> well defined		<input type="checkbox"/> Image(s) taken	
Diagnostics <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Needle biopsy taken		nosis	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
duodenal reg...	abdominal aorta	abutment	
<ul style="list-style-type: none"> abdominal aorta ampulla duodenal bulb caudate lobe of liver duodenum 2nd portion (descending) duodenum 3rd portion (horizontal) inferior vena cava left lobe of liver right adrenal right kidney right lobe of liver stomach 			
Margin <input type="checkbox"/> invading <input type="radio"/> irregular <input type="radio"/> smooth		<input type="checkbox"/> Image(s) taken	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
gastric region	antrum	abutment	
<ul style="list-style-type: none"> antrum aorta body cardia caudate lobe of liver celiac region duodenum esophagus fundus gastroduodenal artery hepatic artery left adrenal left kidney left lobe of liver portal vein pylorus renal artery renal vein right lobe of liver spleen splenic artery splenic vein splenoportal confluence superior mesenteric artery superior mesenteric vein 			
Margin <input type="checkbox"/> invading <input type="radio"/> irregular <input type="radio"/> smooth <input type="radio"/> poorly defined <input type="radio"/> well defined		<input type="checkbox"/> Image(s) taken	
Diagnostics <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Needle biopsy taken Needle used <input type="checkbox"/> <input type="radio"/> successful <input type="radio"/> unsuccessful		nosis ments	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal r...	aortic arch	abutment	
		<input type="checkbox"/> abutment <input type="checkbox"/> encasement interface loss <15 mm <input type="checkbox"/> interface loss equal to or > 15 mm <input type="checkbox"/> intraluminal growth <input type="checkbox"/> invasion	

Achalasia

Table: EusEgdAchalasia

Achalasia	
<p>Description</p> <p><input type="radio"/> Suspected <input checked="" type="radio"/> Established</p> <p>Therapeutic procedure(s)</p> <p><input type="checkbox"/> Hemostatic ▶</p> <p><input type="checkbox"/> Non - hemostatic ▶</p> <p><input type="checkbox"/> Image (s) taken</p>	
<p>Diagnostics</p> <p><input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken</p> <p>Total # of biopsies taken <input type="text"/></p> <p>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID <input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs <input type="text"/></p>	
<p>Diagnosis <input type="text"/></p> <p>Comments <input type="text"/></p>	
<p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

Anatomical deformity

Table: EusEgdAnatDeform

Anatomical Deformity	
<p>Location</p> <p>Proximal Esophagus</p>	<p><input type="checkbox"/> Image(s) taken</p>
<p>Description</p> <p><input type="text"/></p>	<p>Diagnosis <input type="text"/></p> <p>Comments <input type="text"/></p>
<p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

Arteriovenous malformations (AVMs)

Table: EusEgdAVM

Arteriovenous Malformations (AVM)	
Starting Location: <input type="text" value="Proximal Esophagus"/>	<input type="checkbox"/> Image(s) taken
Ending Location: <input type="text" value="Proximal Esophagus"/>	
Total # of AVMs: <input type="text" value=""/>	Maximum size (mm): <input type="text" value=""/>
Rate of bleed: <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain	Diagnosis: <input type="text"/>
Therapeutic procedure(s): <input type="checkbox"/> Hemostatic <input type="text" value=""/> <input type="checkbox"/> Non - hemostatic <input type="text" value=""/>	Comments: <input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Ascites

Table: EusEGDAscites

Ascites	
Location: <input checked="" type="radio"/> perigastric <input type="radio"/> periduodenal	<input type="checkbox"/> Image(s) taken
Description: Degree: <input type="radio"/> extensive <input type="radio"/> moderate <input type="radio"/> minimal <input type="radio"/> indeterminate <input type="checkbox"/> EUS Interventions <input type="text"/>	Diagnosis: <input type="text"/>
Diagnostics: <input type="checkbox"/> Fine needle aspiration (see EUS interventions) Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> <input type="button" value="Add"/> Current pathology IDs: <input type="text"/>	Comments: <input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Barrett's esophagus

Table: EusEgdBarretts

Barrett's Esophagus	
<p>Description</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Established by prior biopsy, seen on this exam<input type="radio"/> Established by prior biopsy, not seen on this exam<input type="radio"/> Suspected <p>Margins (cm) from mouth</p> <p>Proximal <input type="text"/></p> <p>Distal <input type="text"/></p> <p>Z Line (Squamocolumnar junction) <input type="text"/></p> <p>LES (Lower Esophageal Sphincter) <input type="text"/></p> <p>Length of Barrett's (cm) <input type="text"/></p>	<p>Diagnostics</p> <p><input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken</p> <p>Biopsy Forceps type <input type="radio"/> Regular <input type="radio"/> Jumbo</p> <p>Total # of biopsies taken <input type="text"/></p> <p>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID</p> <p><input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs</p> <p><input type="text"/></p>
<p>Associated findings</p> <ul style="list-style-type: none"><input type="checkbox"/> Inflammation<input type="checkbox"/> Nodules ▶<input type="checkbox"/> Esophageal ulcer ▶	<p><input type="checkbox"/> Image(s) taken</p>
<p>Therapeutic procedure(s)</p> <ul style="list-style-type: none"><input type="checkbox"/> Hemostatic ▶<input type="checkbox"/> Non - hemostatic ▶	<p>Diagnosis <input type="text"/></p> <p>Comments</p> <p><input type="text"/></p>
<p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

Nodules subscreen: See Nodule/polyp finding

Esophageal ulcer subscreen: See Esophageal ulcer finding

Blood clot

Table: EusEgdBloodClot

Blood Clot

Location: Proximal Esophagus

Cannot be removed

Image(s) taken

Diagnosis: _____

Comments: _____

Save Cancel

Collateral veins

Table: EusEGDCollateralVeins

Collateral veins

Location: _____

Image(s) taken

Description

Degree: extensive
 moderate
 minimal
 indeterminate

Diagnosis: _____

Comments: _____

Save Cancel

Location

periesophageal
perigastric
periduodenal

Duodenal diverticulum

Table: EusEgdDuodenalDiverticulum

Duodenal Diverticulum	
<p>Location: <input type="text" value="Proximal Esophagus"/></p>	Diagnostics
Description	<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>
Relationship to ampulla: <input type="text"/>	Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No
Number of diverticulæ: <input type="text"/>	Enter pathology ID: <input type="text"/> <input type="button" value="Add"/>
Size	Current pathology IDs: <input type="text"/>
Max (mm): <input type="text"/> Min (mm): <input type="text"/>	<input type="checkbox"/> Image(s) taken
Therapeutic procedure(s)	Diagnosis: <input type="text"/>
<input type="checkbox"/> Hemostatic <input type="button" value="▶"/>	Comments: <input type="text"/>
<input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Description	
Relationship to ampulla	<input type="text" value=""/>
Number of diverticulæ	<input type="text" value=""/>
Size	
Max (mm): <input type="text"/>	Min (mm): <input type="text"/>

Effusion

Table: EusEGDEffusion

Effusion

Location:

Image(s) taken

Description

Degree: extensive
 moderate
 minimal
 indeterminate

EUS Interventions ▶

Diagnostics

Fine needle aspiration (see EUS interventions)

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Location:

Description:

pericardial
left pleural sac
right pleural sac

Esophageal ulcer

Table: EusEgdEsoUlcer

Esophageal ulcer

Location:

Description

Single
 Multiple

Largest: < 5 10+

5-9

Characteristics:

Etiology

Caustic Suspected Established

GERD Suspected Established

Pill-related Suspected Established

Other ▶

Infectious

CMV Suspected Established

HSV Suspected Established

Candida Suspected Established

Ulcer stigmata

Active/Recent bleed
 Visible vessel
 Adherent dot
 Dark spot
 Non-bleeding, Clean
 Healed / Scarred

Interventions for adherent clot

Injected
 Washed with water
 Snared

Ulcer stigmata after intervention

Active/Recent bleed
 Visible vessel
 Adherent dot
 Dark spot
 Non-bleeding, Clean
 Healed / Scarred

Therapeutic procedure(s)

Hemostatic ▶

Non-hemostatic ▶

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Rate of bleed after intervention

Oozing
 Spurting
 Inactive
 Uncertain

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Description

Single
 Multiple

Largest

< 5 10+
 5-9

Characteristics

- Radiating folds
- Heaped up margin
- Deep
- Superficial
- Edematous

Etiology

Caustic
 GERD Edematous

Etiology: Other

Table: EgdEsoUlcerEtiologyOther

Other etiology of esophageal ulcer

Save Cancel

Extramural / Mediastinal mass

Table: EusEGDExtramuralMass

Extramural / Mediastinal Mass

Location of EUS probe

Location of mass

Description

Size: Max (mm) Min (mm)

Echofeatures

heterogeneous
 homogeneous
 anechoic
 hyperechoic
 hyperechoic foci
 hyperechoic strands
 hypoechoic
 isoechoic
 multicystic
 cystic
 solid
 calcified
 distal enhancement
 granular
 lobulated
 loculated
 septated
 shadowing

Shape/character

irregular
 lobulated
 oval
 pedunculated
 round
 sessile
 tortuous
 triangular
 tubular

EUS Interventions

Adjacent organ(s) invaded

Region	Organ	Degree of involvement

Margin

invading
 irregular smooth
 poorly defined well defined

Image(s) taken

Diagnostics

Fine needle aspiration -- see EUS interventions
 Needle biopsy taken
 Needle used

successful not successful

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Diagnosis

Comments

Save Cancel

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

- heterogeneous

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

- heterogeneous
- homogeneous
- anechoic
- hyperechoic
- hyperechoic foci
- hyperechoic str
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhance

Food impaction

Table: EusEgdFoodImpaction

Food impaction

Location: Proximal Esophagus

Description

Image (s) taken

Diagnosis

Comments

Save Cancel

Foreign body

Table: EusEgdForeignBody

Foreign Body / Retained Food	
Location	Proximal Esophagus
<input type="checkbox"/> Foreign body	
<input type="checkbox"/> Retained food	
Retrieved?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Image (s) taken	
Diagnosis	
Comments	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Hiatal hernia

Table: EusEgdHiatalHernia

Hiatal Hernia	
Description	<input checked="" type="radio"/> Regular, type 1 <input type="radio"/> Paraesophageal
<input type="checkbox"/> Image (s) taken	
Landmarks from mouth (cm)	
Diaphragm	
Z-line/GEJ	
Length	
Cameron Erosions	<input type="radio"/> Yes <input type="radio"/> No
Diagnostics	
Sent to pathology	<input type="radio"/> Yes <input type="radio"/> No
Enter pathology ID	<input type="text"/> <input type="button" value="Add"/>
Current pathology IDs	
Diagnosis	
Comments	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Image taken

Table: EusEgdImageTaken

Intramural lesion

Table: EusEGDIntramuralLesion

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous lobulated

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Lymphadenopathy

Table: EusEGDLymphadenopathy

Lymphadenopathy

Location of EUS probe:

Location of adenopathy:

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

heterogeneous

homogeneous

hyperechoic

hyperechoic foci

hyperechoic strands

hypoechoic

isoechoic

multicystic

cystic

solid

calcified

distal enhancement

granular

lobulated

loculated

septated

shadowing

EUS Interventions

Shape/character

irregular

lobulated

oval

pedunculated

round

sessile

tortuous

triangular

tubular

Margin

Invading

irregular smooth

poorly defined well defined

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary t:

Largest (mm):

- proximal esophagus
- mid esophagus
- distal esophagus
- cardia
- fundus
- body
- antrum
- pyloric sphincter
- duodenal bulb
- duodenal 2nd portion (descending)
- jejunum

Location of EUS probe	proximal esophagus
Location of adenopathy	<ul style="list-style-type: none"> Level 2 (upper paratracheal) Level 4 (lower paratracheal) Level 5 (aortopulmonary window) Level 7 (subcarinal) Level 8 (inferior mediastinal)
Description	

Laryngeal exam

Table: EusLaryngealExam

Laryngeal Exam	
Subglottic edema	<input type="text"/>
Ventricular obliteration	<input type="text"/>
Erythema/hyperemia	<input type="text"/>
Vocal fold edema	<input type="text"/>
Diffuse laryngeal edema	<input type="text"/>
Posterior commissure hypertrophy	<input type="text"/>
Granuloma/granulation tissue	<input type="text"/>
Thick endolaryngeal mucus	<input type="text"/>
Reflux finding score	<input type="text" value="0"/> (score > 7 confirms laryngopharyngeal reflux involvement)
Other laryngeal pathology	<input type="text"/>
<input type="checkbox"/> Image(s) taken	
Diagnosis	
<input type="checkbox"/> Normal laryngeal exam	
Comments	
<input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Subglottic edema	<ul style="list-style-type: none"> absent present
Ventricular obliteration	

Ventricular obliteration	<ul style="list-style-type: none"> none partial complete
Erythema/hyperemia	

Erythema/hyperemia	<ul style="list-style-type: none"> none arytenoids only diffuse
Vocal fold edema	

Vocal fold edema	<ul style="list-style-type: none"> none mild moderate severe polypoid
Diffuse laryngeal edema	
Posterior commissure hypertrophy	

Diffuse laryngeal edema	<input type="text"/> <ul style="list-style-type: none"> none mild moderate severe obstructing
Posterior commissure hypertrophy	<input type="text"/> <ul style="list-style-type: none"> none mild moderate severe obstructing
Granuloma/granulation tissue	<input type="text"/> <ul style="list-style-type: none"> absent present
Thick endolaryngeal mucus	<input type="text"/> <ul style="list-style-type: none"> absent present
Thick endolaryngeal mucus	<input type="text"/> <ul style="list-style-type: none"> absent present
Reflux finding score	<input type="text"/> <ul style="list-style-type: none"> absent present

