

HOSPCODE:        
 (Code assigned by the MOPH)

PID:        
 (Code obtained from www.cascap.in.th)



## Ultrasound Form

1. Exam Date   /   /     (Example 23/01/2557)

**2. Liver**

**2.1) Parenchymal ECHO**

- <sub>0</sub>. Normal      <sub>1</sub>. Abnormal
- <sub>1a</sub> Mild fatty liver      <sub>1b</sub> Moderate fatty liver      <sub>1c</sub> Severe fatty liver
  - <sub>2a</sub> PDF1      <sub>2b</sub> PDF2      <sub>2c</sub> PDF3
  - <sub>3a</sub> Cirrhosis

**2.2) Liver Mass**      <sub>0</sub>. No      <sub>1</sub>. Single Mass      <sub>2</sub>. Multiple Masses

- |  |               |  |  |
|--|---------------|--|--|
| <input type="checkbox"/> <sub>a</sub> High echo  | Size.....cm.  | <input type="checkbox"/> <sub>a1</sub> Rt. | <input type="checkbox"/> <sub>a2</sub> Lt. |
| <input type="checkbox"/> <sub>b</sub> Low echo   | Size.....cm.  | <input type="checkbox"/> <sub>b1</sub> Rt. | <input type="checkbox"/> <sub>b2</sub> Lt. |
| <input type="checkbox"/> <sub>c</sub> Mixed echo | Size.....cm.  | <input type="checkbox"/> <sub>c1</sub> Rt. | <input type="checkbox"/> <sub>c2</sub> Lt. |
| <input type="checkbox"/> <sub>d</sub> Liver cyst | Size .....cm. | <input type="checkbox"/> <sub>d1</sub> Rt. | <input type="checkbox"/> <sub>d2</sub> Lt. |

**2.3) Dilated Bile Duct**

- <sub>0</sub>. No dilated duct      <sub>1</sub>. Right lobe      <sub>2</sub>. Left lobe      <sub>3</sub>. Common bile duct

**3. Gallbladder**

- <sub>1</sub>. Normal
- <sub>2</sub>. Wall
  - <sub>2a</sub> Thickening.....mm
    - <sub>2a.1</sub> Focal
    - <sub>2a.2</sub> Diffuse
  - <sub>2b</sub> Polyp.....mm
    - <sub>2b.1</sub> Single
    - <sub>2b.2</sub> Multiple
  - <sub>2c</sub> Mass.....mm
    - <sub>2c.1</sub> Single
    - <sub>2c.2</sub> Multiple
- <sub>3</sub>. Gallstone      <sub>3.1</sub> Single      <sub>3.2</sub> Multiple
- <sub>4</sub>. Post cholecystectomy
- <sub>5</sub>. Not seen

**4. Kidney**

- <sub>1</sub>. Normal
- <sub>2</sub>. Renal cyst      <sub>2.1</sub> Right .....cm      <sub>2.2</sub> Left .....cm
- <sub>3</sub>. Parenchymal change      <sub>3.1</sub> Right      <sub>3.2</sub> Left
- <sub>4</sub>. Renal stone      <sub>4.1</sub> without hydronephrosis      <sub>4.1a</sub> Right      <sub>4.1b</sub> Left
  - <sub>4.2</sub> with hydronephrosis      <sub>4.2a</sub> Right      <sub>4.2b</sub> Left
- <sub>5</sub>. Post Nephrectomy      <sub>5.1a</sub> Right      <sub>5.2b</sub> Left
- <sub>6</sub>. Not seen

**5. Other Finding**      <sub>1</sub>. Ascites      <sub>2</sub>. Splenomegaly      <sub>3</sub>. Others: .....

**6. Next appointment**

- <sub>1</sub>. In 12 months (for normal findings)      <sub>2</sub>. In 6 months (for abnormal findings)
- <sub>3</sub>. Refer to hospital:.....      **Site ID:**

Diagnosed by Dr.....       
 Doctor name      (License code)