

This is **NOT** an interpretation of the examination.
See patient dictated report for radiologist findings & impression.

Cholecystokinin Injection

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: _____
Tech/ext: _____
Date: _____

Patient weight: _____ pounds

Dosage CCK administered: _____ mcg

Pre-CCK GB measurement: _____ L x _____ H x _____ W = _____ cc

15 minute GB measurement: _____ L x _____ H x _____ W = _____ cc

30 minute GB measurement: _____ L x _____ H x _____ W = _____ cc

Ejection Fraction: _____ % ^{15 min} >35% is within normal limits _____ % ^{30 min}

CBD diameter Pre: _____ cm Post: _____ cm

	Yes	No	Time Interval	
Nausea	_____	_____	_____	min
Cramping	_____	_____	_____	min
RUQ Pain	_____	_____	_____	min