Mallory - Weiss tear

Table: EusEgdMallory

Mallory-Weiss Tear

Starting Location: <input type="text" value="Proximal Esophagus"/>	<input type="checkbox"/> Image(s) taken
Ending Location: <input type="text" value="Proximal Esophagus"/>	Diagnosis: <input type="text"/>
Rate of bleed: <ul style="list-style-type: none"> <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain 	Comments: <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>
Therapeutic procedure(s): <ul style="list-style-type: none"> <input type="checkbox"/> Hemostatic ▶ <li style="margin-left: 20px;"><input type="text"/> <input type="checkbox"/> Non - hemostatic ▶ <li style="margin-left: 20px;"><input type="text"/> 	

Mucosal abnormality - Esophagus

Table: EusEgdEsoMucosalAbnl

Mucosal abnormality / Esophagus

Starting Location:

Ending Location:

Length of inflammation (cm):

Etiology

Reflux disease Caustic

Infection Radiation

Pill - Related Other

Description

Erosions Mosaic / Scaly

Erythema Mottled

Friable Ulcers

Granular Nodularity

Edema Red Spots

Hemorrhage (oozing) Subepithelial hemorrhage

Rate of bleed

Oozing

Spurting

Inactive

Uncertain

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Etiology: Reflux disease

Table: EusLAClass

LA Classification

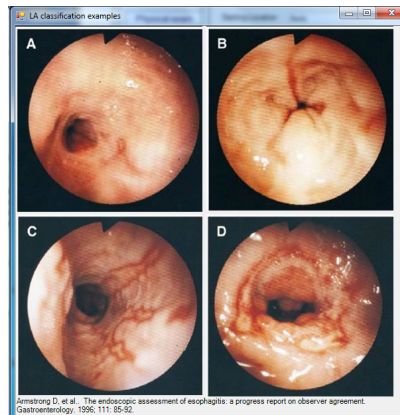
Grade A One or more mucosal breaks no longer than 5 mm, none of which extends between the tops of the mucosal folds

Grade B One or more mucosal breaks more than 5 mm long, none of which extends between the tops of two mucosal folds

Grade C Mucosal breaks that extend between the tops of two or more mucosal folds, but which involve less than 75% of the esophageal circumference

Grade D Mucosal breaks which involve at least 75% of the esophageal circumference

Examples:



Etiology: Infection

Table: EusInfection

Infection detail

<input checked="" type="checkbox"/> Candida	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> CMV	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> HSV	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Other		

Save Cancel

Etiology: Other

Table: EusEsoMucosalOther

Other etiology of esophageal inflammation / mucosal abnormality

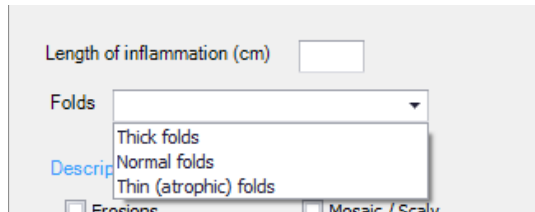
Save Cancel

Mucosal abnormality – Stomach / Duodenum

Table: EusEGDStoDuoMucosalAbnl

Mucosal abnormality / Stomach - Duodenum

<p>Starting Location: <input type="text" value="Mid Esophagus"/></p> <p>Ending Location: <input type="text" value="Mid Esophagus"/></p> <p>Length of inflammation (cm): <input type="text"/></p> <p>Folds: <input type="text"/></p> <p>Description</p> <table border="0"> <tr> <td><input type="checkbox"/> Erosions</td> <td><input type="checkbox"/> Mosaic / Scaly</td> </tr> <tr> <td><input type="checkbox"/> Erythema</td> <td><input type="checkbox"/> Mottled</td> </tr> <tr> <td><input type="checkbox"/> Friable</td> <td><input type="checkbox"/> Ulcers</td> </tr> <tr> <td><input type="checkbox"/> Granular</td> <td><input type="checkbox"/> Nodularity</td> </tr> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Red Spots</td> </tr> <tr> <td><input type="checkbox"/> Hemorrhage (oozing)</td> <td><input type="checkbox"/> Subepithelial hemorrhage</td> </tr> <tr> <td><input type="checkbox"/> Portal Hypertensive Gastropathy</td> <td></td> </tr> </table> <p>Rate of bleed</p> <p><input type="radio"/> Oozing</p> <p><input type="radio"/> Spurting</p> <p><input type="radio"/> Inactive</p> <p><input type="radio"/> Uncertain</p> <p>Therapeutic procedure(s)</p> <p><input type="checkbox"/> Hemostatic ▶</p> <p><input type="checkbox"/> Non - hemostatic ▶</p>	<input type="checkbox"/> Erosions	<input type="checkbox"/> Mosaic / Scaly	<input type="checkbox"/> Erythema	<input type="checkbox"/> Mottled	<input type="checkbox"/> Friable	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Granular	<input type="checkbox"/> Nodularity	<input type="checkbox"/> Edema	<input type="checkbox"/> Red Spots	<input type="checkbox"/> Hemorrhage (oozing)	<input type="checkbox"/> Subepithelial hemorrhage	<input type="checkbox"/> Portal Hypertensive Gastropathy		<p>Diagnostics</p> <p><input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken</p> <p>Total # of biopsies taken: <input type="text"/></p> <p><input type="checkbox"/> RUT results pending</p> <p><input type="checkbox"/> RUT results complete</p> <p>RUT results: <input type="text"/></p> <p>Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID: <input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs: <input type="text"/></p> <p><input type="checkbox"/> Image(s) taken</p> <p>Diagnosis: <input type="text"/></p> <p>Comments: <input type="text"/></p>
<input type="checkbox"/> Erosions	<input type="checkbox"/> Mosaic / Scaly														
<input type="checkbox"/> Erythema	<input type="checkbox"/> Mottled														
<input type="checkbox"/> Friable	<input type="checkbox"/> Ulcers														
<input type="checkbox"/> Granular	<input type="checkbox"/> Nodularity														
<input type="checkbox"/> Edema	<input type="checkbox"/> Red Spots														
<input type="checkbox"/> Hemorrhage (oozing)	<input type="checkbox"/> Subepithelial hemorrhage														
<input type="checkbox"/> Portal Hypertensive Gastropathy															



Other finding

Table: EusEgdFindOther

Other finding

Starting Location: Mid Esophagus
Ending Location: Mid Esophagus

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken: []

RUT results pending

RUT results complete

RUT results: []

Sent to pathology: Yes No

Enter pathology ID: []

Current pathology IDs: []

Therapeutic procedure(s)

Hemostatic ▶ []

Non - hemostatic ▶ []

EUS Interventions ▶ []

Diagnosis: []

Description / Comments: []

Diagnostics

Biopsy taken Total # of biopsies taken: []

RUT results pending

RUT results complete

RUT results: []

Sent to pathology: []

negative

positive

Polyp

Table: EusEgdPolyp

Polyp

Location: Mid Esophagus

Description

Single
 Multiple

Size (mm):

Attachment: Flat
 Pedunculated
 Sessile

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery
 Biopsy with cautery
 Snare with cautery
 Snare with cautery/saline
 Snare without cautery

Total # of biopsies taken:

Nodule or Polyp removed?

Tissue retrieved? Yes No

Sent to pathology Yes No

Enter pathology ID: Add

Current pathology IDs:

Diagnosis:

Comments:

Save Cancel

Nodule or Polyp removed?

Tissue

totally removed
partially removed
removed piecemeal
not removed (biopsy only)

No

Normal


Table: EusEgdNormal

Normal	
Starting location: <input type="text" value="Mid Esophagus"/>	<input type="checkbox"/> Image(s) taken
Ending location: <input type="text" value="Mid Esophagus"/>	
Diagnostics	Comments <input type="text"/>
<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>	
<input type="checkbox"/> RUT results pending	
<input type="checkbox"/> RUT results complete	
RUT results: <input type="text"/>	
Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> <input type="button" value="Add"/> Current pathology IDs: <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Diagnostics	
<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>	
<input type="checkbox"/> RUT results pending	
<input type="checkbox"/> RUT results complete	
RUT results: <input type="text"/>	
Sent to pathology: <input type="radio"/> negative <input type="radio"/> positive	

Prior endotherapy

Table: EusEgdPriorEndo

Prior endotherapy	
Starting Location: <input type="text" value="Mid Esophagus"/>	Diagnostics
Ending Location: <input type="text" value="Mid Esophagus"/>	<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>
Prior therapies performed	Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Stretta procedure	Enter pathology ID: <input type="text"/> <input type="button" value="Add"/>
<input type="checkbox"/> Enteryx procedure	Current pathology IDs: <input type="text"/>
<input type="checkbox"/> Endoscopic fundoplication	
<input type="checkbox"/> Other 	Diagnosis: <input type="text"/>
<input type="checkbox"/> Image(s) taken	Comments: <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Prior therapies performed: Other

Table: EusPriorEndoOther

A dialog box titled "Other prior endotherapy" with a large empty text area and "Save" and "Cancel" buttons at the bottom.

Prior surgery

Table: EusEgdPriorSurg

A dialog box titled "Prior surgery" with the following fields and options:

- Starting Location: Mid Esophagus
- Ending Location: Mid Esophagus
- Prior Biopsies ?
- Image(s) taken
- Diagnosis
- Comments
- Buttons: Save, Cancel

Prior surgery

- Anti-reflux surgery
- Billroth I
- Billroth II
- Esophagectomy
- Gastrectomy

Gastric bypass

- Banded gastroplasty
- Roux-en-Y gastric bypass (RYGB)
- Sleeve Gastrectomy

- Gastrojejunostomy
- Gastrostomy tube
- Jejunostomy tube
- Pyloroplasty
- Other

A close-up of the "Prior Biopsies ?" dropdown menu showing three options:

- No prior biopsies taken
- Prior biopsies taken
- Unknown if prior biopsies taken

Prior surgery: Other

Table: EusPriorSurgeryOther

A dialog box titled "Other prior surgery" with a large empty text area and "Save" and "Cancel" buttons at the bottom.

Sprue (Celiac disease)

Table: EusEgdSprue

Sprue (Celiac disease)	
Starting Location: <input type="text" value="Proximal Esophagus"/>	Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/> Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> <input type="button" value="Add"/> Current pathology IDs: <input type="text"/>
Ending Location: <input type="text" value="Proximal Esophagus"/>	
Description <input type="radio"/> Suspected <input type="radio"/> Established by prior biopsy	Diagnosis: <input type="text"/> Comments: <input type="text"/>
Mucosal appearance <input type="checkbox"/> Scalloped folds <input type="checkbox"/> Flat (missing folds)	
<input type="checkbox"/> Image(s) taken	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Stricture / Stenosis

Table: EusEgdStricture

Stricture / Stenosis	
Starting Location: <input type="text" value="Mid Esophagus"/>	Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/> Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> <input type="button" value="Add"/> Current pathology IDs: <input type="text"/>
Ending Location: <input type="text" value="Mid Esophagus"/>	
Distance from mouth (cm): <input type="text"/>	<input type="checkbox"/> Image(s) taken
Severity: <input type="text"/>	
Etiology <input type="checkbox"/> Reflux disease <input type="checkbox"/> Schatzki's ring (lower esophageal ring) <input type="checkbox"/> Malignancy <input type="checkbox"/> Web <input type="checkbox"/> Extrinsic compression <input type="checkbox"/> Benign inflammation (pill, infection, scar) <input type="checkbox"/> Anastomosis site <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Other ▶	Diagnosis: <input type="text"/> Comments: <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic ▶ <input type="checkbox"/> Non - hemostatic ▶	
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Severity

Etiology partial, not obstructive
 Partial, obstructive, but able to pass endoscope
 complete

Re...

Etiology: Other

Table: EusOtherEtiology

Other etiology

Tumor

Table: EusEgdTumor

Tumor

Starting Location

Ending Location

Description

Suspected malignant
 Established malignant by prior biopsy
 Suspected benign
 Established benign by prior biopsy

Length (cm)

Circumferential Mucosal
 Fungating Submucosal

Obstruction

Therapeutic procedure(s)

Hemostatic

 Non - hemostatic

Diagnostics

Biopsy taken Brushing taken
 Total # of biopsies taken

RUT results pending
 RUT results complete
 RUT results

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology

Enter pathology ID

Ulcer

Table: EusEgdUlcer

Ulcer

Location

Size (mm) x (mm)

Characteristics

Ulcer stigmata

Active/Recent bleed Rate of bleed

Visible vessel Oozing

Adherent clot Spurting

Dark spot Inactive

Non-bleeding, Clean Uncertain

Healed / Scarred

Interventions for adherent clot

Injected

Washed with water

Snared

Ulcer stigmata after intervention **Rate of bleed after intervention**

Active/Recent bleed Oozing

Visible vessel Spurting

Adherent clot Inactive

Dark spot Uncertain

Non-bleeding, Clean

Healed / Scarred

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Size (mm) x (mm)

Characteristics

Ulcer stigmata

Active/Recent bleed

Visible vessel

Adherent clot

Inactive

Radiating folds

Heaped up margin

Deep

Superficial

Edematous

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology Yes No

Varices

Table: EusEgdVarices

Varices

Starting Location

Ending Location

Number of varices

Distance (cm) from incisors
Proximal Distal

Size

small: completely flattened on insufflation

medium: do not flatten, but protrude minimally into lumen

large: do not flatten and protrude prominently into lumen

Stigmata of recent hemorrhage (cherry red spots, red wale marking or hematocystic spot)

present absent

Esophagitis present absent

Rate of bleed

Oozing

Spurting

Inactive

Uncertain

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnosis

Comments

Save Cancel

Wall thickening

Table: EusEgdWallThicken

Wall Thickening

Location

Wall involved

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

thickness (mm)

Mucosal thickening? Yes No

Submucosal thickening? Yes No

Muscularis propria thickening? Yes No

Serosal/adventitial thickening? Yes No

EUS Interventions

Diagnostics

Fine needle aspiration (see EUS interventions)

