

ULTRASOUND LIVER FIBROSIS ASSESSMENT

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GASTROENTEROLOGY & HEPATOLOGY

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MELBOURNE DIGESTIVE CENTRE

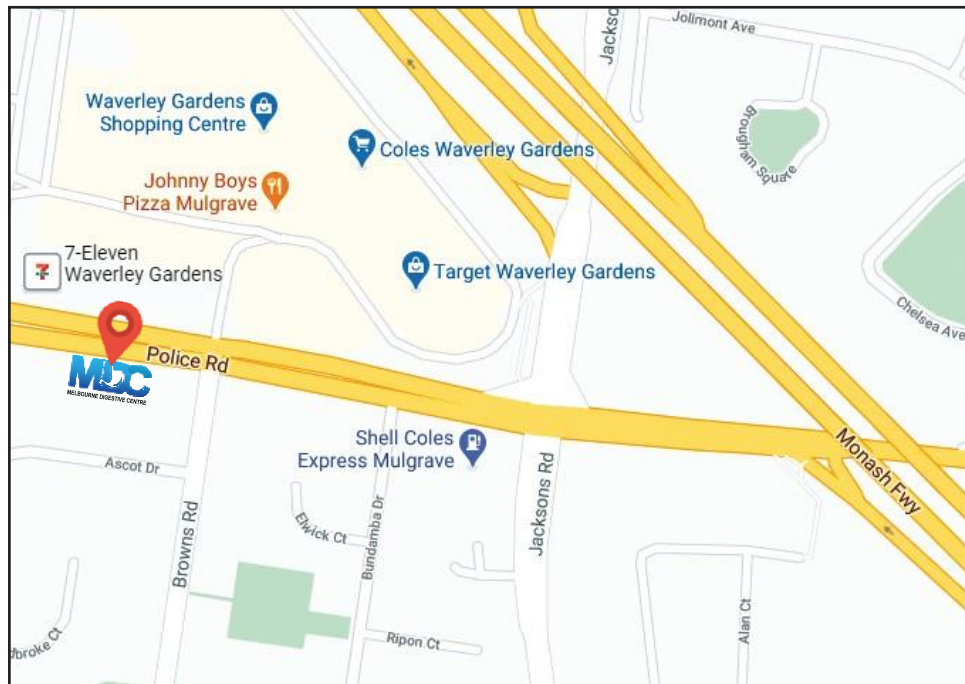
Previous Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="text"/> / <input type="text"/> / <input type="text"/> Fibrosis Stage <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Inflammatory Grade <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Liver Function Tests Date <input type="text"/> / <input type="text"/> / <input type="text"/> Total Protein <input type="text"/> g/L Albumin <input type="text"/> g/L ALT <input type="text"/> U/L Bilirubin <input type="text"/> $\mu\text{mol/L}$ GGT <input type="text"/> U/L ALP <input type="text"/> U/L
Previous Elastography <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="text"/> / <input type="text"/> / <input type="text"/> Result <input type="text"/> . <input type="text"/>	Haematology Haemoglobin <input type="text"/> g/L Platelets <input type="text"/> $\times 10^9/L$ INR <input type="text"/> . <input type="text"/>
Indication <input type="checkbox"/> Hepatitis B <input type="checkbox"/> NASH/NAFLD (Fatty Liver) <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Alcohol <input type="checkbox"/> Unknown	Clinical Notes
Referred by: _____ <i>Block Letters</i>	Insert patient label OR enter patient details here Name: _____ DOB: ___/___/___ Sex: M / F Address: _____ Suburb: _____ Postcode: _____ Phone(H): _____ Phone(W): _____
Referring Dr Address: _____	
Signature: _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Provider Number: <input type="text"/>	

PLEASE NOTE:

The non-invasive ultrasound liver fibrosis assessment is based upon findings from relevant clinical information, laboratory parameters (when provided), an abdominal ultrasound scan and liver elastography. The ultrasound scan will include an examination of the right and left lobes of the liver, skin-to-capsule distance, examine for morphologic features of cirrhosis and exclude vascular structures or other lesions within the field of view that may interfere with the elastography procedure. This comprehensive process is performed to optimize the liver fibrosis assessment and should not be considered to replace the patient's other abdominal imaging requirements or exclude other pathology outside the field of view.

The patient will need to fast for eight hours prior to the ultrasound scan. Accurate liver fibrosis assessment may not be possible in up to 1/4 of patients with a BMI > 30kg/m² and alternative investigations may be more appropriate. This referral includes same day consultation. For more information regarding the liver fibrosis assessment or the interpretation of results, please contact the Melbourne Digestive Centre, Ph: 9790 0188.

Melbourne Digestive Centre



330 Police Rd, Noble Park North 3174

Other Services Offered

- CONSULTATION – FACE TO FACE AND TELEHEALTH
- GASTROSCOPY AND COLONOSCOPY
– NON-INSURED AND INSURED
- INFLAMMATORY BOWEL DISEASE CLINIC
- PILLCAM
- HYDROGEN BREATH TEST
- HELIPROBE
- DIETETICS