ChiLDReNLink: PROBE

Form 09 Initial Imaging PROBE

A: VISIT

A1	Source (check all that apply):	□ Investigator □ Radiologist □ Medical Record
A2	Were any imaging studies done?	O No → **Done** O Yes

B: BILIARY ULTRASOUND

B1	Biliary Ultrasound	O Done O Not Done → **go to C1a**
B2	Add Biliary Ultrasound records:	

1a. Biliary ultrasound date:	**1b. Was the infant fasted for 3 hours or more prior to the ultrasound?**	**2. Gallbladder results (check all that apply):**	**3. Extrahepatic bile duct, maximal bile duct diameter:**	**4. Extrahepatic bile duct results (check all that apply):**	**5. Spleen, maximal length in sagittal plane:**	**6. Spleen results (check all that apply):**
__ __ / __ __ / __ __ __ __	O No O Yes O Unknown	□ Normal/unremarkable □ Absent/Not visualized □ Small/contracted □ Enlarged □ Irregular wall, assessed? □ No □ Yes □ Stones □ Sludge □ Other (specify): _____ □ No information given	_____ O mm O Not Done	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): _____ □ No information given	_____ O cm O Not Done	□ Normal/unremarkable □ Asplenia/not visualized □ Splenomegaly □ Polysplenia □ Spleen on right side or midline □ Other (specify): _____ □ No information given
__ __ / __ __ / __ __ __ __	O No O Yes O Unknown	□ Normal/unremarkable □ Absent/Not visualized □ Small/contracted □ Enlarged □ Irregular wall, assessed? □ No □ Yes □ Stones □ Sludge □ Other (specify): _____ □ No information given	_____ O mm O Not Done	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): _____ □ No information given	_____ O cm O Not Done	□ Normal/unremarkable □ Asplenia/not visualized □ Splenomegaly □ Polysplenia □ Spleen on right side or midline □ Other (specify): _____ □ No information given

B: BILIARY ULTRASOUND

1a. Biliary ultrasound date:	1b. Was the infant fasted for 3 hours or more prior to the ultrasound?	2. Gallbladder results (check all that apply):	3. Extrahepatic bile duct, maximal bile duct diameter:	4. Extrahepatic bile duct results (check all that apply):	5. Spleen, maximal length in sagittal plane:	6. Spleen results (check all that apply):
__ __/__ __/__ __ __ __	O No O Yes O Unknown	□ Normal/unremarkable □ Absent/Not visualized □ Small/contracted □ Enlarged □ Irregular wall, assessed? □ No □ Yes □ Stones □ Sludge □ Other (specify): ________________ □ No information given	__________ O mm O Not Done	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	__________ O cm O Not Done	□ Normal/unremarkable □ Asplenia/not visualized □ Splenomegaly □ Polysplenia □ Spleen on right side or midline □ Other (specify): ________________ □ No information given
__ __/__ __/__ __ __ __	O No O Yes O Unknown	□ Normal/unremarkable □ Absent/Not visualized □ Small/contracted □ Enlarged □ Irregular wall, assessed? □ No □ Yes □ Stones □ Sludge □ Other (specify): ________________ □ No information given	__________ O mm O Not Done	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	__________ O cm O Not Done	□ Normal/unremarkable □ Asplenia/not visualized □ Splenomegaly □ Polysplenia □ Spleen on right side or midline □ Other (specify): ________________ □ No information given
__ __/__ __/__ __ __ __	O No O Yes O Unknown	□ Normal/unremarkable □ Absent/Not visualized □ Small/contracted □ Enlarged □ Irregular wall, assessed? □ No □ Yes □ Stones □ Sludge □ Other (specify): ________________ □ No information given	__________ O mm O Not Done	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	__________ O cm O Not Done	□ Normal/unremarkable □ Asplenia/not visualized □ Splenomegaly □ Polysplenia □ Spleen on right side or midline □ Other (specify): ________________ □ No information given