Needle biopsy taken

Needle used

successful not successful

Biopsy taken

Biopsy forceps type

Regular Jumbo Pediatric

Total # of biopsies taken

Sent to pathology Yes No

Enter pathology ID Add

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Save Cancel

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

- preserved
- not preserved
- partially preserved

BILIARY / PANCREATIC FINDINGS

Table: Eus_BilPanFinding

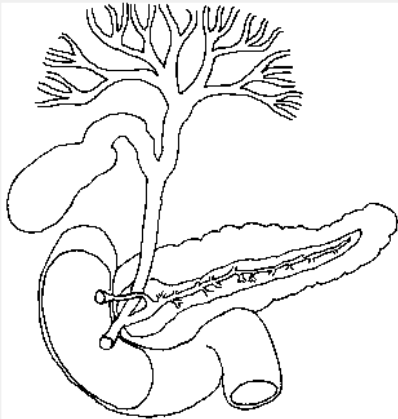
EUS

Pathology Images Print Fax Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

Biliary / Pancreatic Findings

Import Images



Pertinent negatives

- Pancreas divisum not visualized
- Ventral anlage not visualized

Check all

Findings Instructions

- Add a Finding:** left click the diagram, or left click and drag to shade a region
- Delete a Finding:** right click on the finding label
- View/Edit Details:** double click on the finding label
- Move a Label:** left click and drag the finding label

History

Physical exam

Indications

Preprocedure

Sedation

Procedure

EGD Visual

Colon Visual

EGD Findings

Bil/Pan Findings

Colon Findings

Staging

Events

Assessment/Plan

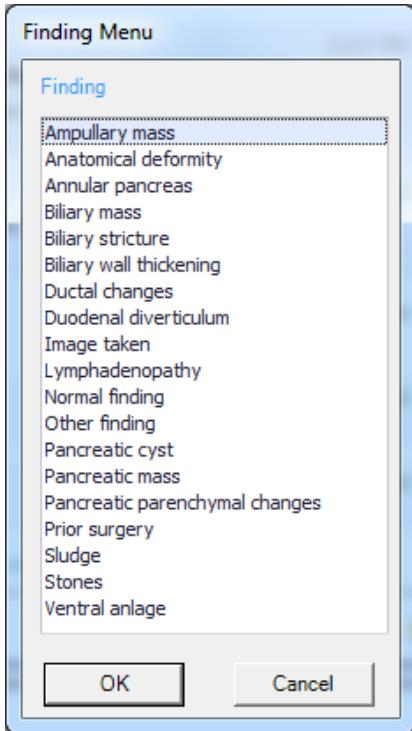
Letters/Instructions

Save

Sign

Print Preview

Close



Adjacent organ(s) invaded grid used in EUS – Biliary/Pancreatic Findings

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
liver			
liver			
other			
biliary tree			
pancreas			
vascular structures			

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
liver	left lobe of liver		
	left lobe of liver		
	caudate lobe of liver		
	right lobe of liver		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
other	gastric wall		
	gastric wall		
	left adrenal		
	left kidney		
	right kidney		
	right adrenal		
	duodenal wall		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
biliary tree	bile duct bifurcation		
	bile duct bifurcation		
	common bile duct		
	common channel		
	common hepatic duct		
	cystic duct		
	intrahepatic bile duct		
	intrahepatic ducts		
	gallbladder		
	gallbladder body		
	gallbladder neck		
	hepatic hilum		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
pancreas	pancreatic parenchyma <=2		
	pancreatic parenchyma <=2 cm		
	pancreatic parenchyma > 2 cm		
	pancreatic tail		
	ventral anlage		
	dorsal anlage		
	main pancreatic body		
	pancreatic head		
	uncinate process		
	accessory pancreatic duct		
	pancreatic duct		
	genu		
	side branches		
	entire pancreas		

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Image(s) taken

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
vascular stru...	splenic artery		
	splenic vein		
	splenoportal confluence		
	superior mesenteric artery		
	superior mesenteric vein		
	gastroduodenal artery		
	abdominal aorta		
	celiac trunk		
	hepatic artery		
	left renal artery		
	left renal vein		
	portal vein		
	inferior vena cava		

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Image(s) taken

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
liver	left lobe of liver	abutment	
		abutment	
		encasement	
		interface loss <15 mm	
		interface loss equal to or > 15 mm	
		intraluminal growth	
		invasion	

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Ampullary mass

Table: EusBilAmpullary

Ampullary mass													
Description Wall layer invaded: <input type="text"/> Size: Max (mm) <input type="text"/> Min (mm) <input type="text"/> Echofeatures <input type="radio"/> heterogeneous <input type="radio"/> homogeneous <input type="checkbox"/> hyperechoic <input type="checkbox"/> hyperechoic foci <input type="checkbox"/> hyperechoic strands <input type="checkbox"/> hypoechoic <input type="checkbox"/> isoechoic <input type="checkbox"/> multicystic <input type="checkbox"/> cystic <input type="checkbox"/> solid <input type="checkbox"/> calcified <input type="checkbox"/> distal enhancement <input type="checkbox"/> granular <input type="checkbox"/> lobulated <input type="checkbox"/> loculated <input type="checkbox"/> septated <input type="checkbox"/> shadowing <input type="checkbox"/> EUS Interventions	<table border="1"> <thead> <tr> <th colspan="3">Adjacent organ(s) invaded</th> <th>Add organ</th> </tr> <tr> <th>Region</th> <th>Organ</th> <th colspan="2">Degree of involvement</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table> <p> <input type="checkbox"/> invading <input checked="" type="radio"/> irregular <input type="radio"/> smooth <input checked="" type="radio"/> poorly defined <input type="radio"/> well defined agnostics <input type="checkbox"/> Fine needle aspiration -- see EUS interventions <input type="checkbox"/> Needle biopsy taken Needle used: <input type="text"/> <input type="radio"/> successful <input type="radio"/> not successful <input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken Biopsy Forceps type <input type="radio"/> Regular <input type="radio"/> Jumbo <input type="radio"/> Pediatric Total # of biopsies taken: <input type="text"/> Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> Add Current pathology IDs: <input type="text"/> <input type="checkbox"/> Image(s) taken Diagnosis: <input type="text"/> Comments: <input type="text"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> </p>	Adjacent organ(s) invaded			Add organ	Region	Organ	Degree of involvement					
Adjacent organ(s) invaded			Add organ										
Region	Organ	Degree of involvement											

Description

Wall layer invaded

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

hyperechoic

hvnerechoic foci

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia
- transmural

Anatomical deformity

Table: EusBilAnatDeform

Anatomical Deformity

Location

Image(s) taken

Description

Diagnosis

Comments

Save Cancel

Location

- Accessory pancreatic duct
- Common bile duct
- Common hepatic duct
- Cystic duct, Duodenum
- Gallbladder
- Left hepatic duct
- Major duodenal papilla
- Minor duodenal papilla
- Pancreas
- Pancreatic duct
- Right hepatic duct

Annular pancreas

Table: EusBiAnnular

The screenshot shows a software window titled "Annular pancreas". At the top, there is a checkbox labeled "Image(s) taken". Below this is a "Diagnosis" text input field. Underneath is a "Comments" section with a large, empty text area. At the bottom of the window are two buttons: "Save" and "Cancel".

Biliary mass

Table: EusBiMass

The screenshot shows a software window titled "Biliary mass" with a complex layout of fields and sections:

- Location:** A dropdown menu.
- Description:** Includes "Origin of lesion" and "Depth of invasion" dropdowns, and "Size: Max (mm)" and "Min (mm)" spinners.
- Echofeatures:** A list of checkboxes including heterogeneous, homogeneous, hyperechoic, hypoechoic, isoechoic, multicystic, cystic, solid, calcified, distal enhancement, granular, lobulated, loculated, septated, and shadowing.
- Shape/character:** A list of checkboxes including irregular, lobulated, oval, pedunculated, round, sessile, tortuous, triangular, and tubular.
- Margin:** Radio buttons for "invading", "irregular", "smooth", "poorly defined", and "well defined".
- Diagnostics:** Includes checkboxes for "Fine needle aspiration -- see EUS interventions" and "Needle biopsy taken", a "Needle used" dropdown, and radio buttons for "successful" and "not successful". It also has a "Total # of biopsies taken" spinner, "Sent to pathology" radio buttons (Yes/No), an "Enter pathology ID" field with an "Add" button, and a "Current pathology IDs" text area.
- Adjacent organ(s) invaded:** A table with columns for "Region", "Organ", and "Degree of involvement". It includes an "Add organ" button.
- Image(s) taken:** A checkbox.
- Diagnosis:** A text input field.
- Comments:** A large, empty text area.
- EUS Interventions:** A checkbox with a right-pointing arrow.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

Location	<input type="text"/>
Description	<input type="text"/>
Origin of lesion	bile duct bifurcation
Depth of invasion	common bile duct
Size: Max (mm)	common channel
Echofeatures	common hepatic duct
<input type="radio"/> heterogeneous	cystic duct
	intraduodenal bile duct
	intrahepatic ducts
	gallbladder
	gallbladder body
	gallbladder neck
	hepatic hilum

Description	<input type="text"/>
Origin of lesion	<input type="text"/>
Depth of invasion	superficial mucosa
Size: Max (mm)	deep mucosa
Echofeatures	muscularis mucosa
<input type="radio"/> heterogeneous	lamina propria
<input type="radio"/> homogeneous	submucosa
	muscularis propria
	serosa/adventitia
	transmural
	<input type="checkbox"/> lobulated

Description	<input type="text"/>
Origin of lesion	<input type="text"/>
Depth of invasion	<input type="text"/>
Size: Max (mm)	superficial mucosa
Echofeatures	deep mucosa
<input type="radio"/> heterogeneous	muscularis mucosa
<input type="radio"/> homogeneous	lamina propria
<input type="checkbox"/> hyperechoic	submucosa
	muscularis propria
	serosa/adventitia
	transmural

Biliary stricture

Table: EusBiStricture

Biliary stricture

Location:

Description

Lumen diameter (mm):

Length (mm):

Obstruction:

Traversability:

Appearance

benign malignant

smooth irregular shelf effect

circumferential eccentric

tapered other

Etiology:

EUS Interventions ▶

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Comments

Diagnosis

Location:

Description

Lumen diameter (mm):

Length (mm):

Obstruction:

Traversability:

bile duct bifurcation
common bile duct
common channel
common hepatic duct
cystic duct
intraduodenal bile duct
accessory pancreatic duct
pancreatic duct
genu

Description

Lumen diameter (mm):

Length (mm):

Obstruction:

Trav completely obstructed
partially obstructed
not obstructed
uncertain degree of obstruction

Appearance

Description

Lumen diameter (mm)

Length (mm)

Obstruction

Traversability

Appearance not traversable
 traversable after dilation
 traversable with miniprobe

Etiology

EUS Intervention

Comments

- benign
- benign inflammatory
- anastamotic
- suspected malignancy

Biliary wall thickening

Table: EusBilWallThicken

Biliary wall thickening

Location

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

Wall layer(s) involved

superficial mucosa submucosa
 deep mucosa muscularis propria
 muscularis mucosa serosa / adventitia
 lamina propria transmural

EUS Interventions

Diagnostics

Fine needle aspiration -- see EUS interventions
 Needle biopsy taken
 Needle used

successful not successful

Sent to pathology Yes No
 Enter pathology ID
 Current pathology IDs

Image(s) taken

Diagnosis

Comments

Location

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- intrahepatic ducts
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum

Description

diffuse localized

Layer pattern

Total wall thickness

- preserved
- not preserved
- partially preserved

Wall layer(s) involved

Ductal changes

Table: EusBilDuctalChanges

Ductal changes

Location

Image(s) taken

Echofeatures Add feature

Feature	Degree

Diagnosis

Comments

Save Cancel

Location

Echofeature

Feature

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum
- intrahepatic bile duct
- intrahepatic ducts
- accessory pancreatic duct
- main pancreatic duct

Echofeatures Add feature

Feature	Degree
▶ beaded	
▶ beaded	
▶ dilated	
▶ irregular contour	
▶ narrowed	
▶ normal	
▶ regular	
▶ strictured	
▶ with thick walls	
▶ with hyperechoic walls	

Echofeatures Add feature

Feature	Degree
▶ beaded	▶ extensive
	▶ extensive
	▶ moderate
	▶ minimal
	▶ indeterminate

Duodenal diverticulum

Table: EusBillDuodenalDiverticulum

Duodenal Diverticulum

Relationship to ampulla:

Number:

Size: Max (mm): Min (mm):

Image(s) taken

Diagnosis:

Comments:

Save Cancel

Relationship to ampulla:

Number:

Size: Max (mm): Min (mm):

external
internal
rim

Image taken

Table: EusBillImageTaken

Image taken

Location:

Image(s) taken

Comments:

Save Cancel

Location

Image(s)

Comments

- Proximal Esophagus
- Mid Esophagus
- Distal Esophagus
- Gastroesophageal Junction
- Cardia
- Fundus
- Body
- Antrum
- Pyloric Sphincter
- Duodenal Bulb
- Duodenal 2nd Portion
- Duodenum
- Jejunum
- Ileum

Lymphadenopathy

Table: EusBillLymphadenopathy

Lymphadenopathy

Location of adenopathy:

Image(s) taken

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

EUS Interventions ▶

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

Margin

- invading
- irregular smooth
- poorly defined well defined

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken
- Needle used:
- successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Location of adenopathy:

Description

- peribiliary region
- peripancreatic region
- periampullary region
- periduodenal region
- periportal region

Normal finding

Table: EusBilNormal

The 'Normal' dialog box contains the following elements:

- Location:** A dropdown menu with a downward arrow.
- Image(s) taken:** A checkbox that is currently unchecked.
- Comments:** A large, empty text area with a vertical scrollbar on the right side.
- Buttons:** 'Save' and 'Cancel' buttons located at the bottom of the dialog.

