



RLQ Ultrasound Technologist Worksheet: Appendicitis

Patient's Name:

History:

MRN:

Sonographer:

Date:

Radiologist:

Visualization

Entire appendix seen? Yes. Partial. Not visualized.

Appendix seen originating from cecum? Yes. No.

Findings

Maximum Outer Diameter (mm). Origin. Mid. Tip.

Wall Thickness (mm). Origin. Mid. Tip.

Measured Transverse or Longitudinal? Origin. Mid. Tip.

Echogenic Fat: Absent. Present. Unable to Assess.

Mural Hyperemia. Absent. Present. Unable to Assess.

Compressibility. Absent. Present. Unable to Assess.

Fecalish. Absent. Present. Unable to Assess.

Internal Appendiceal Contents. Hypoechoic. Unable to Assess.

Complex Free Fluid. Absent. Present. Unable to Assess.

Simple Free Fluid. Absent. Present. Unable to Assess.

Lymphadenopathy (>8mm short axis). Absent. Present. Unable to Assess.

Tenderness on Exam. Absent. Present. Unable to Assess.

Additional Findings/Sonographer Comments (consider: bowel, bladder, gallbladder, right kidney, intussusception, ovarian pathology).

**This worksheet is intended for sonographer to radiologist communication only and should not be used in place of the radiologist's final interpretation in the report.*

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