7. Liver, maximal liver length:	8. Liver, maximal liver width:	9. Liver, echotexture:	10. Liver, size:	11. Liver, nodule or mass?	12. Liver findings (check all that apply):	13. Other significant findings (check all that apply):
__________ O cm O Unknown O Not Done	__________ O cm O Unknown O Not Done	O Normal O Abnormal O Unknown	O Normal O Enlarged O Small O Unknown	O No O Yes O Unknown	□ Normal/unremarkable □ Intrahepatic cyst □ Intrahepatic biliary dilation □ Triangular cord assessed, specify thickness (mm): ______ □ No □ Yes □ Increased echogenicity □ Liver on left side or midline □ Other (specify): _________________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): ______________ □ None

B: BILIARY ULTRASOUND

7. Liver, maximal liver length:	8. Liver, maximal liver width:	9. Liver, echotexture:	10. Liver, size:	11. Liver, nodule or mass?	12. Liver findings (check all that apply):	13. Other significant findings (check all that apply):
__________ O cm O Unknown O Not Done	__________ O cm O Unknown O Not Done	O Normal O Abnormal O Unknown	O Normal O Enlarged O Small O Unknown	O No O Yes O Unknown	□ Normal/unremarkable □ Intrahepatic cyst □ Intrahepatic biliary dilation □ Triangular cord assessed, specify thickness (mm): ______ □ No □ Yes □ Increased echogenicity □ Liver on left side or midline □ Other (specify): ________________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____________ □ None
__________ O cm O Unknown O Not Done	__________ O cm O Unknown O Not Done	O Normal O Abnormal O Unknown	O Normal O Enlarged O Small O Unknown	O No O Yes O Unknown	□ Normal/unremarkable □ Intrahepatic cyst □ Intrahepatic biliary dilation □ Triangular cord assessed, specify thickness (mm): ______ □ No □ Yes □ Increased echogenicity □ Liver on left side or midline □ Other (specify): ________________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____________ □ None
__________ O cm O Unknown O Not Done	__________ O cm O Unknown O Not Done	O Normal O Abnormal O Unknown	O Normal O Enlarged O Small O Unknown	O No O Yes O Unknown	□ Normal/unremarkable □ Intrahepatic cyst □ Intrahepatic biliary dilation □ Triangular cord assessed, specify thickness (mm): ______ □ No □ Yes □ Increased echogenicity □ Liver on left side or midline □ Other (specify): ________________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____________ □ None
__________ O cm O Unknown O Not Done	__________ O cm O Unknown O Not Done	O Normal O Abnormal O Unknown	O Normal O Enlarged O Small O Unknown	O No O Yes O Unknown	□ Normal/unremarkable □ Intrahepatic cyst □ Intrahepatic biliary dilation □ Triangular cord assessed, specify thickness (mm): ______ □ No □ Yes □ Increased echogenicity □ Liver on left side or midline □ Other (specify): ________________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____________ □ None

C: IMAGING

C1	Chest x-ray:	O Done	O Not Done → **go to C2a**
C1b	Add Chest x-ray records:		