The 'Location' dropdown menu is open, displaying the following list of options:

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- intrahepatic bile duct
- intrahepatic ducts
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum
- pancreatic parenchyma
- pancreatic tail
- ventral anlage
- dorsal anlage
- main pancreatic body
- pancreatic head
- uncinate process
- accessory pancreatic duct
- pancreatic duct
- genu
- side branches
- entire pancreas

Other finding

Table: EusBiOther

Other

Location

Description / Comments

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Margin

- invading
- irregular smooth
- poorly defined well defined

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken
- Needle used
- successful not successful
- Biopsy taken Brushing taken
- Biopsy forceps type
- Regular Jumbo Pediatric
- Total # of biopsies taken
- Sent to pathology Yes No
- Enter pathology ID
- Current pathology IDs

Image(s) taken

Diagnosis

Location

Description / Comments

Echofeatures

- heterogen
- homogene
- hyperech
- hyperech
- hyperech
- hypoecho
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular

bile duct bifurcation
common bile duct
common channel
common hepatic duct
cystic duct
intrahepatic duct
intrahepatic ducts
gallbladder
gallbladder body
gallbladder neck
hepatic hilum
pancreatic parenchyma
pancreatic tail
ventral anlage
dorsal anlage
main pancreatic body
pancreatic head
uncinate process
accessory pancreatic duct
pancreatic duct
genu
side branches
entire pancreas

Pancreatic cyst

Table: EusBilPancCyst

Pancreatic Cyst

Location:

Description

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location:

Description

Size: Max (mm)

head
body
tail
uncinate process

Pancreatic mass

Table: EusBilPancMass

Pancreatic mass

Location:

Description

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location:

Description

Size: Max (mm)

head
body
tail
uncinate process

Pancreatic parenchymal changes

Table: EusBilPanPare

Pancreatic parenchymal changes

Location:

Echofeatures Add feature

Features	Degree

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID: Add

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Save Cancel

Location:

Echofeatures Add feature

Features	Degree

entire pancreas
head
body
tail
uncinate process

Echofeatures Add feature

Features	Degree
anechoic	

anechoic
hypoechoic
isoechoic
multicystic
cystic
solid heterogeneous
solid homogeneous
calcified
distal enhancement
granular, lobulated
loculated
septated
shadowing

Echofeatures Add feature

Features	Degree
anechoic	extensive

extensive
moderate
minimal
indeterminate

Prior surgery

Table: EusBilPrior

Prior Surgery

Surgical procedure

- Cholecystectomy
- Pancreatic cyst drainage procedure
- Pancreatic resection

Type

- Biliary sphincterotomy
- Pancreatic sphincterotomy
- Other

Image(s) taken

Diagnosis

Comments

Save Cancel

Surgical procedure

- Cholecystectomy
- Pancreatic cyst drainage procedure
- Pancreatic resection

Type

- Biliary s
- Pancre
- Other

distal pancreatic
pancreatic tail
pancreatic tail-body
pancreatico-jejunostomy
puestow pancreatic
total pancreatic
Whipple

Sludge

Table: EusBilSludge

The screenshot shows a software window titled "Sludge". It contains several input fields and controls:

- Location:** A dropdown menu.
- Amount of sludge:** Four radio button options: "extensive", "moderate", "minimal", and "indeterminate".
- Image(s) taken:** A checkbox.
- Diagnosis:** A text input field.
- Comments:** A large text area with a vertical scrollbar.
- Buttons:** "Save" and "Cancel" buttons at the bottom.

This image shows a close-up of the "Location" dropdown menu from the form above. The menu is open, displaying a list of anatomical locations:

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- intraduodenal bile duct
- cystic duct
- intrahepatic duct
- gallbladder

Stones

Table: EusBiStones

Stones

Location: [Dropdown]

Description

Number of stones: [Spinner]

Size: Max (mm) [Spinner] Min (mm) [Spinner]

Echofeatures

- calcified
- hyperechoic
- isoechoic
- lobulated
- shadowing

Shape/character

- crescent-shaped
- diffuse
- irregular
- lobulated
- oval
- round
- triangular

Image(s) taken

Diagnosis: [Text Field]

Comments: [Text Area]

Save Cancel

Location: [Dropdown]

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- intraduodenal bile duct
- cystic duct
- intrahepatic duct
- gallbladder

Ventral anlage

Table: EusBiVentralAnlage

Ventral anlage

Diagnosis: [Text Field]

Comments: [Text Area]

Save Cancel

COLON FINDINGS

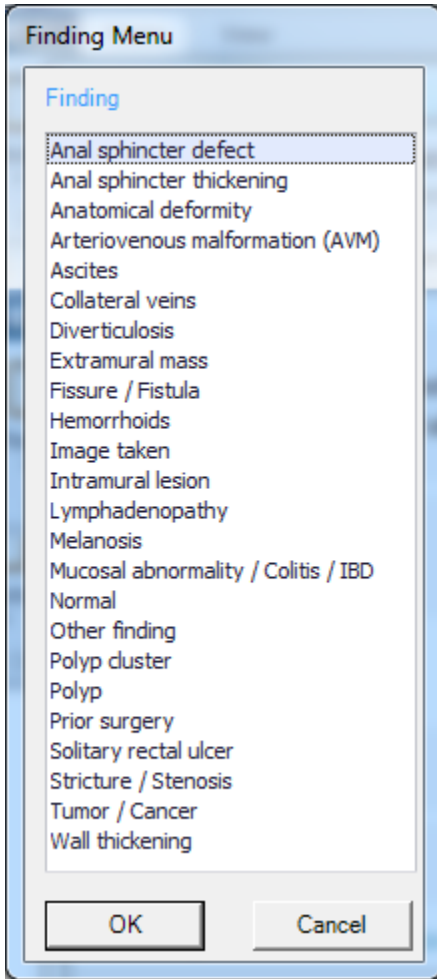
Table: Eus_ColFind

The screenshot shows the 'EUS' software window with the 'Colon Findings' tab selected. The patient information at the top includes: First name: Fake, Middle name: , Last name: Patient, MRN: 00000000, Birth date: 1/1/1901, and Procedure date: 1/ 1/2000 12:00 PM. The 'Colon Findings' section features a central diagram of the colon. To the left of the diagram are three sections of checkboxes: 'Cecal landmarks' (Appendiceal orifice, Ileocecal valve, Terminal ileum), 'Normal findings' (Entire colon normal), and a section asking 'Were any of the following NOT SEEN on the exam?' (AVM, Diverticulosis / Diverticulitis, Hemorrhoids). Below the diagram is a 'Findings Instructions' box with instructions for adding, deleting, viewing/editing, and moving findings. A left-hand navigation pane contains buttons for History, Physical exam, Indications, Preprocedure, Sedation, Procedure, EGD Visual, Colon Visual, EGD Findings, Bil/Pan Findings, Colon Findings (highlighted), Staging, Events, Assessment/Plan, and Letters/Instructions. At the bottom left are buttons for Save, Sign, Print Preview, and Close.

Cecal landmarks: Cecal landmark comments

Table: EusCollandmarkCom

The screenshot shows a small dialog box titled 'Cecal landmark comments'. It contains a large empty text area for entering comments. At the bottom right of the dialog are two buttons: 'Save' and 'Cancel'.



Adjacent Organ(s) involved grid

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal			
	colorectal		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal	prostate gland		
	prostate gland		
	puborectalis muscle		
	sacrum		
	seminal vessels		
	urinary bladder		
	uterus		
	vagina		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal	prostate gland	abutment	
		abutment	
		encasement	
		interface loss <15 mm	
		interface loss equal to or > 15 mm	
		intraluminal growth	
		invasion	

Anal sphincter defect

Table: Table: EusCOLSphincterDef

Anal sphincter defect	
Location <input checked="" type="radio"/> Anterior (Ventral) <input type="radio"/> Posterior (Dorsal) <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Proximal <input type="radio"/> Middle <input type="radio"/> Distal	<input type="checkbox"/> Image(s) taken
Description Sphincter type <input type="radio"/> external <input type="radio"/> internal Clock position <input type="text"/> o'clock Circumference involved <input type="text"/> %	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Anal sphincter thickening

Table: EusCOLSphincterThick

Anal sphincter thickening	
Location <input checked="" type="radio"/> Anterior (Ventral) <input type="radio"/> Posterior (Dorsal) <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Proximal <input type="radio"/> Middle <input type="radio"/> Distal	<input type="checkbox"/> Image(s) taken
Description Sphincter type <input type="radio"/> external <input type="radio"/> internal Maximum thickness (mm) <input type="text"/>	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Anatomical deformity

Table: EusColAnatDeform

Anatomical Deformity

Location Hepatic flexure	<input type="checkbox"/> Image(s) taken
Description	Diagnosis
	Comments

Save Cancel

Location

- Cecum
- Anus
- Rectum
- Sigmoid colon
- Descending colon
- Splenic flexure
- Transverse colon
- Hepatic flexure
- Ascending colon
- Terminal ileum
- Cecum
- Ileum

Arteriovenous malformation (AVM)

Table: EusColAVM

Arteriovenous Malformation (AVM)

Starting location: Hepatic flexure
Ending location: Hepatic flexure

Total # of AVMs: [] Maximum size (mm): []

Therapeutic procedure(s)

Hemostatic ▶
 Non - hemostatic ▶

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Image(s) taken

Diagnosis: []

Comments: []

Save Cancel

Starting location: Cecum
Ending location: Anus, Rectum, Sigmoid colon, Descending colon
Total # of AVMs: []
Therapeutic procedure(s): Hemostatic ▶, Non-hemostatic ▶

Cecum
Ileum

Ascites

Table: EusCOLAscites

Ascites

Description

Degree: extensive, moderate, minimal, indeterminate

EUS Interventions ▶

Diagnostics

Fine needle aspiration (see EUS interventions)

Sent to pathology: Yes No

Enter pathology ID: [] Add

Current pathology IDs: []

Image(s) taken

Diagnosis: []

Comments: []

Save Cancel

Collateral veins

Table: EusCOLCollateralVeins

Collateral veins	
Location <input type="text"/>	<input type="checkbox"/> Image(s) taken
Description Degree <input type="radio"/> extensive <input type="radio"/> moderate <input type="radio"/> minimal <input type="radio"/> indeterminate	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Location	
<input type="text"/>	
Description	<input type="text"/>

- perianal region
- pericolonic region
- perineal body
- perirectal region
- prostate gland
- puborectalis muscle
- sacrum
- seminal vessels
- urinary bladder
- uterus
- vagina

Diverticulosis

Table: EusColDivertic

Diverticulosis	
Starting location: Hepatic flexure	Rate of bleed: <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain
Ending location: Hepatic flexure	<input type="checkbox"/> Image(s) taken
Degree: <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe <input type="checkbox"/> Diverticulitis suspected	Diagnosis: <input type="text"/>
Therapeutic procedure(s): <input type="checkbox"/> Hemostatic <input type="checkbox"/> Non - hemostatic	Comments: <input type="text"/>
Save Cancel	

Starting location	Cecum
Ending location	Anus Rectum Sigmoid colon Descending colon Splenic flexure Transverse colon Hepatic flexure Ascending colon Terminal ileum
Degree	<input type="radio"/> mild
<input type="checkbox"/> Div	
Therapeutic proced	
<input type="checkbox"/> Hemostatic	Cecum Ileum

Extramural mass

Table: EusCOLExtramuralMass

Extramural / Mediastinal Mass

Location of EUS probe

Location of mass

Description

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- anechoic
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- lobulated
- loculated
- septated
- shadowing

EUS Interventions ▶

Adjacent organ(s) invaded

Region	Organ	Degree of involvement

Margin

- invading
- irregular smooth
- poorly defined well defined

Image(s) taken

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken
- Needle used
- successful not successful

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Diagnosis

Comments

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

- heterogeneous
- homogeneous

external sphincter
internal sphincter
anal canal
rectum
rectosigmoid junction
sigmoid colon
descending colon
transverse colon
ascending colon
cecum
ileocecal valve
terminal ileum
anastomosis

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

- heterogeneous
- homogeneous

perianal region
pericolonic region
perineal body
perirectal region
prostate gland
puborectalis muscle
sacrum
seminal vessels
urinary bladder
uterus
vagina

Fissure / Fistula

Table: EusColFissureFistula

Fissure / Fistula

Location:

Image(s) taken

Description

Fissure Maximum size (mm)

Fistula

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Therapeutic procedure(s)

Hemostatic ▶

Non - hemostatic ▶

Diagnostics

Biopsy taken Total # of biopsies taken

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Diagnosis

Comments

Location:

Description

Fissure

Fistula

Rate of bleed

Anus
 Rectum
 Sigmoid colon
 Descending colon
 Splenic flexure
 Transverse colon
 Hepatic flexure
 Ascending colon
 Terminal ileum
 Cecum
 Ileum

Hemorrhoids

Table: EusColHemorrhoid

Hemorrhoids

Type

Classification

Size

Thrombosis present

Therapeutic procedure(s)

Hemostatic ▶

Non - hemostatic ▶

Infrared coagulation

hemorrhoids treated

location

of pulses

duration of pulses sec

Rate of bleed Oozing
 Spurting
 Inactive
 Uncertain

Image(s) taken

Diagnosis

Comments

Save Cancel

Type

Classification
 External
 Internal
 Internal + External

Size

Thrombosis present

Type

Classification

Size
 Grade I: Non-prolapsed
 Grade II: Spontaneously reduced
 Grade III: Reducible, manually / endoscopically
 Grade IV: Permanent prolapse

Type

Classification

Size
 Small
 Medium
 Large

Image taken

Table: EusCollImageTaken

Image taken

Location: Hepatic flexure

Image(s) taken

Comments

Save Cancel

Location: Cecum

- Anus
- Rectum
- Sigmoid colon
- Descending colon
- Splenic flexure
- Transverse colon
- Hepatic flexure
- Ascending colon
- Terminal ileum
- Cecum
- Ileum

Image(s)

Comments: Ileum

Intramural lesion

Table: EusCOLIntramuralLesion

Intramural lesion

Location:

Wall involved:

Adjacent organ(s) invaded: Add organ

Region	Organ	Degree of involvement

Description

Origin of lesion:

Depth of invasion:

Size: Max (mm) Min (mm)

Echofeatures

heterogeneous homogeneous

hyperechoic hyperechoic foci hyperechoic strands hypoechoic isoechoic multicystic cystic solid calcified distal enhancement granular lobulated loculated septated shadowing

