

IAI (Intra-abdominal Injury) Study:  
Imaging Results Data Collection Form- Study PI Abstraction #4b

Patient Study ID Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Study #					Site #					Patient #			

**Abdominal Angiography**

Subheader ID:

Abdominal Angiography #:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **abdominal** angiography demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured: ☐ Spleen ☐ Liver ☐ Kidney ☐ GI (mesentery) ☐ Other vascular structure ☐ Dictation unclear

Did the radiologist embolize a bleeding vessel with angiography: ☐ Yes ☐ No

List the vessel that was embolized \_\_\_\_\_

Text field \_\_\_\_\_

**Pelvic Angiography**

Subheader ID:

Pelvic Angiography #:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **pelvic** angiography demonstrate an **bleeding vessel**?: ☐ Yes ☐ No

Did the radiologist embolize a bleeding vessel with angiography: ☐ Yes ☐ No

List the vessel that was embolized \_\_\_\_\_

Text field \_\_\_\_\_

**Upper GI Series**

Subheader ID:

Upper GI Series #:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **upper gastrointestinal series** demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured: ☐ Duodenum Size of hematoma in cm if documented: \_\_\_\_\_ ☐ Other GI organ: \_\_\_\_\_

Text field \_\_\_\_\_

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-  -

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**Abdominal MRI**

Subheader ID:

Abdominal MRI #:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **abdominal MRI** demonstrate an **intra-abdominal injury**?: ☐ Yes ☐ No

If yes, check all organs injured:

☐ Spleen

☐ Liver

☐ Kidney

☐ GI (mesentery)

☐ Adrenal

☐ Pancreas

☐ Bladder

☐ Fascial defect

☐ Dictation unclear

**Cystogram**

Subheader ID:

Cystogram #:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Was this done after laparotomy or laparoscopy? ☐ Yes (if Yes, STOP) ☐ No (Continue)

Did the **cystogram** demonstrate an **injury to the bladder**?: ☐ Yes ☐ No

If yes, check all organs injured:

☐ Intraperitoneal bladder injury

☐ Extraperitoneal Bladder injury

☐ Bladder hematoma

☐ Both intraperitoneal and extraperitoneal

☐ Other bladder injury \_\_\_\_\_