1a. Date of chest x-ray:	**Chest x-ray results (check all that apply):**	
___ ___/___ ___/___ ___ ___ ___	□ Normal □ Vertebral anomalies: Hemivertebrae □ Cardiac enlargement □ Congenital pulmonary or vascular anomaly (specify): ________________	□ Vertebral anomalies: Butterfly □ Vertebral anomalies: Other (specify): ________________ □ Dextrocardia □ Other (specify): ________________
___ ___/___ ___/___ ___ ___ ___	□ Normal □ Vertebral anomalies: Hemivertebrae □ Cardiac enlargement □ Congenital pulmonary or vascular anomaly (specify): ________________	□ Vertebral anomalies: Butterfly □ Vertebral anomalies: Other (specify): ________________ □ Dextrocardia □ Other (specify): ________________
___ ___/___ ___/___ ___ ___ ___	□ Normal □ Vertebral anomalies: Hemivertebrae □ Cardiac enlargement □ Congenital pulmonary or vascular anomaly (specify): ________________	□ Vertebral anomalies: Butterfly □ Vertebral anomalies: Other (specify): ________________ □ Dextrocardia □ Other (specify): ________________
___ ___/___ ___/___ ___ ___ ___	□ Normal □ Vertebral anomalies: Hemivertebrae □ Cardiac enlargement □ Congenital pulmonary or vascular anomaly (specify): ________________	□ Vertebral anomalies: Butterfly □ Vertebral anomalies: Other (specify): ________________ □ Dextrocardia □ Other (specify): ________________
___ ___/___ ___/___ ___ ___ ___	□ Normal □ Vertebral anomalies: Hemivertebrae □ Cardiac enlargement □ Congenital pulmonary or vascular anomaly (specify): ________________	□ Vertebral anomalies: Butterfly □ Vertebral anomalies: Other (specify): ________________ □ Dextrocardia □ Other (specify): ________________

C: IMAGING

C2a	Hepatobiliary scan:	O Done	O Not Done → **go to C3a**
C2b	Add Hepatobiliary scan records:		

2a. Date of hepatobiliary scan:	2b. Did the infant receive 5 days of phenobarbital prior to scan?	2c. Did the infant receive 5 days or Urso prior to scan?	2d. Tracer uptake by liver results (check all that apply):	2e. Tracer excretion, duration of last image:	2f. Tracer excretion results (check all that apply):
___ ___/ ___ ___/ ___ ___ ___ ___	O No O Yes	O No O Yes	□ Normal □ Reduced □ Enhanced □ Other (specify): ________________ □ No information given	___ ___ ___ hours	□ Normal (visualized in bowel at 4 hours) □ Gallbladder only □ Reduced or diminished (visualized in bowel between 4-24 hours) □ Other (specify): ________________ □ No excretion □ No information given
___ ___/ ___ ___/ ___ ___ ___ ___	O No O Yes	O No O Yes	□ Normal □ Reduced □ Enhanced □ Other (specify): ________________ □ No information given	___ ___ ___ hours	□ Normal (visualized in bowel at 4 hours) □ Gallbladder only □ Reduced or diminished (visualized in bowel between 4-24 hours) □ Other (specify): ________________ □ No excretion □ No information given
___ ___/ ___ ___/ ___ ___ ___ ___	O No O Yes	O No O Yes	□ Normal □ Reduced □ Enhanced □ Other (specify): ________________ □ No information given	___ ___ ___ hours	□ Normal (visualized in bowel at 4 hours) □ Gallbladder only □ Reduced or diminished (visualized in bowel between 4-24 hours) □ Other (specify): ________________ □ No excretion □ No information given

C: IMAGING					
2a. Date of hepatobiliary scan:	**2b. Did the infant receive 5 days of phenobarbital prior to scan?**	**2c. Did the infant receive 5 days or Urso prior to scan?**	**2d. Tracer uptake by liver results (check all that apply):**	**2e. Tracer excretion, duration of last image:**	**2f. Tracer excretion results (check all that apply):**
___ ___ / ___ ___ / ___ ___ ___ ___	O No O Yes	O No O Yes	□ Normal □ Reduced □ Enhanced □ Other (specify): _____ □ No information given	___ ___ ___ hours	□ Normal (visualized in bowel at 4 hours) □ Gallbladder only □ Reduced or diminished (visualized in bowel between 4-24 hours) □ Other (specify): _____ □ No excretion □ No information given
___ ___ / ___ ___ / ___ ___ ___ ___	O No O Yes	O No O Yes	□ Normal □ Reduced □ Enhanced □ Other (specify): _____ □ No information given	___ ___ ___ hours	□ Normal (visualized in bowel at 4 hours) □ Gallbladder only □ Reduced or diminished (visualized in bowel between 4-24 hours) □ Other (specify): _____ □ No excretion □ No information given