Shape/character

irregular lobulated oval pedunculated round sessile tortuous triangular tubular

Margin

invading irregular smooth poorly defined well defined

Image(s) taken:

Diagnostics

Fine needle aspiration (see EUS interventions)

Needle biopsy taken

Needle used:

successful not successful

Biopsy taken Brushing taken

Biopsy forceps type

Regular Jumbo Pediatric

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID: Add

Current pathology IDs:

Diagnosis:

Comments:

EUS Interventions ▶

Save Cancel

Location

Wall involved

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous homogeneous

external sphincter
internal sphincter
anal canal
rectum
rectosigmoid junction
sigmoid colon
descending colon
transverse colon
ascending colon
cecum
ileocecal valve
terminal ileum
anastomosis

Location

Wall involved

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

anterior (ventral) wall
posterior (dorsal) wall
left side
right side
medial wall
lateral wall
circumferential

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

superficial mucosa
deep mucosa
muscularis mucosa
lamina propria
submucosa
muscularis propria
serosa/adventitia

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Lymphadenopathy

Table: EusCOLLymphadenopathy

Lymphadenopathy

Location of EUS probe:

Location of adenopathy:

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

heterogeneous

homogeneous

hyperechoic

hyperechoic foci

hyperechoic strands

hypoechoic

isoechoic

multicystic

cystic

solid

calcified

distal enhancement

granular

lobulated

loculated

septated

shadowing

EUS Interventions

Margin

invading

irregular smooth

poorly defined well defined

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary tumor (mm):

Largest (mm):

Echofeatures

- external sphincter
- internal sphincter
- anal canal
- rectum
- rectosigmoid junction
- sigmoid colon
- descending colon
- transverse colon
- ascending colon
- cecum
- ileoceleal valve
- terminal ileum
- anastomosis

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary tumor (mm):

Largest (mm):

Echofeatures

- perianal region
- pericolonic region
- perineal body
- perirectal region
- prostate gland
- puborectalis muscle
- sacrum
- seminal vessels
- urinary bladder
- uterus
- vagina

Melanosis

Table: EusColMelanosis

Melanosis

Starting location: Hepatic flexure

Ending location: Hepatic flexure

Image(s) taken

Diagnostics

Biopsy taken

Total # of biopsies taken: [dropdown]

Sent to pathology: Yes No

Enter pathology ID: [text] [Add]

Current pathology IDs: [text area]

Diagnosis: [text]

Comments: [text area]

[Save] [Cancel]

Starting location: Cecum

Ending location: [dropdown]

Diagnostics

Biopsy taken

Total # of biopsies taken: [dropdown]

Sent to pathology: [dropdown]

Mucosal abnormality / Colitis / IBD

Table: EusColMucosalAbnl

Mucosal Abnormality / Colitis / IBD

Starting location: Hepatic flexure

Ending location: Hepatic flexure

Activity: [dropdown]

Etiology

Crohn's disease Suspected

Infectious colitis Established

Ischemic colitis

Microscopic colitis

Pseudomembranous colitis

Radiation colitis

Ulcerative colitis

Uncertain etiology

Other

[dropdown]

Extent

Estimated length of colitis (cm): [text]

Pancolitis

Rate of bleed: Oozing Spurting Inactive Uncertain

Description

Erosions present

Fistula

Friability

Loss of haustral folds

Loss of vascularity

Pseudopolyps

Stenosis

Ulcer

Therapeutic procedure(s)

Hemostatic [dropdown]

Non - hemostatic [dropdown]

Image(s) taken

Diagnostics

Biopsy taken

Total # of biopsies taken: [dropdown]

Sent to pathology: Yes No

Enter pathology ID: [text] [Add]

Current pathology IDs: [text area]

Diagnosis: [text]

Comments: [text area]

[Save] [Cancel]

Starting location: Cecum

Ending location: Anus, Rectum, Sigmoid colon, Descending colon, Splenic flexure, Transverse colon, Hepatic flexure, Ascending colon, Terminal ileum, Cecum, Ileum

Etiology

- Crohn's disease
- Infectious colitis
- Ischemic colitis
- Microscopic colitis
- Pseudomembranous colitis
- Radiation colitis

Activity: Inactive

Description: Mild, Moderate, Severe

- Erosion
- Fistula
- Friability
- Loss of haustral folds
- Loss of vascularity
- Pseudopolyps
- Stenosis
- Ulcer

Normal

Table: EusColNormal

Normal

Starting location: Hepatic flexure

Ending location: Hepatic flexure

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken: [0]

Sent to pathology: Yes No

Enter pathology ID: [] [Add]

Current pathology IDs: []

Comments: []

[Save] [Cancel]

Starting location	Cecum
Ending location	Anus Rectum Sigmoid colon Descending colon Splenic flexure Transverse colon Hepatic flexure Ascending colon Terminal ileum Cecum Ileum
<input type="checkbox"/> Image(s) taken	
Diagnostics	

Other finding

Table: EusColFindOther

Other finding

Starting Location: Hepatic flexure
Ending Location: Hepatic flexure

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken: []

Sent to pathology: Yes No

Enter pathology ID: []

Current pathology IDs: []

Therapeutic procedure(s)

Hemostatic ▶ []

Non - hemostatic ▶ []

EUS Interventions ▶ []

Diagnosis: []

Description / Comments: []

Starting Location: Transverse colon

Ending Location: Anus

Diagnostics

Biopsy taken

Sent to pathology: []

Enter pathology: []

Current patholo: []

Rectum
Sigmoid colon
Descending colon
Splenic flexure
Transverse colon
Hepatic flexure
Ascending colon
Terminal ileum
Cecum
Ileum
Vocal cords

Polyp cluster

Table: EusColPolypCluster

Polyp cluster: multiple diminutive polyps in one section of the colon

Starting location:

Ending location:

Description

Estimated number of polyps:

Size range (mm): to

Color: red pale

Therapeutic procedure(s)

Hemostatic Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery
 Biopsy with cautery
 Snare without cautery
 Snare with cautery
 Snare with cautery/saline

Polyp removed? Yes No (biopsy only)

Number removed:

Tissue retrieved? Yes No

Number retrieved:

Sent to pathology Yes No

Enter pathology ID:

Current pathology IDs:

Placement of tattoo

Diagnosis:

Comments:

Starting location:

Ending location:

Description

Estimated number:

Size range (mm): to

Color: red pale

Starting location dropdown menu:

- Anus
- Rectum
- Sigmoid colon
- Descending colon
- Splenic flexure
- Transverse colon
- Hepatic flexure
- Ascending colon
- Terminal ileum
- Cecum
- Ileum

Polyp

Table: EusColPolyp

Polyp

Location:

Distance from anal verge (cm):

Description

Diminutive polyp (<= 5mm)

Size (mm):

Type

pedunculated
 sessile
 flat with depressed area
 flat without depressed area

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery
 Biopsy with cautery
 Snare without cautery
 Snare with cautery
 Snare with cautery/saline

Polyp removed?

Tissue retrieved? Yes No

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Placement of tattoo

Diagnosis

Comments

Location:

Distance from anal verge (cm):

Description

Diminutive polyp (<= 5mm)

Size (mm):

Type

pedunculated
 sessile

Polyp removed?

Tissue retrieved?

Sent to pathology

Enter pathology ID

Prior surgery

Table: EusColPriorSurg

Prior surgery

Starting location: Hepatic flexure

Ending location: Hepatic flexure

Prior surgery

- Colostomy
- Left hemicolectomy
- Right hemicolectomy
- Segmental colectomy
- Terminal Ileum Resection
- Total colectomy
- Ileostomy
- Ileo-anal pouch
- Koch pouch
- Other prior surgery

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Starting location: Cecum

Ending location: Anus

Prior surgery

- Colostomy
- Left hemicolectomy
- Right hemicolectomy
- Segmental colectomy
- Terminal Ileum Resection
- Total colectomy

Descending colon

Splenic flexure

Transverse colon

Hepatic flexure

Ascending colon

Terminal ileum

Cecum

Ileum

Solitary rectal ulcer

Table: EusColRectalUlcer

Solitary rectal ulcer	
Description Distance from anal verge (cm) <input type="text"/> Maximum size (mm) <input type="text"/>	Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	Diagnosis <input type="text"/>
<input type="checkbox"/> Image(s) taken	Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Stricture / Stenosis

Table: EusColStricture

Stricture / Stenosis	
Starting location <input type="text" value="Splenic flexure"/> Ending location <input type="text" value="Splenic flexure"/> Distance from anus (cm) <input type="text"/> Severity <input type="text"/>	Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>
Suspected etiology <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Extrinsic compression <input type="checkbox"/> Indeterminant colitis <input type="checkbox"/> Ischemic colitis <input type="checkbox"/> Malignancy <input type="checkbox"/> Post surgical <input type="checkbox"/> Radiation colitis <input type="checkbox"/> Other <input type="text"/>	Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
<input type="checkbox"/> Image(s) taken	Diagnosis <input type="text"/>
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Starting location: Cecum

Ending location: Anus

Distance from anus: Descending colon

Severity:

Suspected etiology: Terminal ileum

Crohn's disease

Severity:

Suspected etiology: Partial, obstructive, but able to pass endoscope

Crohn's disease

Tumor / Cancer

Table: EusColTumor

Tumor / Cancer

Starting location: Splenic flexure

Ending location: Splenic flexure

Distance from anal verge (cm):

Description

Suspected malignant
 Established malignant by prior biopsy
 Suspected benign
 Established benign by prior biopsy

Length (cm):

Circumferential
 Fungating
 Mucosal
 Submucosal

Obstruction:

Therapeutic procedure(s)

Hemostatic
 Non - hemostatic

Diagnostics

Biopsy taken Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Placement of tattoo
 Image(s) taken

Diagnosis:

Comments:

Starting location: Cecum

Ending location: Rectum

Distance from anal: Descending colon

Description

Suspected malignant
 Established malignant by prior biopsy
 Suspected benign

Obstruction

Therapeutic pr

Partial, not obstructive
 Partial, obstructive, but able to pass endoscope
 Complete

Wall thickening

Table: EusColWallThicken

Wall Thickening

Location

Wall involved

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

Mucosal thickening? Yes No

Submucosal thickening? Yes No

Muscularis propria thickening? Yes No

Serosal/adventitial thickening? Yes No

EUS Interventions

Diagnostics

Fine needle aspiration (see EUS interventions)

Needle biopsy taken

Needle used

successful not successful

Biopsy taken

Biopsy forceps type

Regular Jumbo Pediatric

Total # of biopsies taken

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Location

Wall involved

Description

diffuse

Layer pattern

Total wall thickness (mm)

Mucosal thickening? Yes No

Submucosal thickening? Yes No

Muscularis propria thickening? Yes No

Serosal/adventitial thickening? Yes No

EUS Interventions

external sphincter
 internal sphincter
 anal canal
 rectum
 rectosigmoid junction
 sigmoid colon
 descending colon
 transverse colon
 ascending colon
 cecum
 ileocecal valve
 terminal ileum
 anastomosis

Location

Wall involved

Description

diffuse

Layer pattern

Total wall thickness (mm)

anterior (ventral) wall
 posterior (dorsal) wall
 left side
 right side
 medial wall
 lateral wall
 circumferential

Description

diffuse localized

Layer pattern

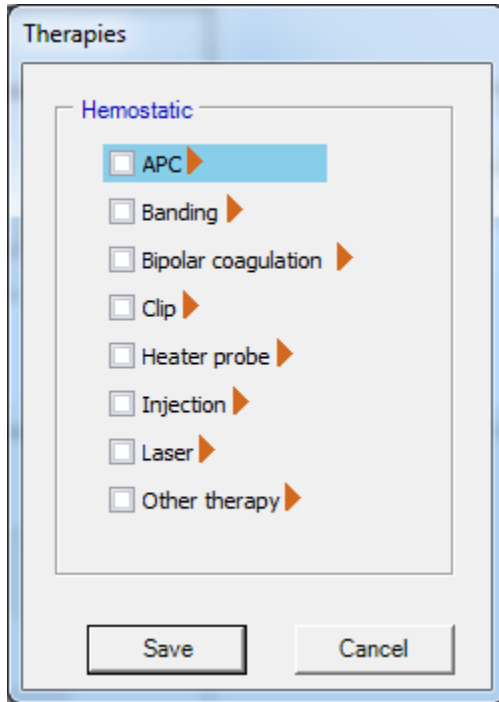
Total wall thickness (mm)

preserved
 not preserved
 partially preserved

THERAPIES

Hemostatic therapies

Table: TheraLauncherHemo



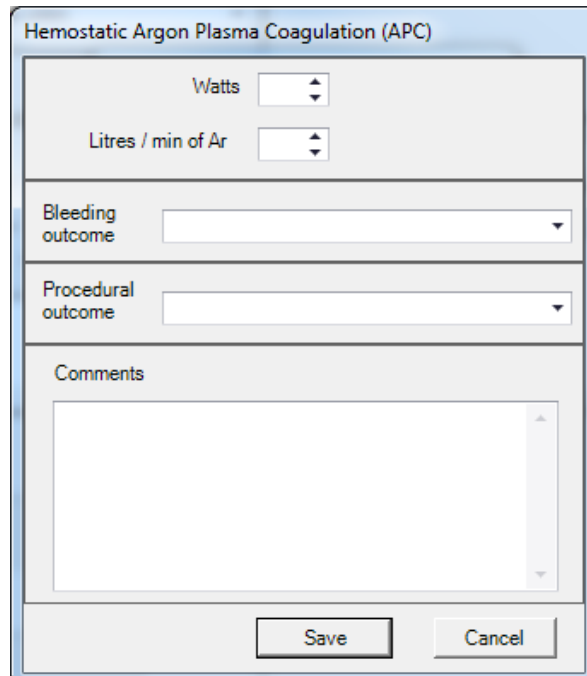
The screenshot shows a dialog box titled "Therapies". Inside, there is a section labeled "Hemostatic" containing a list of therapy options, each with an unchecked checkbox and a right-pointing arrow:

- APC
- Banding
- Bipolar coagulation
- Clip
- Heater probe
- Injection
- Laser
- Other therapy

At the bottom of the dialog box are two buttons: "Save" and "Cancel".

