



WSC - A Workstation Companion App

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Report Template

appendicitis

Name:	Unknown	Gender:	Unspecified
ID:	N/A	Age:	N/A
DOB:	N/A	Location:	N/A

Clinical Context: None

Protocol/Technique: None

Comparisons: None

Observations:

Untitled Section:

Radiology CT Report for Acute Appendicitis Patient Information: Patient Name: Patient ID: Date of Birth: Referring Physician: Date of Study: Clinical History: [Briefly describe the patient's symptoms, e.g., RLQ pain, fever, nausea, vomiting.] Technique: [Describe the scan, e.g., Contrast-enhanced axial, coronal, and sagittal CT of the abdomen and pelvis.] [Note if oral or rectal contrast was used (or not used).] [Mention any other relevant parameters, such as IV contrast type and timing.] Findings: Appendix: Location: [e.g., Normal, retrocecal, pelvic] Diameter: [e.g., "> 6 mm", normal (<6mm)] Wall: [e.g., Thickened (≥ 2 mm), no thickening] Enhancement: [e.g., Wall enhancement, mucosal hyperenhancement] Appendicolith: [e.g., Present, absent] Intraluminal gas/fluid: [e.g., Present, absent] Periappendiceal Fat: [Describe fat stranding or inflammatory changes, e.g., "Periappendiceal fat stranding is present", "Marked periappendiceal fat stranding"] Inflammatory changes: Periappendiceal fluid: [e.g., Present, absent, loculated fluid collection/abscess] Cecal base: [e.g., No thickening, focal thickening of the cecal apex (arrowhead sign)] Lymph nodes: [e.g., Enlarged mesenteric lymph nodes in the right lower quadrant, no significant lymphadenopathy] Complications: [Describe signs of

perforation, e.g., "Focal defect in the appendix wall", "Extraluminal air loculi"] [Describe signs of gangrenous appendicitis, e.g., "Intraluminal gas", "Areas of non-enhancement"] Other findings: [Mention any other relevant findings, e.g., adjacent bowel thickening, other abdominal pathology.] Conclusion: Primary diagnosis: [e.g., "Findings are consistent with acute appendicitis."] Complications: [e.g., "Associated with periappendiceal fluid collection and fat stranding."] or [e.g., "No definite signs of perforation or abscess."] Alternative diagnoses: [Mention any other possibilities if relevant.] Recommendations: [e.g., "Correlation with clinical findings is recommended."] Radiologist Signature:

Conclusions: None

Recommendations: None

Reported and electronically signed by:

Registration Number:

Dated: 2025-11-16