C: IMAGING			
C3a	MRCP or MRI:	O Done	O Not Done → **go to D1**
C3b	Add MRCP or MRI records:		

3a. Type:	**3b. Date of MRCP or MRI:**	**3c. Extrahepatic bile duct results (check all that apply):**	**3d. Intrahepatic bile duct results (check all that apply):**	**3e. Liver results (check all that apply):**	**3f. Other significant findings (check all that apply):**
O MRCP O MRI	___ ___ / ___ ___ / ___ ___ ___ ___	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): _____ □ No information given	□ Normal □ Dilated □ Not visualized	□ Normal □ Nodular liver □ Abnormal signal ratios (cirrhosis) □ Triangular cord □ Intrahepatic cyst □ Other (specify): _____ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____ □ None
O MRCP O MRI	___ ___ / ___ ___ / ___ ___ ___ ___	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): _____ □ No information given	□ Normal □ Dilated □ Not visualized	□ Normal □ Nodular liver □ Abnormal signal ratios (cirrhosis) □ Triangular cord □ Intrahepatic cyst □ Other (specify): _____ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): _____ □ None

C: IMAGING

3a. Type:	3b. Date of MRCP or MRI:	3c. Extrahepatic bile duct results (check all that apply):	3d. Intrahepatic bile duct results (check all that apply):	3e. Liver results (check all that apply):	3f. Other significant findings (check all that apply):
O MRCP O MRI	__ __/__ __/__ __ __ __	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	□ Normal □ Dilated □ Not visualized	□ Normal □ Nodular liver □ Abnormal signal ratios (cirrhosis) □ Triangular cord □ Intrahepatic cyst □ Other (specify): ______________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): ______________ □ None
O MRCP O MRI	__ __/__ __/__ __ __ __	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	□ Normal □ Dilated □ Not visualized	□ Normal □ Nodular liver □ Abnormal signal ratios (cirrhosis) □ Triangular cord □ Intrahepatic cyst □ Other (specify): ______________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): ______________ □ None
O MRCP O MRI	__ __/__ __/__ __ __ __	□ Normal □ Not visualized □ Cyst □ Dilated □ Other (specify): ________________ □ No information given	□ Normal □ Dilated □ Not visualized	□ Normal □ Nodular liver □ Abnormal signal ratios (cirrhosis) □ Triangular cord □ Intrahepatic cyst □ Other (specify): ______________ □ No information given	□ Situs abnormality □ Preduodenal portal vein □ Intestinal malrotation □ Interrupted IVC □ Urinary tract anomaly □ Noncardiac vascular anomaly □ Renal anomaly □ Ascites □ Other (specify): ______________ □ None

D: OTHER IMAGING

D1	Were any other imaging studies done on this infant? This might include other skeletal x-rays, head ultrasound, CT scan, ERCP, or ECHO.	O Done O Not Done → **go to D2**
D1a	Add skeletal x-rays, head ultrasound, CT scan, ERCP, or ECHO records:	