Argon Plasma Coagulation (APC)

Table: TxHemAPC



The screenshot shows a dialog box titled "Hemostatic Argon Plasma Coagulation (APC)". It contains the following fields:

- "Watts" with a numeric spinner control.
- "Litres / min of Ar" with a numeric spinner control.
- "Bleeding outcome" with a dropdown menu.
- "Procedural outcome" with a dropdown menu.
- "Comments" with a large text area.

At the bottom of the dialog box are two buttons: "Save" and "Cancel".

Banding

Table: TxHemBanding

The screenshot shows a dialog box titled "Hemostatic Banding". It contains the following fields and controls:

- Banding device:** A dropdown menu.
- Total bands fired:** A numeric spinner control.
- Bands placed:** A numeric spinner control.
- Bleeding outcome:** A dropdown menu.
- Procedural outcome:** A dropdown menu.
- Comments:** A text area with a vertical scrollbar.
- Buttons:** "Save" and "Cancel" buttons at the bottom.

(Banding device menu customized by site)

Bipolar coagulation (BiCap)

Table: TxHemBiCap

The screenshot shows a dialog box titled "Hemostatic Bipolar Coagulation (BiCap)". It contains the following fields and controls:

- BiCap device:** A dropdown menu.
- Watts:** A numeric spinner control.
- Total Seconds:** A numeric spinner control.
- Irrigation fluid used:** A checkbox.
- Bleeding outcome:** A dropdown menu.
- Procedural outcome:** A dropdown menu.
- Comments:** A text area with a vertical scrollbar.
- Buttons:** "Save" and "Cancel" buttons at the bottom.

(BiCap device menu customized by site)

Clip(s)

Table: TxHemClip

Hemostatic Clip(s)

Total clips fired

Clips placed

Bleeding outcome

Procedural outcome

Comments

Save Cancel

Heater Probe

Table: TxHemProbe

Hemostatic Heater Probe

Instrument

Watts

Bleeding outcome

Procedural outcome

Comments

Save Cancel

(Probe instrument menu customized by site)

Injection

Table: TxHemInjection

The screenshot shows a software window titled "Hemostatic Injection". It contains several input fields: "Injectant" (a dropdown menu), "Combined with" (a text input field), "Number of injections" (a spinner control), and "Total volume injected (cc)" (a text input field). Below these are two more dropdown menus: "Bleeding outcome" and "Procedural outcome". At the bottom is a "Comments" text area with a scroll bar. At the very bottom are "Save" and "Cancel" buttons.

(Injectant menu customized by site)

Laser

Table: TxHemLaser

The screenshot shows a software window titled "Hemostatic Laser". It contains several input fields: "Type of laser" (a dropdown menu), "Watts" (a spinner control), "Joules" (a spinner control), and "Total seconds" (a spinner control). Below these are two more dropdown menus: "Bleeding outcome" and "Procedural outcome". At the bottom is a "Comments" text area with a scroll bar. At the very bottom are "Save" and "Cancel" buttons.

(Type of laser menu customized by site)

Other hemostatic therapy(s)

Table: TxHemOther

Other hemostatic therapy(s)

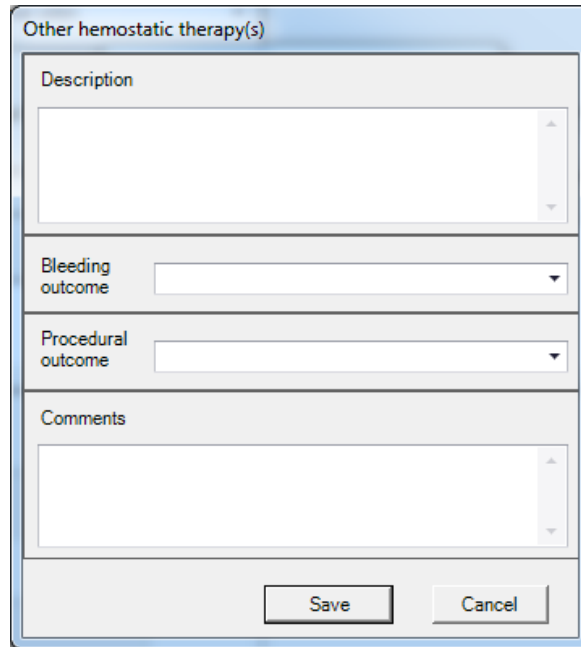
Description

Bleeding outcome

Procedural outcome

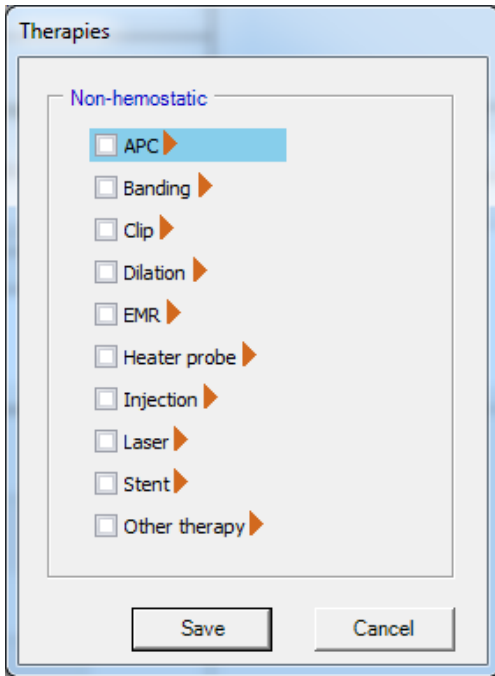
Comments

Save Cancel



Non-hemostatic therapies

Table: TheraLauncherNonHemo



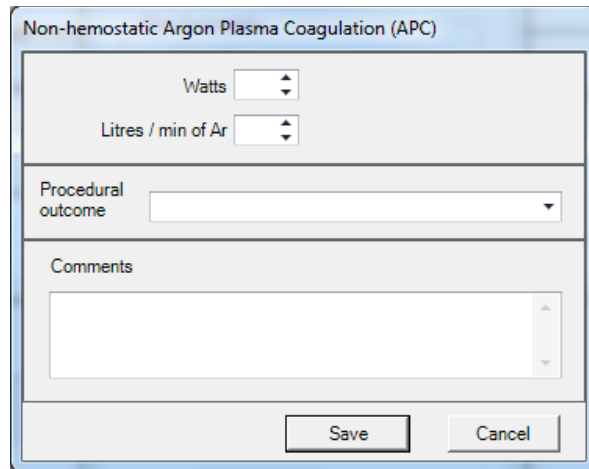
The screenshot shows a dialog box titled "Therapies". Inside, there is a section labeled "Non-hemostatic" containing a list of therapy options, each with an unchecked checkbox and a right-pointing arrow:

- APC
- Banding
- Clip
- Dilation
- EMR
- Heater probe
- Injection
- Laser
- Stent
- Other therapy

At the bottom of the dialog box are two buttons: "Save" and "Cancel".

Argon Plasma Coagulation (APC)

Table: TxNonHemAPC



The screenshot shows a dialog box titled "Non-hemostatic Argon Plasma Coagulation (APC)". It contains the following fields:

- "Watts" with a numeric spinner control.
- "Litres / min of Ar" with a numeric spinner control.
- "Procedural outcome" with a dropdown menu.
- "Comments" with a text area.

At the bottom of the dialog box are two buttons: "Save" and "Cancel".

Banding

Table: TxNonHemBanding

Non-hemostatic Banding

Banding device

Total bands fired

Bands placed

Procedural outcome

Comments

Save Cancel

(Banding device menu customized by site)

Clip(s)

Table: TxNonHemClip

Non-hemostatic Clip(s)

Total clips fired

Clips placed

Procedural outcome

Comments

Save Cancel

Dilation

Table: TxNonHemDilation

Non-hemostatic Dilation	
Dilator type <input type="text"/>	Resistance <input type="text"/>
<input type="checkbox"/> Performed under fluoroscopy	Heme on extraction <input type="text"/>
<input type="checkbox"/> Performed with wire	Patient Tolerance <input type="text"/>
Dilator size used #1 <input type="text"/> #2 <input type="text"/> #3 <input type="text"/> #4 <input type="text"/>	Procedural outcome <input type="text"/>
Units of size <input type="radio"/> Fr <input type="radio"/> mm	Comments <input type="text"/>
Length of time (secs) <input type="text"/>	
Pressure (PSI) <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

(Dilator type menu customized by site)

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>
Procedural outcome	<input type="text"/>

Endoscopic Mucosal Resection (EMR)

Table: TxNonHemEMR

Non-hemostatic Endoscopic Mucosal Resection (EMR)

Instrument

Complete resection

Sample retrieved

Procedural outcome

Comments

Save Cancel

(EMR instrument customized by site)

Heater Probe

Table: TxNonHemProbe

Non-hemostatic Heater Probe

Instrument

Watts

Procedural outcome

Comments

Save Cancel

(Heater probe Instrument customized by site)

Injection

Table: TxNonHemInjection

Non-hemostatic Injection

Injectant

Combined with

Number of injections

Total volume injected (cc)

Procedural outcome

Comments

Save Cancel

(Injectant menu customized by site)

Laser

Table: TxNonHemLaser

Non-hemostatic Laser

Type of laser

Watts

Joules

Total seconds

Procedural outcome

Comments

Save Cancel

(Type of laser menu customized by site)

Stent

Table: TxNonHemStent

Non-hemostatic Stent

Number of stents used

Stent type

Length (cm)

Covered (cm)

Diameter Fr mm

Flange (mm)

Guidewire

Proximal clips placed Distal clips placed

Performed under fluoroscopic guidance

Injected with contrast

Procedural outcome

Comments

Save Cancel

(Stent type menu customized by site)

Stent type

Length (cm)

Covered (cm)

Diameter Fr mm

Flange (mm)

Guidewire

Jag

Savary

Other non-hemostatic therapy(s)

Table: TxNonHemOther

Other non-hemostatic therapy(s)

Description

Procedural outcome

Comments

Save Cancel

EUS Therapies

Table: EusTxLauncher

The screenshot shows a dialog box titled "Therapies" with a list of five therapy options, each with an unchecked checkbox and a right-pointing arrow:

- Celiac plexus neurolysis / block
- EUS-guided injection therapy
- Fine needle aspiration
- Other therapeutic intervention
- Pseudocyst drainage

At the bottom of the dialog are two buttons: "Save" and "Cancel".

Menu used in multiple findings: Procedure outcome

The screenshot shows a dropdown menu for "Procedure outcome" with two visible options:

- Technically successful
- Technically unsuccessful

Celiac plexus neurolysis / block

Table: EusIntNeurolysis

Injection medication grid: EusIntNeurolysis_Injection_medication_grid

The screenshot shows a dialog box titled "Neurolysis" with the following fields and controls:

- Injection medication** section with an "Add injection" button and a table grid with columns: Medication, Concentration, Dose.
- Needle**: dropdown menu.
- # Passes**: spinner control.
- Side**: radio buttons for "unilateral" and "bilateral".
- Procedure outcome**: dropdown menu.
- Comments**: text area.
- Buttons**: "Save" and "Cancel" at the bottom right.

Injection medication		Add injection	
Medication	Concentration	Dose	
<input type="text"/> bupivacaine ethanol triamcinolone			

EUS-guided injection therapy

Table: EusIntInjection

Injection

Injectant

Needle

Injections

Total volume injected (cc)

Procedure outcome

Comments

Needle	<input type="text"/> Wilson-Cook 25 ga. Wilcon-Cook 22 ga. Wilson-Cook 19 ga.
# Injections	Olympus
Total volume	GIP/Mediglobe

Fine needle aspiration

Table: EusIntFNA

FNA

Needle

Passes

Volume obtained (cc)

Adequate material obtained Inadequate material obtained

Fluid color clear straw bloody

Viscosity viscous non-viscous

Procedure outcome

Comments

Save Cancel

Needle

- Wilson-Cook 25 ga.
- Wilson-Cook 22 ga.
- Wilson-Cook 19 ga.
- Olympus
- GIP/Mediglobe

Other therapeutic intervention

Table: EusIntOther

Other

Description

Procedure outcome

Comments

Save Cancel

Pseudocyst drainage

Table: EusIntDrain

Stents grid: EusIntDrain_Stents_grid

Pseudocyst drainage

Needle

Passes

Stent	Size (Fr)	Length (cm)	Note
-------	-----------	-------------	------

Guidewire used

Guidewire size (in)

Procedure outcome

Comments

Save Cancel

Needle

Passes

Stents

Wilson-Cook 25 ga.
Wilson-Cook 22 ga.
Wilson-Cook 19 ga.
Olympus
GIP/Mediglobe

Stent	Size (Fr)	Length (cm)	Note
barbed amsterdam double pig tail pancreatic single pig tail			

Stent	Size (Fr)	Length (cm)	Note
	3		
	3		
	5		
	7		
	10		
	11.5		

Guidewire used

Guidewire size (in)

Procedure outcome

Cutting
Glide
Metro
Pathfinder

Guidewire used	<input type="text"/>
Guidewire size (in)	<input type="text"/>
Procedure outcome	0.035
Comments	0.025
	0.018

STAGING

Note: Two versions of the EUS Staging screens have been used. Both conform to the American Joint Committee on Cancer guidelines. Initially, the 6th edition was used, subsequently changed to the 7th edition.

