

17 March 2022
Macquarie Medical Imaging
Referred By:
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LEVEL 5 SUITE 1
WESTBOURNE STREET
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Mrs Janice Benson-Sattot
DOB: 28 April 1962
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Service Date: 14 March 2022

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Dr Alana Sinclair

Visit Description: US - FIBROSCAN

LIVER ULTRASOUND AND ELASTOGRAPHY

CLINICAL HISTORY: Fatty liver on previous ultrasound. ? fibrosis score, ? CAP score.

Previous Fibroscan for comparison: None.

REPORT:

Liver: The liver surface is smooth. Spectral waveform in the hepatic veins are within normal limits.

Umbilical vein recanalisation: No.

Fibroscan:

CAP	Median Stiffness	IQR/median
257dBm	6.0kPa	0.08

Fibroscan machine: Fibroscan 502 TOUCH.

Patient is fasted for at least 6 hours.

Probe used: M probe.

There are 10 valid measurements out of 25 total measurements.

COMMENT:

1. No suspicious liver lesion. No morphological features of cirrhosis or portal hypertension.
2. Mild fatty liver is demonstrated on both grayscale imaging and Fibroscan, liver CAP score is 257 dB/m.
3. Median liver stiffness is slightly elevated on Fibroscan (6.0 kPa), in the setting of NAFLD and liver fibrosis, the stiffness is in the range of F1. Result needs to be interpreted with caution as there is less than 60% success rate with the Fibroscan readings.

Fibroscan examination is considered successful when there are at least 10 valid readings, with more than 60% success rate and IQR/median ratio of 0.3 (ideally 0.2). Reliability of correlation with fibrosis will depend on clinical setting (liver disease type, caution in interpretation where there is marked transaminitis [ALT >150], or non-fasting state).

Reported by:

Jessica Yang

We are now open on Saturdays and Sundays for MRI services with bulk billing available for all Medicare eligible scans.

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