

## RIGHT LOWER QUADRANT ULTRASOUND: APPENDICITIS

NAME: _____	DATE: _____
MRN: _____	DOB/AGE: _____
HISTORY: _____	

**IF APPENDIX SEEN:**

Entire appendix seen	YES	PARTIAL	NO
<b>MAXIMUM OUTER DIAMETER (? Where measurement taken)</b>	<b>ORIGIN (mm)</b>	<b>MID (mm)</b>	<b>TIP (mm)</b>
Transverse plane (AP) ( $<8$ mm = normal)			
Longitudinal plane (if how measured)			
Tenderness over appendix	Present	Absent	Unable to access
Compressibility of appendix (split screen)	Present	Absent	Unable to access
Mural hyperemia	Present	Absent	Unable to access
Appendicolith	Present	Absent	Unable to access
Periappendiceal fluid	Present	Absent	Unable to access
Echogenic inflammatory periappendiceal fat change	Present	Absent	Unable to access
Lymphadenopathy	Present	Absent	Unable to access
Abdominal free fluid	Present	Absent	Unable to access
Bowel Peristalsis	Present	Absent	Unable to access

**IF APPENDIX NOT SEEN:**

Tenderness over RLQ	Present	Absent	Unable to access
Lymphadenopathy	Present	Absent	Unable to access
Abdominal free fluid	Present	Absent	Unable to access
Bowel Peristalsis	Present	Absent	Unable to access

ADDITIONAL FINDINGS / SONOGRAPHER COMMENTS: )