

Elastography Test

Patient Information:

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____ Date of Examination: _____

Referring Physician: _____

Indication for Elastography Test

- Liver Fibrosis Assessment
- Breast Lesion Characterization
- Thyroid Nodule Evaluation
- Prostate Health Assessment
- Musculoskeletal Disorder Evaluation
- Other (Specify): _____

Medical History

- Relevant medical conditions and history:
- Medications:
- Allergies:

Procedure

- Ultrasound Elastography
- MRI Elastography
- Other (Specify): _____

Examination Site

- Liver
- Breast
- Thyroid
- Prostate
- Musculoskeletal (Specify Area): _____

Procedure Details

- Describe the procedure, including patient positioning and any preparations.
- Specify if any contrast agents were used (e.g., microbubbles).

Imaging Parameters

- Strain Elastography
- Shear Wave Elastography
- Other (Specify): _____

Frequency: _____ MHz

Compression Force: _____ (if applicable)

Findings

Describe the elastography results, including stiffness values (if quantitative), color-coded maps, and any abnormalities detected.

Interpretation

- Provide a clinical interpretation of the findings in the context of the patient's medical history and indication for the test.
- Include differential diagnoses if applicable.

Recommendations

- Suggested follow-up tests or procedures (if any).
- Treatment recommendations (if applicable).

Impressions

Summary of the Elastography Test results and clinical implications.

Report Author

- Name:
- Credentials:
- Date:

Additional Notes

Any additional comments or observations?

Attachments

Attach elastography images, color-coded maps, or other relevant documents.