AJCC 6th Edition

Table: EusStaging

The screenshot shows the EUS Pediatrics software interface. The window title is "EUS Pediatrics". The main area is titled "Staging" and contains a list of checkboxes for various anatomical regions. The patient information is displayed at the top, including First name (Age_pt96), Middle name, Last name (ALEXANDER), MRN (81750211), Birth date (4/30/1952), and Procedure date (11/25/2014 1:49 PM). The staging categories are:

- Upper Gastrointestinal
 - Esophagus
 - Stomach
 - Small intestine
- Lower Gastrointestinal
 - Colon and rectum
 - Anal canal
- Biliary / Pancreatic
 - Ampulla of Vater
 - Extrahepatic bile ducts
 - Gallbladder
 - Pancreas
 - Liver
- Lung
- Lymphoid neoplasia

At the bottom of the window, there are buttons for Save, Sign, Print Preview, and Close.

Esophagus

Table: EusStageEso

Staging of tumor of esophagus

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades adventitia
- T4 Tumor invades adjacent structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Tumors of the lower thoracic esophagus

- M1a Metastasis in celiac lymph nodes
- M1b Other distant metastasis

Tumors of the midthoracic esophagus

- M1b Nonregional lymph nodes and/or other distant metastasis

Tumors of the upper thoracic esophagus

- M1a Metastasis in cervical nodes
- M1b Other distant metastasis

Comments

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Stomach

Table: EusStageStomach

Staging of tumor of stomach

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial tumor without invasion of the lamina propria
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria or subserosa
- T2a Tumor invades muscularis propria
- T2b Tumor invades subserosa
- T3 Tumor invades serosa (visceral peritoneum) without invasion of adjacent structures
- T4 Tumor invades adjacent structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 6 regional lymph nodes
- N2 Metastasis in 7 to 15 regional lymph nodes
- N3 Metastasis in more than 15 regional lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Small intestine

Table: EusStageSmIntestine

Staging of tumor of small intestine

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through the muscularis propria into the subserosa or into the non-peritonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less
- T4 Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of small intestine, mesentery, or retroperitoneum more than 2 cm, and abdominal wall by way of seerosa.; for duodenum only, invasion of pancreas)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Colorectal

Table: EusStageColonRectum

Staging of tumor of colon and rectum

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial or invasion of lamina propria
- T1 Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues
- T4 Tumor directly invades other organs or structures, and/or perforates visceral peritoneum

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
- N2 Metastasis in 4 or more regional lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Anal Canal

Table: EusStageAnalCanal

Staging of tumor of anal canal

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 2 cm or less in greatest dimension
- T2 Tumor more than 2 cm but not more than 5 cm in greatest dimension
- T3 Tumor more than 5 cm in greatest dimension
- T4 Tumor of any size invades adjacent organ(s), e.g., vaginal, urethra, bladder

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in perirectal lymph node(s)
- N2 Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
- N3 Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Ampulla of Vater

Table: EusStageAmpVater

Staging of tumor of Ampulla of Vater

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to ampulla of Vater or sphincter of Oddi
- T2 Tumor invades duodenal wall
- T3 Tumor invades pancreas
- T4 Tumor invades peripancreatic soft tissues or other adjacent organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Bile Ducts

Table: EusStageBileDucts

Staging of tumor of extrahepatic bile ducts

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor confined to the bile duct histologically
- T2 Tumor invades behind the wall of the bile duct
- T3 Tumor invades the liver, gallbladder, pancreas, and/or ipsilateral branches of the portal vein (right or left) or hepatic artery (right or left)
- T4 Tumor invades any of the following: main portal vein or its branches bilaterally, common hepatic artery, or other adjacent structures, such as the colon, stomach, duodenum, or abdominal wall

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Gallbladder

Table: EusStageGB

Staging of tumor of gallbladder

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or muscle layer
- T1a Tumor invades lamina propria
- T1b Tumor invades muscle layer
- T2 Tumor invades perimuscular connective tissue: no extension beyond serosa or into liver
- T3 Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum or extrahepatic bile ducts
- T4 Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Pancreas

Table: EusStagePanc

Staging of tumor of pancreas

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to the pancreas 2 cm or less in greatest dimension
- T2 Tumor limited to the pancreas more than 2 cm in greatest dimension
- T3 Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
- T4 Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Liver

Table: EusStageLiver

Staging of tumor of liver

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- T1 Solitary tumor without vascular invasion
- T2 Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
- T3 Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s)
- T4 Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Lung

Table: EusStageLung

Staging of tumor of lung

T-Stage

- TX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
- T2 Tumor with any of the following features of size or extent:
 - More than 3 cm in greatest diameter
 - Involves main bronchus, 2 cm or more distal to the carina
 - Invades the visceral pleura
 - Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of hte entire lung
- T4 Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with malignant pleural effusion

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor
- N2 Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3 Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, contralateral scalene, or supraclavicular lymph node(s)

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

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Lymphoid neoplasia

Table: EusStageLymphoid

Staging of tumor of lymphoid neoplasia

Ann Arbor Stage

- Stage I Involvement of a single lymph node region
- Stage IE Localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement
- Stage II Involvement of two or more lymph node regions on the same side of the diaphragm
- Stage IIE Localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm.
- Stage III Involvement of lymph node regions on both sides of the diaphragm.
- Stage IIIE Involvement of lymph node regions on both sides of the diaphragm accompanied by extralymphatic extension in association with adjacent lymph node involvement.
- Stage IV Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Any involvement of the liver or bone marrow, or nodular involvement of the lung(s).

Comments

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Table: EusStaging2010

EUS
Pathology Images Print Fax Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

7th Edition - 2010

Upper Gastrointestinal

- Esophagus ▶
- Stomach ▶
- Small intestine ▶

Lower Gastrointestinal

- Appendix (carcinoma) ▶
- Appendix (carcinoid) ▶
- Colon and rectum ▶
- Anus ▶

Biliary / Pancreatic

- Ampulla of Vater ▶

Bile ducts

- Intrahepatic ▶
- Perihilar ▶
- Distal ▶
- Gallbladder ▶
- Pancreas ▶
- Liver ▶

Lung ▶

Lymphoid neoplasia ▶

Upper Gastrointestinal: Esophagus

Table: EusStage2010Eso

Staging of tumor of esophagus

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- T1 Tumor invades lamina propria or submucosa
- T1a Tumor invades lamina propria or muscularis mucosae
- T1b Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades adventitia
- T4 Tumor invades adjacent structures
- T4a Resectable tumor invading pleura, pericardium, or diaphragm
- T4b Unresectable tumor invading other adjacent structures, such as aorta, vertebral body, trachea, etc.

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastases involving 1 to 2 nodes
- N2 Regional lymph node metastases involving 3 to 6 nodes
- N3 Regional lymph node metastases involving 7 or more nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Upper Gastrointestinal: Stomach

Table: EusStage2010Stomach

Staging of tumor of stomach

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial tumor without invasion of the lamina propria
- T1 Tumor invades lamina propria, muscularis mucosae, or submucosa
- T1a Tumor invades lamina propria or muscularis mucosae
- T1b Tumor invades submucosa
- T2 Tumor invades muscularis propria or subserosa
- T3 Tumor penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures
- T4 Tumor invades serosa (visceral peritoneum) or adjacent structures
- T4a Tumor invades serosa (visceral peritoneum)
- T4b Tumor invades adjacent structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 2 regional lymph nodes
- N2 Metastasis in 3 to 6 regional lymph nodes
- N3 Metastasis in 7 or more regional lymph nodes
- N3a Metastasis in 7 to 15 regional lymph nodes
- N3b Metastasis in 16 or more regional lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Upper Gastrointestinal: Small intestine

Table: EusStage2010SmIntestine

Staging of tumor of small intestine

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1a Tumor invades lamina propria
- T1b Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through the muscularis propria into the subserosa or into the non-peritonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less
- T4 Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of small intestine, mesentery, or retroperitoneum more than 2 cm, and abdominal wall by way of serosa; for duodenum only, invasion of pancreas or bile duct)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
- N2 Metastasis in 4 or more regional lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Lower Gastrointestinal: Appendix (carcinoma)

Table: EusStage2010Carcinoma

Staging of tumor of appendix (carcinoma)

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial or invasion of lamina propria
- T1 Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through muscularis propria into subserosa or into mesoappendix
- T4 Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant and/or directly invades other organs or structures
- T4a Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant
- T4b Tumor directly invades other organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
- N2 Metastasis in 4 or more regional lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases
- M1a Intraperitoneal metastasis beyond the right lower quadrant, including pseudomyxoma peritonei

Comments

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Lower Gastrointestinal: Appendix (carcinoid)

Table: EusStage2010Carcinoid

Staging of tumor of appendix (carcinoid)

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- T1 Tumor 2 cm or less in greatest dimension
- T1a Tumor 1 cm or less in greatest dimension
- T1b Tumor more than 1 cm but not more than 2 cm
- T2 Tumor more than 2 cm but not more than 4 cm or with extension to the cecum
- T3 Tumor more than 4 cm or with extension to the ileum
- T4 Tumor directly invades other adjacent organs or structures, e.g. abdominal wall and skeletal muscle

N-Stage

- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Lower Gastrointestinal: Colon and rectum

Table: EusStage2010ColonRectum

Staging of tumor of colon and rectum

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ; intraepithelial or invasion of lamina propria
- T1 Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through the muscularis propria into pericolorectal tissues
- T4a Tumor penetrates to the surface of the visceral peritoneum
- T4b Tumor directly invades or is adherent to other organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
- N1a Metastasis in 1 regional lymph node
- N1b Metastasis in 2-3 regional lymph nodes
- N1c Tumor deposit(s) in the subserosa, mesentery, or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis
- N2 Metastasis in 4 or more regional lymph nodes
- N2a Metastasis in 4 to 6 regional lymph nodes
- N2b Metastasis in 7 or more regional lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases
- M1a Metastasis confined to one organ or site (e.g., liver, lung, ovary, non-regional node)
- M1b Metastases in more than one organ/site or the peritoneum

Comments

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Lower Gastrointestinal: Anus

Table: EusStage2010Anus

Staging of tumor of anus

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 2 cm or less in greatest dimension
- T2 Tumor more than 2 cm but not more than 5 cm in greatest dimension
- T3 Tumor more than 5 cm in greatest dimension
- T4 Tumor of any size invades adjacent organ(s), e.g., vaginal, urethra, bladder

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in perirectal lymph node(s)
- N2 Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
- N3 Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Ampulla of Vater

Table: EusStage2010AmpVater

Staging of tumor of Ampulla of Vater

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to ampulla of Vater or sphincter of Oddi
- T2 Tumor invades duodenal wall
- T3 Tumor invades pancreas
- T4 Tumor invades peripancreatic soft tissues of other adjacent organs or structures other than pancreas

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Bile ducts: Intrahepatic

Table: EusStage2010Intrahepatic

Staging of tumor of intrahepatic

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ (intraductal tumor)
- T1 Solitary tumor without vascular invasion
- T2a Solitary tumor with vascular invasion
- T2b Multiple tumors, with or without vascular invasion
- T3 Tumor perforating the visceral peritoneum or involving the local extra hepatic
- T4 Tumor with periductal invasion

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis present

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Bile ducts: Perihilar

Table: EusStage2010Perihilar

Staging of tumor of perihilar

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor confined to the bile duct, with extension up to the muscle layer or fibrous tissue
- T2a Tumor invades beyond the wall of the bile duct to surrounding adipose tissue
- T2b Tumor invades adjacent hepatic parenchyma
- T3 Tumor invades unilateral branches of the portal vein or hepatic artery
- T4 Tumor invades main portal vein or its branches bilaterally; or the common hepatic artery; or the second-order biliary radicals bilaterally; or unilateral second-order biliary radicals with contralateral portal vein or hepatic artery involvement

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis (including nodes along the cystic duct, common bile duct, hepatic artery, and portal vein)
- N2 Metastasis to periaortic, pericaval, superior mesentery artery, and/or celiac artery lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Bile ducts: Distal

Table: EusStage2010Distal

Staging of tumor of distal

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor confined to the bile duct histologically
- T2 Tumor invades behind the wall of the bile duct
- T3 Tumor invades the gallbladder, pancreas, duodenum or other adjacent organs without involvement of the celiac axis, or the superior mesenteric artery
- T4 Tumor involves the celiac axis, or the superior mesenteric artery

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Gallbladder

Table: EusStage2010GB

Staging of tumor of gallbladder

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or muscle layer
- T1a Tumor invades lamina propria
- T1b Tumor invades muscle layer
- T2 Tumor invades perimuscular connective tissue: no extension beyond serosa or into liver
- T3 Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum or extrahepatic bile ducts
- T4 Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastases to nodes along the cystic duct, common bile duct, hepatic artery, and/or portal vein
- N2 Metastases to periaortic, pericaval, superior mesenteric artery and/or celiac artery lymph nodes

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Pancreas

Table: EusStage2010Panc

Staging of tumor of pancreas

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to the pancreas 2 cm or less in greatest dimension
- T2 Tumor limited to the pancreas more than 2 cm in greatest dimension
- T3 Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
- T4 Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Biliary / Pancreatic: Liver

Table: EusStage2010Liver

Staging of tumor of liver

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- T1 Solitary tumor without vascular invasion
- T2 Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
- T3a Multiple tumors more than 5 cm
- T3b Single tumor of multiple tumors of any size involving a major branch of the portal vein or hepatic vein
- T4 Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases

Comments

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Lung

Table: EusStage2010Lung

Staging of tumor of lung

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
- T1a Tumor ≤ 2 cm in greatest dimension
- T1b Tumor > 2 cm but ≤ 3 cm in greatest dimension
- T2 Tumor > 3 cm but ≤ 7 cm or tumor with any of the following features (T2 tumors with these features are classified T2a if ≤ 5 cm)
 - Involves main bronchus, ≥ 2 cm distal to the carina
 - Invades visceral pleura (PL1 or PL2)
 - Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T2a Tumor > 3 cm but ≤ 5 cm in greatest dimension
- T2b Tumor > 5 cm but ≤ 7 cm in greatest dimension
- T3 Tumor > 7 cm or one that directly invades any of the following: parietal pleural (PL3) chest wall, (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus (< 2 cm distal to the carina* but without involvement of the carina; or

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
- N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

M-Stage

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastases
- M1a Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural (or pericardial) effusion

Comments

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Lymphoid neoplasia

Table: EusStage2010Lymphoid

Staging of tumor of lymphoid neoplasia

Ann Arbor Stage

- Stage I Involvement of a single lymphatic site
- Stage IE Localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement
- Stage II Involvement of two or more lymph node regions on the same side of the diaphragm
- Stage IIE Localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm.
- Stage III Involvement of lymph node regions on both sides of the diaphragm.
- Stage IIIE Involvement of lymph node regions on both sides of the diaphragm accompanied by extralymphatic extension in association with adjacent lymph node involvement.
- Stage IIIS Involvement of lymph node regions on both sides of the diaphragm by involvement of the spleen.
- Stage IIIE.S Involvement of lymph node regions on both sides of the diaphragm accompanied by extralymphatic extension in association with adjacent lymph node involvement and the spleen
- Stage IV Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s)

Comments

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EVENTS

Table: Intervention

Intervention medication grid: Intervention_Intervention_medication_grid

The screenshot shows the EUS software interface. On the left is a sidebar with navigation buttons: History, Physical exam, Indications, Preprocedure, Sedation, Procedure, EGD Visual, Colon Visual, EGD Findings, Bil/Pan Findings, Colon Findings, Staging, **Events**, Assessment/Plan, and Letters/Instructions. At the bottom of the sidebar are buttons for Save, Sign, Print Preview, and Close.

