BABY HUG FOLLOW-UP STUDY II

ABDOMINAL SONOGRAM (ULTRASOUND) CENTRAL READING

PART I: IDENTIFYING INFORMATION

1. Film Label BH2 ___ ___ ___ ___ ___ SPEC_ID

2. Date read: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ VISIT_DT
   Month Day Year

3. Visit: Y 1 0 VISIT_NBR

PART II: EQUIPMENT

ABDRDRNM

1. Reader's Last Name: _____

2. Reader Signature: ABDRDRSIG _____

3. Reader Number: ___ ___ ___ ___ ABDRDRNBR

4. Current Status of this Reading: ABD_QLTY

Quality adequate and reading complete	(1)
Returned for reprocessing	(2)*
Quality inadequate for reading after reprocessing (final)	(3)**

*A. If returned for reprocessing, explain: QLTY1_SP _____

_____

**B. If inadequate, explain: QLTY3_SP _____

_____

If 2 or 3, Skip to Part IV.

PART III: RESULTS

	Present	Absent	N/A	
1. Gallbladder	(1)	(2)	(3)	GALBLA

If Absent or N/A , Skip to Item 2.

A. If Present — GBWALL
- Normal thin wall (1)
- Thick walled or edema (2)
- Not able to assess (3)

GBCDV

	Minimal	Moderate	Marked	N/D
B. Color Doppler Vascularity	(1)	(2)	(3)	(4)

C. If gallbladder present, answer C1 or C2:

1. Number of Stones [ ][ ] GBNSTN — If no gallbladder stones, record 00 in C1 and N/A in D and E.

OR

	Yes	
2. Multiple stones not countable	(1)	GBMSTN

	GBLGST	N/A	GBLGSTNA
D. Largest stone [ ][ ]	mm	(1)	

	Yes	No	N/A	
E. Stones Freely Mobile?	(1)	(2)	(3)	GBSFM

F. Dilation	Dilated	Normal	N/A	
1. Common bile duct	(1)	(2)	(3)	GBCBD
2. Pancreatic duct	(1)	(2)	(3)	GBPAND
3. Intrahepatic ducts	(1)	(2)	(3)	GBIHEP

	Present	Absent	N/A	
G. Sludge	(1)	(2)	(3)	GBSLDG
H. Pericholecystic fluid	(1)	(2)	(3)	GBPRFL

Film Label [ ][ ][ ][ ][ ]

2. Spleen — Present (1) Absent (2) N/A (3) SPLEEN

If Absent or N/A, Skip to Item 3.

A. Accessory spleen(s) (1) (2) (3) ACCSPL

B. Cephalocaudad length [ ][ ] . [ ] cm SPLCLN

C. Transverse [ ][ ] . [ ] cm SPLTRN

D. Anterior – Posterior [ ][ ] . [ ] cm SPLANP

E. Estimated total spleen volume [ ][ ][ ] cu cm SPLVOL (1) N/D SPLVOLND

F. Homogeneity SPLHOM
- Homogeneous (1)
- Inhomogeneous (2)*
- N/A (3)

*1. If inhomogeneous, explain: INHOM_SP _____

3. Right Kidney — Present (1) Absent (2) N/A (3) RKID

If Absent or N/A, Skip to Item 4.

A. Estimated volume [ ][ ][ ] cu cm RKVOL

B. Renal parenchyma — Normal (1) Abnormal (2)* N/A (3) RKRPAR
*1. If abnormal, explain: RKRPEX _____

C. Echogenicity (1) (2)* (3) RKECHO
*1. If abnormal, explain: RKECEX _____

Film Label [ ][ ][ ][ ][ ]

		Present	Absent	N/A	
4.	Left Kidney	(1)	(2)	(3)	LKID

If Absent or N/A, Skip to Item 5.

A. Estimated volume [ ][ ][ ] cu cm LKVOL

		Normal	Abnormal	N/A	
B.	Renal parenchyma	(1)	(2)*	(3)	LKRPAR

*1. If abnormal, explain: _____ LKRPEX

C.	Echogenicity	(1)	(2)*	(3)	LKECHO

*1. If abnormal, explain: _____ LKECEX

		Yes	No	N/A	
5.	Liver enlarged	(1)	(2)	(3)	LVRENL
6.	Any other abnormalities	(1)*	(2)	(3)	ABOABN

*A. If yes, explain: _____ ABOABNEX

PART IV: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number: [ ][ ] - [ ][ ] CERT_NO

B. Signature: _____ CERT_SIG

C. General Comments: _____ GEN_CMNT

_____

Film Label [ ][ ][ ][ ][ ]