2. Skeletal x-ray:	2a. Skeletal x-ray date:	2b. Skeletal x-ray results (check all that apply):	3. Head ultrasound:	3a. Head ultrasound date:	3b. Head ultrasound results (check all that apply):	4. Head CT scan:	4a. Head CT scan date:
O Done O Not Done	__/__/____	□ Normal □ Vertebral anomalies □ Rickets □ Fractures (specify): ______ □ Cranial anomalies □ Intracranial calcification □ Other (specify): ______	O Done O Not Done	__/__/____	□ Normal □ Intracranial calcification □ Hydrocephalus □ Intracranial hemorrhage □ Brain malformation (specify): ______ □ Other (specify): ______	O Done O Not Done	__/__/____
O Done O Not Done	__/__/____	□ Normal □ Vertebral anomalies □ Rickets □ Fractures (specify): ______ □ Cranial anomalies □ Intracranial calcification □ Other (specify): ______	O Done O Not Done	__/__/____	□ Normal □ Intracranial calcification □ Hydrocephalus □ Intracranial hemorrhage □ Brain malformation (specify): ______ □ Other (specify): ______	O Done O Not Done	__/__/____
O Done O Not Done	__/__/____	□ Normal □ Vertebral anomalies □ Rickets □ Fractures (specify): ______ □ Cranial anomalies □ Intracranial calcification □ Other (specify): ______	O Done O Not Done	__/__/____	□ Normal □ Intracranial calcification □ Hydrocephalus □ Intracranial hemorrhage □ Brain malformation (specify): ______ □ Other (specify): ______	O Done O Not Done	__/__/____
O Done O Not Done	__/__/____	□ Normal □ Vertebral anomalies □ Rickets □ Fractures (specify): ______ □ Cranial anomalies □ Intracranial calcification □ Other (specify): ______	O Done O Not Done	__/__/____	□ Normal □ Intracranial calcification □ Hydrocephalus □ Intracranial hemorrhage □ Brain malformation (specify): ______ □ Other (specify): ______	O Done O Not Done	__/__/____

D: OTHER IMAGING

2. Skeletal x-ray:	2a. Skeletal x-ray date:	2b. Skeletal x-ray results (check all that apply):	3. Head ultrasound:	3a. Head ultrasound date:	3b. Head ultrasound results (check all that apply):	4. Head CT scan:	4a. Head CT scan date:
O Done O Not Done	__ __/__ __/__ __ __ __	□ Normal □ Vertebral anomalies □ Rickets □ Fractures (specify): _____ □ Cranial anomalies □ Intracranial calcification □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __	□ Normal □ Intracranial calcification □ Hydrocephalus □ Intracranial hemorrhage □ Brain malformation (specify): _____ □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __

4b. Head CT scan results (check all that apply):	CG5: ERCP:	5a. ERCP date:	5b. ERCP results (check all that apply):	6. Cardiac ECHO:	6a. Cardiac ECHO date:	6b. Cardiac ECHO results:	6c. If abnormal, check all that apply:
□ Normal □ Intracranial calcification □ Hydrocephalus □ Absent corpus callosum □ Intracranial hemorrhage □ Brain malformation (specify): _____ □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __	□ Normal □ Attempted but unsuccessful □ Patent bile duct □ Obstructed bile duct, specify location: _____ □ Papilla not identified □ Normal bile duct □ Abnormal pancreatic duct (specify): _____ □ Pancreatic duct not visualized □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __	O Normal O Abnormal O Not Done	□ Pulmonic stenosis □ Atrial septal defect □ Ventriculoseptal defect □ Total anomalous pulmonary venous drainage □ Tetralogy of Fallot □ Complex congenital abnormality □ Cardiomyopathy □ Peripheral pulmonary artery stenosis □ Pulmonary artery hypoplasia □ Other (specify): _____
□ Normal □ Intracranial calcification □ Hydrocephalus □ Absent corpus callosum □ Intracranial hemorrhage □ Brain malformation (specify): _____ □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __	□ Normal □ Attempted but unsuccessful □ Patent bile duct □ Obstructed bile duct, specify location: _____ □ Papilla not identified □ Normal bile duct □ Abnormal pancreatic duct (specify): _____ □ Pancreatic duct not visualized □ Other (specify): _____	O Done O Not Done	__ __/__ __/__ __ __ __	O Normal O Abnormal O Not Done	□ Pulmonic stenosis □ Atrial septal defect □ Ventriculoseptal defect □ Total anomalous pulmonary venous drainage □ Tetralogy of Fallot □ Complex congenital abnormality □ Cardiomyopathy □ Peripheral pulmonary artery stenosis □ Pulmonary artery hypoplasia □ Other (specify): _____

