

# 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.