PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: [ ][ ][ ][ ] ID
2. Current Clinic: [ ][ ] SITE
3. Patient's Letter Code: [ ][ ][ ] INITS
4. Visit: [ ][ ]M - [ ][ ] VISIT / Reader # SEQNO
5. Procedure Date: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] VIS_DT
   Month Day Year

PART II: EQUIPMENT

1. Reader's last name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] RDR85
2. Date of reading [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] RDR85_DT
   Month Day Year
3. Film label number: [ ][ ][ ][ ][ ]
4. Current status of this reading STATUS85

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

	Yes	No	
A. If (2) or (3), submit Form 80	(1)	(2)	F80II3A

If (2) or (3), Skip to Part IV.

PART III: RESULTS

	Present	Absent	N/A	
1. Gallbladder	(1)	(2)	(3)	GALBLA85

If not present, SKIP to ITEM 2.

A. If Present

Normal thin wall	(1)
Thick walled or edema	(2)
Not able to assess	(3)

GBWALL85

	Minimal	Moderate	Marke	N/D	
B. Color Doppler vascularity	(1)	(2)	(3)	(4)	GBCDV85

C. If gallbladder present, answer C1 or

1. Number of stones [ ][ ] GBNSTN85

OR

2. Multiple stones not countable — Yes (1) — GBMSTN85

D. Largest stone [ ][ ] mm GBLGST85 — N/A (1) GBLGSTNA

		Yes	No	N/A
E. Stones freely mobile?	GBSFM85	(1)	(2)	(3)

F. Dilation		Dilated	Normal	N/A
1. Common bile duct	GBCBD85	(1)	(2)	(3)
2. Pancreatic duct	GBPAND85	(1)	(2)	(3)
3. Intrahepatic ducts	GBIHEP85	(1)	(2)	(3)

		Present	Absent	N/A
G. Sludge	GBSLDG85	(1)	(2)	(3)
H. Pericholecystic fluid	GBPRFL85	(1)	(2)	(3)

2. Spleen SPLEEN85 (1) (2) (3)

If not present, SKIP to ITEM 3.

A. Accessory spleen(s) ACCSPL85 (1) (2) (3)

B. Cephalocaudad length [ ][ ].[ ] cm SPLCLN85

C. Transverse [ ][ ].[ ] cm SPLTRN85

D. Anterior - Posterior [ ][ ].[ ] cm SPLANP85

E. Estimated total spleen volume SPLVOL85 [ ][ ][ ] cu cm (1) N/D SPLVOLND

F. Homogeneity SPLHOM85

Homogeneous (1)
Inhomogeneous (2)
N/A (3)

1. If inhomogeneous, submit Form 80: Yes (1) No (2) F80III2F

Label Number [ ][ ][ ][ ][ ] ID Number [ ][ ][ ][ ] Visit [ ][ ][ ] - Seq [ ][ ]

			Present	Absent	N/A
3.	Right Kidney	RKIDN85	(1)	(2)	(3)

If not present, SKIP to ITEM 4.

A. Estimated volume [ ][ ][ ] cu cm RKVOL85

			Normal	Abnormal	N/A
B.	Renal parenchyma	RKRPAR85	(1)	(2)	(3)

1. If abnormal, explain: _____ RKRPEX85

C.	Echogenicity	RKECHO85	(1)	(2)	(3)

1. If abnormal, explain: _____ RKECEX85

			Present	Absent	N/A
4.	Left Kidney	LKID85	(1)	(2)	(3)

If not present, SKIP to ITEM 5.

A. Estimated volume [ ][ ][ ] LKVOL85

			Normal	Abnormal	N/A
B.	Renal parenchyma	LKRPAR85	(1)	(2)	(3)

1. If abnormal, explain: _____ LKRPEX85

C.	Echogenicity	LKECHO85	(1)	(2)	(3)

1. If abnormal, explain: _____ LKECEX85

			Yes	No	N/A
5.	Liver enlarged	LVRENL85	(1)	(2)	(3)

			Yes	No	N/A
6.	Any other abdominal abnormalities	ABDABN85	(1)	(2)	(3)
	A. If YES, submit Form 80	F80III5A	(1)	(2)	

PART IV: COORDINATION

1. Checked for completeness and accuracy:
   A. Certification number: [ ][ ] - [ ][ ] CERT_NO
   B. Signature: _____ CERT_SIG
   C. General Comments: GEN_CMNT

Label Number	ID Number	Visit	Seq
[ ][ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ]	- [ ][ ]