D: OTHER IMAGING

4b. Head CT scan results (check all that apply):	CG5: ERCP:	5a. ERCP date:	5b. ERCP results (check all that apply):	6. Cardiac ECHO:	6a. Cardiac ECHO date:	6b. Cardiac ECHO results:	6c. If abnormal, check all that apply:
□ Normal □ Intracranial calcification □ Hydrocephalus □ Absent corpus callosum □ Intracranial hemorrhage □ Brain malformation (specify): ____________ □ Other (specify): _________	O Done O Not Done	___/___/_____	□ Normal □ Attempted but unsuccessful □ Patent bile duct □ Obstructed bile duct, specify location: ________________ □ Papilla not identified □ Normal bile duct □ Abnormal pancreatic duct (specify): _____________ □ Pancreatic duct not visualized □ Other (specify): ___________	O Done O Not Done	___/___/_____	O Normal O Abnormal O Not Done	□ Pulmonic stenosis □ Atrial septal defect □ Ventriculoseptal defect □ Total anomalous pulmonary venous drainage □ Tetralogy of Fallot □ Complex congenital abnormality □ Cardiomyopathy □ Peripheral pulmonary artery stenosis □ Pulmonary artery hypoplasia □ Other (specify): _____________
□ Normal □ Intracranial calcification □ Hydrocephalus □ Absent corpus callosum □ Intracranial hemorrhage □ Brain malformation (specify): ____________ □ Other (specify): _________	O Done O Not Done	___/___/_____	□ Normal □ Attempted but unsuccessful □ Patent bile duct □ Obstructed bile duct, specify location: ________________ □ Papilla not identified □ Normal bile duct □ Abnormal pancreatic duct (specify): _____________ □ Pancreatic duct not visualized □ Other (specify): ___________	O Done O Not Done	___/___/_____	O Normal O Abnormal O Not Done	□ Pulmonic stenosis □ Atrial septal defect □ Ventriculoseptal defect □ Total anomalous pulmonary venous drainage □ Tetralogy of Fallot □ Complex congenital abnormality □ Cardiomyopathy □ Peripheral pulmonary artery stenosis □ Pulmonary artery hypoplasia □ Other (specify): _____________
□ Normal □ Intracranial calcification □ Hydrocephalus □ Absent corpus callosum □ Intracranial hemorrhage □ Brain malformation (specify): ____________ □ Other (specify): _________	O Done O Not Done	___/___/_____	□ Normal □ Attempted but unsuccessful □ Patent bile duct □ Obstructed bile duct, specify location: ________________ □ Papilla not identified □ Normal bile duct □ Abnormal pancreatic duct (specify): _____________ □ Pancreatic duct not visualized □ Other (specify): ___________	O Done O Not Done	___/___/_____	O Normal O Abnormal O Not Done	□ Pulmonic stenosis □ Atrial septal defect □ Ventriculoseptal defect □ Total anomalous pulmonary venous drainage □ Tetralogy of Fallot □ Complex congenital abnormality □ Cardiomyopathy □ Peripheral pulmonary artery stenosis □ Pulmonary artery hypoplasia □ Other (specify): _____________

D: OTHER IMAGING			
D2	Was another imaging study done?	O Done	O Not Done → **go to Done**
D2a	Add other imaging records:		

7a. Specify imaging study:	**7b. Date of imaging study:**	**7c. Results of imaging study:**
_____	___ ___ / ___ ___ / ___ ___ ___ ___	O Normal O Abnormal (specify): _____
_____	___ ___ / ___ ___ / ___ ___ ___ ___	O Normal O Abnormal (specify): _____
_____	___ ___ / ___ ___ / ___ ___ ___ ___	O Normal O Abnormal (specify): _____
_____	___ ___ / ___ ___ / ___ ___ ___ ___	O Normal O Abnormal (specify): _____
_____	___ ___ / ___ ___ / ___ ___ ___ ___	O Normal O Abnormal (specify): _____