1110 South Avenue, Suite 303 Staten Island, NY 10314 Ph: 718.982.1315 Fax: 718.477.3692

SAMPLE ENDOSCOPIC ULTRASOUND REPORT

PATIENT NAME	PATIENT ID	DOB	AGE	SEX	EXAM DATE	PHYSICIAN	REFERRAL
Minnie W Mouse	MINMOU000	9/18/1928	87	F	01-18-2016	John Hart, M.D.	Kevin W Smith, M.D.

INDICATION : Epigastric pain - R10.13

Abnormal findings on diagnostic imaging of liver and biliary tract -

Dilated intra and extrahepatic ducts - R93.2

CONSENT : Informed consent was obtained from the patient after providing any opportunity

for questions.

PREPARATION : EKG pulse, blood pressure and oxygen saturation monitored.

: Linear, UC30P, 180118 **INSTRUMENT**

ANESTHESIA : As Per Anesthesia

PROCEDURE : The Gastroscope was gently passed through the incisoral orifice into the oral cavity and under direct visualization the esophagus was intubated. The

endoscope was passed down the esophagus, through the stomach and into the Ultra Sound. Color, texture, mucosa and anatomy of Esophagus, Stomach and Duodenum were carefully examined with the scope. The patient tolerated the

procedure well and there were no complications. After completion of the

examination, patient was transferred to the recovery room.

FINDINGS

Common Bile duct 8mm proximally to 7mm distally without retained

stones or sludge

Head of pancreas without calcifications, mass or **Pancreas**

lymphadenopathy. Duct about 4mm.

No celiac lymphadenopathy. Limited views of body and tail of pancreas because of significant hiatal hernia

and shadowing foreign object.

Stomach Small to moderate amount of retained food in the

stomach with J-shape.

IMPRESSION : Dilated common bile duct

Gastroparesis - K31.84

Limited views of body and tail of pacreas Diaphragmatic hernia without obstruction or

gangrene - K44.9

PLAN : Follow up in clinic

Low residue diet Acide blockade

CPT CODES

: 43259 - Upper gastrointestinal endoscopy including

esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate

This report has been reviewed by attending physician

Electronic John Hact, MD Signature:

John Hart, M.D.

'Date: 1/19/2016 2:25:31 PM'







