

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

LIVER ELASTOGRAPHY

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

Site: _____
Tech/ext: _____
Date: _____

Prior Elastography? Yes No Date performed _____ Prior Median _____ m/s

BMI: (_____ lbs/ (_____ in X _____ in)) X 703 = _____

Liver: Normal Abnormal

Elastography: Median: _____ m/s
METAVIR score: F0-F1 F2 F3 F4
IQR/Median: _____ (must be <.3)

Performed on _____
Using _____ Transducer
At _____ Mhz frequency

COMMENTS: _____

	F0 – F1	F2	F3	F4
ARFI (m/sec)	<1.34	1.34 – 1.80	1.81 – 1.97	>1.97