

Patient & Scan Details

Patient's Clinical Details: _____

Date of Scan: _____

Hospital / Unit: _____

Operator: _____

Supervisor / Reviewer: _____

Indication for Scan: _____

Clinical Context

Presenting Complaint: _____

Known Liver Disease: Yes / No

Known Renal Disease: Yes / No

Urinary Symptoms: _____

Free Fluid / Ascites

Intra-abdominal free fluid present: Yes / No / U/A

If present, distribution:

Between liver and diaphragm Between spleen and diaphragm Hepatorenal pouch

Splenorenal pouch Around the Bladder

Estimated volume: Small / Moderate / Large

Liver Assessment

Hepatomegaly present: Yes / No / U/A

Any gross liver parenchymal abnormality needing further formal USG characterisation?

Comments: _____

Spleen Assessment

Splenomegaly present: Yes / No / U/A

Comments: _____

Ascitic Fluid Sampling Safety

Safe site for ascitic tap identified: Yes / No / N/A

Suggested site (Quadrant / ICS / line): _____

Depth of fluid: _____ cm

Underlying bowel visualised: Yes / No

Renal Assessment

Right Kidney – Hydronephrosis: Present / Absent / U/A

If present, grade: Mild / Moderate / Severe

Left Kidney – Hydronephrosis: Present / Absent / U/A

If present, grade: Mild / Moderate / Severe

Bladder Assessment

Bladder visualised: Yes / No / U/A

Distended bladder present: Yes / No / U/A

Summary & Interpretation

Overall Impression:

Likely Clinical Correlation:

Limitations

Actions / Recommendations

Signatures

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____