

Liver Transplant US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER Beach ER
 Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ Age: _____

History/Symptoms: _____

Date of Transplant: _____

Reason for Transplant:	Fatty Liver	Nonalcoholic Steatohepatitis	Hepatocellular Carcinoma	Primary Biliary Cirrhosis
	Hepatitis B / C	Alcoholic Liver Disease	Primary Sclerosing Cholangitis	Metastatic Disease

Hepatic Artery		PSV (cm/sec)	RI	ΔT (msec)
	Main			
	Right			
	Left			

Hepatic Vein Phasicity

Right	phasic	nonphasic	aphasic (occluded)	pulsatile
Middle	phasic	nonphasic	aphasic (occluded)	pulsatile
Left	phasic	nonphasic	aphasic (occluded)	pulsatile

Normal hepatic artery findings: RI 0.5-0.7, $\Delta T < 80$ msec **Normal hepatic vein findings:** tri/tetraphasic waveform

Main Portal Vein

cm/sec	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
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Normal portal vein findings: velocity 16-40 cm/sec, hepatopedal flow, MPV ≤ 13 mm where it crosses the IVC

IVC Flow

phasic	nonphasic	aphasic (occluded)	pulsatile
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Pancreas	wnl		poor vzld			
Aorta	wnl		poor vzld	Max Diameter	cm	
IVC	wnl		poor vzld			
Liver	wnl		poor vzld	CC Dimension	cm	
			echogenic			
Right Kidney	wnl		poor vzld	Size	x	x cm
			echogenic			
Other/Ascites						

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____

Not Intended for Treatment Planning

MI-0643
(Revised 6/2025)

Tech Wrksht - "Liver Transplant US Chrtform"