CEUS Reporting Template Sample: Liver

**Procedure:** [Contrast Enhanced Ultrasound– (date)]

**History:** [Risk factor, surgical and medical history]

**Indication:** [nodule or observation on prior imaging requiring further characterization]

**Comparison:** [Include modality and date]

**Technique:** [Real-time ultrasound evaluation of [focal liver observation/other indication] was performed before and after microbubble contrast agent administration, with representative images obtained for documentation.] Examination quality is [appropriate in accordance with [ACR-AIUM-SRU Practice Parameter technical recommendations.] [is compromised by the following factor(s): ()].]

Intravenous contrast agent:
Number of injections [ ] x [ ] ml. [ ] vial of [name of the contrast agent] was used and the rest was discarded.
[Adverse events:]

**Findings:**
Quality of the study: include greyscale and CEUS as independent evaluations

**Observation #:** 1/2/3/4/5

**Distinct nodule:** [Yes/No]

**Location:** Segment I/II/III/IVa/IVb/V/VI/VII/VIII or lobe right/left

**Size:** [ ] x [ ] [mm/cm]

**AP Hyperenhancement:** [Yes/No] [whole/in part/mosaic/nodule in nodule/rim/perihepatic discontinuous globular/other]

**Washout:** [Yes/No] [early/late] [mild/marked] washout seen at approximately [ ] s/m

Hepatic vasculature: [patency, any abnormal findings if applicable]
[Other findings (optional)]

**Impression:**
[summary of CEUS findings, and recommendation or “no observation on non-contrast US. CEUS was not performed”]
[additional findings as above, or summary]
CEUS Reporting Template Sample: generic

**Procedure:** [Contrast Enhanced Ultrasound—(date)]

**History:** [Risk factor, surgical and medical history]

**Indication:** [nodule or observation on prior imaging requiring further characterization/or other indication]

**Comparison:** [Include modality and date]

**Technique:** [Real-time ultrasound evaluation of [focal liver observation/other indication] was performed before and after microbubble contrast agent administration, with representative images obtained for documentation.]

Examination quality is [appropriate in accordance with [ACR-AIUM-SRU Practice Parameter technical recommendations.] [is compromised by the following factor(s): ()].

**Intravenous contrast agent:**

Number of injections [ ] x [ ] ml. [ ] vial of [name of the contrast agent] was used and the rest was discarded.

[Adverse events:]

**Findings:**

Quality of the study: include greyscale and CEUS as independent evaluations

- For liver observation/nodule characterization on patients at risk for HCC (cirrhosis of any etiology and chronic HBV with or without cirrhosis), use CEUS LI-RADS template.
- For liver observation/nodule characterization on patients not at risk for HCC describe location, size, assessment of arterial phase/degree and pattern of enhancement, presence of washout/timing and degree if washout, and overall impression.
- For kidney observation/nodule, describe location, size, assessment of arterial phase/degree and pattern of enhancement, presence of washout, and overall impression.
- For other indications, describe the CEUS findings and your impression.

**Impression:**

[summary of CEUS findings, and recommendation or “no observation on non-contrast US. CEUS was not performed”]

[additional findings as above, or summary]