The main interface has a header with tabs: Pathology, Images, Print, Fax, and Orders. Below this is a patient information section with fields for First name (Fake), Middle name, Last name (Patient), MRN (00000000), Birth date (1/1/1901), and Procedure date (1/ 1/2000 12:00 PM).

The 'Events' section contains:

- 'Were there any unplanned events?' with radio buttons for Yes and No.
- Four columns of event categories: Cardiac events, Pulmonary events, Gastrointestinal events, and Other events, each with a list of checkboxes.
- 'Interventions required?' with radio buttons for Yes and No, and a list of checkboxes for various interventions.
- 'Intervention medication' section with a table with columns Medication, Dose, and Route. An 'Add med' button is present.
- 'Were the interventions successful?' with radio buttons for Yes and No.
- 'Unplanned events/interventions comments' section with a text area and a note: 'Please do not use this field if you can document the information using other fields on the screen'.

This close-up shows the 'Intervention medication' table. The 'Medication' column has a dropdown menu open, listing various medications: atropine, diphenhydramine, epinephrine, epinephrine 1:1,000, epinephrine 1:10,000, flumazenil, glucagon, glycopyrrolate, hydrocortisone, hydroxyzine, lidocaine, mependine, naloxone, and promethazine. The 'Dose' and 'Route' columns are empty.

This close-up shows the 'Intervention medication' table with 'atropine' selected in the 'Medication' column. The 'Dose' column has a dropdown menu open, listing doses from 1 mg to 10 mg in 1 mg increments. The 'Route' column is empty.

(Dose menu customized to Medication selection)

Intervention medication			Add med
Medication	Dose	Route	
atropine			
			<ul style="list-style-type: none"> Aerosol IM IV PO PR SC SL Topical
<input type="checkbox"/> Other intervention medication			

Cardiac events: Other cardiac event

Table: EventCardiacOther

Other cardiac events

Pulmonary events: Hypoxia – prolonged (>15 sec)

Table: EventHypoxia

Prolonged hypoxia comments

Pulmonary events: Other pulmonary event

Table: EventPulmOther

Other pulmonary events

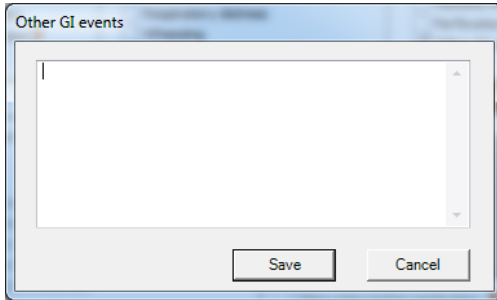
Gastrointestinal events: Bleeding

Table: EventBleeding

Bleeding comments

Gastrointestinal events: Other GI event

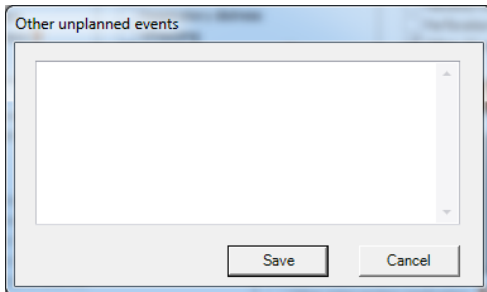
Table: EventGIOther



A screenshot of a dialog box titled "Other GI events". It features a large, empty text area for input. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

Other events: Other event

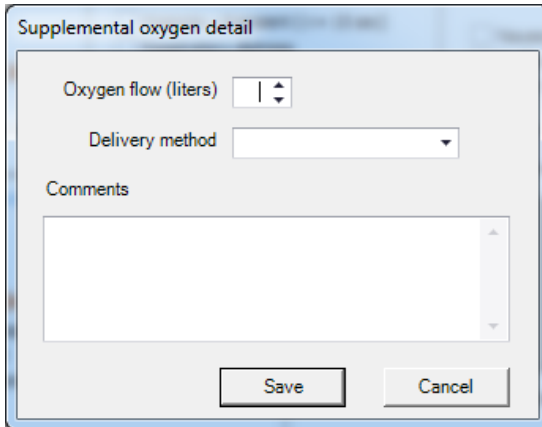
Table: EventOther



A screenshot of a dialog box titled "Other unplanned events". It features a large, empty text area for input. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

If yes, specify the intervention(s): Oxygen administered

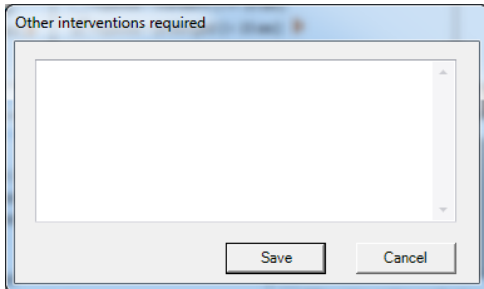
Table: EventsO2Admin



A screenshot of a dialog box titled "Supplemental oxygen detail". It contains several input fields: "Oxygen flow (liters)" with a numeric spinner, "Delivery method" with a dropdown menu, and "Comments" with a text area. At the bottom, there are "Save" and "Cancel" buttons.

If yes, specify the interventions: Other interventions

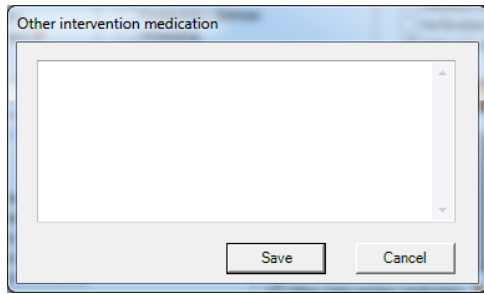
Table: EventIntervenOther



A screenshot of a dialog box titled "Other interventions required". It features a large, empty text area for input. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

Intervention medications: Other intervention medication

Table: IntervenMedOther



The image shows a screenshot of a software window titled "Other intervention medication". The window has a light blue title bar and a white main area. At the bottom of the window, there are two buttons: "Save" and "Cancel". The main area is currently empty, suggesting a form or table that is not populated with data.

ASSESSMENT / PLAN

Table: TreatmentPlan

New medications grid: TreatmentPlan_New_medications_grid

Scheduling and Referring grid: TreatmentPlan_Scheduling_and_Referring_grid (redacted)

The screenshot shows the 'EUS' application window. The 'Assessment/Plan' tab is selected in the left-hand navigation menu. The main content area is divided into several sections:

- Header:** Patient information including First name (Fake), Middle name, Last name (Patient), MRN (00000000), Birth date (1/1/1901), and Procedure date (1/ 1/2000 12:00 PM).
- Assessment:** A large empty text area for clinical notes.
- Recommended screening or surveillance interval:** Radio buttons for 'Recommendation is pending, based on pathology', 'Recommended next exam in [] years [] months', and 'No further examination needed'.
- Medication plan:** Checkboxes for 'Start new medications', 'Discontinue current medications', 'Continue current medications', 'Await pathology', 'Medications per referring provider', and 'No medications required'.
- New medications:** A table with columns: Medication Type, Medication, Dose, Route, Sig, Disp, Comments. An 'Add med' button is present.
- Scheduling and Referring:** A table with columns: Activity Type, Activity, When, Date, Comments. A 'New activity' button is present.

At the bottom of the window are buttons for 'Save', 'Sign', 'Print Preview', and 'Close'.

This close-up shows the 'New medications' table with the 'Medication' dropdown menu open. The menu lists various medication types under the '5-ASA' category, including:

- 5-ASA
- Anti-constipation
- Anti-diarheal
- Antibiotics
- Antiemetic
- Antispasmodics
- Bile Acids
- Fiber supplements
- H2 Blocker
- Hemorrhoidal Agent
- Hormone therapy
- HP Med
- Immunosuppressants
- Non-Steroidals
- Other GI Medications
- PPI
- Promotility
- Psychotropics
- Steroids
- Varices Meds

This close-up shows the 'New medications' table with the 'Medication' dropdown menu open, filtered to show only 5-ASA related medications:

- mesalamine
- mesalamine enema
- mesalamine suppository
- olsalazine
- sulfasalazine

(Medication menu customized to Medication Type selection)

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine	1500 mg				
<input type="checkbox"/> Other new medications						

(Dose menu customized to Medication selection)

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine		Aerosol			
<input type="checkbox"/> Other new medications						

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine			AC		
<input type="checkbox"/> Other new medications						

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Admit to hospital				
<input type="checkbox"/> Other plan				

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Followup	Call office			
<input type="checkbox"/> Other plan				

(Activity menu customized to Activity Type selection)

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Followup		Around		
<input type="checkbox"/> Other plan				

Medication plan: Discontinue current medications

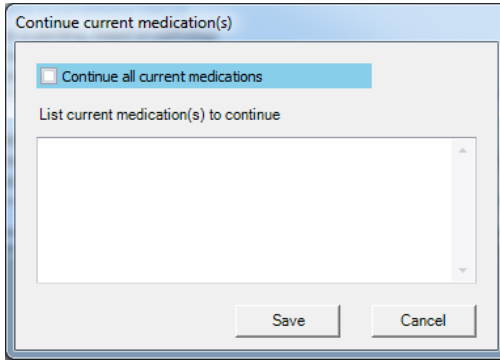
Table: DiscontinueCurMeds

Discontinue current medication(s)

List current medication(s) to discontinue

Medication plan: Continue current medications

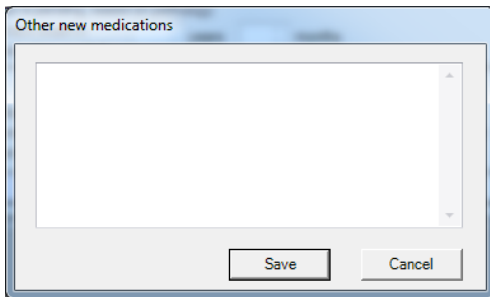
Table: ContinueMeds



The screenshot shows a dialog box titled "Continue current medication(s)". At the top, there is a checked checkbox labeled "Continue all current medications". Below this, the text "List current medication(s) to continue" is followed by a large, empty text area with a vertical scrollbar. At the bottom right, there are two buttons: "Save" and "Cancel".

New medications: Other new medications

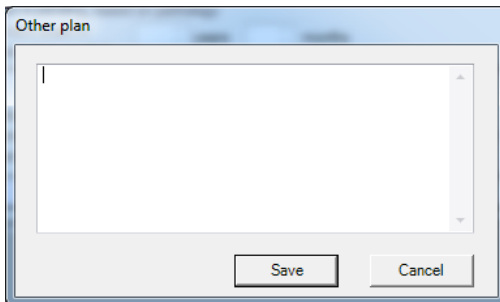
Table: OtherNewMeds



The screenshot shows a dialog box titled "Other new medications". It features a large, empty text area with a vertical scrollbar. At the bottom right, there are two buttons: "Save" and "Cancel".

Scheduling and Referring: Other plan

Table: PlanOther



The screenshot shows a dialog box titled "Other plan". It contains a large, empty text area with a vertical scrollbar. At the bottom right, there are two buttons: "Save" and "Cancel".

LETTERS / INSTRUCTIONS

Table: Letters

EUS
Pathology Images Print Fax Orders

First name: Fake

Middle name:

Last name: Patient

MRN: 00000000

Birth date: 1/1/1901

Procedure date: 1/ 1/2000 12:00 PM

[Use Defaults](#)

Select Providers to receive copies of the report

Search by last name:

[Providers](#)

Print these providers at bottom of procedure report

Referring provider

Other providers to be copied

Finding-specific instructions

Upper GI | Upper GI - EUS | Biliary/Panc - EUS | Colon | Colon - EUS

<input type="checkbox"/> Achalasia	<input type="checkbox"/> Food impaction	<input type="checkbox"/> Nodule / Polyp	<input type="checkbox"/> Tumor
<input type="checkbox"/> Arteriovenous malformations (AVM)	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Normal	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Barrett's esophagus	<input type="checkbox"/> Hiatal hernia	<input type="checkbox"/> Prior endotherapy	<input type="checkbox"/> Varices
<input type="checkbox"/> Blood clot	<input type="checkbox"/> Mallory-Weiss tear	<input type="checkbox"/> Prior surgery	
<input type="checkbox"/> Duodenal diverticulum	<input type="checkbox"/> Mucosal abnormality - Esophagus	<input type="checkbox"/> Sprue (Celiac disease)	
<input type="checkbox"/> Esophageal ulcer	<input type="checkbox"/> Mucosal abnormality - Stomach / Duodenum	<input type="checkbox"/> Stricture / Stenosis	

Instructions given in:

Post-exam instructions given

NPO:

Liquids only:

Resume prior diet:

No alcohol:

ASA / NSAIDS:

Restart medications:

Standardized instructions given

Sedation High-fiber diet

Other specific post-exam instructions