

Study ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_\_



**ChiLDReNLink: BASIC**

**Form 27C Ultrasound**

B1 Date of ultrasound:  
     
 Month Day Year

B2 Liver results (check all that apply):

- Normal
- Increased echogenicity
- Biliary dilatation
- Intrahepatic cyst
- Other, specify:
- No information given

B3 Portal vein Results (check all that apply):

- Normal
- Maximum diameter of portal vein at hilum (specify in cm):
- No flow observed
- Thrombosed
- Not visualized
- Other, specify:
- No information given

Only one of the following, if applicable:

- Hepatopetal flow
- Hepatofugal flow

B4 Spleen, maximum length:

Not Done

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cm

Not Done

B5 Spleen results (check all that apply):

- Normal
- Asplenia
- Polysplenia

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- Splenomegaly
- Other, specify:
- No information given

Other findings (check all that apply):

B6

- No other findings
- Situs abnormality
- Preduodenal portal vein
- Interrupted inferior vena cava
- Ascites
- Gastric varices
- Other, specify:

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the iTask through the CENSUS.

Z1

- This questionnaire or task has been completed with all available data:
- - Yes